



Joint Strategic Needs Assessment of Health and Well-being in Poole

March 2013

This Joint Strategic Needs Assessment (JSNA) has been prepared to inform the work of the Health and Well-being Board for Bournemouth and Poole. The JSNA also informs the Borough of Poole Corporate Strategy and has been designed to be useful and accessible to anyone with an interest in understanding Health and Well-being in Poole.

This document brings together the available evidence already used to inform local strategies and public service provision. Whether you need a quick introduction to the key issues facing Poole, the headline issues on a particular topic or links to detailed data that can inform an aspect of service provision or policy you will find it here.

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Introduction

A good quality of life and an attractive natural environment makes Poole a popular place to raise a family or to retire. An increase in the birth rate combined with people living longer has contributed to a population that is increasing. Poole's population grew by 6.7% (9,300 people) between 2001 and 2011 to 147,600¹. The population is expected to increase by a further 4.3 per cent by 2016. The fastest growing age group is 85 years and over. While life expectancy is rising, disability free life expectancy is not rising as quickly. In future more people are predicted to have more than one long term condition.

The health and wellbeing of residents is affected by a complex set of factors, some of which relate to individual choices about diet, exercise, smoking and other behaviours, and some to wider impacts such as level of education, poverty, environment, life chances and the behaviour of others.

Our evidence shows that not all residents enjoy the same opportunities to benefit from the good quality of life Poole has to offer. We know that there are inequalities between the most and least deprived neighbourhoods. For example, life expectancy between the most and least deprived areas of Poole is 8.1 years for men and 5.0 years for women². We also know that there is an estimated 3,200 children in Poole with complex needs and that the children with poorest outcomes are concentrated in some areas of Poole.

There is evidence that while levels of anti-social behaviour have reduced the number of incidents of domestic abuse recorded by the Police have increased. The cost of housing in Poole is high compared to other areas and one in ten of Poole's residents are experiencing income deprivation. There are three areas in Poole where one in ten young people are unemployed.

¹ [Topic Paper – Demography, Borough of Poole. 2012](#)

² [Health Profile for Poole, Department of Health. 2012](#)

Context: A good place....

- High satisfaction with Poole as a place to live – varies by area
- Healthy population
- Popular retirement destination
- Children thrive

People like living in Poole the overall satisfaction with the local area as a place to live is high (87%). However this varies by ward; ranging from 75% in Alderney to 97% in Broadstone. The majority of children in Poole thrive, achieve and have excellent life chances, with good support, good health prospects and success in education and training. Poole performs better than the English average across a range of health indicators.

Being a popular place brings additional challenges. For example from 2007 to 2009 the net inflow of older people, aged 60 and over, into Poole was around 640 people due to migration. The highest levels of net in migration are between age 55 and 65³.

Context: Changing Demography....

- Increasing population since 2004
- High birth rate
- Ageing population
- More children but less teenagers
- Working age population is projected to decrease slightly
- Already large older people population will increase
- Minority ethnic group population has doubled since 2001
 - School Census shows greatest growth between 2007 and 2010 has been in any other white' ethnic group and in Poole Town, Newtown and Alderney.

Poole's population was 147,600 on Census day 2011, it increased by 9,300 since 2001. The population is predicted to continue increasing, particularly for children and adults aged 65+.⁴

Over the next 5 years, the age distribution of children is projected to change, with numbers of younger children increasing, and numbers of older children declining. 32,000 children and young people aged 0-19 were living in Poole in 2010. They represent 23% of the overall population. By 2015, overall numbers of children will not change significantly, but the age distribution will shift. Poole will have fewer teenagers (13-19 years) and an increase in the number of younger aged children (0-12 years).

The working age population (16-64 years) is projected to decrease by 1% over the next 5 years. There are variations within the working age band with numbers of 20-34 year olds and 50-64 year olds increasing, and numbers of 35-49 year olds declining.

Over the next 5 years the number of adults aged over 65 is projected to increase by 14%, an additional 4,100 people.

