



# Health and Wellbeing Strategy Consultation Report

April 2026

**DRAFT**

# Methodology

- The survey ran from Tuesday 17 February to Sunday 29 March 2026
- The survey was available online at <https://haveyoursay.bcpCouncil.gov.uk/en-GB/projects/healthandwellbeingstrategy>
- Hard copies of the survey and draft Health and Wellbeing Strategy were available in libraries



## Health and Wellbeing Strategy

We would like to hear your views on our draft Health and Wellbeing Strategy 2026-2031.

This sets out how the Health and Wellbeing Board will work together to promote wellbeing, prevent ill health, and reduce health inequalities across Bournemouth, Christchurch and Poole.

The strategy is based on evidence from the Joint Strategic Needs Assessment (JSNA) and shaped by feedback from consultation and engagement activities.

### What we're focusing on

We have identified **four Strategic Priorities** for improving health and wellbeing across Bournemouth, Christchurch and Poole:

- Starting Well
- Mental Wellbeing
- Living and Ageing Well
- Healthy Neighbourhoods and Communities

For each strategic priority there are a series of proposed actions and a small number of key indicators that we can measure to know that we are making a difference.

### Documents

Read the [draft strategy](#) here.  
[Summary Document](#)  
[Printable survey document](#)

### Key dates

**Consultation starts:** 17 February 2026  
**Consultation ends:** 29 March 2026

### Who's listening

[Health and Wellbeing Board](#)  
Councillor David Brown -  
Portfolio Holder for Health and  
Wellbeing

### Useful links



# Communication

The consultation was promoted widely through a variety of channels including:

- Local media coverage
- The council's social media channels
- The Council's e-newsletters
- Staff newsletters
- Posters and information in all BCP Council libraries
- Officer LinkedIn Blogs
- CAN Chief Executive's Blog
- A promotional video presented by Councillor Brown
- Public Health Stakeholder lists including GP Bulletin, NHS Dorset Internal News, Active Dorset, Access Wellbeing, Dorset Healthcare and Dorset County Hospital

# Response

- There were 120 online responses to the survey.
- No paper copies were received.

Are you responding as	Number
A resident living in the Bournemouth, Christchurch and Poole area	106
Someone who studies or works in the Bournemouth, Christchurch and Poole area	27
A representative of a voluntary or community organisation	15
A member of a local group with a specific interest in health and wellbeing	10
An employee of BCP Council	9
A representative of a local provider of health and care services	7
A representative of a local business	5
Other	4

There is some overlap between groups e.g. someone may be a BCP resident and work in the BCP area or for BCP Council

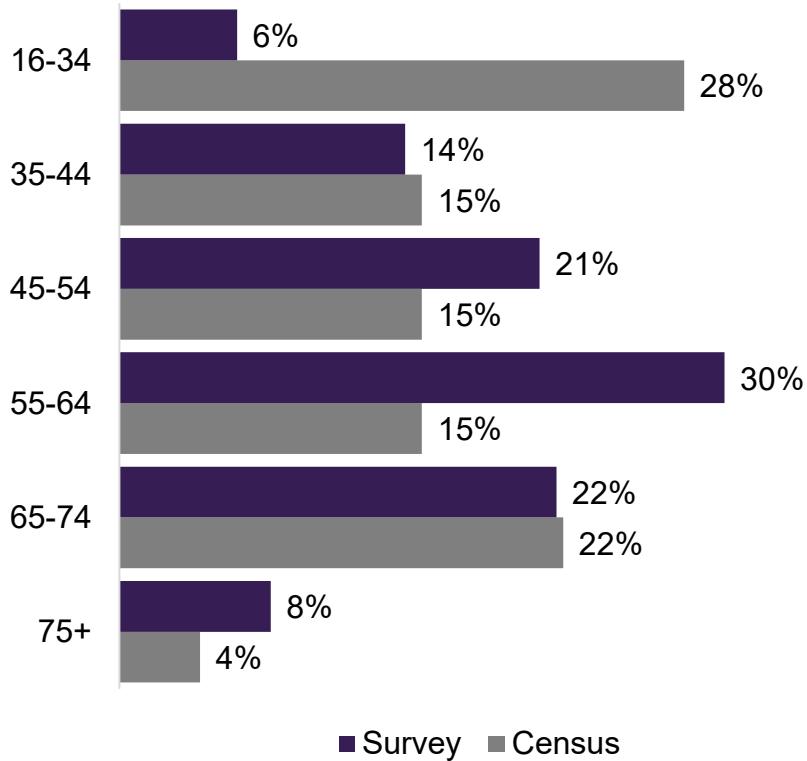
# Responses

Responses were submitted by the following Health and Wellbeing Organisations

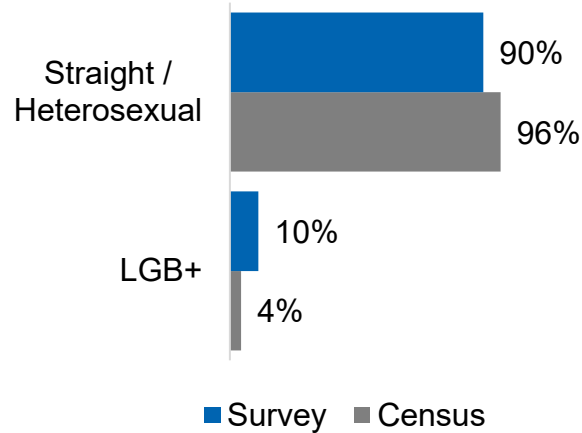
- CoCreate Dorset CIC
- Active Dorset CIC
- Alzheimer's Society - Local Systems Influencing Team
- The Breastfeeding Network
- BH Live Active
- Bournemouth Heart Club
- Bournemouth Jewish Support Services
- Christchurch Community Partnership
- Community Action Network
- Dorset Local Nature Partnership
- Fit for Walking Bournemouth
- The Handyvan Service
- LiveWell Dorset
- Tricuro
- Access Wellbeing

