Working Better Together

Dorset's Integrated Care Partnership Strategy 2022/23




Our Dorset
Your Local NHS and Councils Working Together

Contents

Introduction

Welcome to the first integrated care partnership (ICP) strategy for Dorset.

The point of a strategy document is to explain where we are now, what we hope to achieve, and how we're planning to do that. This document builds on previous plans for Dorset like the Sustainability and Transformation Plan and the NHS Long Term Plan. It sets out how the NHS, councils, and other partners within our ICP will work together to make the best possible improvements in the health and wellbeing of local people. This means changing the way we work to provide the right health and care services across Dorset.

We need to do this to tackle the challenges around high demand for care and support. We also know that different people have different experiences when using health and care services – differences in what access they have to services, how they feel when using the services, and the outcome those services have on their health and wellbeing. These differences lead to inequalities in health that are both unjust and costly for people and communities.

Not only do we want to make sure everyone in Dorset has access to the right services at the right time, it's also a legal duty for us to look at how we are reducing inequalities in health across our integrated care system (ICS), as stated in the 2022 Health Act. In this strategy we present the main things that people in Dorset have told us affect them, both good and bad. Where things aren't working, we will look at what we can do to make things fair for everyone.

Together, we will:

- make sure our resources are used where they're needed to meet health and care needs
- look at how public, independent and voluntary organisations can provide joined-up care together
- listen to people, and involve them in making decisions about their care and how they get it
- look at how well things are working for our communities, and make changes if things aren't right.

It's not just health and care services that make a healthy person. You've told us how important family and friends are to staying well. We know that talking to volunteers and people with similar conditions can have a big impact when we're recovering from an injury or illness. This strategy puts you at the heart of health and care planning wherever possible.

Through a document called the Joint Strategic Needs Assessment, we've researched the needs of Dorset's population. We've spoken to people working in frontline health and care and young people working with Healthwatch Dorset. We've gathered information from the BCP Council Resident's Survey and Big Conversation, and the Community Action Network's State of the Sector report. We've also spoken to people from all over Dorset through our 100 Conversations project.

Understanding what you need to stay well means better outcomes for everyone. This strategy is just the start of that journey.

Differences you will see

Putting people and communities at the heart of all we do and focusing on the things that are most important to you will help us in supporting everyone to live happy and healthy lives from cradle to old age.

You will:

- be more involved in your care and in the decisions that are made about what care you'll be receiving and why
- be able to access information more easily in a format that is suitable for your needs
- be considered as a person rather than a patient, your care will be tailored to suit you, not your condition or injury
- be listened to and where things aren't right, your experiences will be used to make improvements
- be able to access services closer to home, not passing from service to service. This will save you time and money by not having to make multiple trips to hospital settings
- be able to access Dorset's natural environment to stay well and use green spaces to improve your physical and mental wellbeing
- have the right tools to stay well and independent for longer, so you can manage your own health and wellbeing successfully, and recognise when things aren't right or when you may need extra support.

‘Integrated care systems are all about improving outcomes and tackling inequalities. I’m excited by the opportunity working as a single system brings – only by working together and listening to local people will we make the changes we need to.’

Jenni Douglas-Todd – Interim Chair, Dorset Integrated Care Partnership

‘I’m encouraged by the focus in integrated care systems of using our collective assets to improve prospects for people who don’t get the chances of a decent job, or home or support network. These factors are so crucial to health we mustn’t underestimate what we could do together to help.’

Spencer Flower – Leader of Dorset Council, Integrated Care Board member

‘When we talk to communities about what makes a great place, people mention the importance of our natural environment to boost wellbeing. This is where councils can make a real contribution to integrated care systems, aiming to be the best place for wellbeing and healthy living.’

Drew Mellor – Leader of Bournemouth, Christchurch and Poole Council, Integrated Care Board member

Our vision and priorities

Our vision

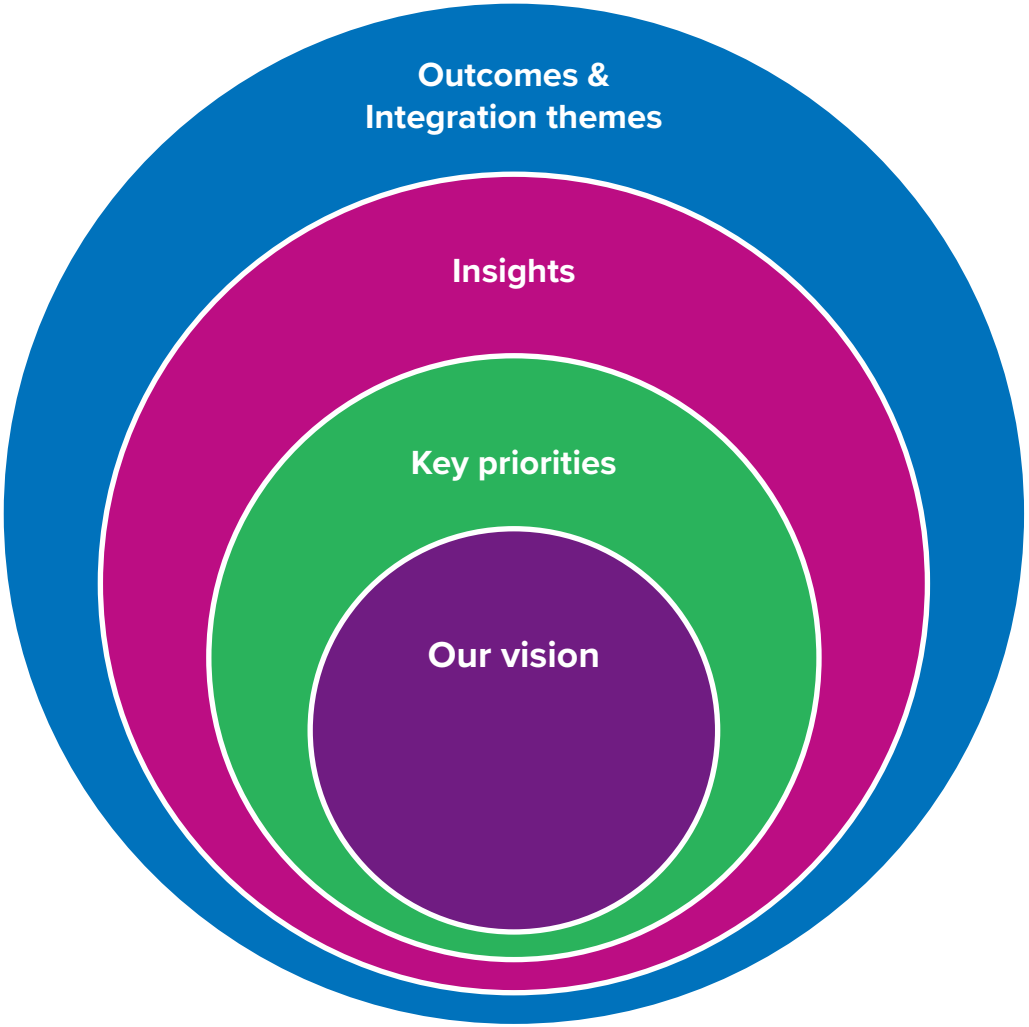
Dorset Integrated Care System works together to deliver the best possible improvements in health and wellbeing.

Key priorities

1. **Prevention and early help**
   Helping you to stay well by providing prevention support as early as possible.

2. **Thriving communities**
   Investing in communities, building strong networks and developing high quality spaces in the community where we can work together.

3. **Working better together**
   Consider your needs at all stages of your journey through health and care services.



Insights

From our community conversations we have a good understanding of what people in Dorset feel are the most important when it comes to your health and wellbeing.

If things were working well and services were being delivered seamlessly people would think, feel and do:

- Listened to and involved
- A sense of purpose and belonging
- Not passed around services
- Access services closer to home
- Remain independent 'give me the tools'
- Use natural environment for wellbeing
- Considered as a whole person or family

Joint Strategic Needs Assessment tells us these are the important factors:

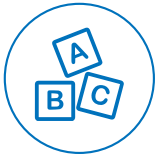
- Mental health and wellbeing
- Fairness in access to services, including digital
- Loneliness and social isolation
- Rising cost of living, hidden poverty
- Children's health and social care
- Workforce and ability to help support people with more complex needs
- Lack of maturity in working as one system to improve quality – demand and pressures
- Integrated mental and physical health

Outcomes

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

Invest in and involve informal care and support

Care closer to home



Children's health, and best start in life

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

Social isolation, loneliness

Listen and involve people in solutions

Integration themes

- Greater involvement of voluntary sector and social networks to keep you well – invest seriously in prevention
- Consider high quality spaces where this work could happen between formal and informal services
- Care closer to home as default
- Communication, listening and treating people as humans not patients; respect employees and their wellbeing too
- Access and experience really critical – focus on the person's experience and outcomes will improve
- Tackle variation in outcomes, 'fairness' in access to services and support, consider who is waiting and the impact on health
- Integrate physical and mental health care where possible
- Encourage our organisations to look for and promote opportunities for good jobs and decent housing.

01 Where we are now

What you say our places are like

Dorset is a great place to live and grow – over half the county is an area of outstanding natural beauty. The mix of coastal, urban and rural areas offers variety in both the landscape and activities that can support health and wellbeing.