Poole has a high proportion of people age 65+ compared to nationally. In Poole, 20.5% of the population are aged 65 and over compared to 16.4% in England and

³ [Older People in Poole, Corporate Research, Borough of Poole. 2011.](#)

Also, Needs Assessment of Residential and Nursing Care for People with Dementia to 2025, Borough of Poole – 2011 Update, Corporate Research Team, Borough of Poole. 2012.

⁴ [Topic Paper on Demography, Corporate Research Team, Borough of Poole. 2012](#)

Wales. 30,200 older people aged 65 and over live in Poole. Older people will become an ever more significant proportion of the population. The number of people aged 65 and over is predicted to increase by 11% in the five years to 2016⁵.

The ageing population of Poole will present a number of challenges; in particular the potential increase in demand for social care (community and residential based services), housing and transport services, and the financial costs associated with this⁶. Their impact will depend on whether older people are enabled to remain independent and remain in good health for longer. If they do so they will enjoy a better quality of life and make fewer demands on resources. New models of early intervention and community support must be developed as future costs of traditional style support will be unaffordable.

Older people in Poole are not a homogeneous group and will become less so, with a larger older and disabled population, increases in older people from BME groups, and a small but increasing lesbian, gay, bi-sexual and trans-sexual older population.

Data suggests that the proportion of Poole's population from Black and Minority Ethnic groups (BME) has almost doubled since the 2001 census, from 4% to 7%. School census data suggests that the number of BME children has been increasing – in 2007 5.7% of school age children were from BME groups, in 2010 BME children now make up 7.7% of the school age population. The largest growth has been within the 'Any other white' ethnic group with an increase of 160 children between 2007 and 2010. Concentrations of BME children are located within Poole Town, Alderney, Oakdale and Canford Heath West wards.

Levels of Internal migration (within the UK) increased from 2002 – 2006, and have remained stable until 2009/10 where they have decreased. Data on International migration (outside the UK) suggests a recent rise in the last year following a decline from 2008. Data on National Insurance Number Allocations to overseas nationals suggests that a large number of allocations in Poole are made to migrants from European Union Accessions States.

Context: Equality (People and Places)....

- Life expectancy in Poole varies by place. For men it varies by 8.1 years for women it varies by 5.0 years (SII 2006-2010)
- This life expectancy gap is narrowing slightly compared with previous years
- Health inequality is closely linked with poverty which is concentrated in some areas of Poole
- Children with the poorest outcomes are concentrated in some areas
- Changes in welfare regulations may deepen poverty for some

There are pronounced health inequalities between the most and least deprived neighbourhoods in Poole.

Health inequalities among older people between areas in Poole are a key issue. These are closely linked with levels of household resource and poverty.

While Poole has high proportions of wealthy elderly, significant inequalities exist in the Borough. Two areas in Poole have over 40% of their older population living in poverty. These are in Poole Town Centre and Newtown North (south of Herbert Avenue). There

⁵ [Topic Paper on Demography, Corporate Research Team, Borough of Poole, 2012](#)

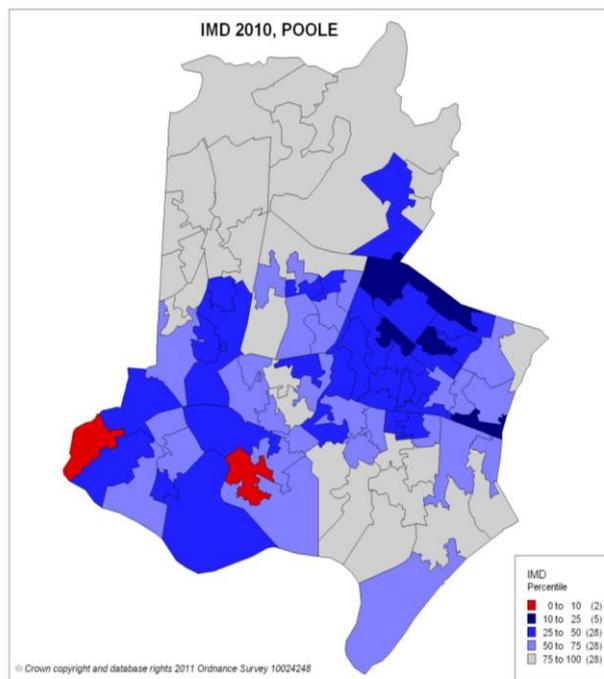
⁶ Financial implications for local authorities of an ageing population, Policy and literature review. Audit Commission 2009

