Notice of Health and Wellbeing Board

Date: Monday, 5 February 2024 at 1.00 pm

Venue: Committee Room, First Floor, BCP Civic Centre Annex, St Stephen's Rd, Bournemouth BH2 6LL

Membership:

Chair:

Cllr D Brown	Portfolio Holder for Health and Wellbeing

Vice-Chair:

David Freeman	NHS Dorset
Cllr R Burton	Portfolio Holder for Children and Young People
Cllr K Wilson	Portfolio Holder for Housing and Regulatory Services
Graham Farrant	Chief Executive (BCP Council)
Jess Gibbons	Chief Operations Officer, BCP Council
Cathi Hadley	Corporate Director - Childrens Services, BCP Council
Sam Crowe	Director, Public Health (BCP Council)
Matthew Bryant	Dorset HealthCare University NHS Foundation Trust
Patricia Miller	NHS Dorset
Heather Dixey	Dorset Police
Dawn Dawson	Dorset Healthcare Foundation Trust
Louise Bate	Healthwatch
Karen Loftus	Community Action Network Bournemouth, Christchurch and Poole
Marc House	Dorset & Wiltshire Fire and Rescue Service
Betty Butlin	Director of Adult Social Care
Jillian Kay	Corporate Director for Wellbeing

All Members of the Health and Wellbeing Board are summoned to attend this meeting to consider the items of business set out on the agenda below.

The press and public are welcome to view the live stream of this meeting at the following link:
https://democracy.bcpcouncil.gov.uk/ieListDocuments.aspx?MId=5767

If you would like any further information on the items to be considered at the meeting please contact: Louise Smith, louise.smith@bcpcouncil.gov.uk or
email democratic.services@bcpcouncil.gov.uk
Press enquiries should be directed to the Press Office: Tel: 01202 454668 or
email press.office@bcpcouncil.gov.uk

This notice and all the papers mentioned within it are available at democracy.bcpcouncil.gov.uk

GRAHAM FARRANT
CHIEF EXECUTIVE

26 January 2024

DEBATE NOT HATE

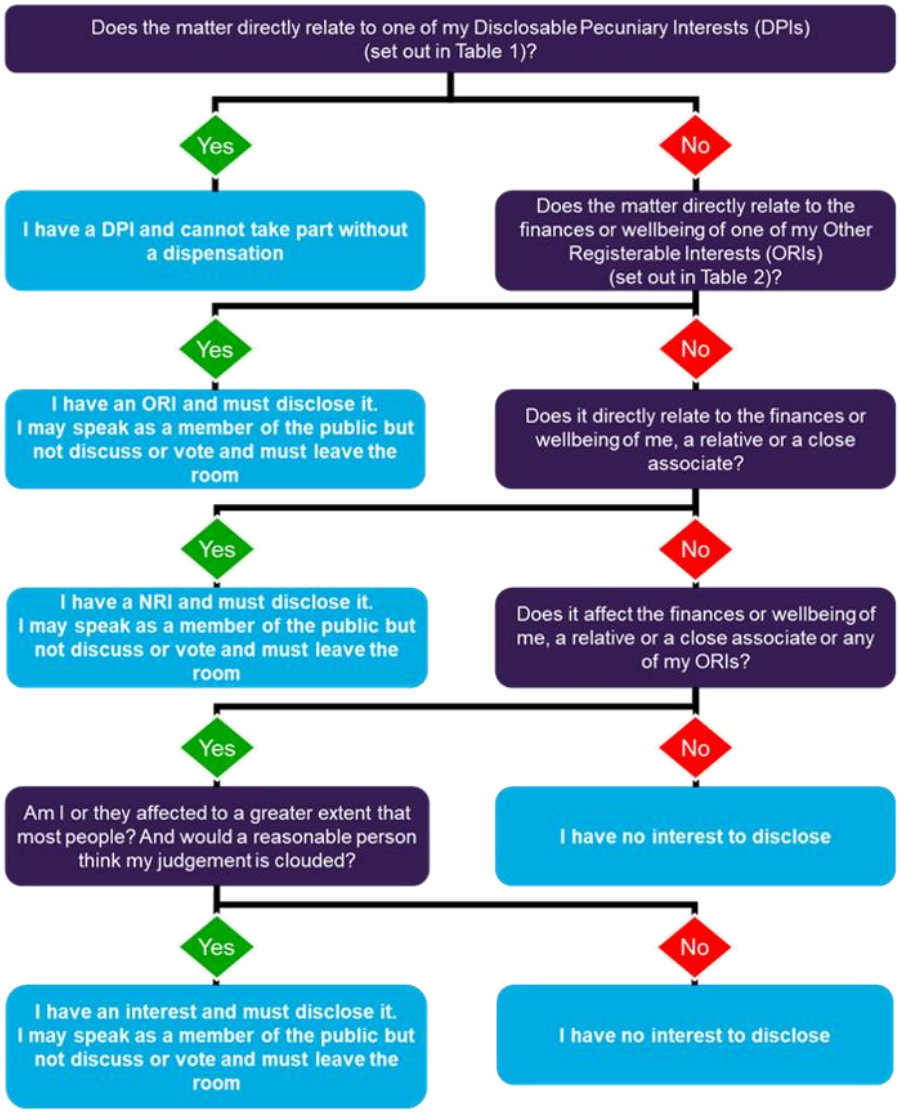
Available online and on the Mod.gov app

Maintaining and promoting high standards of conduct

Declaring interests at meetings

Familiarise yourself with the Councillor Code of Conduct which can be found in Part 6 of the Council's Constitution.

Before the meeting, read the agenda and reports to see if the matters to be discussed at the meeting concern your interests



What are the principles of bias and pre-determination and how do they affect my participation in the meeting?

Bias and predetermination are common law concepts. If they affect you, your participation in the meeting may call into question the decision arrived at on the item.

Bias Test	Predetermination Test
In all the circumstances, would it lead a fair minded and informed observer to conclude that there was a real possibility or a real danger that the decision maker was biased?	At the time of making the decision, did the decision maker have a closed mind?

If a councillor appears to be biased or to have predetermined their decision, they must NOT participate in the meeting.

For more information or advice please contact the Monitoring Officer (janie.berry@bcpcouncil.gov.uk)

Selflessness

Councillors should act solely in terms of the public interest

Integrity

Councillors must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships

Objectivity

Councillors must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias

Accountability

Councillors are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this

Openness

Councillors should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing

Honesty & Integrity

Councillors should act with honesty and integrity and should not place themselves in situations where their honesty and integrity may be questioned

Leadership

Councillors should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs

AGENDA

Items to be considered while the meeting is open to the public

1. Apologies

To receive any apologies for absence from Councillors.

2. Substitute Members

To receive information on any changes in the membership of the Committee.

Note – When a member of a Committee is unable to attend a meeting of a Committee or Sub-Committee, the relevant Political Group Leader (or their nominated representative) may, by notice to the Monitoring Officer (or their nominated representative) prior to the meeting, appoint a substitute member from within the same Political Group. The contact details on the front of this agenda should be used for notifications.

3. Confirmation of Minutes 5 - 8

To confirm and sign as a correct record the minutes of the Meeting held on 18 December 2023.

4. Declarations of Interests

Councillors are requested to declare any interests on items included in this agenda. Please refer to the workflow on the preceding page for guidance.

Declarations received will be reported at the meeting.

5. Public Issues

To receive any public questions, statements or petitions submitted in accordance with the Constitution. Further information on the requirements for submitting these is available to view at the following link:-

https://democracy.bcpcouncil.gov.uk/ieListMeetings.aspx?CommitteeID=151&Info=1&bcr=1

The deadline for the submission of public questions is midday, 3 clear working days before the meeting.

The deadline for the submission of a statement is midday the working day before the meeting.

The deadline for the submission of a petition is 10 working days before the meeting.

6. Joint Strategic Needs Assessment (JSNA): Narrative Update 9 - 34

To share with the board the latest annual update of the Bournemouth, Christchurch and Poole Joint Strategic Needs Assessment Narrative

7.	**From strategy to action: next steps following the development session** To update the board on the output from the development session, held to consider next steps in updating the strategy. The over-riding message from board members was to focus more on practical actions to improve prevention and integration through the place-based partnership, with a light touch refresh of the HWB strategy. This paper proposes some areas for board members to consider, along with next steps for developing the partnership.	35 - 44
8.	**Forward Plan** To consider the Board's Forward Plan.	45 - 48

No other items of business can be considered unless the Chairman decides the matter is urgent for reasons that must be specified and recorded in the Minutes.

BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held on 18 December 2023 at 10.00 am

Present:-

Cllr David Brown – Chair

David Freeman – Vice-Chair

Present: Cllr Richard Burton, Cllr Kieron Wilson, Graham Farrant, Cathi Hadley, Sam Crowe, Betty Butlin, Kris Dominy, Amy Collins and Jillian Kay

14. Apologies

Apologies were received from Karen Loftus, Matthew Bryant and Lou Bates.

15. Substitute Members

Kris Dominy substituted for Matthew Bryant and Amy Collins substituted for Karen Loftus.

16. Election of Vice Chair

RESOLVED that David Freeman be elected as Vice Chair of the Health and Wellbeing Board for the remainder of the 2023-24 Municipal Year.

17. Confirmation of Minutes

The Minutes of the Board held on 20 July 2023 were confirmed as an accurate record and signed by the Chair.

18. Declarations of Interests

There were no declarations of interest received on this occasion.

19. Public Issues

There were no public issues received on this occasion.

20. Dorset and Bournemouth, Christchurch & Poole (BCP) Safeguarding Adults Boards Annual Report 2022-2023

The Director of Adult Social Care and Head of Statutory Services presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'A' to these Minutes in the Minute Book.

It was a statutory requirement for the DBCP Safeguarding Adults Boards (SAB) to publish an Annual Report each year and to present that report to the Council's Health & Wellbeing Board. Many Councils also requested that the report be presented to Scrutiny as the report enabled a discussion on the work of the Safeguarding Adults Board.

The attached report was for the year April 2022 to March 2023. The report was agreed at the September meeting of the Safeguarding Adults Boards (SABs).

The DBCP Boards had successfully worked together with joint meetings over the year.

One Annual Report for both Dorset and BCP SABs had been published. Throughout this year the SAB had delivered against all of its priorities which were set out in the annual work plan; this Annual Report summarised what the Board has achieved.

The Board discussed the report and comments were made, including:

- In response to a query regarding in relation to the SAR highlighted and whether suicide audits were still undertaken, the Board was advised that this would need to be taken back to the SAB and could be reported back to the Board. **ACTION.**
- The Chief Executive and Chair thanked the Board for the report and all the work it did.