# Respondent profile

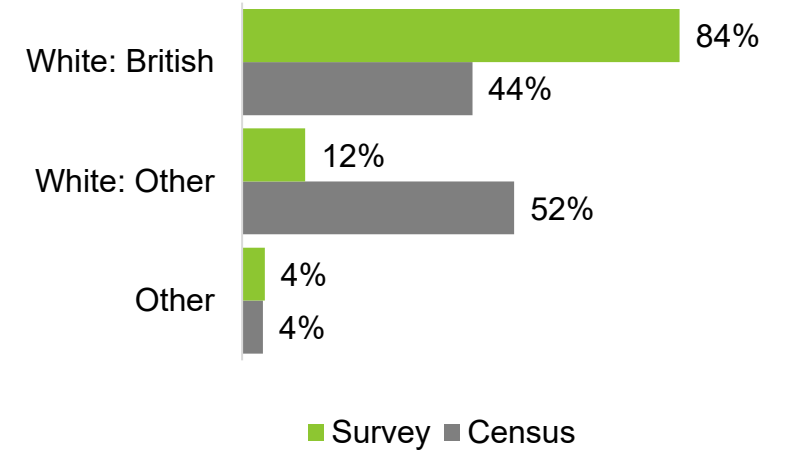
## Age group



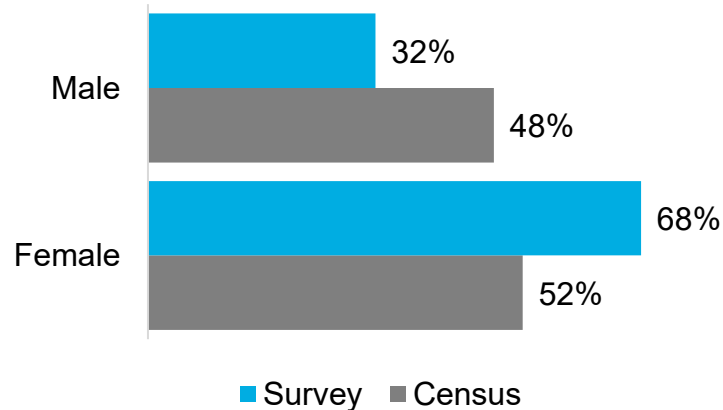
## Sexual orientation



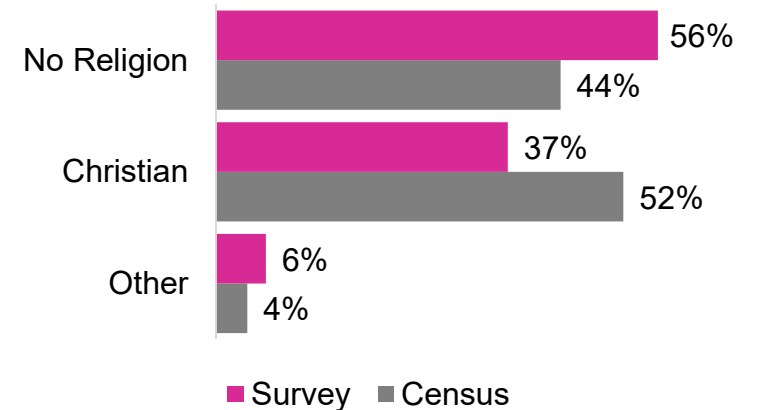
## Ethnicity



## Sex



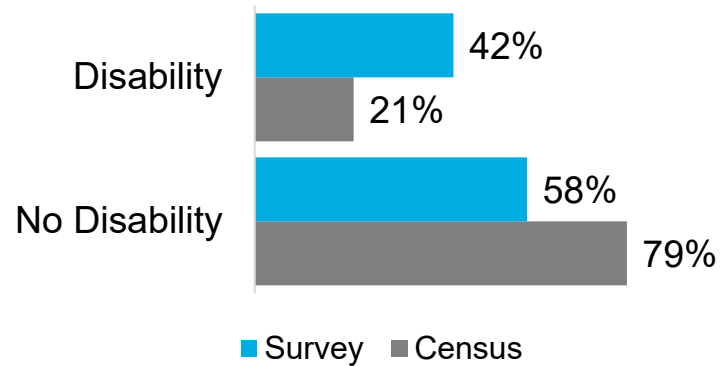
## Religion



- Percentages shown; some categories combined due to small numbers
- Census comparisons are included for context; the sample is not intended to be fully representative

# Respondent profile

## Disability

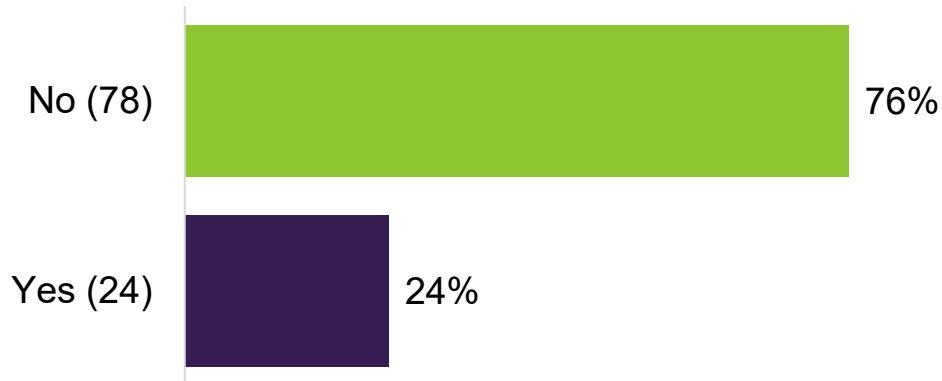


## If yes, please describe:



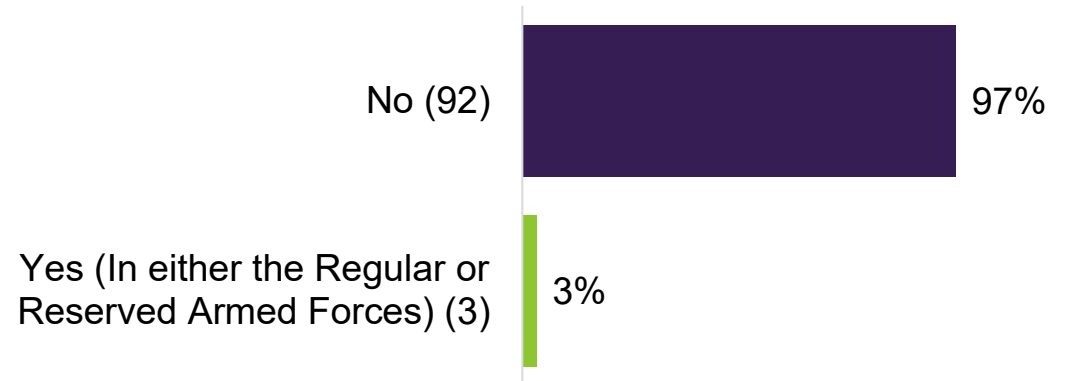
(Other included physical, visual and hearing impairments, and neurodiversity.)