is strong evidence of the link between poverty and poor outcomes for older people, including poor health and exclusion.

Children with the poorest outcomes and most complex needs are concentrated in small areas of Poole. The 'Priority Areas of Need' are around Bourne Estate, Turlin Moor, Canford Heath East, Poole Town Centre.

Changes in proposed welfare regulations will have social-economic consequences on those dependent on benefits, including those in receipt of various housing benefits, and also on the wider community.

Analysis of the English Indices of Deprivation shows an increase in deprivation relative to England. The five Lower Level Super Output Areas (LSOAs) which were in the worst quartile nationally in 2007 have been joined by two others in 2010. Also, Poole now has two LSOAs in the worst decile. (In 2004 and 2007 Poole had no LSOAs in this position.) These LSOAs are within Hamworthy West and Poole Town Wards. The former is of particular interest for it showed a marked decline between 2007-10 and its relative national position has been getting steadily worse since 2004.⁷



Health and Wellbeing: Children and Families....

- 13,000 Children required extra support 2009/10
- 3,200 with complex needs
- Risk of poor outcomes (Disability, In Care, Young Parent or Carer)
- Increasing number of looked after children
- A small number of families have multiple problems

40% (13,000) of children and young people required extra support in 2009/10. A quarter of these (3,200) were vulnerable children with complex needs.

High proportions of these groups have multiple needs/risks including: poverty; social, emotional and behavioural difficulties; low attainment; and failing to attend school regularly or exclusion from school.

Four vulnerable groups are particularly at risk of poor outcomes:

- Children with a disability
- Children in care
- Young parents
- Young carers

Parent based disadvantage impacts on outcomes for children. A small number of families have multiple problems, including difficulties in parenting and parental issues

⁷ Source: The 2010 Indices of Deprivation Analysis of the Results for Poole

such as drug and alcohol misuse; mental health issues and domestic violence together with a range of needs and behaviour problems for the children and young people.

The following have been identified as key concerns for children and families in Poole. These have experienced the biggest increases in numbers of children affected between 2008/09 and 2009/10, have high levels compared to other authorities, are associated with multiple (4+) risks, and include priorities identified by children, young people or their parents themselves.

- Resilience and mental wellbeing
- Drugs and alcohol
- Antisocial behaviour, including poor behaviour in schools
- Child safety, including accidental injury and domestic violence

Health and Wellbeing: Adults Health....

- People in Poole are healthier and live longer than English average – there are fewer years of life lost from early deaths (under 75 years) than England
- Mental Health problems have a significant impact on the lives of many older people and carers
- 1 in 4 adults are obese – a similar rate to England
- Older people are concerned about poverty, isolation, remaining active, feeling safe, available transport and access to information.
- Life expectancy is rising, but disability free life expectancy not rising as quickly. Office of National Statistics (ONS)
- More people predicted to be living with more than 1 long term condition in next 20 years
- In Poole, fewer people on GP registers than expected with dementia, Coronary Heart Disease (CHD), diabetes, Chronic Obstructive Pulmonary Disease (COPD), heart failure – more people than expected with depression and cancer

While people in Poole are healthier and live longer than the English average, this is not true of all areas in Poole. Life expectancy varies between the most and least deprived areas of Poole by around eight years for men and five years for women. This gap in life expectancy is slightly below the average gap for local authority areas in England. Differences in rates of death due to cardiovascular disease and respiratory diseases linked with smoking are the most important causes of this gap in life expectancy.