"I've always done outdoorsy things. Whether that is just going for a really long walk on a Sunday afternoon or playing sport or walking a dog... Anything nature, animals and outdoorsy or water based. That is what makes me feel calm and happy."

100 Conversations

Our town centres are places to connect and be part of a community. People want to feel proud to live there, to be part of the history of the place, and to celebrate its specific culture.

"People felt really strongly about their local town centre. For example, Christchurch is not just a place to shop, but the essence of the community. A place where people could go to have a conversation, or chat at a shop checkout or at the bus stop. These casual encounters are important for people's mental health, a chance to connect and feel part of something bigger."

BCP Future Places

Dorset has almost 100 miles of coastline, including England's only natural World Heritage site, the Jurassic Coast. We also have rolling downs and woodland – Dorset is full of places to get out into nature and explore.

"My husband and I really like to get out into nature, and we do lots of walking. We've got kayaks and bikes, so we do a lot of exploring."

100 Conversations

While beautiful, our rural areas have several challenges. Young people are particularly affected, with access to transport one of the main barriers stopping them from taking part in social activities or using support services.

"'For young people who live rurally, their location is an added barrier to accessing health and care services. They could not access support without their parent's knowledge or without their parent being present, because their parent had to provide transport."

Healthwatch Dorset Young Listener Project

Youth voices

The VoiceX survey aimed to capture the voices of young people across the county to explore what it's like living and growing up in Dorset. 371 young people took part in the survey.

Top three barriers preventing young people from using clubs, groups and support:

Not knowing other people taking part

Money

Transport

59.8% of young people take an active role in their community

57.7% feel they belong in their community

42% feel they are not taken seriously

One system, two places

Where and how we live plays a huge role in our health and wellbeing. Dorset is split into two 'places' – the area covered by Bournemouth, Christchurch and Poole (BCP) Council, and the area covered by Dorset Council. We need to know how these two places shape the health and wellbeing of the people living there.

Bournemouth, Christchurch and Poole Council (BCP)

Around 400,000 people live in the BCP Council area. The population is higher than the national average, but also includes a higher number of people aged 19-25 than other areas due to its three universities. This also means the population changes regularly as people move in and out of the area.

We have a growing population from diverse ethnic groups – more so than in the Dorset Council area.

People's health is about the same or better than the national average, and people who live in the area are generally happy with their lives. How long and how well people live can vary though – BCP has some of the richest and poorest areas in the country.

There is less unemployment than rates in England, but more jobs in lower paid areas like accommodation and food services. Wages are low, and there is a shortage of affordable housing.

Dorset Council

Lots of people are moving to Dorset, with the population growing by 3,000 each year, despite our birth rates being lower than the national average. Many people choose to retire in Dorset – out of the 380,000 people living here, 29% are aged 65 and older, compared with 19% across England.

Younger people often move away from the area due to lack of opportunities, low wages and high housing costs. Around 25% of families in Dorset live in poverty, and 27% of people are earning below the living wage.

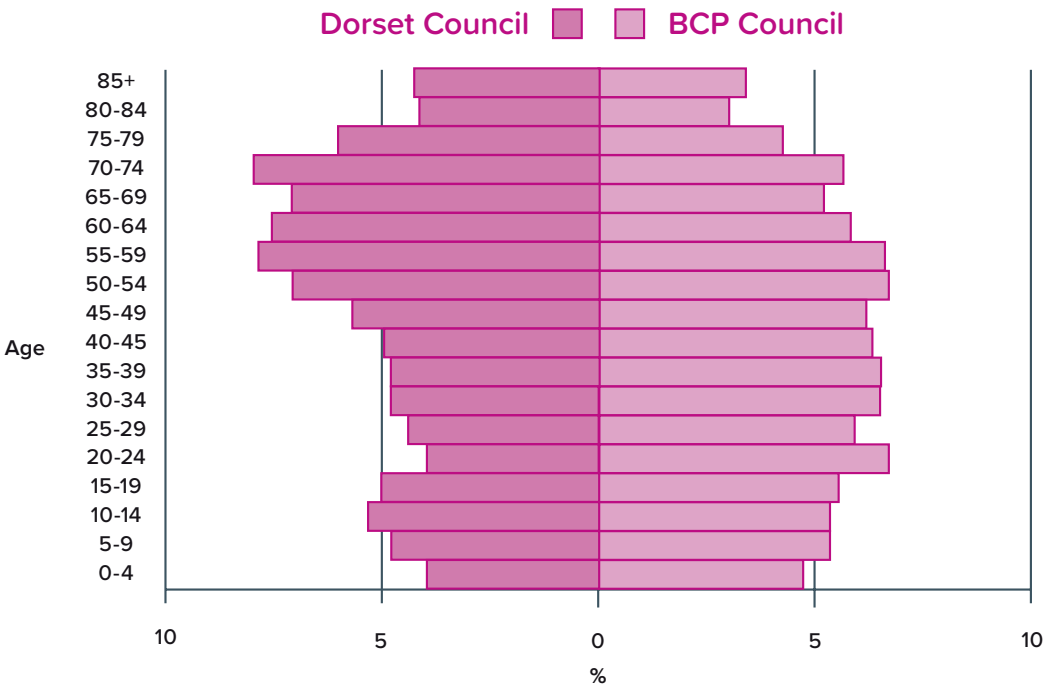
While crime is low, anti-social behaviour and rural crime are an ongoing concern.

The population is more than 90% white British. Fewer than 5% of residents are from ethnic diverse communities.

In summary

- Coastal communities have much poorer health outcomes than other areas. More people are living with diabetes, heart disease and cancer
- High house prices make it difficult to attract people to health and care jobs
- Coastal areas have fewer consultants, medical trainees and nurses compared to inland areas, despite having older populations with greater needs
- The ageing population could be an asset rather than a problem. Many older retired people volunteer or care for people and have huge life experience
- Health inequality affects health and wellbeing from early years to later in life in both BCP and Dorset council areas.

Graph showing the population of Dorset by age category



Across the whole of Dorset:

13.1% people earning or living below the minimum living wage

5.9% armed forces veterans

11.9% carers (both paid and unpaid)

12.5% working age adults self employed

30.6% number of households with only one adult in the house

13.5% number of children living in poverty

What our partners say

In Dorset most of us get good care when we can access it, but many aren't getting the care they need. More people are having to wait longer. More health and care staff are leaving, and it's difficult to recruit new people to fill the gaps. There's a greater need for adult social care, and we are struggling to keep up. Funding is also still an issue, and we've been through a lot of political changes in recent years. These everyday pressures make it difficult to step back and plan for the longer term, but we need to do this if we want to make a difference for the people of Dorset in the future.

Working together as a system can help people to live better lives. By making the best use of funding, and looking at who is best placed to deliver a service, we can make sure communities are getting the right care in the right place at the right time.

"Meeting primary needs of having your home, your food, your warmth is getting harder and harder because, obviously, inflation is going up and people's wages haven't gone up for a very long time."

Joint Strategic Needs Assessment

Being part of an integrated care system means:

a joint vision to meet the needs of people in Dorset

making the best use of our collective resources to benefit people and communities

taking a place-based view of things when planning services

having open and honest conversations with people

being open and honest when making decisions

focusing on prevention and early intervention

making sure people and communities are at the heart of everything we do

working together as equal partners

"Work within teams where we have a complete multi-agency partnership between health, social care, mental health, between all agencies... How we work together would work better, in a way, like a jigsaw like that. We'd have an understanding [of how people's] mental and physical needs work together, their housing needs, how everything fits in together."

Joint Strategic Needs Assessment

Councils have an important role to play in tackling issues linked to health inequality. They also have close connections with their communities.

Working together we can:

- strengthen community services for people living with long-term conditions
- improve support for mental health in the community and in schools
- improve support for carers
- use technology to support older people to stay living in their own homes
- provide care closer to home, away from hospitals
- tackle concerns early on before they become bigger problems
- tackle issues such as homelessness.

"There should be things like a community café in every town, because it's a really good thing. It will help address a lot of problems. I think that those are the bits that I see as gaps."

Joint Strategic Needs Assessment

"Working to support disadvantaged communities is a key priority for BCP Council. Being part of the integrated care system gives us the opportunity of working together at place level to tackle these inequalities in health outcomes, access, and experience. This strategy offers us the chance to accelerate this work across Bournemouth, Christchurch and Poole."

Cllr Jane Kelly – Chair, BCP Council Health and Wellbeing Board

"Working better together gives us the opportunity to invest scarce public sector resources in the best possible way. Our integrated care system, if it is working well, should be less about our individual organisations' priorities, and more about planning care and support for people to enable them to live independently for as long as possible."

Cllr Peter Wharf – Chair, Dorset Council Health and Wellbeing Board

02 Making integration work

Our Vision

Developing our first integrated care partnership strategy has involved talking with a wide range of people. Some have been leaders of our health and care organisations. Some have been people working on the frontline, providing services in the community and in hospitals. Many have been people that live and work in Dorset who we have not spoken to before, through our 100 Conversations project. We've asked ordinary people what keeps them well, and what more we can do to support them.

Some issues stood out clearly. Leaders agreed that our strategy should focus on helping people maximise their wellbeing, and on treating people as humans first, not patients. This must consider how we support people to have the best start in life, right through to older age. They also agreed that services or organisations should not define what this means. It should come from the conversations we have been having with people and communities.