## Do you have any children or young people under the age of 18 living at home?



Base 102

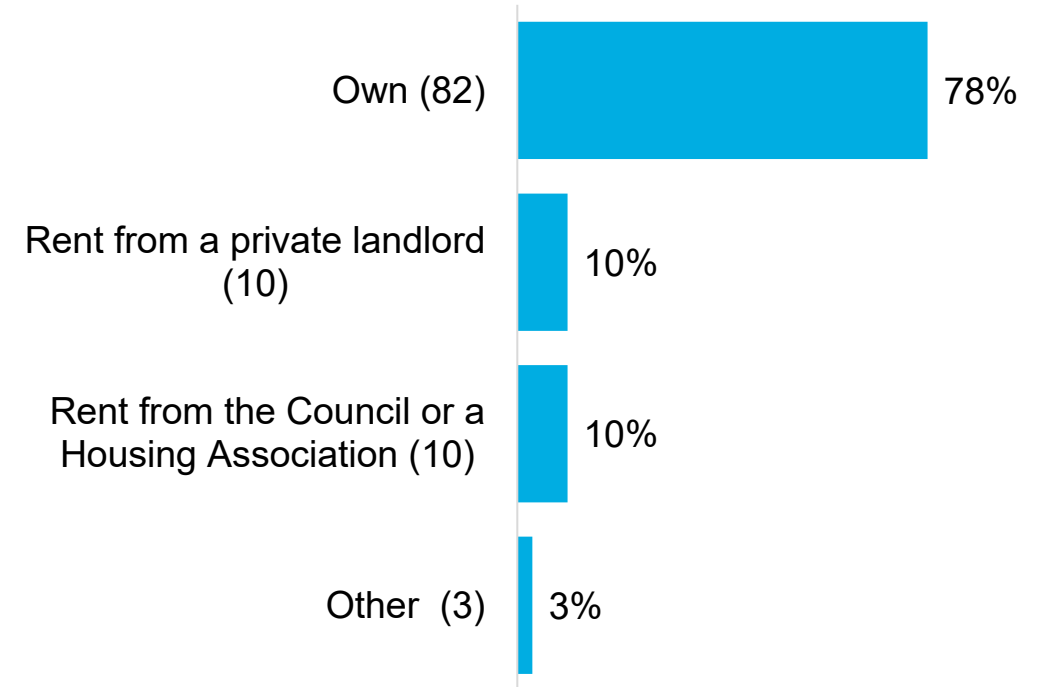
## Are you, or have you ever been a member of the armed forces?



Base 95

# Respondent profile

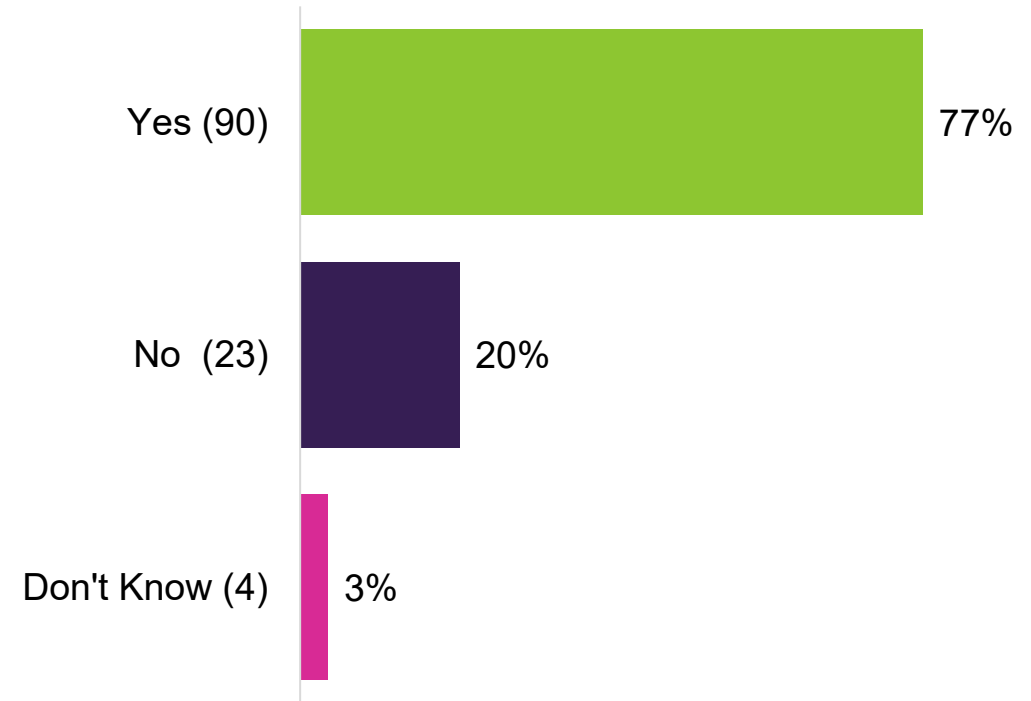
**Do you own or rent the property where you currently live?**



Base 108

# The Draft Health and Wellbeing Strategy

**Most respondents (77%) said that the draft Health and Wellbeing Strategy was clear and easy to understand**



Base 117

# The Draft Health and Wellbeing Strategy

Key reasons the strategy felt unclear:

<b>Clarity and plain language</b>	Some respondents felt the strategy was <b>written primarily for professionals</b> and used technical language that some residents may find hard to follow.
<b>Length and wordiness</b>	Several respondents felt the <b>strategy was lengthy</b> and could be more concise, which made it harder to engage with.
<b>Lack of clear actions and objectives</b>	Respondents were <b>unclear about what the strategy would deliver</b> , and said the goals, actions and measurable outcomes were not set out clearly.
<b>Structure and flow</b>	Some respondents felt the <b>strategy's structure and ordering were not clear</b> .
<b>Process focused</b>	Some respondents felt the <b>strategy focused more on frameworks</b> and committees than on what it would mean for residents.
<b>Delivery and affordability</b>	Some respondents questioned <b>how the strategy would be delivered</b> and whether it would be affordable given current <b>financial pressures</b> .