RESOLVED that Members note the report which informs the Board about how the SAB has carried out its responsibilities to prevent abuse, harm and neglect of adults with care and support needs during 2022-2023.

21. NHS Health Checks Update

The Director of Public Health presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'B' to these Minutes in the Minute Book.

The Director of Public Health report identified that the delivery of the health checks programme had been challenging. It recommended a continued focus to ensure that delivery of checks improves, especially in the most deprived areas, where risks were higher. This update was part of that continued focus, to keep the board sighted on an important area of improvement work.

The report set out progress on the NHS Health Check (NHS HC) refresh programme. The report summarised:

- Our programme changes for 2023/24
- Mobilisation and implementation of the new universal and targeted models

- Performance Quarter One and Two for primary care and LiveWell Dorset
- Challenges.

Overall there had been an increase in the invitations and number of checks delivered, especially in more deprived areas in line with the Director of Public Health report recommendations.

The Board discussed the report and comments were made:

- In response to a query regarding a slight difference in the data shown in paragraph 4.2, the Director of Public Health advised he would investigate that and report back to the Board. **ACTION.**
- In response to a query regarding how the invites for health checks were sent out, the Board was advised that practices used their own registers to send out letters or text messages and different ways to drive the invitations would be welcomed as well as a broader range of inviting people.
- In response to a query regarding whether there were any other Local Authorities similar to BCP demographics where lessons could be learnt, the Board was advised that this was going to be considered further over the next year. It was noted that across the Southwest, BCP was the most improved area in the last annual report. The Board was advised of some proposals to increase take up.
- In response to a query about a public engagement event ran by Livewell Dorset, it was noted that an NHS health check had tight definitions of what it constituted and the need to communicate more clearly with public about understanding about blood pressure, cholesterol levels, diet and exercise about risk factors and signpost to where assessments could be accessed.
- In response to a query whether the health checks were capturing the residents who would like to be seen with risk factors which needed to be checked, it was about 3-4% who would then go on to the primary care register.
- In response to a query about whether the health checks were being promoted in the best way through BCP officers to target and promote through Adult Social Care and Customer Services and consideration of the right channel for that would be discussed. **ACTION.**
- The Chair concluded by highlighting the need for lessons to be learnt from the better performing areas to ensure equity of service and increased take up.

It is RECOMMENDED that:
1) The Board note the programme changes and mobilisation of the new service and activity increases among those communities in most need; and
2) consider performance phase one.

22. Forward Plan

It was noted that the Forward Plan would be considered as part of the development session.

The meeting ended 10:45am.

CHAIR

BCP Council Health and Wellbeing Board

Report subject	**Joint Strategic Needs Assessment (JSNA): Narrative Update**
Meeting date	5th February 2023
Status	Public report
Executive summary	To share with the board the latest annual update of the Bournemouth, Christchurch and Poole Joint Strategic Needs Assessment Narrative
Recommendations	**It is RECOMMENDED that:** 1) Members note the updated JSNA document 2) The Board approve publication of the document
Reason for recommendations	Each Health and Wellbeing Board should produce a Joint Strategic Needs Assessment under the Health and Social Care Act 2012. A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and wellbeing needs of the local population. It provides an evidence base, pulling from both qualitative and quantitative data, of health and wellbeing needs to support planning and commissioning and preparation of bids and business cases. Locally, the Joint Strategic Needs Assessment is co-ordinated by Public Health Dorset, on behalf of both BCP and Dorset Health and Wellbeing Board's. An annual JSNA narrative is produced for each Board, highlighting data trends and qualitative insights relevant to the Board's local population. The latest update collates insights from engagement on key health and wellbeing issues with Integrated Care System (ICS) organisations, health data and insight developed by ICS

	Intelligence/ Research teams including Healthwatch Dorset and qualitative insights from Local Authority resident's surveys and the Integrated Care Partnership 100 Conversations project.
Portfolio Holder(s):	Councillor David Brown, Portfolio Holder Health and Wellbeing
Corporate Director	Sam Crowe, Director of Public Health, Public Health Dorset
Contributors	Natasha Morris, Team Leader Intelligence, Public Health Dorset
Wards	All Wards
Classification	For Recommendation

Background

1. Each Health and Wellbeing Board should produce a Joint Strategic Needs Assessment under the Health and Social Care Act 2012.

2. Locally, the Joint Strategic Needs Assessment is co-ordinated by Public Health Dorset, on behalf of both BCP and Dorset Health and Wellbeing Board's. An annual JSNA narrative is produced for each Board, highlighting data trends and qualitative insights relevant to the Board's local population.

3. A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and wellbeing needs of the local population. It provides an evidence base, pulling from both qualitative and quantitative data, of health and wellbeing needs to support planning and commissioning and preparation of bids and business cases.

Summary of Joint Strategic Needs Assessment Insights

4. The latest update collates insights from the following sources

    - engagement on key health and wellbeing issues with Integrated Care System (ICS) organisations
    - health data and reports developed by ICS Intelligence/ Research teams including Healthwatch Dorset
    - Qualitative insights from Local Authority resident's surveys and the Integrated Care Partnership 100 Conversations project
    - Nationally benchmarked data such as Public Health Fingertips Tool, Office for National Statistics Census and the Local Government Association

5. Some of the key issues related to the theme of thriving communities include

- The social gradient in life expectancy between the most and least deprived areas in BCP. Circulatory related deaths, cancer and respiratory disease are the main contributors to this inequality gap.
- The impacts of poverty, deprivation, and the cost-of-living crisis. There has been a notable increase in clients aged 65+ seeking support for a variety of issues from Citizen's Advice services for example.
- A high demand for homelessness support - 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).
- The percentage of children achieving a good level of development at 2.5 years is above the England average. However, there are needs around communication skills and personal social skills.

- 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.

6. Some of the key issues around the theme of healthy lives include
   - Although levels of childhood obesity are better than England, 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 – 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.
   - The increasing prevalence of common mental health conditions, such as depression and anxiety.
   - Social isolation and feelings of loneliness are higher among some groups such as carers, adult social care users and people with long-term health conditions.
   - Although in line with England, the local percentage of adults who are overweight or obese is still high and has changed little over time.
   - Smoking prevalence has been reducing in BCP – currently 10.1%. However, some vulnerable groups have much higher rates of smoking.
   - Twenty-two percent of adults in BCP are physically inactive – doing less than 30 minutes moderate intensity activity a week. An estimated 49% of children and young people across Dorset are not meeting recommended guidelines of 60 minutes activity per day.
   - Generally, our mortality rates are in line with 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. There could be more opportunities to encourage prevention, early help and support people to manage their health, especially when someone has multiple long-term conditions and/or are frail.

Summary of financial implications

7. There are no financial implications to note

Summary of legal implications

8. Each Health and Wellbeing Board should produce a Joint Strategic Needs Assessment under the Health and Social Care Act 2012.

Summary of human resources implications

9. There are no human resources implications to note.

Summary of environmental impact

10. There are no environmental implications to note

Summary of public health implications

11. The Joint Strategic Needs Assessment (JSNA) looks at the current and future health and wellbeing needs of the local population. This includes needs relating to the areas of early help and prevention, and wider determinants of health such as housing and the economy.

Summary of equality implications

12. The JSNA narrative includes consideration of variation of needs and health outcomes within the local community, such as by deprivation, demographics or specific vulnerable populations.

Summary of risk assessment

13. HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as:

Current Risk: LOW
Residual Risk: LOW

Background papers

Appendix One: BCP JSNA Annual Narrative

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Public Health Dorset
Part of BCP and Dorset Councils

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.

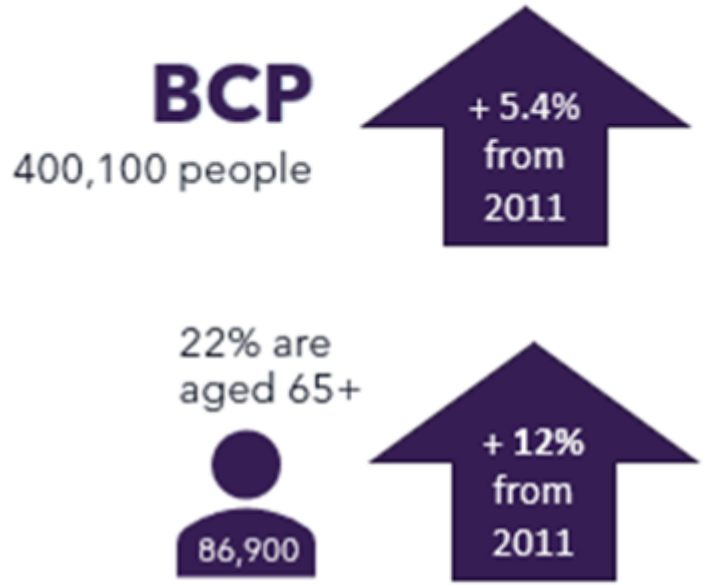
In 2021, 8.8% of BCP residents reported providing **unpaid care**, a slight decrease from 11.3% in 2011. 2.5% of residents are providing 50 hours or more of unpaid care a week.

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.