Through regular discussion with leaders in the system there is widespread support for the following vision statement:

'Dorset's integrated care system works together to deliver the best possible improvements in health and wellbeing'

The issues we are contending with are complex, and often the factors that drive them lie outside of the direct control of health and care services. Throughout this strategy and the research and engagement we have carried out to support it we have used three perspectives: prevention and early help, thriving communities, and working better together.

To support the vision, we have used these perspectives to set out under three headings what we are doing to make this happen.

Prevention and early help

We listen and involve you in decisions about your health and wellbeing, and care and support needs. We make adjustments where needed to improve your outcomes, access or experience, to improve equity and reduce inequalities in health.

Thriving communities

We work more closely with communities and voluntary sector organisations to support you and improve your health and wellbeing. We provide more opportunities for friends, family and peer supporters to help you thrive, or to recover when you are unwell. We look at variation in how well people are supported who live with long-term conditions.

Working better together

We put people's and communities' needs at the heart of how we plan care and support. Our organisations work together to provide care as close to you as possible. We value the strength of voluntary and community organisations in this partnership. We focus on improving your outcomes, access, and experience, and are careful with scarce resources like time and money.

"We have a clear vision – working together to achieve the best possible improvements in people's health and wellbeing, but we recognise we need to do more to build strength in citizenship.

We will be more responsive to people, community driven, empowering, and engage with local people wherever we can.

If we are going to reverse the social gradient that we see in health outcomes, we need to be serious about achieving equity of access, experience and outcome in all that we do – and not make assumptions about how people are living their lives. This is what we mean by being ambitious, working in partnership and being community driven."

Patricia Miller – Chief Executive Officer, NHS Dorset

Prevention and early help

We tend to worry about health and healthcare when we get ill or our health begins to suffer. There are many benefits for people who have the tools and support to live and stay well: increased self-esteem, feeling able to take control, feeling connected and less isolated, reduced anxiety, and improvement in mood. People also feel empowered to challenge and question health professionals, being recognised as experts in their condition, and have the ability to provide peer support.

"If you give me the tools to self-manage I can look after my own physical and mental health."

100 Conversations

You've told us that you value having meaning and purpose in your day. You want to be involved in conversations about your health and wellbeing.

"They don't look at my points of view. My needs weren't considered at all. I didn't feel listened to."

Healthwatch Dorset Young Listener Project

When people can manage their own health and our communities are supported to build groups and networks, we can link people together and help each other to stay well.

"Not being able to do things that I normally would do was difficult. I'm fortunate to live near a green space where we can walk our dog. We've become part of a community now, we know our neighbours and that makes a massive difference. I didn't need to tell them I was ill, they just knew. Dog walking was a natural situation where we could have a conversation. I'm lucky that I've got people around me. You know – it takes a village; I've got a village, I've got a really good village."

100 Conversations

In Dorset we want to improve emotional health and wellbeing support for children and young people. To do this we have to make sure young people have the right support at the right time and in the right place, and that they are actively involved in decisions about their care.

Roughly half of all lifetime mental health disorders start by the mid-teens and three quarters by mid-20s. Introducing support at an earlier stage, even before a diagnosis, can help children, young people and their families feel more looked after and can prevent some conditions from worsening.

As children grow and develop, they may need different kinds of support. For this to work, we as an integrated care system need to listen to the needs of local children, young people and their families and invest resources to reflect this. This means looking at how well our services work to support people.

Waiting times for accessing children and young person's health services in Dorset are higher than many other areas in the South West. One in 20 people referred are offered an appointment within four weeks – much lower than the target of 95%.

Technically you can [access support] but waiting times are so long you don't get it."

Healthwatch Dorset Young Listeners Project

Not getting help quickly can make some behaviours, like self-harm, worse. This lack of early support not only costs children and young people, but it has a knock-on effect for services, with extra emergency department visits, police and ambulance time, inappropriate stays in hospital, and social work and care coordinator time.

"The key with young people is early intervention work and it's really difficult. Most of that work can't be measured because it's holistic work, it's working as a whole. Some of it can't be measured, but it's the stuff that works... the hand holding... it's the things that gets them motivated."

Joint Strategic Needs Assessment

Safeguarding families

Post pandemic, many local authorities have seen a rise in child protection cases. A new approach to social work will mean we have the right support for families to enable and affect positive change.

Safeguarding Families Together brings specialist adult services workers alongside children's social workers, with an approach to keeping children safe in the family home. It is based on 'whole family working' to meet both the child and adult needs by working together and sharing information between professionals to provide the right support at the right time.

Case study – Family A:

Dorset Council worked on and off with one family for 14 years. All four children (aged between 1 and 13) have had some sort of interaction from children's services since they were born – meaning social workers have been around for their whole life. Research shows this constant presence will have had a negative impact on the families' wellbeing. If a whole family approach had been available to the parents and empowered them to recognise the changes they needed to make early on, they could have avoided the impact this had on the family.

Children with social workers or who have experienced care can face a range of challenging social and health outcomes, including poorer educational results, higher rates of mental health problems and even higher rates of homelessness and unemployment later in life. In Dorset children aged 0-4 years continue to represent the highest number of new child protection cases.

Key priorities

- Help people to stay well by providing prevention support as early as possible
- Reduce the variation in how well people are supported with long-term conditions like heart disease, high blood pressure and diabetes

Making integration work: prevention and early help

In Dorset many people are living with long-term conditions. These include high blood pressure, heart disease or diabetes. There is also wide variation in the number of people who have these conditions under control.

'Under control' means managing the risk factors that could lead to the need for hospital care, or even early death. Information on how many people have good control is available from each GP practice.

We can use this information to understand how to improve care. But it is vital we work with people to understand how we can best support them to make the changes that will help.

This could be clinical care, such as prescribing medicines that can help risk factors. Supporting people to make changes to their lifestyle and stay well is also important. For people living with high blood pressure or type 2 diabetes it is possible to reduce your risk factors. This could be by being more active or changing what you eat. Quitting smoking or drinking less alcohol can also help. People are more likely to make these changes if they feel supported and engaged in their care.

Our vision of an integrated care system goes beyond professional, clinical roles. It looks at how we better support people, and the importance of having a strong network of social support. This can help motivate people to stay well and improve their lifestyles. To achieve this we must understand what matters to you to keep you well. We should also consider how best to provide more social support, and see this as part of our offer to people. Using our data and insight is also important. We will measure how well we are doing. Do more people feel better supported in managing their condition? And is the variation in people who have good control of their condition reducing?

1 year

Data and insights: Population health data used to build a picture of who is not getting the support they need to successfully manage their condition.

Involving people: People who are living with long-term conditions and finding it difficult to achieve control are involved in developing better support options.

Inequalities: Primary care teams supporting different communities understand what adjustments are needed to support more people to achieve control of their condition. Local support from voluntary sector organisations is on hand to help with this.

Experience: People are regularly asked if they feel listened to and involved in their care. They are also asked whether they have the right support to help manage their condition.

Outcomes: We measure progress on improving outcomes, and whether the variation in people who achieve control of their condition is going down.

3 to 5 years

There is less variation in the number of people who are achieving control of their long-term conditions compared to three years before.

Primary care teams are working alongside people from voluntary sector and community organisations to provide more joined-up care. These 'neighbourhood teams' include GPs, nurses, social workers and a wide range of people from the voluntary sector. The team's job is to understand how to deliver personal care and support, and to ensure outcomes, experience and access are as good as they can be.

A mix of support is on hand to help people living with conditions like diabetes or heart disease.

More people agree that they have enough support to help manage their condition when asked.

5+ years

Neighbourhood teams are supported by champions – people who have experience of living with a long-term condition. They work together to provide more options to better support people to achieve control of their condition. Champions act as care advocates, ensuring the right care at the right time, closest to home.

More people are engaged in their care, and understand their condition. This is helped by being able to access their own personal care record.

Early support to improve health and wellbeing is paying benefits. More people are diagnosed early with their condition, and more people are successfully controlling the main risk factors. This is leading to fewer people needing emergency hospital care for conditions like heart attacks, strokes or diabetes and respiratory conditions.

Reduced need for hospital care of long-term conditions has led to more of the workforce being able to work in the community, in these neighbourhood teams. The focus on improving care and experience is leading to increased job satisfaction and wellbeing among team members.

Thriving communities

Being socially connected helps us live longer, healthier, and happier lives. But it isn't just our family ties, close friendships, or group membership that make a difference. Having connections and building networks with neighbours and the wider community helps us feel part of something and gives us a sense of belonging. Networks with community spirit and purpose can make a whole community a better place to live.

"I live on my own so for me having a job and volunteering gives me that social aspect... helping at the food bank people start to recognise you and realise they can talk to you. It improves the links people have."

100 Conversations

Having friends and social support plays an important role in increasing resilience to illness, helping recovery and improving wellbeing.

The work of the Voluntary and Community Sector (VCS) is extremely varied. It can cover wide areas of Dorset, or small villages and streets. It can offer support to everyone, or focus its work on small groups and individuals.

VCS activities can also cover all kinds of interests and needs. These can include arts, faith, culture, finance, environment, sport, social care, health, heritage, advocacy, advice, and more. The VCS works with individuals, families and communities, and people of all ages.

I've lost having structure in my day... A local charity café is desperate for volunteers so I'm thinking of doing that. Volunteering gives me a purpose."

100 Conversations

The scale and variety of organisations in the VCS offers many opportunities for them to work together, as well as with public and private sector partners. There is a strong desire in the VCS to work more closely with the public sector to meet the needs of local communities.