25 comments received on this question

# The Draft Health and Wellbeing Strategy

If you answered “no” please tell us why? Example comments:

“It needs to be easier for the general public to understand - this feels like a document for professionals”

“Too wordy and complex”

“I understood the strategy but for the people I work with - the language is too in-depth, requires an excellent understanding of English, and not personal to them i.e. why does this strategy impact on me”

“It contains a lot of jargon, overlapping strategies, and technical language that most residents wouldn’t naturally understand without simplification”

“Not clear on your objectives or areas”

“It appears to be a collection of unmeasurable platitudes and unstructured”

“No explanation of how any of this is affordable with the council tax increase swallowing people's wages as well as other bills”

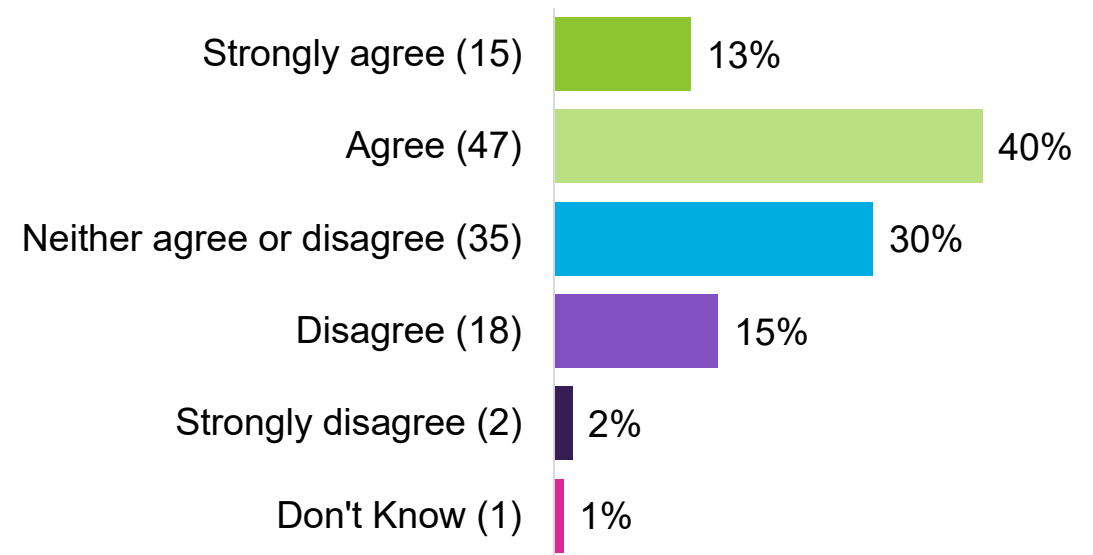
“I think it would be better reordered there's a lot of strategy / and links with other plans before you actually get to the health and wellbeing strategy priorities. Might benefit from a one-page summary about the strategy”

# The Draft Health and Wellbeing Strategy

To what extent do you agree or disagree that the draft Health and Wellbeing Strategy will help to improve health and wellbeing in Bournemouth, Christchurch and Poole over the next five years?

- **53% agreed**
- **17% disagreed**

Responses were more often in agreement than disagreement.



Base 118

# The Draft Health and Wellbeing Strategy

Key views on why the strategy will (or won't) improve health and wellbeing:

<b>Implementation of the plan</b>	Respondents questioned <b>how the strategy will actually be delivered in practice</b> , gatekeeping, and mismatch between ambition and reality on the ground
<b>Lack of detail around actions</b>	Some felt that the <b>strategy sets out aspirations but not clear actions</b> , interventions, timelines, or what will practically change for residents
<b>Resourcing and Funding</b>	Doubts about <b>affordability, long term funding</b> , investment levels, pressure on budgets, and concern about council tax or costs outweighing benefits
<b>Performance and trust</b>	Respondents want to see <b>how progress will be tracked</b> , shared and acted on. Confidence in the strategy depends on clear measures, <b>openness about what is or is not working</b> , and accountability
<b>Equity and inclusion</b>	Some concern was expressed that <b>some groups were overlooked</b> (autistic and disabled people, older people and carers, SEND, dementia, digital exclusion, gender safety).
<b>Voluntary and community sector</b>	Some recognised that <b>delivery depends heavily on voluntary and community organisations</b> , with calls for meaningful involvement, expertise, and sustainable resourcing
<b>Prevention</b>	Broad <b>support for prevention in principle</b> , with calls to strengthen early intervention, physical activity, walking, place-based approaches and wider determinants of health

64 comments received on this question

# The Draft Health and Wellbeing Strategy

Would you like to comment on your answer? Example comments

“While the objectives sound good they are hard to realise in practice, particularly those which are not in the councils gift or require fundings”

“There is no mention of tailored support for autistic people...”

“how will access to services improve?...”

“Looks good on paper but actions and measurements will determine outcome”

“Needs significant investment. Needs to be achieved by working with both statutory agencies and voluntary and community sector groups (who need funding and long term funding agreements)”

“The principles are great - but it's in the execution that it is really matters. It's all too woolly...”

“It will encourage healthy neighbourhoods and communities to both promote and support people to live well and age well. Prevention and early intervention, education and training is at the heart of this”

“To fulfil all that is written will be a mammoth task and expensive. Has it been calculated?”

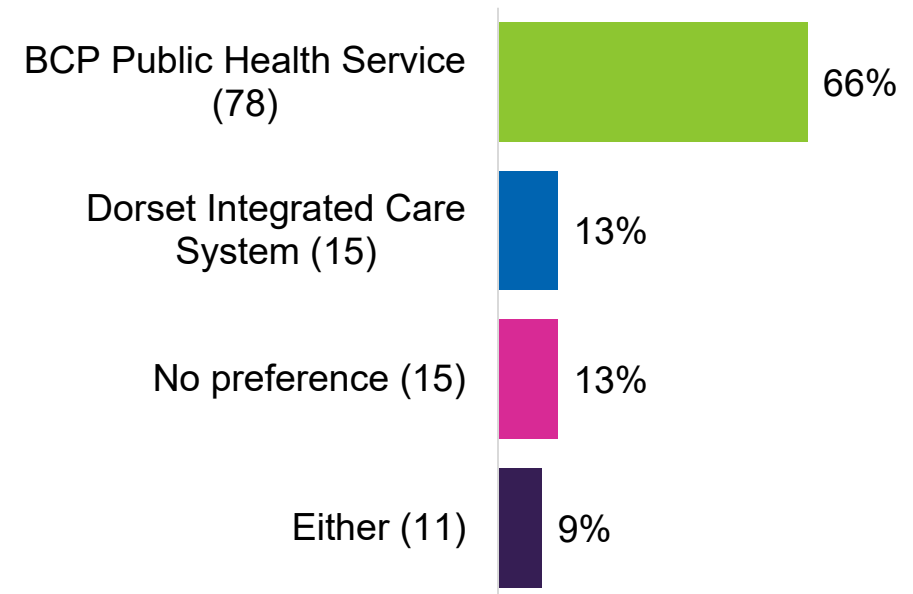
“Not sure the plans will reach all those needing it”

# The Vision

Respondents were given two vision statements to choose from

- Dorset Integrated Care System** - “Dorset Integrated Care System works together to deliver the best possible improvements in health and wellbeing.”
- BCP Public Health Service** - “Our mission is to improve the health and wellbeing of our population, reduce inequalities and create vibrant, stronger and safer communities. We actively engage and empower communities, working together to foster healthier, happier and safer lives.”