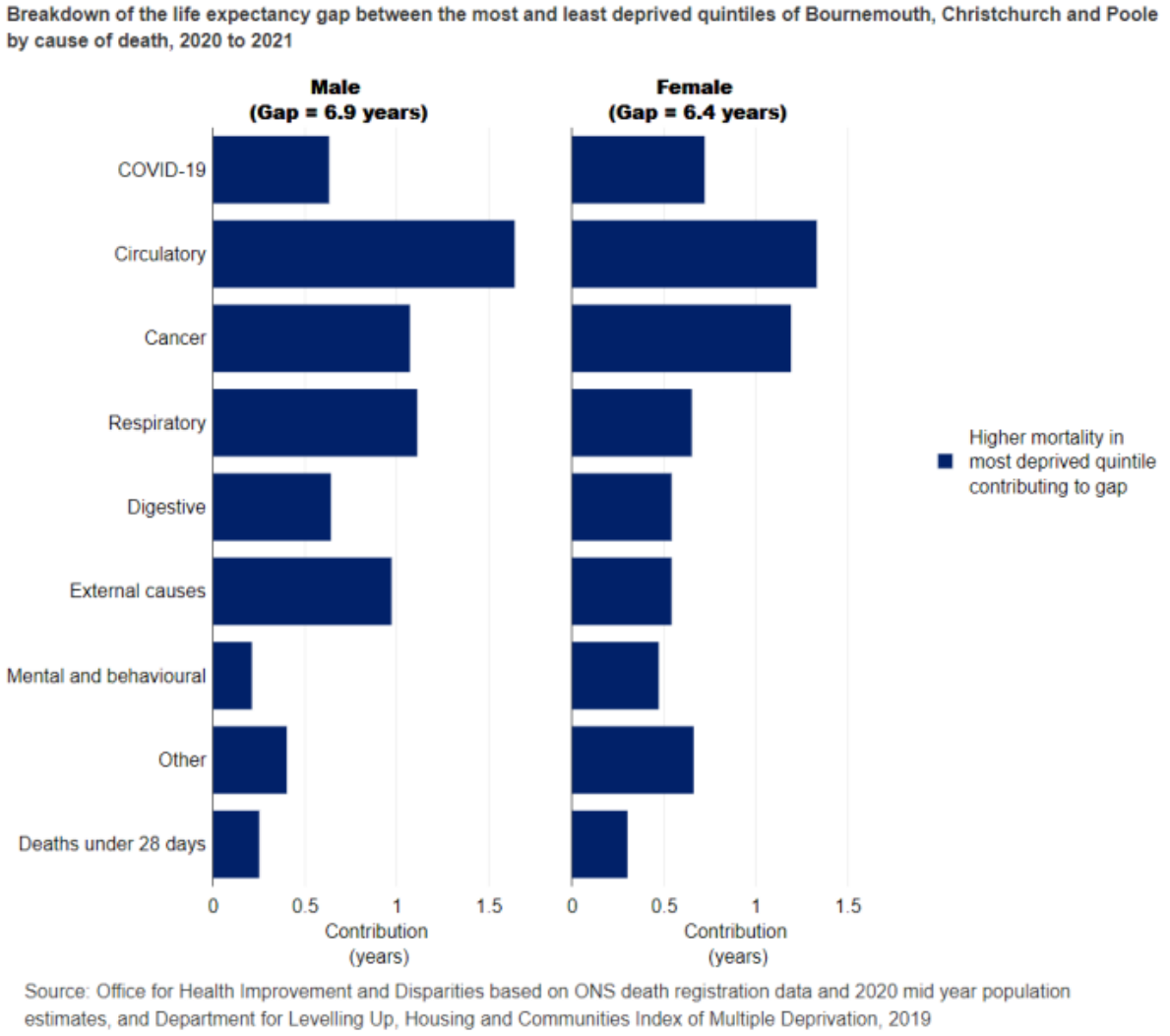
However, we have a **social gradient in life expectancy** between the most and least deprived areas in BCP – 6.9 years for men and 6.4 years for women. Although COVID-19 had an impact in most recent years, **circulatory** related deaths, **cancer** and **respiratory disease** are the main contributors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



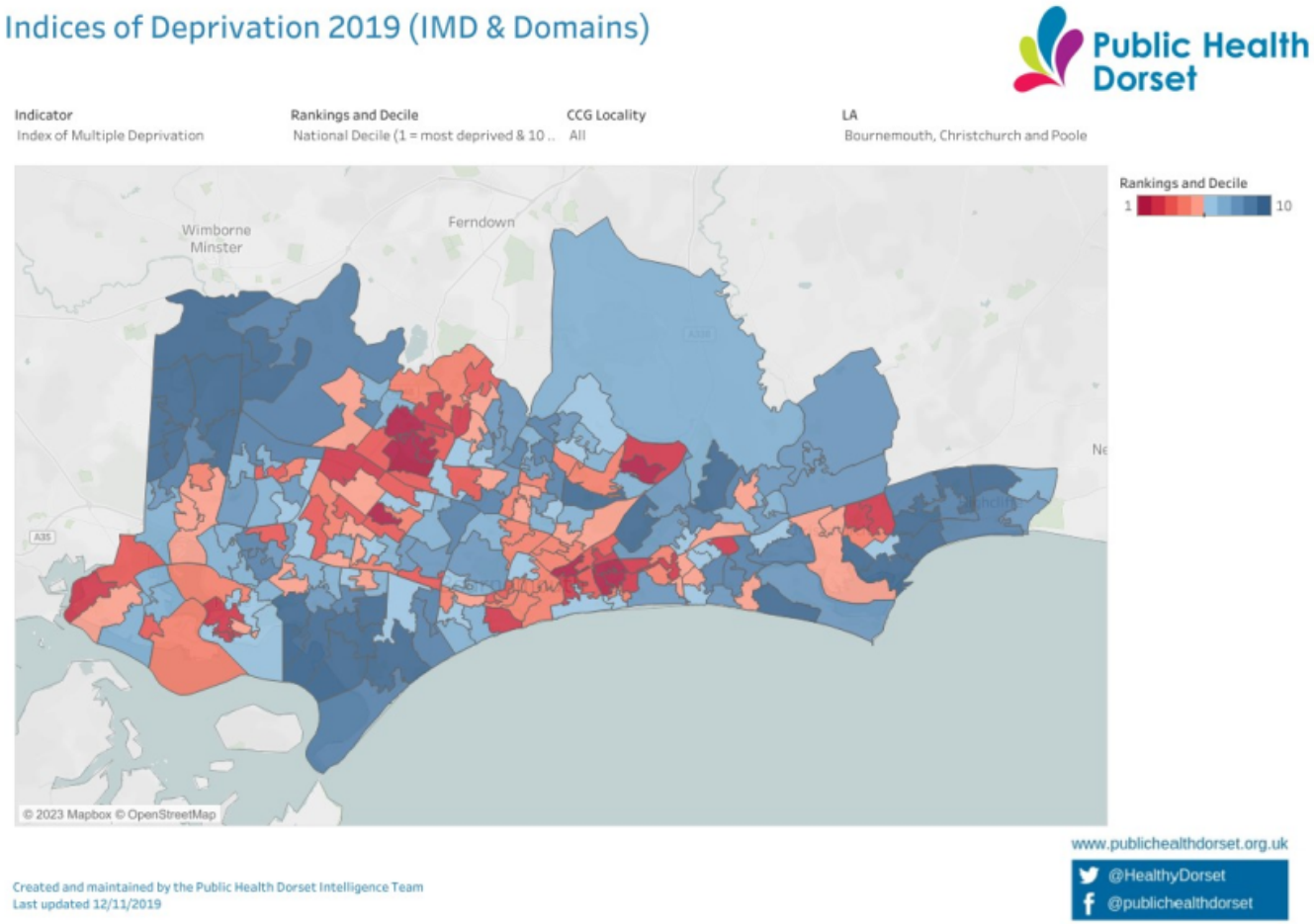
Thriving Communities - Deprivation

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]



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.

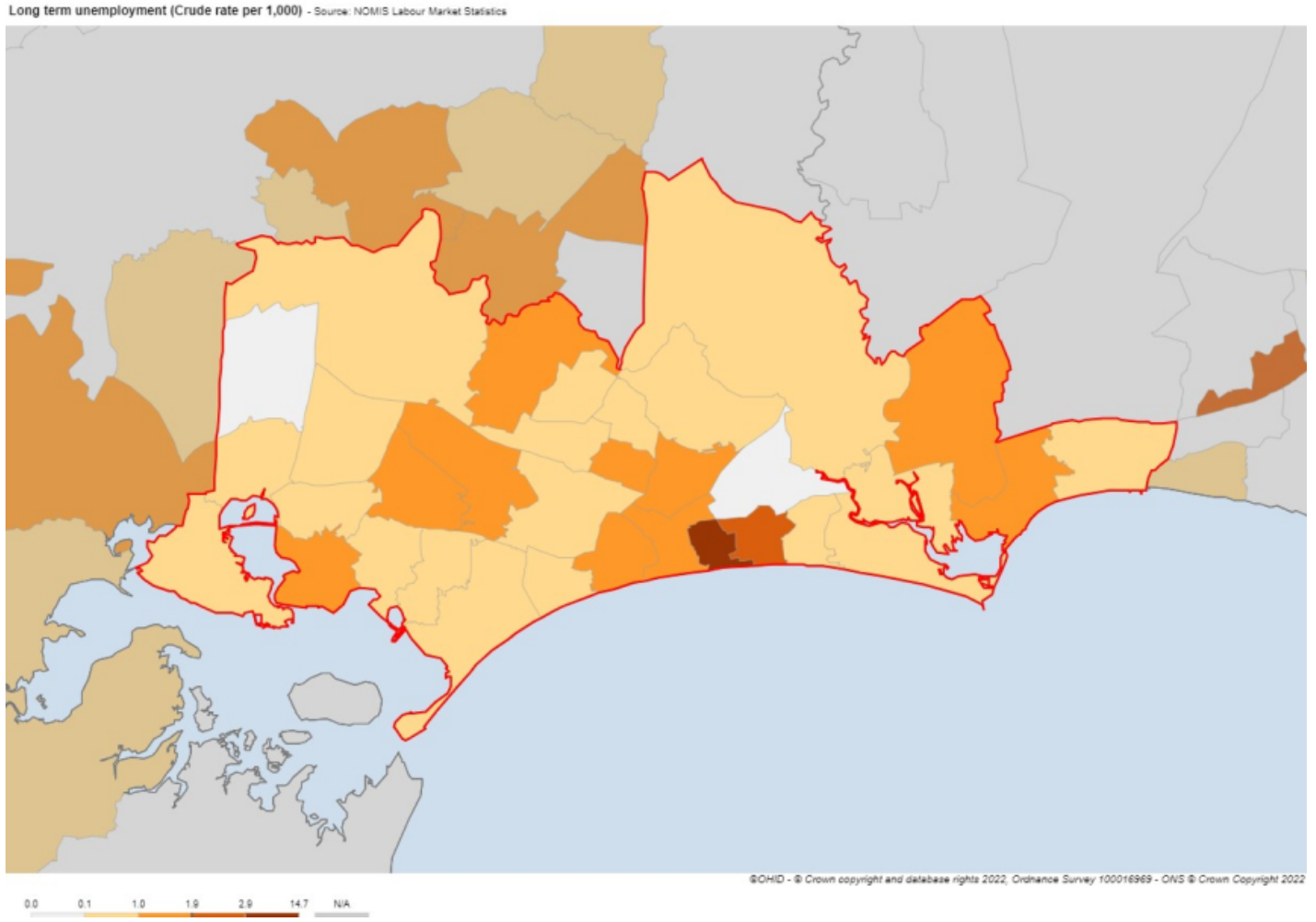
Although job claimant numbers have fallen significantly from their peak in May 2020 (affected by the Pandemic), numbers remain nearly 20% higher than pre-pandemic levels.

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]



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.