While many older people report being in good health (63% of 60-79 year olds and 44% of those aged 80 according to the Poole Place Survey 2008) –health-related problems can be a major issue for some older people.

Mental health problems also have a significant impact on the lives of many older people and their carers. Currently more than 2,300 people aged 65 and over have dementia in Poole. Numbers will increase significantly as the population ages, and more effort is focused on earlier detection.

Obesity among adults in Poole has been increasing in line with England overall. One adult in every four in Poole is now classified as obese. Physical inactivity remains an important contributor to the rise in obesity, but also in the development of other chronic diseases.

Misuse of alcohol continues to be a concern locally. Although death rates from liver disease including cirrhosis remain below rates for England in Poole, alcohol-related admissions to hospital are rising, especially among females and under 18s.

Local research and consultation highlights the following key concerns for older people in Poole: poverty; social isolation and exclusion; remaining active and involved; appropriate support and housing; health and care; feeling safe; accessible and available transport; access to information and advice. Poole Older People's Strategy summarises what is currently being done to address these concerns in Poole.

Many older people in Poole remain active and involved in their communities although there is a minority of the most vulnerable who remain isolated and excluded. Factors that may contribute to isolation include poverty, illness, bereavement, reduced social contact and poor access to services. Many vulnerable older people face multiple problems, therefore, joined up working across services is crucial.

Some key facts on service provision⁸

- 1,290 Carers receiving Services (51% 65+ years)
- 1,114 receiving Mental Health services (68% 65+ years)
- 331 receiving Substance Misuse services (1% 65+ years)
- 381 receiving Learning Disability services (3% 65+ years)
- 605 receiving Residential Care (83% 65+ years)
- 135 receiving Nursing Care (93% 65+ years)
- 311 Safeguarding alerts (April – September 2011) 8% increase on previous year. 158 ongoing investigations.

Social Determinants: Community Safety....

- Reduced incidents of Anti-social behaviour
- Majority agree Police and Council are dealing with ASB and Crime in their area.
- Increasing incidents of Domestic Abuse reported

Incidents of anti-social behaviour in 2010/11 in Poole were reduced by 18% in comparison to the previous year

58% of respondents to the Community Safety Survey (Quarter 4 2010/11) agreed with the statement "The police and the local council are dealing with the anti-social behaviour and crime issues that matter in this area".

Incidents of domestic abuse, reported to the police in 2010/11, increased by 14% in comparison to the previous year.

Social Determinants: Housing....

- Housing is relatively unaffordable
- Private sector rents high and appear to be increasing
- Older people more likely to live in non-decent housing
- The estimated percentage of non decent private sector homes at 33% is less than the average for England (36%).
- Priority for older people is to stay independent and live at home

⁸ Sources:

1) RAP C2, P1 and P7 2010/11. Borough of Poole Adult Social Care, 2011.

2) Bournemouth and Poole Safeguarding Adults Board Annual Performance Data April 2011 – Sept 2011

Poole's housing remains relatively unaffordable; the ratio of lower quartile house prices to full-time lower quartile incomes is nearly ten to one, compared to around 6 for England.

Rents in the private sector are relatively high and appear to be increasing.

Older people are more likely to live in non-decent housing. Inadequate heating is the most common reason for older people's homes being non-decent.

The priority for many older people in Poole is to stay independent and live at home for as long as they can. Less than half (46%) people aged 60 and over feel they can get the services and support to continue to live at home for as long as they want.

Appropriate support, care services and technology are a priority to help people remain independent.

Social Determinants: Poverty....

- Overall, 11% of Poole's residents are experiencing income deprivation.
- The situation in Turlin Moor West appears to be worsening in both absolute and relative terms.
- Fuel poverty more likely for older people
- Approximately 17% of children aged 0-15 are living in poverty.
- Children living in households in receipt of housing benefit have increased by more than a third (37%) over the past five years
- Children living in poverty have the poorest outcomes

Income deprivation among Poole's Lower Super Output Areas varies from 2% of the population to 34% (in each of Turlin Moor West and Bourne Estate).