## Which vision statement should we use as the basis for the Bournemouth, Christchurch and Poole Health and Wellbeing Strategy?



Most respondents preferred the **BCP Public Health Service** vision (66%)

Base 119

# The Vision

Key themes on the two choices provided:

Integrated Care Board Vision	Public Health Service Vision
<p>Views on Option 1 were more often negative than positive.. Some respondents see it as <b>vague and overly formal</b>, with language that is written for health professionals and partners rather than BCP residents.</p> <p>References to the Dorset Integrated Care System are described as <b>confusing, inaccessible and meaningless</b> for BCP Residents, and the terminology could quickly become outdated.</p> <p>Overall respondents felt it was not aspirational, did not say anything meaningful and <b>focused too much on care systems rather than public health outcomes that affect everyone.</b></p>	<p>Feedback on Option 2 was generally more positive. It is seen as <b>more accessible and easier to understand</b>, using plainer English and a friendlier tone.</p> <p>Respondents value its <b>clearer focus on outcomes</b>, particularly around reducing inequalities and strengthening communities, and was viewed as clearer about the priorities.</p> <p>However, some still feel it is too long, too wordy or unrealistic, with <b>concerns that it does not recognise financial constraints</b> or explain how action will be delivered, or who will lead it.</p>

50 comments received on this question

# The Vision

Key themes on vision statement generally

<b>Trust, credibility and delivery</b>	<b>Unsure about vision statements.</b> Many are concerned by words without action and say a vision only matters if it leads to real change and can be delivered
<b>Clarity for residents</b>	<b>Clear demand for short, plain English wording</b> that speaks directly to residents, avoids jargon and is easy to understand
<b>Meaningful and outcome-focused</b>	Desire for a <b>vision that clearly states priorities and outcomes</b> , not vague aspirations or system descriptions
<b>Realism and fairness</b>	<b>Concerns about unachievable ambitions</b> , resources, and the need for fairness across Bournemouth, Christchurch and Poole

50 comments received on this question

# The Vision

## Example comments on the vision:

“Both statements to me feel like an empty promise statement. For me I would want it worded differently to make me actually believe what you are offering”

“Option 2 is more accessible and understandable in clear language”

“I think the word 'education' needs including somewhere to foster the idea that supporting health and wellbeing has a personal element to it to create a change”

“Both options appear to focus on unachievable goals. No mention is made of the cost of implementation or what budget provision has been included for”

“Vision seems a bit irrelevant, both are fine but does it make a difference”

“I think actions will speak louder than words at this stage. People have been visioned out and now want to see results”

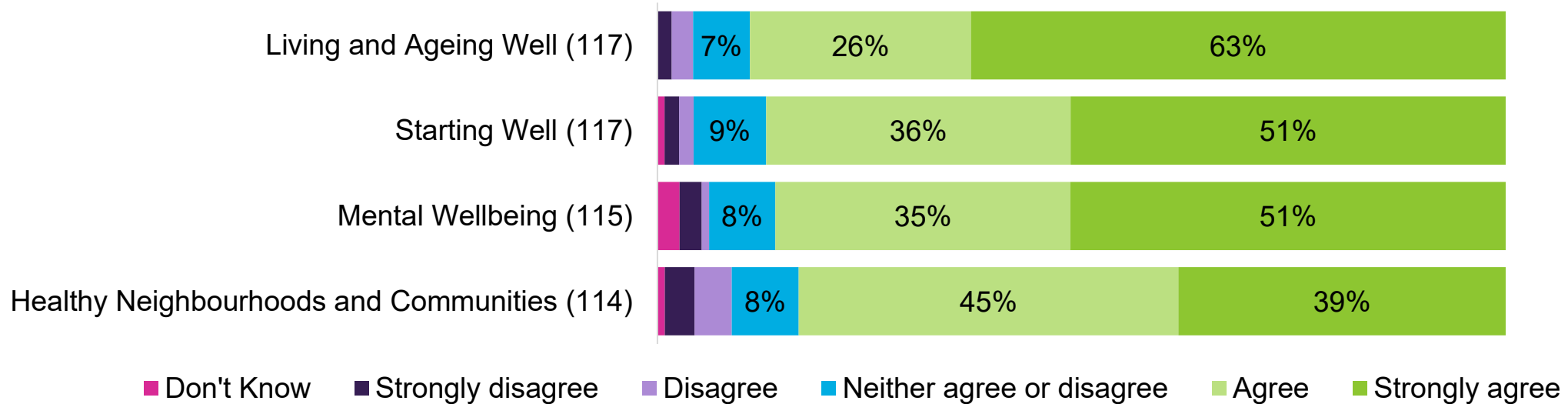
“Don't like the wording in option 1 - 'works together.' Option 2 is more easily understood”

“Neither of them actually say anything. They are just vague statements”

“The first is short and the second too long. Perhaps something in between?”

# Strategic Priorities

Respondents were asked to what extent they agree or disagree with each Strategic Priority



- Most responses fall under 'agree' or 'strongly agree', with variation by priority.

# Starting Well

106 respondents ranked the Starting Well actions in the following order

#1	Promote good mental wellbeing in children, young people and families and reduce self-harm	2.8 average
#1	Support the delivery of BCP Children & Young People's Partnership Plan and Families First Programme, so that children and young people are supported by the community to flourish, giving them the best possible opportunities in life, and ensuring they grow and succeed	2.8 average
#3	To maximise opportunities to support children and young people at the earliest possible point, to prevent harm and encourage positive health behaviours and choices, including promoting positive sexual health and social media use, averting knife and weapon crime and supporting the prevention of harms from tobacco, vaping, drugs, alcohol and gambling	3 average
#3	Support the delivery of the BCP Special Educational Needs and Disabilities (SEND) Improvement Plan so that all children and young people with SEND have bright futures, fulfilled lives and are part of their local communities	3 average
#5	Work with priority neighbourhoods and communities to reduce health inequalities by: Supporting mothers who smoke to give up during and after pregnancy, Improving the uptake of child and adolescent vaccinations, Improving oral health and hygiene in young children, Improving healthy nutrition and physical activity in young children.	3.3 average

**Note:**  
Average score = the average rank given by respondents (1 = highest priority). Lower scores indicate higher priority.