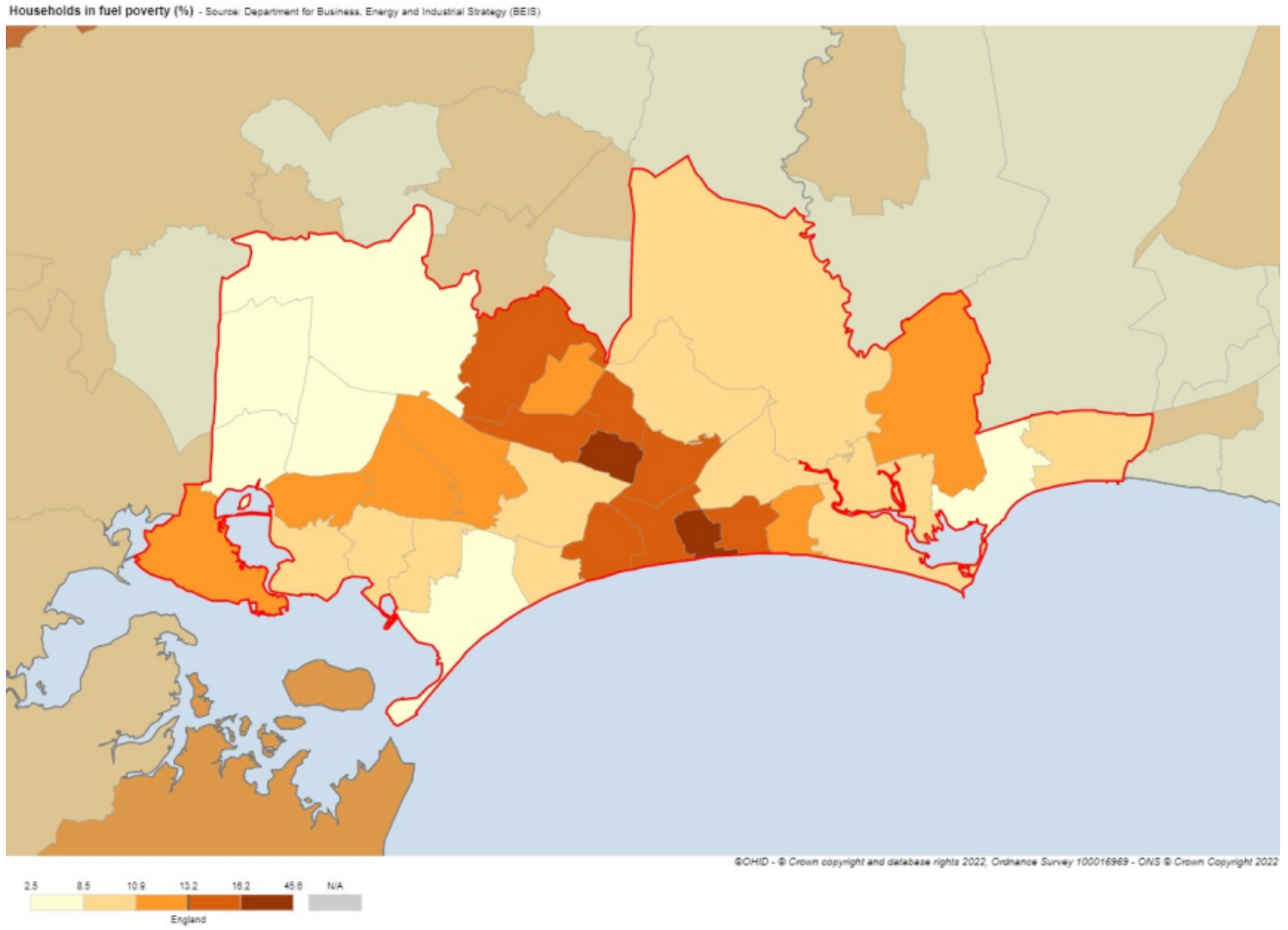
BCP's population is ageing, and projected household growth is largely driven by **an increase in older households**. Older households are more likely to live alone or in smaller households. Therefore, one person households show the biggest increase in BCP, by 10.3 thousand (17%) to 2043. The remainder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

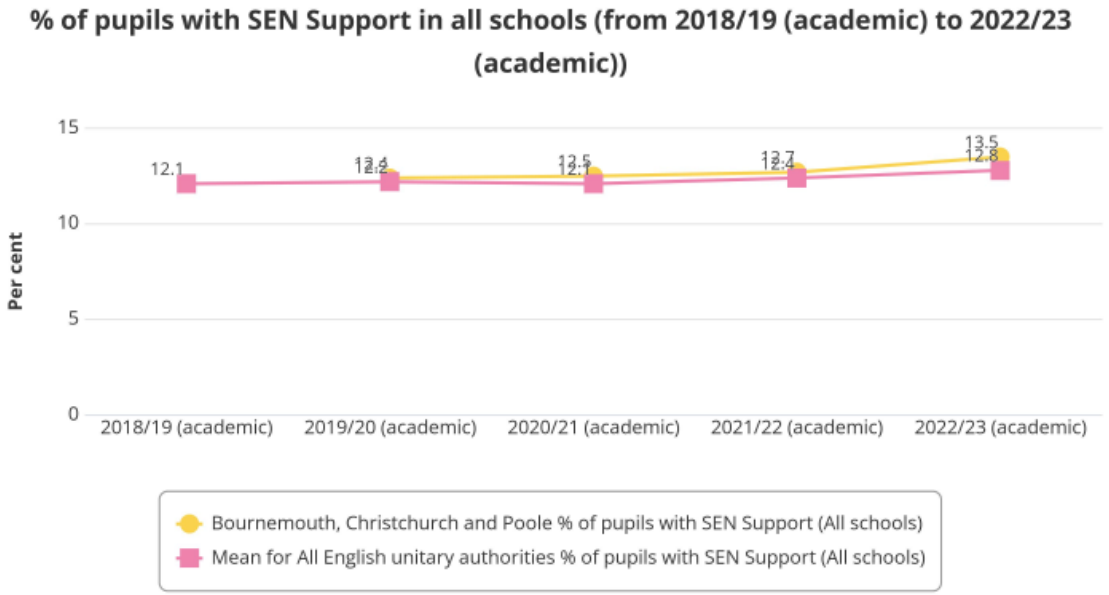
Average Attainment 8 Score – measures the achievement of pupils across 8 qualifications at the end of Key Stage 4. BCP – 52.1, England 48.7. One of the highest areas in the South West and also in comparison to CIPFA nearest neighbours. However, the average **attainment of Children in Care** is much lower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



Source:
Metric ID: 2214, Department for Education, Special Educational Needs in England, **Data updated:** 23 Jun 2023
Powered by LG Inform

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]

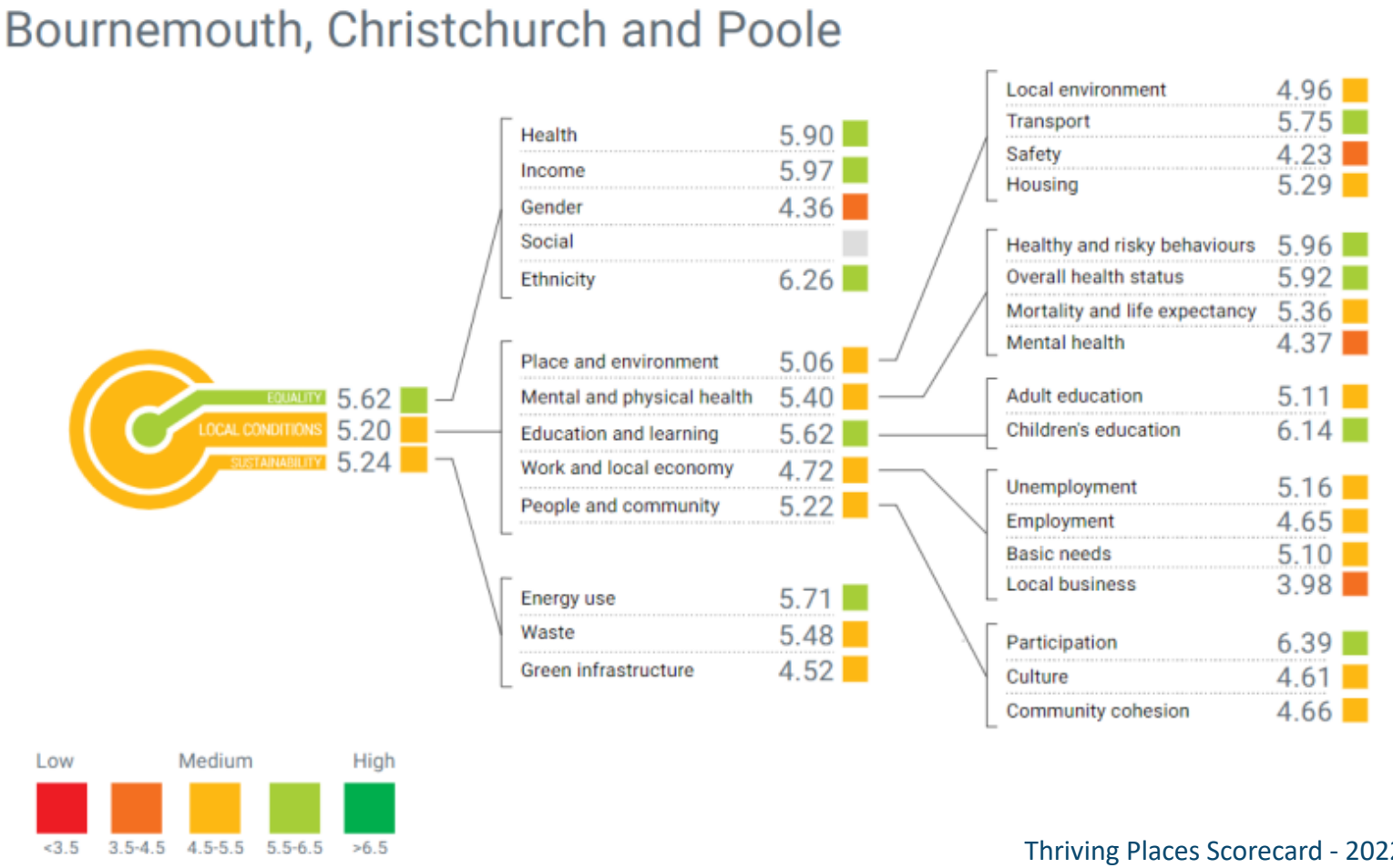
[Greenspace Accessibility Model]

[Local Authority – Wider Determinants of Health]

[Rural Urban Classification Map]

[SEN and Disabilities report for BCP] LGA Inform

[Census data for BCP]



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.