Although the situation in Bourne Estate has improved since ID2007, it still remains in the worst 10% nationally. It is encouraging to note that the proportion of its population who are income-deprived has dropped from 41% to 34% between ID2007 and ID 2010. (The corresponding data years are 2005 and 2008) ⁹.

Increasing numbers of children are living in low-income families. In 2009/10 6,956 (22%) children lived in households on housing benefit, an increase of 12% since 2008/09.

Two local studies have been published on the impacts of changes to the provision of welfare support.

[Local Council Tax Support – Impact and Mitigations](#) ¹⁰

[Local impact of under occupation of social housing and the benefit cap](#) ¹¹

These two reports show the financial impact of changes in welfare policy on households in Poole.

Approximately 4,500 claimant households are expected to be affected by the change to the local Council Tax Support Scheme. The average weekly financial impact is £1.38 for each affected household.

730 households will have a reduction in housing benefit because they are under occupying a socially rented property. The average weekly impact is £15.77 for each affected household.

⁹ The 2010 Indices of Deprivation Analysis of Results for Poole, Corporate Research Team, Borough of Poole. 2011

¹⁰ Corporate Research, Borough of Poole. 2012

¹¹ Corporate Research, Borough of Poole. 2013

78 households are affected by the introduction of the benefit cap. The average weekly impact is £76.73 per week.

The areas most affected are the four Wards of Alderney, Poole Town, Hamworthy West and Newtown.

We know that low income households are more likely to make use of Improving Access to Psychological Therapies (IAPT) and have hospital episodes for depression¹². The Borough's consultation with claimants of Council Tax Benefit found that some respondents were concerned about the effect of benefit changes on their mental and physical health¹³.

It should be noted that the introduction of Universal Credit (summer 2013) is expected to improve the financial position for claimants of in work benefits.

Social Determinants: Employment and Worklessness....

- Skill shortage
- Low pay
- High Youth Unemployment

A shortage of skills across Poole impacts the performance of the local economy. Whilst the availability of higher skills (NVQ4+) has increased this still stands behind national expectations and more significantly behind competitor areas

Employees resident in Poole earn 10% less than their national counterparts.

In April 2011, there were 490 people aged 16-24 claiming Job Seekers Allowance. 3.1% of the youth population in Poole.

Three areas in Poole (Bourne Estate, Poole Town Centre and Turlin Moor West) had youth unemployment rates of 10% or over.

There were 613 16-19 year olds in Poole classified as 'currently not being in education, employment or training (NEET). 8.6% of all 16-19 year olds in Poole.

Priorities from Poole's Joint Strategic Needs Assessment

The evidence base for Poole has been well established for some time across a range of partnerships. It is not therefore not unexpected that many of the priorities adopted by the various Poole strategies are complementary and coincide with those emerging from Poole's JSNA.

Priorities

Safeguarding children and vulnerable adults from abuse and harm

Isolation and improving mental wellbeing

Long-term conditions, including dementia

Mental health and emotional well-being of Children

Complex Families

Tackling Domestic Abuse

Reducing Alcohol and Drug Harm

Affordable Housing

¹² Improving Access to Psychological Therapies (IAPT), Corporate Research Team, Borough of Poole. 2010

¹³ Council Tax Support Consultation 2012, Corporate Research Team, Borough of Poole. 2012

Tackling Poverty and Worklessness

Growing Health and Social Care needs of people with Long Term Conditions

Bourne Estate is a priority area

Targeting

A targeted approach will be required to ensure best use of resources. Evidence shows there are other priority areas and that these vary by issue.

For Example

Multiple deprivation highest in Turlin Moor and Poole Town Centre

Older People Poverty in Newton North and Poole Town Centre

Children with Poor Outcomes and Complex Needs in Bourne Estate, Turlin Moor, Poole Town Centre and Canford Heath East

In addition some targeting will be required for groups with protected characteristics.

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