The community roots of the VCS bring a vital point of view to the planning and design of public sector services. This viewpoint increases the chance of successful partnership working in communities. The links between the sectors increases the support available, and improves the strength and stability of the services that are developed.

Working in partnership and building on the communities' strengths creates trust. This trust enables services to fit the local need more appropriately. Services that fit better are more efficient and economical, and meet the communities' needs more directly.

"I came here as a volunteer and a job came up, and I've been here now five years, and it was something totally different. I've never worked in a charity before. It's more fulfilling [...] Every day is different. But you also feel like you give something back to the community."

100 Conversations

Neighbourhoods play an important role in building local networks: businesses providing goods, services and employment, town and parish councils representing communities, and patient groups who provide a voice for people at GP practice level. Working together with all elements of our communities we can make a difference and improve the quality of life for everyone.

"The Dorset VCS Assembly was created in 2022. It aims to provide a point of contact and connection for the VCS, and a link to partners in the public sector. The Assembly gives space for the VCS to talk together and share ideas and issues. It also provides VCS representatives for meetings with partners, and is a contact point for engagement with those partners."

Jon Sloper – CEO, Help and Kindness

How many voluntary organisations are there? **7700**

What does the voluntary sector do in Dorset?

58% Health and wellbeing

28% Community development

23% Social care

1 in 4 people volunteer regularly

50% of the population have volunteered at least once

% of Dorset's workforce in the VCS **15%**

Economic contribution of volunteers in Dorset is approximately **£700M**

The value of hours given by volunteers is approximately **£560M**

Total annual income of the VCS in Dorset is approximately **£640M - £940M**

Key priorities

- Invest to grow a strong network representing all our communities to help with integration challenges and design solutions with professionals
- Develop high quality spaces in the community where professionals and volunteers can work together to provide joined-up support and inclusive services

Making integration work: thriving communities

From our 100 Conversations work it is clear what keeps us well can often be found close to home. It's having family, friends and support close by. You also said that when you aren't well, it isn't just health and care services that were important.

The integrated care system provides an opportunity to really embrace what it would mean to be community driven, working in partnership with people, communities and the voluntary sector; our goals are similar.

Many of the current challenges facing communities – cost of living and access to food, mental health, loneliness and isolation – are being met with a strong community driven response with food banks and warm spaces.

In mental health prevention, formal services have realised that working directly with communities can have a much bigger reach. The Light on campaign taking action to improve men's mental health works with more than 300 local businesses, all passionate about making a difference. A small amount of funding from health services has enabled a far greater reach and impact by trusting a key community asset – our business sector.

In the very real challenge of social isolation and loneliness an innovative charity Chat Café Local has been providing the space and time for people to meet up and simply share stories, building empathy and emotional resilience. Since its launch in February, the charity has helped nearly 3,000 people. The charity is expanding with new cafés opening in Dorchester and Weymouth.

"Loneliness underpins everything – addiction, the need for support – people can start to see everyone as the enemy if they are stuck with loneliness. The only thing that heals people is letting them tell their story. We are inviting people to come and have a cup of tea and tell their story."

Anne Anderson – Founder, Chat Café Local

"Look at the work of the CAN Wellbeing Collaborative. It's so important. We connect people to personalised information and support from local charities and community services, so they can live their best possible life at home."

Karen Loftus – CEO, Community Action Network

1 year

We continue to involve communities in designing solutions to our challenges. The 100 Conversations project we started to help develop this strategy grows into an active network. People in this network are keen to help design solutions to the challenges of delivering inclusive services to all.

The integrated care partnership places great value on working with communities. We recognise they are best placed to understand challenges like poverty and loneliness, but we also know communities need help and resources to tackle these challenges.

The Voluntary and Community Sector Assembly becomes an important way to carry out this work with communities. The assembly helps us identify how to work together to tackle the challenges.

We start to identify priority areas for support, understanding what communities need to be able to deliver those services.

3 to 5 years

Integrated care in Dorset works hard to bring people and professionals together. There are more opportunities to deliver formal health services alongside volunteer support. We involve people and communities at the start of plans and projects to improve care.

When designing new care offers, we value what each partner brings. Professionals have more time to focus on clinical support. People feel better supported in their wellbeing from the voluntary and community sector.

There are new and creative ways of involving people in care and support. This even reaches people who may have never accessed support before. Working with communities has increased people's interest in their health and wellbeing.

In some areas, new health spaces are being designed with the community that offer a range of support. These wellbeing hubs focus first on what the community needs. Access to high quality health services is there when needed, as well as a range of other support.

Health and care organisations use their power as local employers to offer a route to good jobs. There is a focus to ensure this help goes to neighbourhoods most in need.

5+ years

Several community wellbeing hubs are now providing support to people and families. Local people lead and run these hubs working in partnership with professionals. Hubs provide a focus for a vibrant network of community support. They support people to keep them well and work hard to build trust. They are welcoming spaces where people feel at ease and are treated as equal partners in their care.

Councils also recognise the strengths of communities. There are more opportunities to deliver a wider range of council and health services through these hubs. More communities are running these spaces, including some libraries and community centres. People access a wide range of services, from paying council tax to getting early help for families. More support is on hand from volunteers or professionals if needed.

People working in these services know how to work with people putting them at the heart of any decisions. 'Nothing about us without us is for us,' is at the heart of this. People feel respected and trusted as equal partners. They are more willing to look for solutions in their support network first.

Building mental wellbeing

In England, one in four people will experience a mental health problem each year. One in six will experience a common mental health problem, like anxiety or depression, in any given week. The impact of the COVID-19 pandemic and uncertainties tied to the increasing cost of living could also see more people experiencing mental distress and ill health. We have high levels of hospital admissions for self-harm in 15-24 year-olds and growing numbers of those diagnosed with autism experiencing mental ill health.

In Dorset, people experiencing mental health problems may seek help through care settings like their GP surgery, local emergency department and/or local community health team. However, it can be confusing to know when and where to seek help, which can lead to involvement by the police or social services if things escalate, or for people to simply suffer in silence.

"It absolutely never crossed my mind that I would go and speak to a GP about feeling anxious or depressed. Usually with a GP I would only ever go there for physical issues."

100 Conversations

1 in 4 people will experience a mental health problem each year.

By making mental health everyone's business, Dorset ICS wants to make sure our workforce is equipped with the skills to ensure people experiencing mental ill health have access to the right level of support at the right time, and know what services are available to them.

Over recent years, we've been working to improve support for people in mental health crisis. Although we have been working on adult mental health crisis, we are still a long way away from getting this right for children and young people.

We want to place more emphasis on prevention and put local communities at the heart of what we do. We'd like to make improvements within community mental health support. We will continue to work with the community and voluntary sector and others at a neighbourhood level to build community-based buildings. We will focus on the needs of the whole person and not just their diagnosis, giving people more control over their care and recovery.

Case Study: Light on

The Light on campaign was set up by a group of like-minded Dorset business leaders to improve men's mental health and wellbeing. By working creatively and collaboratively with businesses, public services and charities, the team are building a community where people can talk more openly about mental health. Tragically, suicide is the biggest killer of men under 45, but Light on is increasing knowledge and understanding with the aim of changing that.

"Over the years, I've supported Dorset Mind and other charities due to my experiences with mental ill health and, sadly, losing friends to suicide. What became even more apparent during the pandemic was how many people were suffering in silence.

"Light on is built on the fundamental principle that we can improve people's mental health by simply talking with one another. Light on aims to create a community in Dorset where people feel confident talking and supporting better mental health and tackling the stigma around mental ill health.

"In May 2022, we launched our Business Wellbeing Summit, bringing together Dorset organisations from key sectors. Eighty-four organisations attended, pledging their support for a universal workplace wellbeing standard across the county and becoming our first-year adopters of the Light on Workplace Wellbeing guidelines.

"In 2023 we will launch our champions programme, with thirty-five people across Dorset becoming our ambassadors, sharing our ambitions across their communities. These incredible people showing their strength to create a new normal by talking about mental health."

Andy Coleman – Founder, Light on

The major highlight of Light on is the unique willingness and drive of different organisations to unite under one brand's vision to tackle mental health in Dorset. Businesses, charities, prominent individuals, local authorities, NHS services and communities are working together to amplify messaging, share best practices and, most importantly, take a united position on changing the norm around mental wellbeing.

Case Study: Jon's Story

Jon Bartlett moved to North Dorset recently and was surprised how easy it was to access the mental health support that he needed.

"Whilst I was looking forward to moving back to my home county, I was also nervous. What would the care for my mental health be like? It had taken a long time to get a good treatment regime in my old county – one which, like Dorset, was heavily skewed by a large urban area at one end and rural districts elsewhere.

"I registered at my new GP and found that the doctors had seen my records and booked time to speak with me and welcome me to their surgery, whilst checking what specialist support I might need for my mental health. I was anxious as I spoke to a new GP but they set me at my ease quickly (often tricky by phone) and outlined what they would do next and where I should look to find some community supports. By the end of the same day I had a call from the community mental health team and a couple of days later the social prescribing team had called to connect me up with local peer support groups and various activities.

"I was genuinely surprised how many groups/events were going on. There seemed to be something for everyone and certainly plenty of people ready and willing to help. We hear all the time about waiting lists and delays in mental health services and those things are undoubtedly still an issue, but the service is full of staff who care, and there are plenty of people in the community to help you on a day to day basis."