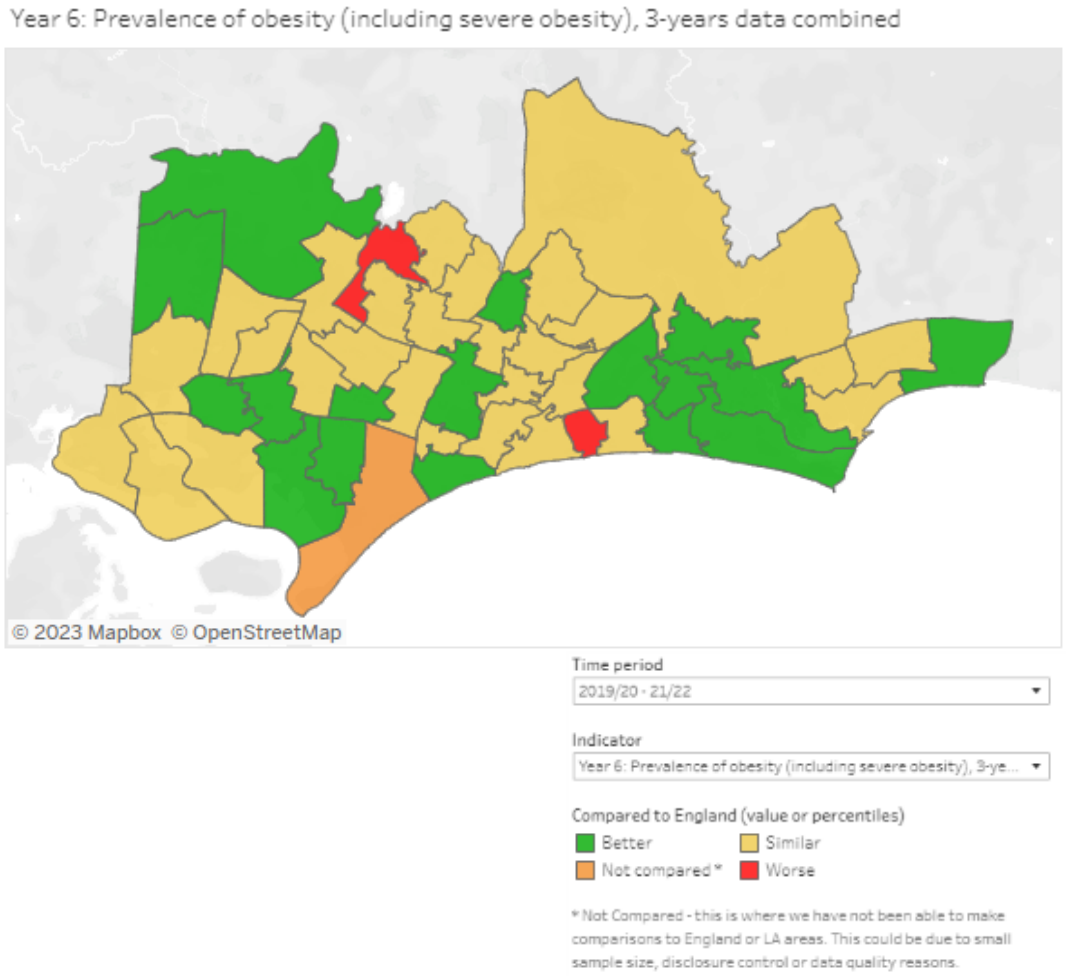
In terms of physical health;

- **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)

Children and Young People's Public Health Services

LGA Inform: Children's Health and Wellbeing in BCP



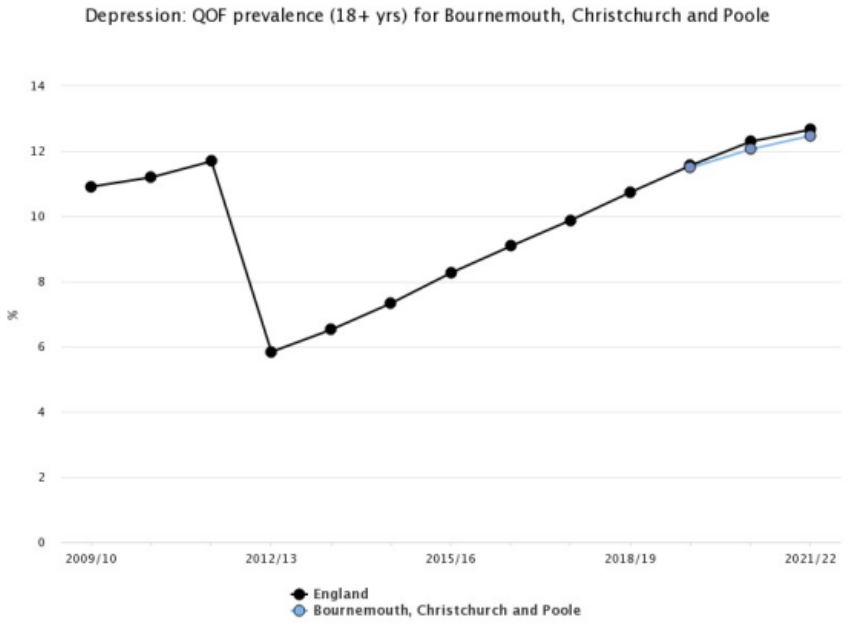
Healthy Lives – Mental Health

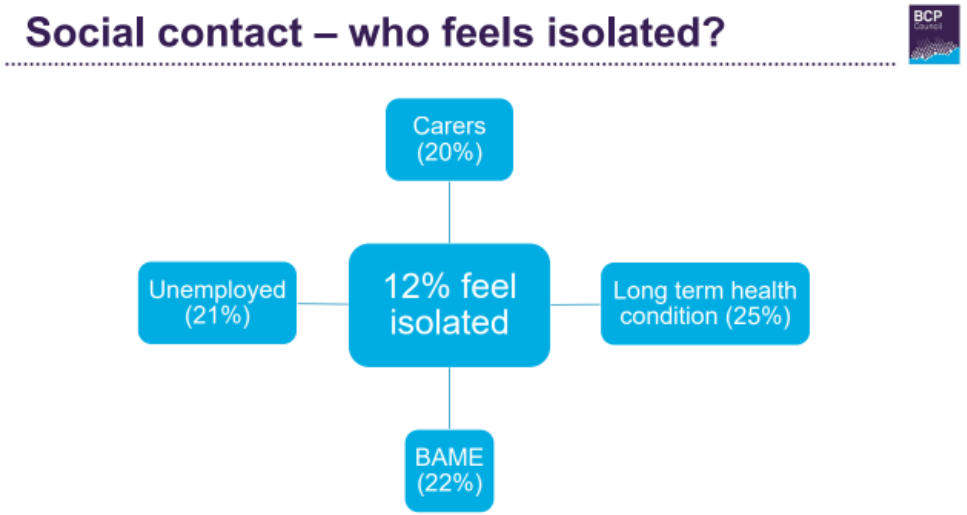
The 2014 survey of Mental Health and Wellbeing in England found that 1 in 6 people aged 16+ had experienced symptoms of a **common mental health problem**, such as depression or anxiety, in the past week. People with higher well-being have lower rates of illness, recover more quickly and for longer,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





Healthy Lives – Healthy Lifestyles

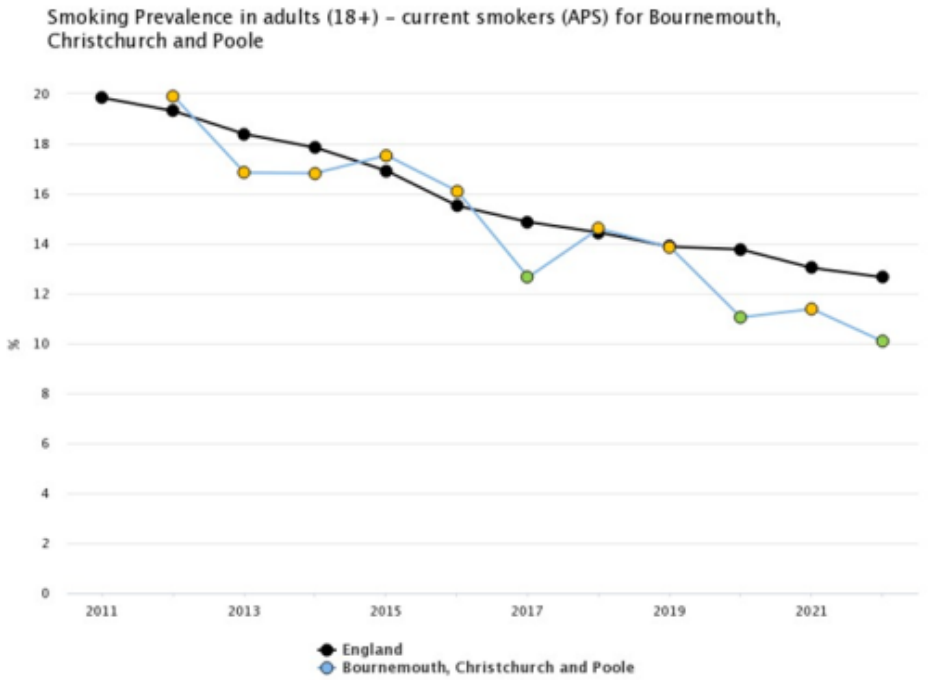
The percentage of **adults who are overweight or obese** in BCP is similar to England. However, at 63% of adults this is still high and has changed little over time. Having excess weight or obesity has significant implications for both physical and mental health. Excess weight increases the risk of several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

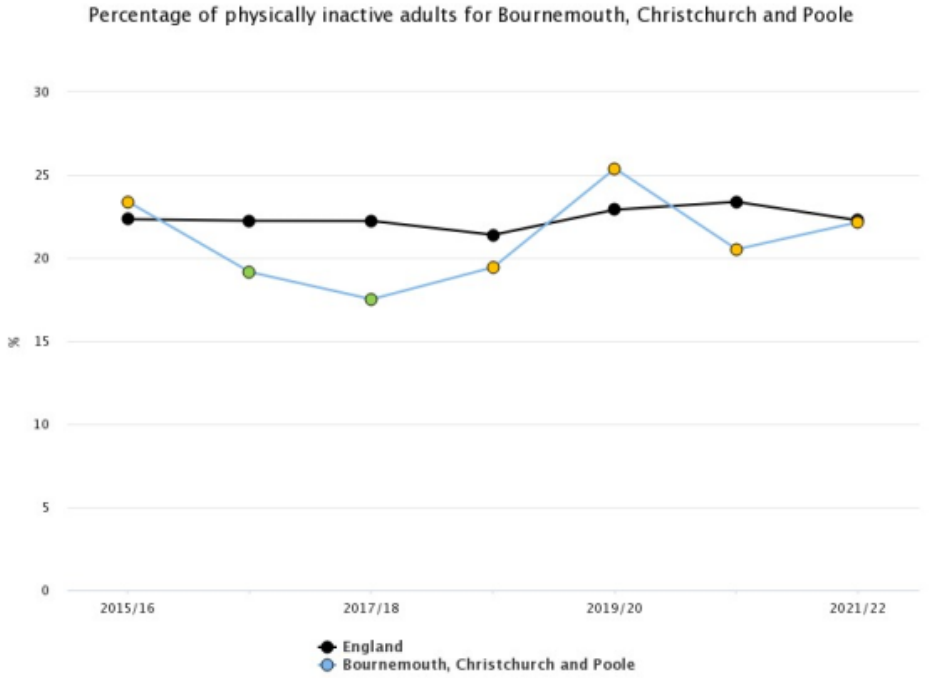
Smoking is one of the main causes of health inequalities in England, with the harm concentrated in disadvantaged communities and groups. Smoking prevalence has been reducing in BCP – currently 10.1%, better than England. Being a smoker at the time of delivering a baby has also continued to reduce locally (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))