# Starting Well

Key themes on the Starting Well priority:

<b>Early intervention and prevention</b>	Respondents felt that problems should be addressed earlier in childhood and family life rather than managed at crisis point. <b>Early support is seen as key</b> to reducing later mental health issues, SEND demand and wider social problems.
<b>SEND priority and clarification</b>	Respondents would <b>like SEND to be a clear priority</b> . Comments highlight the need for earlier intervention, better support in schools, clearer definitions and thresholds, and adherence to recommendations, alongside concern about escalating need and budget pressures.
<b>Physical activity, active travel and environment</b>	Respondents often highlighted the need for everyday physical activity from an early age, particularly walking and cycling. <b>Safe streets, clean public spaces and a well-maintained physical environment</b> are seen as fundamental to health, independence and mental wellbeing, not add-ons.
<b>Early years, breastfeeding and family support</b>	Support for babies, under fives and parents is raised. Some respondents call for more breastfeeding support, recognition of parental care, and accessible <b>community-based help such as Sure Start style hubs</b> to support families early and reduce inequalities.
<b>Support for young people aged 16 to 25</b>	Many comments highlight a <b>gap in support for older young people</b> , particularly those affected by Covid. Employment pathways, paid opportunities, help with costs and clearer offers of support are seen as crucial to improving mental wellbeing and future prospects.
<b>Housing, poverty and cost of living</b>	Some respondents felt <b>Housing insecurity, poverty and the cost of living are a root causes of poor outcomes</b> for children and young people. Respondents feel these issues are not sufficiently addressed despite their influence on health, education and life chances.

37 comments received on this question

# Starting Well

## Example comments on the Starting well priority

“From observation of young families, I believe that many of the SEND needs, mental health issues etc, social problems need to be tackled at source, rather than managed when they occur...”

“...Although breastfeeding prevalence is noted as a measure, there is no other mention of it in the strategic priority which may be a missed opportunity for reducing health inequalities”

“Increased interventions earlier on could prevent some young people needing SEND”

“...Encouraging regular walking needs to start as soon as we take our first steps. Children and young people can benefit not only from the long-term health and wellbeing benefits of walking but also overcoming the challenges of the risks and dangers of navigating the street environment...”

“Housing and poverty issues not addressed in the above”

“These are all important actions, particularly around mental wellbeing and early intervention. However, the strategy would be strengthened by recognising the role that the physical environment plays in health outcomes. Safe, clean and well-managed public spaces are fundamental to supporting mental wellbeing, reducing harm and encouraging positive behaviours. Where environments are perceived as unsafe or poorly maintained, this can directly undermine these priorities, particularly for children and young people”

# Mental Wellbeing

101 respondents ranked the Mental Wellbeing actions in the following order

#1	Support improvements in access to, and uptake of, community mental health support services	2.2 average
#2	Support Integrated Neighbourhood Teams (INTs) to jointly tackle physical, mental and social wellbeing in partnership with local organisations and communities	2.6 average
#3	Work with key partners to reduce rates of suicide and self-harm	3.5 average
#3	Support mental health promoting communities, making mental wellbeing everyone's business through community development, training and peer support	3.5 average
#5	Support people with poor mental health to connect to paid and unpaid activities.	4 average
#6	Health and Wellbeing Board members to ensure mental wellbeing, including tackling stigma around this agenda, are addressed through workplace wellbeing offers	5.2 average

**Note:**  
Average score = the average rank given by respondents (1 = highest priority). Lower scores indicate higher priority.

# Mental Wellbeing

Key themes on the Mental Wellbeing priority:

<b>Delayed access to support</b>	Respondents described long waiting times, unclear referral routes and difficulty accessing timely mental health support. Several felt <b>help was only provided once needs had escalated to crisis</b> , which they felt reduced the effectiveness of support.
<b>Link between activity and mental health</b>	Respondents frequently highlighted the <b>relationship between physical activity and mental wellbeing</b> . There were calls for exercise, active travel, leisure access and everyday movement to be central to mental wellbeing approaches rather than seen as additional or optional.
<b>Prevention before crisis</b>	There were calls for <b>greater focus on prevention, resilience and early support</b> to reduce the number of people reaching crisis.
<b>Nature and environment</b>	Respondents <b>welcomed the inclusion of green and blue space and nature-based activities</b> as cost effective ways to support prevention and recovery.
<b>Value for money and funding</b>	A small number of respondents raised concerns about <b>funding being spent on administration</b> or infrastructure rather than frontline mental health support.
<b>Measuring access and service performance</b>	Some respondents felt there should be <b>better monitoring of access, waiting times and outcomes</b> , not just crisis indicators.

33 comments received on to this question

# Mental Wellbeing

## Example comments on the Mental Wellbeing priority

“Improving access to community mental health services is the most important action, as timely support can prevent escalation to crisis”

“Currently I would say that Mental health support is severely lacking in BCP. I've tried to access this myself and for my daughter - we're always on waiting lists - never actually contacted and supported”

“Encourage low cost , low impact nature-based activities in the community”

“All of these items are not able to be disagreed with - please make things simple though so that the maximum of spending goes on services rather than admins”

“Need to stress access to physical exercise has a role in mental health. Again active travel, bike loan schemes, leisure access should all be a part”

“Focus on wellbeing not illness - the solution is within local communities to help themselves with investment from the system”

“Mental health support is not very well advertised and more need to be done to address this”

“Activity helps mental health to improve”

“...the strategy would benefit from greater recognition of the role that the physical environment plays in mental wellbeing. Public spaces that feel unsafe, poorly managed or degraded can negatively impact how people experience their local area and their overall sense of wellbeing. To support this priority in practice, it is important that the condition, safety and management of public environments are considered alongside service provision and community initiatives”

“I am surprised that in the impact measurement it is mainly crisis points measured, there is no mention of measuring access to MH services including S2W, Access Wellbeing and REC”

# Living and Ageing Well

102 respondents ranked the Living and Ageing well actions in the following order

#1	Reduce hospital admissions due to falls in people aged 65 and over through increased primary and secondary prevention activities	3.8 average
#2	Increase the number of BCP residents in our priority neighbourhoods and communities accessing LiveWell support services and increase the uptake of NHS Health Checks	3.9 average
#3	Champion and monitor the delivery of the Fulfilled Lives & Future Care Programmes to reform urgent and community care, provide more person-centred and home-based recovery services and promote independence	4.7 average
#4	Reduce inequalities in the uptake of NHS screening & immunisation programmes	5.1 average
#5	Champion the delivery of the Adult Social Care Prevention Strategy to prevent the development of long-term social care needs	5.5 average
#6	Create more Age-friendly communities and spaces, where people are supported and enabled to age well and live a good later life	5.8 average
#7	Reduce the harm caused by tobacco, drugs, alcohol & harmful gambling in priority neighbourhoods and communities	6 average
#8	Support the development of creative health approaches in supporting people to live and age well	6.2 average
#9	Support the development of an adult social care and housing strategy that supports people to live and age well	6.7 average
#10	Support the delivery of the Dorset Palliative and End of Life Strategy	7.4 average

**Note:**  
Average score = the average rank given by respondents (1 = highest priority). Lower scores indicate higher priority.