Working better together

Integrated care is about how we work better together. This means understanding how we need to work differently to implement the priorities and ambition in this strategy. Our vision is working together to deliver the best possible improvements in health and wellbeing. This section shares some insights about how we might achieve this when thinking about how our services need to change.

At a basic level, we should be moving more resources – such as money and people – to areas of health and care where needs are greatest. This could mean areas where health outcomes are not as good as the rest of the county, or health and care services that need more funding and people to provide high quality care.

For many years funding has flowed into our main health and care providers – the hospitals, our community and mental health trust and GPs. Most of the money is used to pay the salaries of the people needed to provide health and care. It can feel as if this has been organised in a way that suits how our health and care providers are used to working. We need to listen to people's experiences and understand how to change this so that care is planned and delivered around people's needs, not organisations.

How we collect and use information about you, and how we share it across our organisations, is also important to working better together. We've heard a lot from people who have not always experienced good communication when accessing health and care. We still ask people to repeat their story many times, and information about what matters to them is not always used to involve them in decisions about their care.

Alongside people and communities, our workforce will play a vital role in helping make these changes happen. We know there are shortages of key workers in parts of the health and care system, as well as more people needing to be seen, especially since services were reduced during the pandemic. When people don't have a good health and care experience, it's not because employees don't care – pressures make it hard for them to provide care to the best of their ability.

We need to share our resources where they will make the most difference, and the starting point for this has to be understanding how best to meet people's needs, not the needs of organisations. This is going to take time as it's a new way of working, but together we're confident that we can make a difference for people in Dorset.

"We've all been working in our silos. We don't know what the other [organisations] are involved in or what resources are available [in the] voluntary sector. There will be a number of projects that the council are running that we could work with, huge opportunities if we can just keep these talks going and keep people sitting around the tables"

Joint Strategic Needs Assessment

Case study: prevention built in

When waiting times grew for people needing surgery after the pandemic the local health service took a different approach. Extra clinics were needed to clear the waiting lists. These would review patients with joint problems who need orthopaedic surgery. Usually the solution would be to try to find extra space at our hospitals. But the Think Big project took the clinics to the high street in Dorchester and Poole instead. One clinic was at the former council headquarters close to the high street in Dorchester. The other was in the former Beales department store in the Dolphin Shopping Centre, Poole.

This was a chance to work in a different way. Traditional clinics would offer appointments to assess and prepare people for their surgery. At the new high street clinics, people receive advice on staying well, as well as information before their operation. Health coaches work alongside orthopaedic surgeons and physiotherapists to provide joined-up care.

The clinics have been open since April 2022. Since then health coaches have supported more than 2,790 people with advice to stay well. These were all people needing an orthopaedic operation who would not usually have such joined-up care. About six percent of these people have gone on to register for prevention help from the LiveWell Dorset service. But the most important part of this journey is the support and prompts to think about staying well.

As we develop integrated care, embedding prevention support at every opportunity will be a priority. Evidence shows that even very brief advice to be more active can lead one person in every 10 to take action. It doesn't take much time, and is a fraction of the cost of treating the consequences of not being active enough.

Key priorities

- Develop joined-up personal care plans for people at increased risk of needing more care and support
- Consider your needs at all stages when designing integrated care. This includes mental and physical health, and what you tell us matters to you

Making integration work: working better together

Evidence shows that people have better health and wellbeing if they are cared for at or close to home compared with being in hospital.

Unfortunately, when admitted to hospital, older people can lose their independence and find it harder to return home. They may also develop further health issues because of changing their regular routine. Providing care closer to home is a key ambition for integrated care. It means you should receive more responsive, suitable care for you and your situation. It also means understanding what matters to you. If we are getting it right, you'll will be able to make informed decisions and help design your own care.

This is not only good for you, it's good for our planet too. Meeting your needs closer to home helps us reach our net zero targets for climate change. In 2018 people travelling to and from hospitals across Dorset generated an estimated 15,646 tonnes of CO_2. This is the same as flying from the UK to Australia and back 2,688 times.

Our health and care system could also do more to improve health and wellbeing at an early stage. Prevention support can be effective, especially when people have a more serious health condition. When people need hospital care in Dorset, everyone is now offered support to quit smoking. And before many routine operations, people now receive lifestyle support from health coaches.

Care closer to home and prevention support at the same time as clinical care should be key ambitions for integrated care.

To get there we will need to understand how best to use data and information to help plan personal care. We also need to understand what is stopping us from working differently. Are there barriers for our workforce? How could information flow better between organisations? Can we collect information once from people, and understand their journey, making it as smooth as possible? How do we capture your needs and make this available to teams when needed? And what aspects of care and support are best carried out by the voluntary and community sector?

As people's needs increase, technology can also help to keep people well without needing lots of care. We also want to offer help to people to regain independence after a crisis, without having to go to hospital first. Offering services early can often avoid the need for hospital or more intensive care.

In Dorset we have already developed some excellent data tools to identify people with higher risks, such as being frail, at risk of falling. We know from this data who is more at risk of having a poorer outcome. This data is important in understand how well we are implementing integrated care. But we must also ask people how well they feel supported and involved in their care. Together, this information will show whether we are making a difference.

1 year

Data and insights: Data is used to understand who needs more support to achieve a good level of control of their condition. Personal plans start to look at how best to support people at an early stage who have increasing need for support. Plans put people at the heart of the care process. As well as clinical support, plans set out what matters to the person to keep them well. This approach supports the growing partnership between voluntary sector services and health and care services. Volunteers and community organisations may be best placed to offer non-clinical support. Prevention and wellbeing support is on hand.

Experience: People feel valued and better supported. Personal care plans are clear in setting out their wishes. Professionals involved in their care can access these records out of working hours. There is increasing choice of ways to support people living at home who are starting to need more support. Technology is being used to support more people to remain at home. Urgent response teams are on hand to resolve any support issues around the clock.

Outcomes: Personal care records help to reduce the number of older people who need hospital care, especially out of hours. Fewer people have extended hospital stays, risking loss of independence. Care needs are increasingly met in a planned way, involving the person and their family or carer.

3 to 5 years

Workforce: Home care services can focus on person-centred care due to more investment. People value the importance of care closer to home. Our workforce are valued and motivated.

Organisations have worked hard to reduce differences in how we recruit, train and pay employees. Lower cost housing for key workers developed through a joined-up approach.

People can move easily between health and social care roles. There is more flexibility, as people work closer to where care is most needed.

There has been a shift in the focus of newer health and care roles in the system. The focus is on developing support for integrated neighbourhood teams.

Services are in the community as well as in hospital to help people stay independent. Following a hospital stay people get the help they need to stay well at home. Fewer people are in hospital who would be better cared for in the community. This has reduced pressure on hospitals and ambulance services. More investment in neighbourhood teams reduces this demand. People in frontline health and care roles have time to listen and consider people's wider needs. Improvements in quality and how well supported people feel. Our workforce feel supported to do the best they can for people.

5+ years

Services are better connected than ever before. Information and communication has improved by putting people at the centre of decisions. Professionals can access instant information about any stage of people's journey. This improves people's experience, but also reduces waste and inefficiency.

There has been a sustained focus on understanding customer journeys. Working with and listening to the experiences of people using our health and care system has been key to this.

This has been used to better understand how to make the experience seamless, compassionate and considerate. Organisations work hard to make sure customer needs are put first. It is easy to understand where people are in their care journey and what they can expect next. Communication, engagement and trust has improved over the past few years due to this concerted focus. And with this, there is clear evidence that people are more engaged with their care. There are fewer missed appointments, and more people acting on what they need to do to stay well or recover. The partnership between professionals and the voluntary sector is stronger than ever. Community teams often include people with lived experience, peer expertise and coaching skills to help people feel they have the right level of support to stay well.

Falls and frailty

In Dorset, there are nearly 10,000 people aged 65 or more with a moderate or high risk of falling within the next year.

A high percentage of falls that happen in the community or at home will require an ambulance to attend, and many will require a stay in hospital due to an injury.

A lot of falls will result in a hip fracture which reduces a person's independence and life expectancy. Research shows that 20% of people who sustain a hip fracture are likely to die within a year of their injury.

You are also 12% more likely to be admitted as an emergency for a fractured hip from a fall if you are over 65 and live in the BCP Council area compared with the national average.

We need to recognise frailty conditions much earlier. Across our organisations there are lots of opportunities for us to intervene and prevent these falls from happening.

Dorset & Wiltshire Fire and Rescue Service work with other agencies to offer support and advice in a variety of different areas. This targeted engagement with a vulnerable group within the community is a good example of partner collaboration by linking the fire service with areas that have identified people at medium to high risk of a fall.

During 2021/22 4,441 Safe and Well visits were completed in Dorset. Of those 2,293 were in the BCP Council area and 2,148 in the Dorset Council area.

"Our Safe and Well visits are designed to provide appropriate advice and support to residents so they can remain safe in their own homes. The free visit covers a variety of areas including fire safety, slips, trips and falls and the ability for us to recommend or refer to other ICS partners, resulting in £5.31 of societal benefit for every £1 invested."

Marc House – Head of Prevention, Dorset & Wiltshire Fire and Rescue Service

Case Study: Primary care working in partnership with Dorset Healthcare and BCP Council

The team works to support people with a degree of frailty who are at risk of hospital admission. They provide early support with the aim of keeping people living as independently as possible and in their own homes.