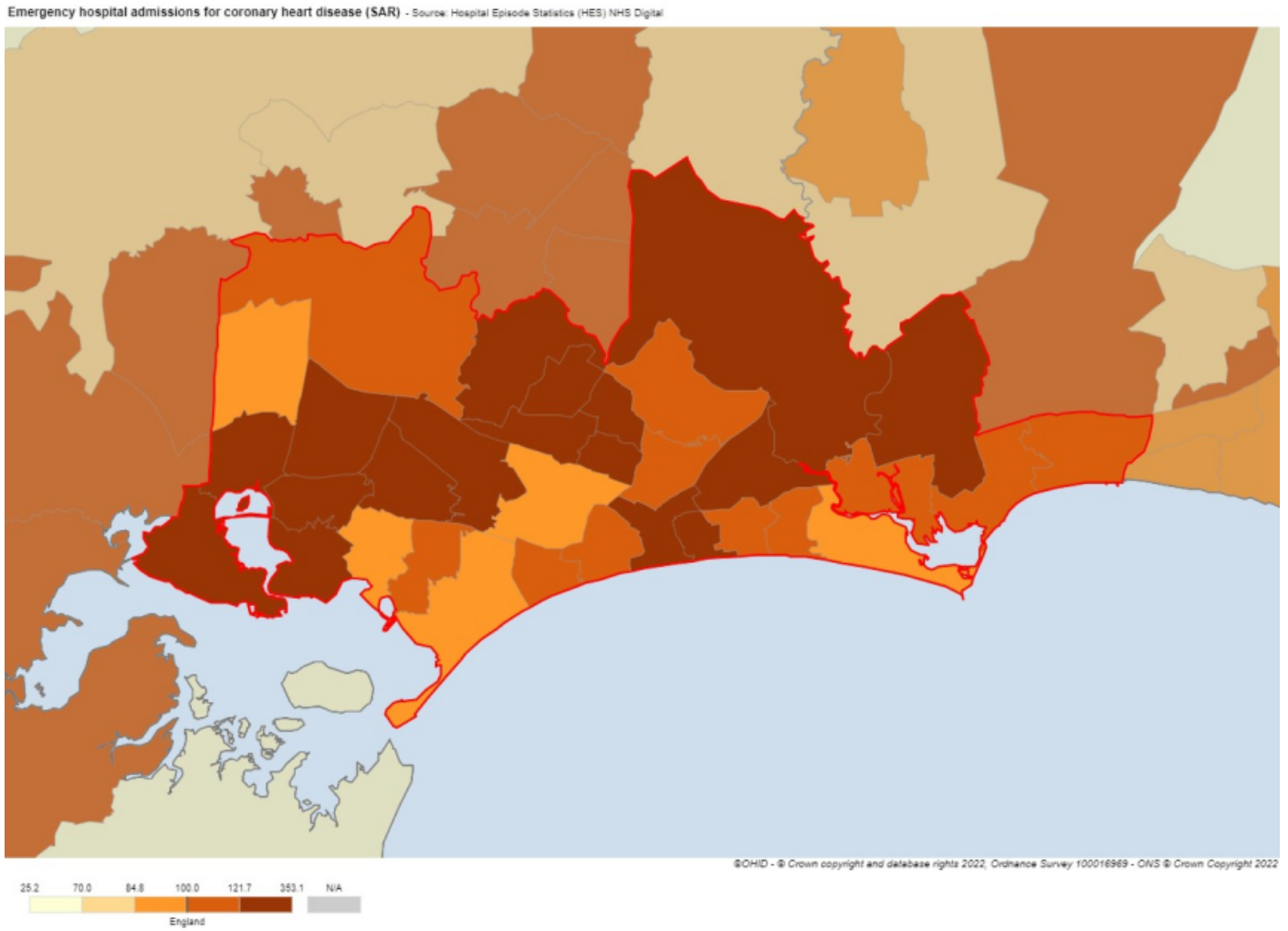


Healthy Lives – Major health conditions

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%).

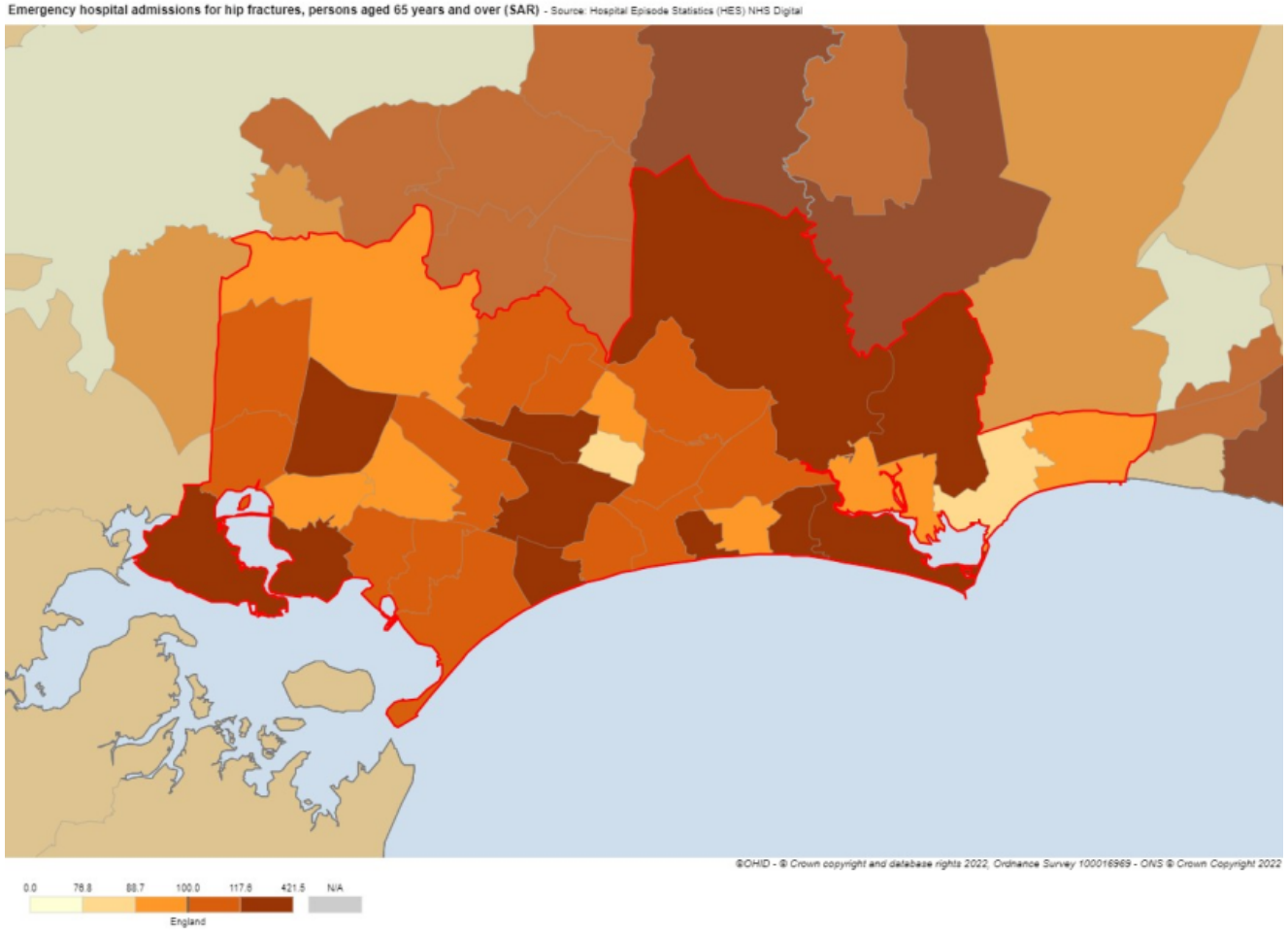


Healthy Lives – Major health conditions

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%.



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]

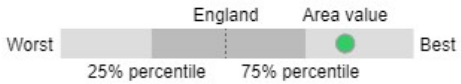
[A Movement for movement – Physical Activity Strategy]

[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



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.