# Living and Ageing Well

Key themes on the Living and Ageing Well priority:

<b>Need for clear actions</b>	Many comments say the <b>strategy is too vague and lacks clear actions</b> or explanations of how outcomes will be achieved. Respondents want simple, practical steps rather than high level aspirations.
<b>Access, mobility and public spaces</b>	Respondents feel <b>ageing well depends on being able to get around safely</b> . This includes well maintained pavements, paths, crossings, benches, safe walking routes, cycling options and accessible public transport. Poor infrastructure is seen as a direct barrier to health, independence and social connection.
<b>Prevention and physical activity</b>	Respondents emphasise <b>prevention rather than cure</b> , with frequent calls for exercise, walking, swimming, gyms and everyday physical activity to be central to the strategy.
<b>Loneliness and community connection</b>	Many responses <b>highlight loneliness as a major issue and feel it is not addressed strongly enough</b> . People want more focus on community spaces, transport, activities and neighbourhood design that help residents meet others and stay connected.
<b>Perceived unfairness of priority areas</b>	Some respondents <b>object to actions being limited to priority neighbourhoods</b> , describing this as discriminatory or unfair to older people living elsewhere. There is a preference for universal approaches rather than targeted ones.
<b>Housing and support for older people</b>	Respondents repeatedly raise the need for <b>better housing options</b> , funded care packages, hospital discharge support, reopening day centres, and access to advice services such as Age UK. Dementia specific action is also requested.
<b>Transport linked to independence</b>	<b>Public transport, active travel and the ability to travel without a car are repeatedly described as essential</b> . Without this, other actions are viewed as meaningless.

32 comments received on this question

# Living and Ageing Well

## Example comments on the Living and Ageing Well priority

“Not sure how you are going to prevent falls - needs to be spelled out more clearly”

“...recommend the inclusion of nature-based wellbeing opportunities to support both physical and mental health and wellbeing. As an example, conservation volunteering already takes place in the area within both the council and partner organisations which support physical health, positive mental health and reducing isolation and can help tackle inequalities”

“Implement exercise classes and access to healthier food for the elderly , prevention rather than cure. Community based mentor programmes to enable people to remain valued members of society for longer”

“So could we start with some housing options please? We need to make sure the elderly have proper care packages to come out of hospital with and that care is fully funded as required and for as long as required. We need to reopen centres which have been closed for daycare and age UK for advice and projects for socialising including minibuses and transport”

“Please consider the impact of public transport on the above. It is easy to become isolated in BCP if you cannot use a car or bike”

“This should cover all areas - not just priority areas”

“All of this is pointless if older people can't get around to meet up and access services. Basic things like putting benches back at the bus station and bus stops that have been removed, surfacing pavements so they can be walked on, providing safe routes for cycling and plenty of well marked road crossings with liveable neighbourhoods supporting local shops and community hubs are what will make for better old age. Anything else is just not accessible”

“Need more emphasis on maintaining paths and pavements so that older people can move about without falling and be able to exercise more”

# Healthy Neighbourhoods and Communities



100 respondents ranked the Healthy Neighbourhoods and Communities actions in the following order

#1	Support the development of Integrated Neighbourhood Teams and Neighbourhood Health Services, improving local access to joined-up care and support	2.8 average
#2	Strengthen the voluntary and community sector to deliver impactful programmes that reduce health inequalities, alleviate poverty, improve health literacy and improve access to nutritious food	3 average
#3	Reduce rates of serious violence, including violence against women and girls, and enhance perceptions of safety across all neighbourhoods	3.2 average
#4	Foster connected communities to combat social isolation, build community resilience and enhance overall wellbeing	3.5 average
#5	Reduce homelessness and increase the availability of good quality homes and environments that promote health and wellbeing	4.3 average
#6	Embed health and wellbeing practices in workplaces, with Board Members actively championing initiatives that improve staff wellbeing and productivity	4.9 average
#7	Cut carbon emissions, reduce air pollution and increase active travel uptake	6.2 average

**Note:**  
Average score = the average rank given by respondents (1 = highest priority). Lower scores indicate higher priority.

# Healthy Neighbourhoods and Communities



Key themes on the Healthy Neighbourhoods and Communities priority:

<b>Safety and perceptions</b>	Some felt that the <b>strategy focuses too much on perceptions rather than actual safety</b> . Comments included the harassment of women, licensing of strip clubs, street prostitution, pavement safety, and enforcement in public spaces. Some comments reference legal duties and equality impacts.
<b>Active travel concerns</b>	<b>Concerns about cycle lanes, shared paths and e-scooters safety</b> . People report walking feeling less safe, especially for older people, children and dog walkers, and argue active travel is over-prioritised or unsuitable in practice.
<b>Public transport and access</b>	Support for <b>better bus services as an alternative to active travel</b> , including evening services, routes through low income and employment areas, and free travel for under 18s.
<b>Housing affordability and homelessness</b>	<b>Stable, affordable housing is seen as fundamental to wellbeing</b> , safety and community cohesion. Includes calls to prioritise housing supply, reduce rents and address homelessness more directly.
<b>Funding</b>	<b>Concerns that wellbeing actions need money</b> , residents have limited ability to pay, and spending should prioritise frontline services over administration.
<b>Community cohesion</b>	Comments about loss of community spirit and <b>the need for community hubs</b> , youth services and local spaces, with housing stability seen as the starting point.
<b>Environmental priorities versus wellbeing</b>	<b>Mixed views on carbon reduction</b> . Some question its relevance to health, others link pollution and noise to wellbeing.

33 comments received on this question

# Healthy Neighbourhoods and Communities



## Example comments on the Healthy Neighbourhood and Communities priority

“Safe, secure housing is key to people’s health and should be prioritised. Safety is also extremely important”.

“active travel isn't the answer - especially in autumn/winter/spring with adverse weather conditions. Could focus on cheaper public transport, addressing pollution due to road closures etc”

“carbon emissions doesn't fit well here”

“I think the subject of active travel is an interesting one, it has actually got more unsafe to walk in BCP because footpaths have become cycle lanes, pedestrians are now running the gauntlet with cyclists”...”.