The aim is to help people manage their long-term conditions and to look at future care needs before they become urgent.

"Working with others, such as the voluntary sector, means we can help address issues of social isolation and loneliness. We can also link with other support, such as mental health services, so support can be put in place quickly when it's needed."

Frailty team, North Bournemouth

Case Study: Anticipatory Care team

A highly innovative Falls Buddy scheme has been set up by the Blackmore Vale Partnership. The aim of the scheme is to reduce social isolation, reduce the risk of falls, and encourage vulnerable adults to engage with social activities in their local community.

The service aims to promote independence and is offered to people at a lower risk of falls and targeted to those living alone. Support is given for 8-12 weeks and focuses on maintaining mobility, functional strength, and balance as well as social confidence.

"As a result of participating in the Altogether Better initiative, Blackmore Vale Partnership has worked collaboratively with volunteer Health Champions for several years. This experience continues to demonstrate the importance to wellbeing of feeling connected to your local community. Volunteers are trained by a Community Rehabilitation Team physiotherapist and support people with exercises linked to regular social activity. The feedback so far suggests that the scheme can be equally beneficial to the volunteer as it is to the person they are 'buddied' with."

Keith Harrison, wellbeing team lead

In the last year...

1,389 people were admitted to hospital due to a fall

1,238 calls to 999 related to a fall

1,300 fall related calls from Dorset care homes

1,346 emergency department admissions for hip and femur fractures of which 1,163 were for people aged 65+

05 Where we are headed

People and communities

In Dorset we have a range of ways to engage with you. Healthwatch Dorset, young listeners, the voluntary sector and patient experiences all gather information that helps make decisions about health and care services.

Having a ‘continuous conversation’ with these groups is important if we want to get the best health outcomes for people in Dorset. It ensures that your voices are heard when we are planning services and gives us the ability to feed back to communities with ‘you said, we did’.

We want to practically support the other things that can have an impact of our day-to-day lives – things like family, friends, work, community activities, the environment, and where we live.

We want to have honest conversations about what we can and can’t deliver, and to start those conversations with you as early as possible. If we have to stop doing things, we’ll be clear about why.

By putting people and communities at the heart of everything we do, we can move away from ‘them and us’ culture to work in a more ‘all of us’ culture as people of Dorset.

We are:

- working together with people and communities
- listening more so we can learn by trying to understand your lived experiences
- seeking out people we don’t usually reach, giving them the chance to share what they think and to work with us
- making sure we carry out ‘equality impact assessments’ – these make sure we’re thinking about everyone in Dorset
- looking at how we check the impact of working together with local people and communities.

Although talking with people and communities isn't a new concept, we want to do things differently to how we've done them in the past.

To truly reflect the voice of our communities, we've been gathering stories about the lives of over 100 people living across the county through the 100 Conversations project. Working with industry experts The Point of Care Foundation we have trained over 45 interviewers from a range of backgrounds to have a conversation with people from all walks of life in Dorset, including people from deprived communities, minority communities and disability groups. We will reflect on what we've heard from people to make sure we've got it right.

A lot of what you've read in this strategy has come directly from the people and communities that live in Dorset. The engagement we've started through the 100 Conversations project will continue at an even more local level as we look to understand people's priorities in what we need to do, how to do it, and who to work with to provide services that are built to last.

"I felt privileged, and a bit in awe actually, of the people I've interviewed so far. Their journeys have been quite powerful to listen to.

"I have great anticipation that this will enable us to understand our communities better, and I hope that we can continue to listen on an ongoing basis to as many people as want to share their experiences as possible."

100 Conversations interviewer

Next steps

Creating this strategy has followed a different process from the start. When speaking with system leaders, there was a sense that previous high level 'system' strategies tend to be ignored. This is because they are often non-specific, not built through engagement and ownership, and reflect a long list of national priorities, often framed as negatives.

We have tried to take a different approach by engaging continuously with our leaders, organisations, public and employees throughout the past 11 months. The work is not yet complete, but the interim strategy presented here is a good start.

The next phase is just as important. We want a live, clearly focused strategy that is developed and written through the results of that engagement. It needs to reflect what people and organisations are saying, and develop real ownership and desire to now co-design the solutions and innovative work that will lead to lasting change.

If we get this right, we will have a strong evidence base to guide how integration should develop over the next few years.

This includes:

- understanding what people say gets in the way of them living as healthily as possible, and how we can support
- how we build on assets and strengths in focusing on improving people's resilience, and providing earlier support
- being clear where working together as a local system can reduce inequalities in health and improve social determinants of health and wellbeing
- ensuring we can identify necessary changes, measure and report back on improvements in people's access, experience and outcomes from health and care.

The next steps in the strategy development process should consider the following issues, and ensure they are captured in an ongoing development programme:

- Continue employee engagement to understand how organisations can support their teams to put you at the heart of care and improve workplace wellbeing
- Ensure clinical and care professional leadership is aligned with this ICP strategy, and that there are strong links to the clinical strategy
- Understand how to reduce duplication in plans and strategies. Make sure there is better alignment and understanding in our system of agreed priorities, from the ICP strategy through to health and wellbeing strategies and place-based commissioning
- Involve people in setting and reviewing priorities, and progress in meeting them
- Consider what issues should be driven by the integrated care partnership, and what can be driven by places and neighbourhoods
- Deepen the engagement with residents by exploring the main themes raised – use these to guide our co-production approach when starting to develop solutions
- Ensure the ICP strategy process embeds the legal requirement to tackle inequalities in health, and promote equity of access and outcomes for all residents. Once published, we intend to develop a programme of workshops to assess whether the priorities and recommendations will help achieve the equity and equality ambitions
- In time develop a consistent method of equality impact assessment, to support the equality delivery system in the NHS and for wider public services.

Your voice

Your voice matters to us and we want to listen to what you have to say. We want to make it easy for you to get involved and give us your views. There are many opportunities to have your say and influence local health, care and wellbeing decisions. We want to be inspired by you, and empower you to help us improve health and care services for the better.

We want to help everyone live longer, happier and healthier lives. This work starts with people and communities in Dorset; putting people, patients and carers in the driving seat. Together, we can make things better.

Visit www.ourdorset.org.uk/100

December 2022
Publish strategy, supporting evidence and start digital engagement on the 100 Conversations themes

March 2023
Publish NHS Dorset's Forward Plan – showing clear links to the strategy recommendations; develop a shared outcome framework based on the strategy

May 2023
Review Health and Wellbeing Board strategies for each place to ensure alignment with ICP strategy

October – November 2023
Strategy review and refresh process

December 2023
Public feedback on progress

04 Supporting information

Population

National

Life expectancy is how long you can expect to live, on average, if you were born today. It has slowed to a stop in the past 10 years after going up for the previous four decades. Rising food, energy and housing costs and low wages all count towards this fall in the health of our society.

While employment rates are rising, wage growth is low and not distributed equally.

Child poverty rates are increasing. Disadvantaged children are not doing as well at school as their more affluent peers. Both of these factors affect long term health outcomes.

After the pandemic fewer people were physically active. More adults report drinking at harmful levels in the past two years, and deaths from liver disease rose.

People report more work-related stress, anxiety and depression since the pandemic. More children and young people have mental health disorders compared with pre-pandemic years.