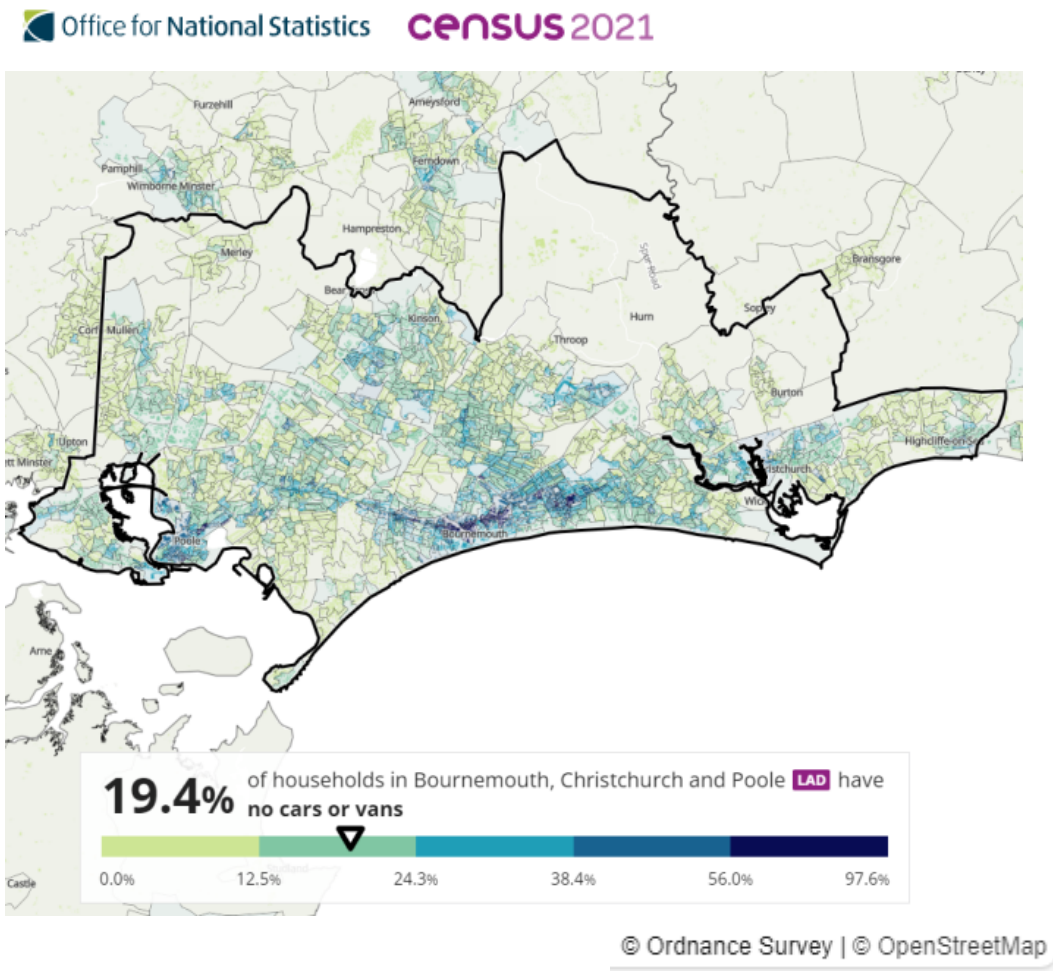
People felts that services need to **work together** in an integrated approach, **communicate** between each other to discuss patients' needs and adopt a **multi-disciplinary approach**.

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 or 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.

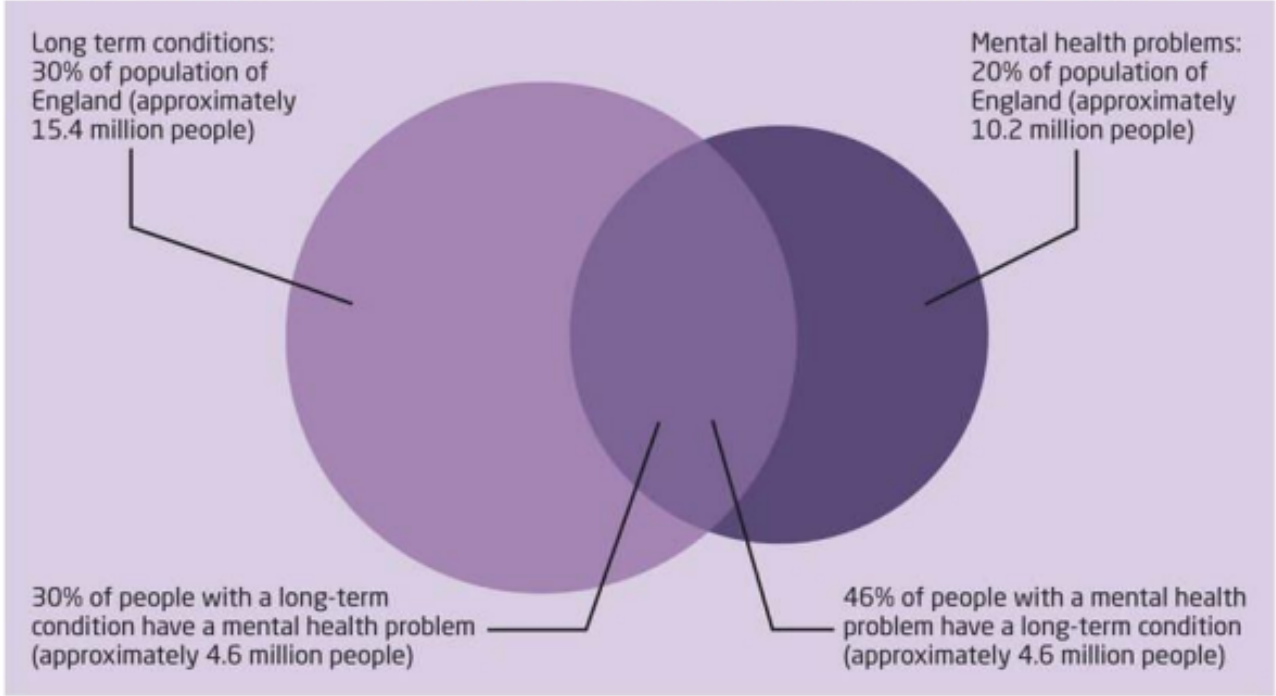


Health and Care – Working Better Together

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

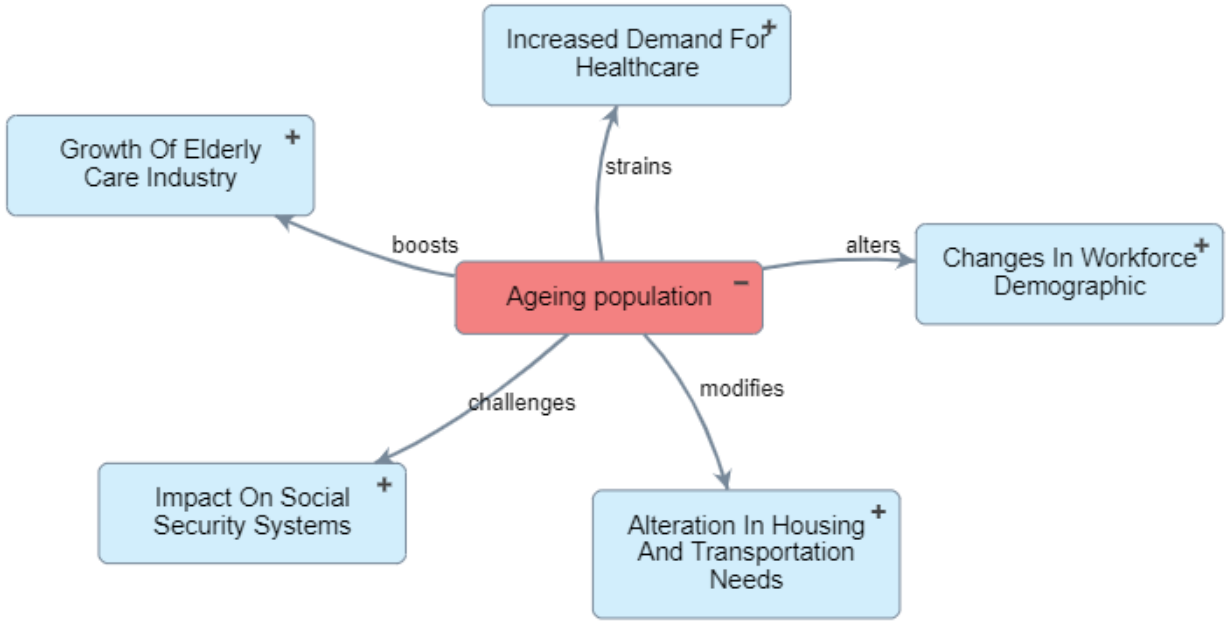


Source: Naylor C, Parsonage M, McDaid D, Knapp M, Fossey M, Galea A (2012). Report. Long-term conditions and mental health. The cost of co- morbidities *The King's Fund and Centre for Mental Health*

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]

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BCP Council Health and Wellbeing Board

Report subject	**From strategy to action: next steps following the development session**
Meeting date	5th February 2023
Status	Public report
Executive summary	To update the board on the output from the development session, held to consider next steps in updating the strategy. The over-riding message from board members was to focus more on practical actions to improve prevention and integration through the place-based partnership, with a light touch refresh of the HWB strategy. This paper proposes some areas for board members to consider, along with next steps for developing the partnership.
Recommendations	**It is RECOMMENDED that:** 1) Board members support the proposed approach to the strategy – i.e. light touch refresh with a clear focus on priorities for the place-based partnership workplan. 2) Members discuss and agree the next steps in developing the Board's lead governance role in relation to the place-based partnership.
Reason for recommendations	Each Health and Wellbeing Board should produce a Health and Wellbeing Strategy. This should consider issues arising from the Joint Strategic Needs Assessment and priorities in other plans and strategies (e.g. BCP Council corporate strategy, Integrated Care Strategy). A development session was held in December 2023 to discuss approaches to refreshing the strategy. Members considered the draft findings of the JSNA, the council's corporate strategy, and the overarching aims of the integrated care system strategy, Working Better Together.

	Feedback from the session recognised the need for a focus on action, especially getting clarity on priority work programmes for the emerging place-based partnership. The existing strategy's themes were broad enough to serve as a framework. Members felt the emphasis should be on action through the place-based partnership rather than spending time refreshing the strategy. Members recognised their leadership role in supporting a strong place-based partnership. The Board would offer a lead governance role to the partnership, to enable delivery, championing early help and prevention.
Portfolio Holder(s):	Councillor David Brown, Portfolio Holder Health and Wellbeing
Corporate Director	Jillian Kay, Corporate Director of Wellbeing
Contributors	Sam Crowe, Director of Public Health
Wards	All Wards
Classification	For Recommendation

Background

1. Each Health and Wellbeing Board should produce a health and wellbeing strategy according to updated guidance published in 2022.

2. The current strategy was published by the Board in 2020 and covers the period to 2023. Progress under the strategy was limited due to the pandemic. It is now timely to consider refreshing the strategy. This is because there is a new BCP Council Corporate Strategy and delivery plans in development, and a strategy for the Integrated Care System.

3. BCP Council Health and Wellbeing Board met to consider approaches to refreshing the strategy at a development session in December 2023. This short paper summarises the output from that session, and includes recommendations for how work under a new strategy should be taken forwards.

Insights and views from the development session

4. The development session considered evidence from the updated Joint Strategic Needs Assessment, the draft corporate vision for BCP Council, and the development of place-based working (partnership) under the integrated care system changes. A summary of the discussions is set out in Appendix A to this report. Some common themes emerged from the discussions:

    - Strong links between the themes in the current strategy, and other local plans and strategies
    - The need to work smarter and add value in a crowded space
    - Working upstream, promoting best start in life, and not getting drawn into responding to urgent pressures
    - Board has a chance to shape what kind of strategy we have in future – and focus on enabling action. This is where the Board wished to put energy – identifying opportunities for action, not spending time writing another strategy.