“Agree that we have lost community spirit and mutual support. The start of building communities is affordable stable housing so that people can call a community home and not have to move away because of the cost of housing/insecure tenancies. Multi-purpose community hubs are needed, although I feel getting people to use them will be a challenge as we are no longer used to using these services. Need more youth services. The environment is very important, but I think we need to prioritise people's wellbeing - making good environmental choices will follow good wellbeing and being part of a community you care about.”

“We should be enhancing safety - not just the perception of safety”.

“Neighbourhoods and communities must play a central role in all parts of this strategy, as well as this priority. Care closer to home, prevention of ill health and stronger support will help people living, longer, healthier, happier and more fulfilling lives”

“I completely agree with all of above. I think they need a foundation of good public and active transport, equitable access to green spaces/tree coverage, community resources (e.g. sport and culture opportunities) and good family education”.

“All this social stuff needs money to do it. Many people do not have a bean to spare”.

# If there are any ways you think the draft Strategy could be improved, please tell us. In particular, let us know if you think anything is missing and should be included in the Strategy.

## Key themes for improvement

<b>Mental Health and Crisis Support</b>	Respondents asked for a <b>stronger focus on mental health recovery</b> , suicide and self harm, crisis support, and tackling stigma.
<b>Clarity on Delivery and Actions</b>	Requests for <b>clearer delivery plans</b> , fewer vague ambitions, who is accountable, timelines, and how progress will be measured.
<b>Prevention and Responsibility</b>	<b>Emphasis on prevention over treatment</b> , routine checks, self care, healthy eating, physical activity, and behaviour change campaigns on vaping and screen time.
<b>Transport and Access to Healthcare</b>	<b>Transport as a key barrier to healthcare and activities</b> , including cost, public transport, parking, and the role of active travel.
<b>Listening and feedback</b>	People <b>want the council to listen more</b> , show what changed because of consultation, and keep residents involved using practical examples and stories.
<b>Priority Neighbourhoods</b>	Concerns about fairness and <b>how priority neighbourhoods are defined</b> , plus wider inequality and who gets prioritised.
<b>Funding</b>	Concerns about lack of <b>funding, showing costs and budgets</b> , and whether money is being spent on the right things.

62 comments received on this question

# If there are any ways you think the draft Strategy could be improved, please tell us. In particular, let us know if you think anything is missing and should be included in the Strategy.

“Audits of commissioned services for wellbeing and mental health - this must become mandatory”

“One of the main barriers in all areas of the strategy is transport. Many suitable venues/activities are not on or are not well served by public transport links, especially in the evenings”

“It’s all words and not definitive action, how you do some of the priorities identified is unclear”

“... There needs to be more focus on avoidance of ill health, rather than treatment and cure. Funds must be diverted from secondary care to care closer to home. We must work hard to reduce health inequalities, inequality of opportunities, and support family life”

“By prioritising this strategy are other BCP Council’s areas going to suffer?”

“The inclusion of priority neighbourhoods is discriminatory as people within non-priority neighbourhoods require the same help”

“Making services as much as possible non-digital. This is not what people want and you need to have drop in places to get things done”

“Exactly how you intend to support and improve. Exactly who you are planning to fund to do these things”.

“Presumably the big problem is lack of money? How will this strategy be implemented given the shortfalls in funding and the current strain the NHS, education and other services are under?”

“ASK the people you are trying to help, what they feel they need. Don’t be governed by facts and figures. You are dealing with people”

“With the high per cent age of bad parenting in our area revert back to having medical, dental and eye check ups in schools”

# Are there any other comments or observations you would like to make?

Actions and plain English	Many respondents emphasised the need for clearer, simpler, and more accessible language in the strategy, with calls for a shortened, public-facing version that outlines specific actions and real-world impacts
Resourcing and delivering plan	There were concerns about delivery and implementation, with several people stressing that ambitions must be matched by practical action, resources, and realistic expectations
Barriers to participation	Hidden costs (e.g. sports equipment), transport, and parking for disabled people were mentioned, with suggestions for outdoor exercise equipment and improved public transport
Environment and Public Spaces	Environmental factors like air pollution and road noise were noted as missing from the strategy, despite their significant impact on health The importance of safe, well-managed public spaces was also highlighted.
Inclusivity	The importance of inclusion and equality was raised, with calls for more explicit support for minority groups (including LGBTQ+), boys and men. There were also concerns about the strategy's focus on vulnerable groups at the expense of the wider population
Partnerships and voluntary sector role	Several responses stressed the need for joined-up, collaborative working across sectors, and for the voluntary and community sector to be recognised and resourced as a core delivery partner, especially in prevention and early intervention
Accessibility and communication	Digital exclusion, especially among older people and those on low incomes, was highlighted as a barrier, with suggestions for better communication and alternative access routes such as phone and physical hubs

31 comments received on this question

# Are there any other comments or observations you would like to make?

## Example comments

“This needs a shortened version which is easier to read and says what you're going to do to make it happen”

“Instead of prioritising active travel, which is only really feasible in the summer, could look into supporting cheaper public transport...”

“The plan and its aims are very commendable and well thought out, if it is followed through and necessary resources are available”

“...Ensuring that public environments are safe, well-maintained and appropriately managed will be essential to achieving the outcomes set out in the strategy.”

“You need hubs and communication by phone and Internet as older people really don't use it”

“Simplifying the language and clearly summarising key outcomes would help make it more accessible and meaningful for residents”.

“There is also an opportunity to more explicitly recognise and support minority communities, including LGBTQ+ residents, whose experiences of health inequality, loneliness, and mental health challenges are often distinct. Making inclusion more visible would help ensure no groups feel overlooked”.

“These strategies sound great as long as they can be delivered.”

“The task and vision is enormous. Lots of concerns that impact the community. There needs to be joined up thinking and working collaboratively working across all of the sessions to bring sustainable change.”

“Hidden costs can also be a barrier - so needing sports wear/shoes, specialist equipment - even just a yoga mat can be beyond some people's budgets. Also be aware of digital exclusion, especially among older people and those on very low incomes.”

“Language needs to be more specific and clearer for people to understand”

# What the feedback suggests

**Feedback indicates the following areas may be helpful to consider as the strategy is finalised:**

- simplifying language to improve clarity for residents, including reducing jargon and explaining system references.
- whether to provide a high-level delivery overview (responsibilities, indicative timeframes, funding and how progress will be reported).
- how feedback on perceived gaps could be reflected, where appropriate, including inclusion and accessibility for specific communities and protected characteristics
- publishing a short consultation response summary linking feedback to any changes made.