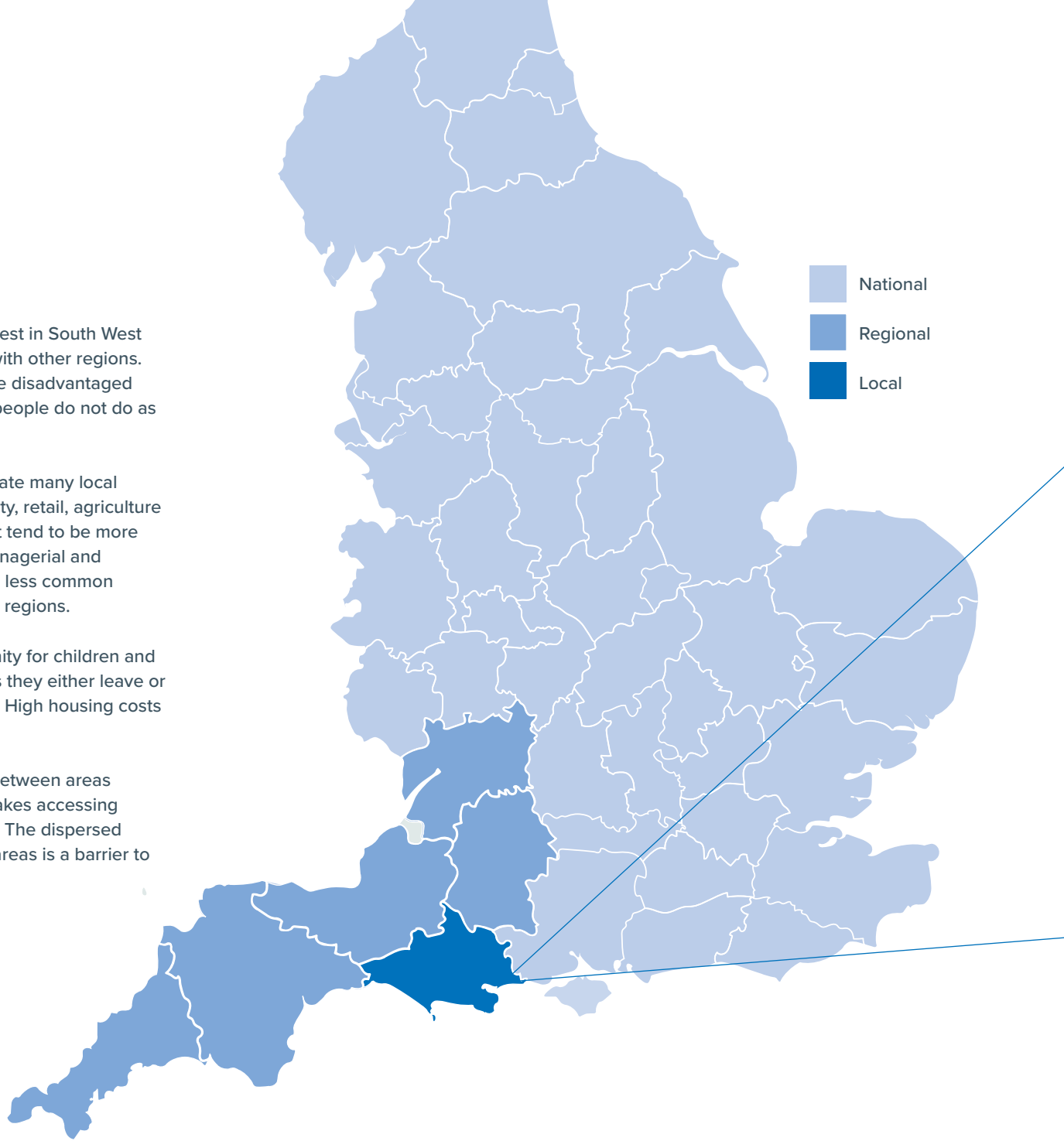
Regional

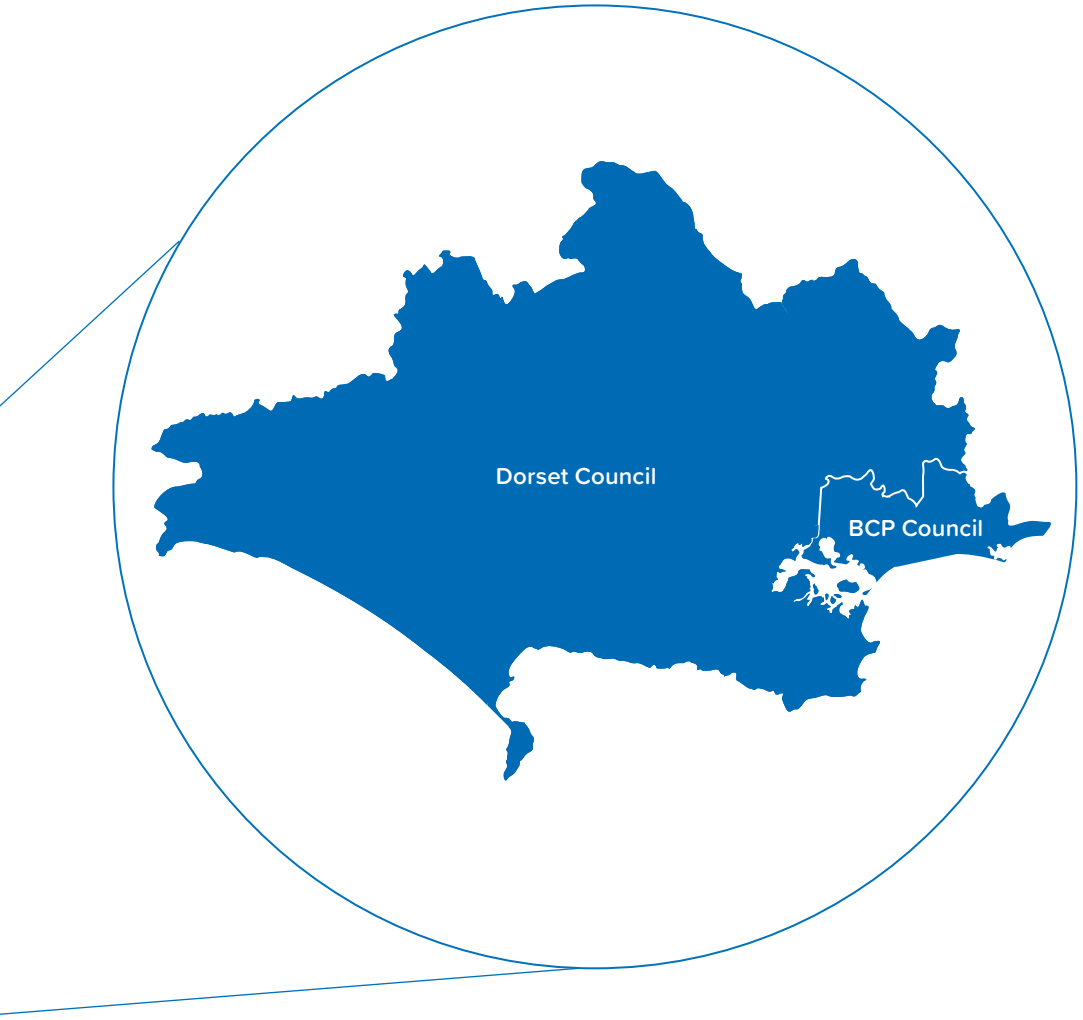
Social mobility is lowest in South West England compared with other regions. This is partly because disadvantaged children and young people do not do as well at school.

Low paid jobs dominate many local economies. Hospitality, retail, agriculture and self-employment tend to be more common sectors. Managerial and professional jobs are less common compared with other regions.

This lack of opportunity for children and young people means they either leave or stay in low paid jobs. High housing costs make this worse.

Lack of connection between areas in the South West makes accessing opportunities harder. The dispersed population of many areas is a barrier to inward investment.





Local

Across BCP Council and Dorset Council areas we have good health outcomes compared with England, but variations in health are due to inequality, and this affects length and quality of life at all ages.

Children and young people

From before birth to age three access to services that support parent and infant health vary. Take up of early maternity services could be higher.

There are a growing number of children with complex needs and children and young people with special educational needs. These needs have a long-lasting impact on their lives.

Readiness for school varies due to level of disadvantage. Support for early speech and language development is critical. Improved access to dentistry and oral health in early years is important.

Emotional health and wellbeing support at an early stage is a real need. Late diagnosed mental health disorders affect children's outcomes for many years. Things that can help us cope better can stop issues getting worse.

Working age adults

Unhealthy behaviours like smoking and harmful alcohol use are more common in disadvantaged areas. Putting the right things in place to help people change is vital.

Support for mental health and wellbeing could be better by focusing on early support in the community. Building capacity for suicide-safer communities could be key.

There is unacceptable variation in outcomes for people with long-term conditions, and we need to close the gap. Taking a person-centred approach will help us find what will work best.

Being more active and maintaining a healthy weight will improve healthy life expectancy and mental wellbeing.

Healthy ageing

Mobility, risk of falling and frailty are all key determinants of health in later life. By assessing risks, supporting people earlier, and fostering independence we can make big improvements.

Social isolation and a lack of access to digital services are important issues to local people. Dorset volunteers provide vital services helping maintain older people's independence for longer.

Prevention and early help

How long people live varies depending on if they live in deprived or less deprived areas. Poverty affects people's wellbeing, health and opportunities. It can affect how long someone lives. This can include not having enough money for food, clothes and other basic needs. Poverty is one aspect of inequality, and also one of its effects. People in Dorset come from all walks of life. Some find it harder to find information, and to get care and treatment. This includes groups that face health inequalities because of age, disability, race, sexual orientation or ethnicity.

"The more people are connected to others, the more likely they are to look after themselves."

100 Conversations

Health inequalities are the unfair and avoidable differences in people's health. These often exist across social groups and between different populations. In Dorset generally we are healthier and live for longer compared to England. But that headline figure hides as much as it shows. There is roughly 10 years difference in life expectancy between the most and least deprived areas. This is the case for both men and women.

Life expectancy is an important measure of population health, alongside healthy life expectancy. Life expectancy has increased steadily but has now stalled. Time lived in poor health is increasing for both men and women. Our population is living longer but spends a greater proportion of life in poor health. Higher deprivation is linked with spending more time living in ill health. Someone living in a deprived area is likely to be living with a disability before the state pension age. Only the 20-30% least deprived (in England) get their state pension before developing a disability.

People who live in affluent areas live longer than those who live in more deprived areas. The number of years difference in their life expectancy are:

8.9 years
between BCP males

6.1 years
between BCP females

5.3 years
between Dorset males

5.3 years
between Dorset females

Children and young people

Babies born after 38 weeks with low birth weight

3.3% BCP Council

2.3% Dorset Council

Children in year 6 who are overweight

31.2% BCP council

30.7% Dorset Council

35.2% in England

Reached the expected level of development at two years old

70.2% BCP Council

89.2% Dorset Council

82.9% in England

Young people admitted to hospital for injuries per 100,000

174 BCP council

134 Dorset Council

112.4 in England

Working age adults

Adults who are overweight or obese

64% BCP Council

59% Dorset Council

64% in England

People who smoke

16% BCP Council

11% Dorset Council

14% in England

Diabetes prevalence

6.4% BCP Council

7.4% Dorset Council

7.1% in England

Physically inactive adults

21% BCP Council

20% Dorset Council

23% in England

Ageing adults

Socially isolated adults

23.5% BCP Council

25.9% Dorset Council

27.7% in England

People living with long-term conditions out of a population of 822,653

201,620 with one condition

98,420 with three or more

Reporting a long-term Muskuloskeletal problem

17% BCP Council

19% Dorset Council

17% in England

Mortality rate in under 75s for causes considered to be preventable per 100,000

139.1 BCP Council

110.6 Dorset Council

140.5 in England

Thriving communities

There are many factors that go into making up each person's health and wellbeing. The communities we live in impact on our physical and mental health. We can group some of these factors together to look at:

- the place and environment we live in, education and learning where we are
- opportunities for work and the local economy
- whether people feel a part of a community and get involved.