5. During discussions, the board recognized it had a lead governance role to enable delivery, through the place-based partnership. It would champion early help and prevention, and integration. To do this, there would need to be further work:

    - To develop specific targets and focus for the Board in its strategy refresh – drawing on existing plans and strategies;
    - Clarify reporting and responsibilities of the board – avoiding duplication with scrutiny for example;

- Establish how the Board would lead the place-based partnership in setting clear direction, expectations and hold the executive accountable for delivery.

Next steps in refreshing the strategy

6. Based on the discussions from the development session, it is recommended that the Board keeps the broad themes from the 2020 – 2023 strategy:

    - Empowering communities – close link to Thriving communities priority in the integrated care strategy, and BCP Council Corporate Strategy
    - Supporting healthy lives – links to early help and prevention priority of the ICS strategy, and BCP Council Corporate Strategy
    - Support and challenge – links to the Working Better Together priority of the integrated care strategy and should consider how to promote integration.

7. Further work should be done to develop specific objectives and indicators under these broad priorities. Given the Board's ambition to lead the place-based partnership work – providing governance to enable action – these should be based on key programmes for the place-based partnership that will deliver the ambitions around prevention and integration. Programmes will also need to consider how they support the delivery plan for BCP Council's corporate strategy too.

8. Initial suggestions for programmes and transformation work that the place-based partnership should focus on include:

    - Development of family hubs, and other community assets including the proposed wellbeing hubs;

    - Integrated neighbourhood teams – including the proposed pilot in Boscombe. This should have a strong focus on working upstream, and strengths based approaches; it is recommended that this work also incorporates learning from the Poverty Truth Commission (especially task and finish groups on housing, and humanising the process).

    - Supporting adults to live well and independently through the Better Care Fund (including the adult social care prevention strategy, transformation and integrated intermediate care strategy)

    - Community mental health transformation – including services for children and young people

- Going smoke-free by 2030 – to accelerate smoking cessation and develop community champions to support initiatives like Swap to Stop (vaping starter kits).

- Cost of living, poverty and housing – this was raised by Members as an important issue affecting all communities currently. Place-based working should consider working closely with Poverty Truth Commission members on issues like including people with living experience, housing and ensuring people centred focus.

Next steps in developing place-based working

9. The Health and Wellbeing Board should continue to work on how it will add value as a board, with a focus on governance to enable action through the partnership. This should recognise the alignment with BCP Council Cabinet and the developing delivery plans for the Corporate Strategy.

10. Work is underway to form an executive for the place-based partnership – drawn from senior officers from BCP Council and health partners. As this team comes together they will consider:

    - What functions will be needed at place-level to support this work
    - How quickly an outline programme can be agreed, for the Board to work with in developing some clear deliverables
    - How wider partners and stakeholders will link with the partnership
    - Reporting lines, and accountability, avoiding duplication where possible.

Summary of financial implications

11. There are no financial implications to note

Summary of legal implications

12. Each Health and Wellbeing Board should produce a Health and Wellbeing Strategy under the Health and Social Care Act 2022.

Summary of human resources implications

13. There are no human resources implications to note.

Summary of environmental impact

14. There are no environmental implications to note.

Summary of public health implications

15. The strategy is a chance to highlight the board's role in championing prevention and integration, with a focus on delivery of key programmes in the place-based partnership. These should clearly show how outcomes for population health will be improved through the planned changes.

Summary of equality implications

16. The JSNA which is used to develop the strategy includes consideration of variation of needs and health outcomes within the local community, such as by deprivation, demographics or specific vulnerable populations.

Summary of risk assessment

17. HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as:

Current Risk: LOW
Residual Risk: LOW

Background papers

Appendix One: Summary of Development Session, December 2023

BCP's Health and Wellbeing Board Development Session – 18 December 2023

The following are the notes taken from the development session.

Group One Ambitions and Priorities:

Children and Young People:

- Opportunity to focus on prevention and early help - our future adults.
- Issues such as Obesity oral health etc get set in childhood.
- Understanding how we end up with health related problems? Best start in life.
- How do we hear young person's voice? **What do children & YP describe their place as?** For example what is it like for Bournemouth students who have moved into the area?
- How can we make sure that data / voice feeds strategy? Overlaying data.
- Understanding what works for different communities - learn from previous programmes.
- Family Hubs can be an opportunity for us to come together. BCP workstream to look at community hubs also an opportunity.

"Supporting and challenging" – does the strategy provide opportunity for check and balance on how we work together?

- BCP strategy and ICP strategy provides a strong steer.
- Opportunity to take more targeted approaches and measure the impact with some of the tools and developments available to us e.g. DiiS

Having a 'place focus' to resources

- How do we work as a system to support, strengthen, grow our own, **-** can we work smarter and enable our capacity to be greater?
- Neighbourhood teams - building blocks? Who is around? Are most at risk families being visited quickly? Using local capacity and resources.
- Recognising the differences between the two places - and how we allocate health resource - what do we do at a neighbourhood level vs at a place / system level.
- **Non-statutory assets -** wellbeing hubs. Community spaces for people to work together.

Challenge r.e. our ambitions and priorities - Are we adding priorities to our own list or is it an opportunity to draw from other visions and strategies and focus on how we work together.

- Focus on how we work together, as a system. Is our focus on how the system works together - on top of the BCP vision, 5 pillars etc.

Group One - Working with Place

Support for the role – will need to define the opportunities for the board to make a difference, focus on a lead governance role to enable delivery, championing early help and prevention.

Strategy - Need to have one, but the board can shape what kind of strategy it is.

- **What programmes could the health and wellbeing board help to develop and move forward?**

- How do we discuss problems, put resources together – could we delegate to place? H&WB would want some assurance that delegation is being delivered. Executive group sitting below H&WB in place structure, that has an accountability to the Health and Wellbeing Board.
- **Championing early help and prevention.** Scope of place is broad, so need high level to check and balance working together.
- **Do we have maturity as a board** to deliver on that strategic role?
- **Clarity on reporting to / responsibilities of the board - TOR and avoiding duplication with scrutiny processes.**

Workshop conversation group 2

We began with a **recap on where we got to with the last strategy**; the three priorities being empowering communities, promoting healthier lives and support and challenge. Colleagues reflected on the **need for clearer targets / outcomes in the next strategy**. How do we make the strategy 'real'?

We discussed the **links to other local strategie**s in what we recognised is a crowded space – ICB 5 pillars, ICP Strategy etc.

What would add value at the moment, and how could we do it?

Colleagues noted the lack of resources in the system and recognised the **need to 'work smarter'**. The impacts of Right Care, Right Place were noted and how this potentially cut across aspirations for more joined up working.

Upstreaming interventions was held to be key to keep people healthier in their communities, and out of hospital.

We came back to the previous strategy and questioned what we have achieved in the last 3 years. Colleagues wished to understand more fully **what the data tells us** about needs and progress being made to tackle them. An emphasis was placed on mapping what is in place at present. Do we do enough by way of 'mapping' patient (young people's) journeys? Do we do this through service provider eyes or put ourselves in the shoes of the public?

The impact of cost of living (CoL) on the public is enormous and often pushes other concerns down the priority list.

Do we understand patient / public perspectives on why they present at A&E rather than accessing other parts of the system?

Do we measure what really counts? Could be begin **measuring the value of relationships / public trust** in services?

Colleagues value highly public engagement and would like to see front line staff experiences being similarly valued.

And what about the challenge of delivery? We can reduce this by changing how we work. We tend to 'fix' problems we don't fully understand; embracing empowerment as part of 'discovery' and then working with the public to design solutions may take time (and require us to trust the public) but there is evidence that the results are stronger.

We came back to the question of the **clarity of the role of the H&WB Board**. How does the Board relate to PBPs? **The function and form of the H&WB Board needs further work**.

Who leading in forming PBPs? We understood this to be the Local Authority, So what does it mean to the Council?

Is there anything the H&WB Board could stop doing?

We came back at the end to:

- Pressure points for the system (C&YP, Mental Health, CoL and fractured neck of femur)
- The three priorities from the previous strategy are still valid and we need to get better at what we do under these priorities and how we measure impact.

Plenary session headlines

- Essence of discussions -- 'Governance to enable delivery'.
- Consider interlap and connection with Cabinet.
- Understand demarcation from scrutiny processes. Opportunity for H&WB to be something different from assurance/scrutiny role - are the right plans in place to respond to future pressure points, remembering the H&WB unique focus of prevention and integration. Could be asking questions in this specific space.
- Thinking about the need for upstream interventions to keep people well - investment and not being drawn into firefighting system pressure points.

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Forward Plan - BCP Health and Wellbeing Board

Updated: 25 1 24

	Subject and background	Anticipated benefits and value to be added by HWB engagement	How will the scrutiny be done?	Lead Officer	Report Information
5 Feb 2024 at 1pm					
	Updated Joint Strategic Needs Assessment	For the Board to receive an update and approve the updated JSNA	Committee report	Sam Crowe, Director of Public Health	
	Development of the Health and Wellbeing Board	To follow up from the development session	Committee Report	Jillian Kay, Director of Wellbeing and Sam Crowe, Director of Public Health	
22 April 2024 at 1pm					
	Eliminating Food Insecurity: Access to Food Partnership	For the Board to receive an update	Committee report/presentation	Amy Gallacher, Community Initiatives Manager	
	Dorset Healthcare	To update the Board on the joint management structure with Dorset	Committee report/presentation	Matthew Bryant	Requested by the Chief Executive.

	Subject and background	Anticipated benefits and value to be added by HWB engagement	How will the scrutiny be done?	Lead Officer	Report Information
		County and how this works for BCP residents.			
Future items to be allocated to meeting dates					
Place Based Partnership report from PwC		For consideration and information – what needs to be worked on	TBC	David Freeman	Request from Sam Crowe.
Eliminating Food Insecurity: Access to Food Partnership		To discuss macro level chances that are needed to improve the situation around food insecurity	To enable the Board to monitor the Promoting Healthy Lives priority through the Eliminating Food Insecurities Theme	Jess Gibbons, Kelly Ansell	Identified as a theme within the Health and Wellbeing Strategy Coming to Board April 24
Changes to hospitals, role of hospitals and responding to the needs of Communities		To consider the changes going on in local hospitals to include significant changes in mental health provision.		TBC – highlighted by Richard Renaut	

Vibrant Communities Partnership Board	Report from the Co-Chair to the Board on the work of the Partnership Board			
BCP Local Plan			Laura Bright	Request from Chair
Household Support Grant?			Jess Gibbons	Added at Board meeting on 9 June 2022
Better Care Fund	To receive a mid year progress update	Committee Report	Phil Hornsby?	Requested at meeting on 20 7 23.

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