Everyone has different individual personal circumstances and experiences. Sometimes groups of people have a worse experience because of the way our society works.

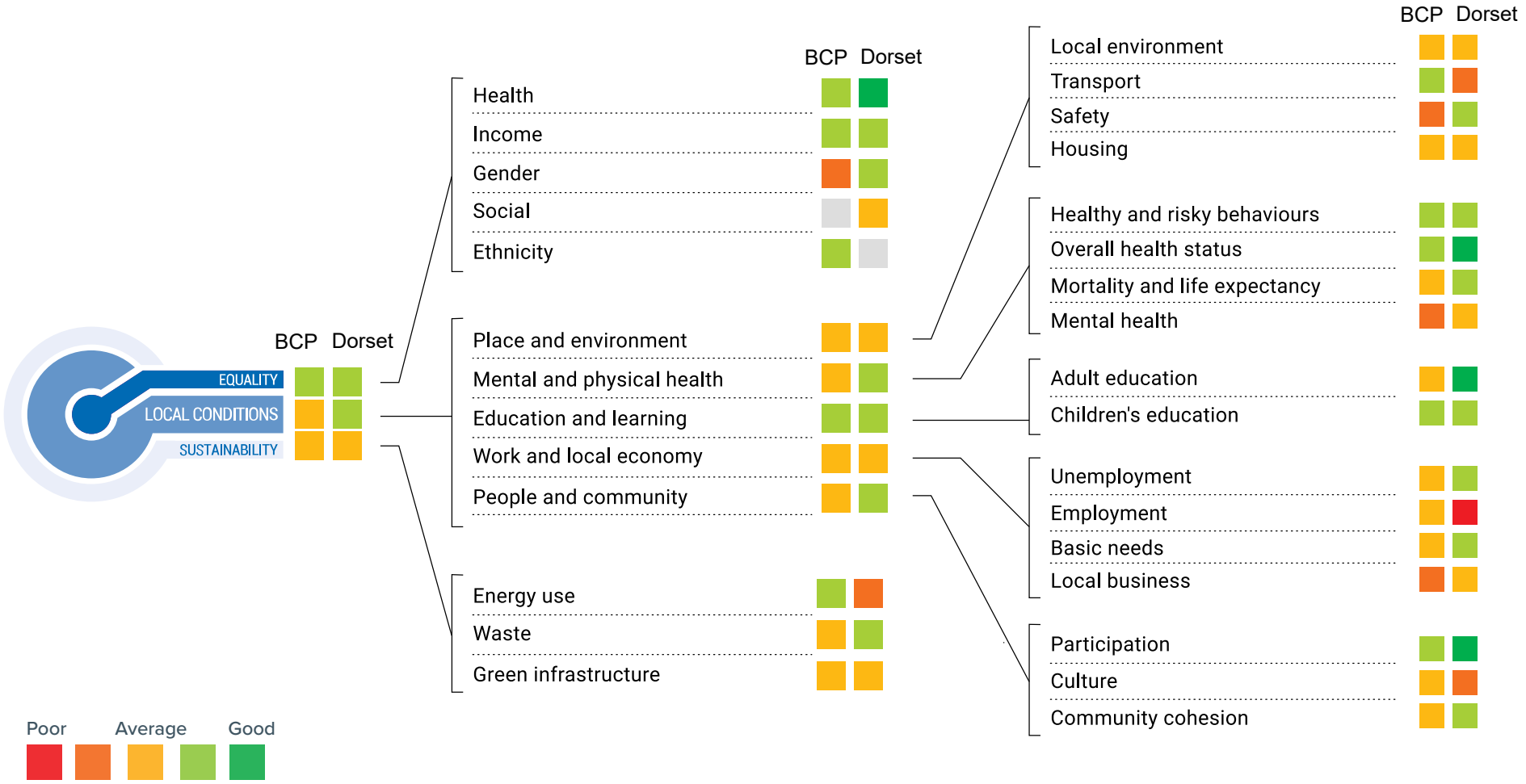
Sometimes the way society works creates problems for the future. If we only think about the current economic impacts of what we do, then this will continue to be a problem. So, we need new ways of thinking and new measures to ensure future generations have what they need to live well.

The thriving places index brings these ideas together to show how well places do this.

The index helps to answer three important questions. Are we creating the right local conditions for you to thrive? Are we doing that fairly, so everyone can thrive, and are we doing that sustainably, so current and future generations can thrive?

A thriving place provides the conditions for everyone to find good work, feel supported, live healthily, and have their needs met fairly, both now and in the future.

By looking at this we can see what we are doing well and where we can make things better.


BCP
Dorset
EQUALITY
LOCAL CONDITIONS
SUSTAINABILITY
Health
Income
Gender
Social
Ethnicity
Place and environment
Mental and physical health
Education and learning
Work and local economy
People and community
Energy use
Waste
Green infrastructure
Local environment
Transport
Safety
Housing
Healthy and risky behaviours
Overall health status
Mortality and life expectancy
Mental health
Adult education
Children's education
Unemployment
Employment
Basic needs
Local business
Participation
Culture
Community cohesion
Poor
Average
Good

Working better together

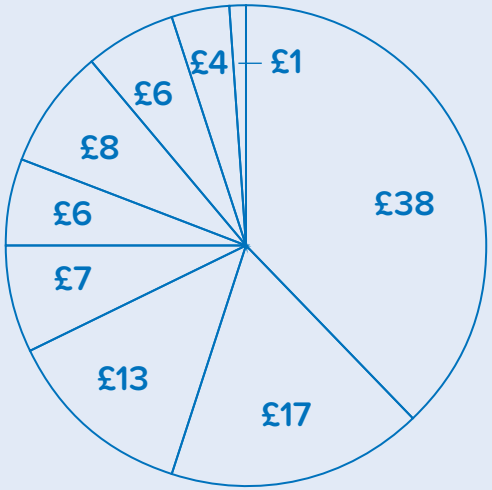
Understanding how and when care and support should be provided differently is important. By looking at this, we can begin to change so that everyone can have better access to services, outcomes, and experience of health and care. We can only do this by working with you and your communities.

There are many challenges. More people need health and care support following the delays to treatment caused by the pandemic. Too many of us still end up in hospital and are not supported quickly enough to return home independently. The cost of living puts pressure on communities, and damages health and wellbeing.

Public finance constraints mean our organisations have fewer resources to respond. Attracting people to work in vital frontline roles, whether in the NHS or social care, has been challenging for some time, and there are shortages of clinical roles, such as GPs, in our system, for which there are no short-term fixes.

Finance

Overall system budget: **£2.2B**



For every £100 spent, this is used:

- **£38** on hospitals and ambulances
- **£17** on primary care and community services through the NHS
- **£13** on adult social care through the councils with some NHS joint funding
- **£7** on mental health and learning disabilities through the NHS
- **£6** on children's services including education
- **£8** on other NHS commissioning
- **£6** on other council services including bins, street cleaning and libraries
- **£4** on supporting services and central functions including transformation
- **£1** on public health services including prevention

Performance

Overall inspection ratings from CQC and Ofsted (excluding schools):

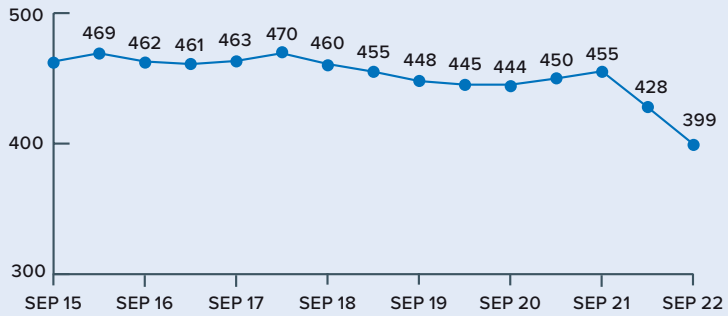
23	349	33	5	5
Outstanding	Good	Requires improvement	Inadequate*	Not yet inspected**

Workforce

Overall workforce (full time staff):

17,077	2,285	3,928
NHS Trusts	Primary care	Dorset Council
3,971	**446**	**23,000**
BCP Council	NHS Dorset	Voluntary and community sector

Dorset GP workforce: (full time staff):



*Following an inadequate rating, the organisation has a turnaround period. Inspectors will return in six months expecting to see improvements. The inspectors can sometimes take urgent enforcement action if appropriate.

**These are new services, usually smaller children's homes.

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VoiceX Survey
Dorset Council/Dorset Youth Association
https://dorsetyouth.com/voicex

Young Listeners Project
Healthwatch Dorset
www.healthwatchdorset.co.uk/project/young-listeners

For more information on health and care plans in Dorset, and how to get involved, visit
www.ourdorset.org.uk