

Health and Wellbeing in Bournemouth: Strategic Assessment

Introduction

Our health and wellbeing is influenced by many aspects of how and where we live, work and what we enjoy doing in our spare time. This summary is intended to tell a story about factors that can affect health and wellbeing for people living in Bournemouth. It uses information gathered as part of the Joint Strategic Needs Assessment process about:

- Bournemouth as a place to live and work, including the local economy and environment
- How safe are people in Bournemouth
- Information on how cohesive we think communities are in Bournemouth
- The health and wellbeing of people across the life-course, from children and families to older people, and what this tells us about their needs
- And how differences in incomes, housing, education and other factors can lead to inequalities in health in Bournemouth.

Our local population

Bournemouth's population is growing and currently stands at [183,500](#)¹. The growth is driven principally by [migration](#) to Bournemouth both nationally and internationally. In addition since 2007 the overall number of [births](#) has exceeded the number of [deaths](#), reversing the previous long-term trend. The population figure quoted above excludes the population that stay for less than one year. It is estimated that up to 5% of the population at any one time are short-term migrants; these are likely to include language school students as well as those moving here temporarily for work.

Contrary to popular belief the largest [age](#) cohorts moving to Bournemouth from elsewhere in the UK are not elderly people, but mainly 16-24 year olds, many of who move to Bournemouth to attend University. This 'bulge' in the student aged population is one of the major ways that the local population differs to the population structure of England. The borough has a lower proportion of 0-15 year olds compared with England as a whole, and a slightly higher proportion of adults aged over 70 years. The 20-24 year olds comprise about 9% of the population in Bournemouth, compared with about 7% of the population of England.

The proportion of people aged over 85 years is higher in Bournemouth than England, at 3.3% of the population compared with 2.2% in England. There are an estimated 2,300 people now aged 90 or more in the borough.

Looking to the future

- Planning for the increasing birth rate - births have increased from 1,619 in 2005 to 2,337 in 2011
- Increasing numbers of students expected, with implications for health issues affecting this age group (particularly sexual health and alcohol misuse). Whether the changes to fees payable will reverse this trend remains to be seen.
- Planning for increasing impact of [chronic disease in older age](#).

Our local environment

Bournemouth benefits from many natural features that make it an attractive place for people to live who enjoy being active. It is close to areas of outstanding natural beauty, and has many miles of picturesque coast that are attracting increasing numbers of people who enjoy water sports and beach activities.

Bournemouth's beaches have secured four Blue Flag Awards, two Quality Coast Awards and a Green Tourism Business Scheme Silver Award. Combined with Poole's four Blue Flags, the bay holds more Blue Flags than any other beach destination in the UK!

Compared with many conurbations, Bournemouth has abundant green space. Much is park and woodland, and many houses still have large gardens. This is a key resource for encouraging and promoting physically active lifestyles, which have recently declined, but show signs of regaining popularity.

Nine of the parks and gardens that Bournemouth Borough Council maintains are Green Flag sites. One of these, Boscombe Chine Gardens, is also a Local Nature Reserve (LNR). There are two other LNRs which are Green Flag sites - Kinson Common and Stour Valley - giving Bournemouth a total of eleven Green Flag sites.

The semi-natural environment and more formal open spaces of Bournemouth present a key opportunity to improve health and wellbeing, by encouraging more people to get involved in organised and informal sporting activities, walk in a semi-natural environment, to cycle and generally impacting on health through day to day contact with a quality green and bio-diverse urban environment. A recent report on the [cycling potential](#) of towns in England found that Bournemouth and Poole ranked second to London in terms of the potential for increasing cycling as a mode of transport.² Despite this, cycling is estimated to account for just 3% of all journeys locally.

Looking to the future

Nowadays, there is continued, mainly justified pride in Bournemouth's environment. Traditionally thanks to its seaside location and lack of heavy industry, people have flocked to Bournemouth to take the air. However, as is the case in most built up areas the quality of the air has to be monitored to ensure it doesn't breach health standards. Although Bournemouth has one current Air Quality Management Area it is hoped that additional evidence will mean this will be revoked. However it is an area where complacency is not an option and there is on-going work ensuring air quality is not a threat to public health.

The [Draft Local Plan Core Strategy](#) includes a policy promoting green infrastructure. This includes a commitment to offer residents the opportunity to grow their own food through allotment and community garden provision through both the council's own work programmes and strategies, and working with developers and other partners.

Bournemouth is committed to reducing its carbon emissions over the next two decades. Evidence has shown that the increase in car use has made a substantial contribution to the declining rates of physical activity, which have contributed to a sharp rise in non-communicable disease. In addition as car usage has risen, the effect has been to deter those who prefer to walk or cycle, through fear of injury or dislike of traffic noise and fumes. The Draft Local Plan Core Strategy sets out policies to encourage new and/or upgraded walking and cycling routes.

The [housing needs](#) of people in Bournemouth are also changing. The borough has a higher than average proportion of people who are owner occupiers, but also a relatively low proportion of social housing but a large private rental sector.

The need for more affordable housing and different solutions is growing as the economy has changed, and the availability of mortgages for first time buyers has become more problematic for some groups. Bournemouth is limited in the amount of new land that is readily available for development, with most constrained to brownfield sites.

Nonetheless there is the potential to look at new ways of utilising existing properties, including empty homes, and those that are under-occupied. The latest strategic housing market assessment identified that the demand for housing continues to grow locally; and that the mix of housing becoming available may not actually be meeting the demand - much of the supply is now in flats, rather than smaller family houses.

Our economy

Bournemouth together with Poole, Christchurch and parts of East Dorset and Purbeck forms one of the largest urban areas in South West England. Bournemouth and the wider conurbation has a strong financial services sector with the public sector and tourism sectors also employing many people. The education sector is also an important employer and contributor to the local economy, with two growing universities and a number of successful foreign language schools. Economic growth in the area in recent years has outstripped growth rates nationally.

Bournemouth has not been immune to the [recession](#) and subsequent sluggish economy. The numbers of unemployment benefit claimants in Bournemouth has more than doubled from 1,474 claimants in December 2007 to a peak of 4,292 claimants in February 2010. Numbers of claimants have fallen since then. The latest statistics on employment numbers for 2010 reveal a modest increase in the numbers employed in Bournemouth since 2009 suggesting that the reduction in claimants is at least in part due to more people finding work.

Despite the positive evidence on employment, survey data on [earnings](#)³ of workers in Bournemouth reveals that between 2009 and 2010 there was a drop in the median earnings. This combined with increases in the cost of living through inflation, continued difficulties in accessing finance and pay cuts or reduced hours means that households may have been cutting back on non-essential spending. This may be contributing to difficult trading conditions for businesses, and locally there has been a reduction overall in the number of businesses.

House prices have fallen slightly but remain higher than the national average, placing additional pressures on those wishing to live and work locally. The area has a large private rental sector which offers flexibility for employers wishing to recruit staff to the local area.

Bournemouth has a better qualified working age population than nationally with only 7% without any form of qualification compared with 11 per cent in England. In the current climate one area of concern is the numbers of 16-24 year olds not in education, employment or training. About 4.3% of 16-24s in Bournemouth were classified as not in employment, education or training compared with 5.3% for the South West in 2010. The local strategic partnership is focused through its policy of "enabling young people to realise their potential" on finding ways of supporting young people to find jobs, education or training in order to reduce this potential loss to the local economy.

Looking to the future

The [Dorset Local Enterprise Partnership](#) covering Bournemouth, Dorset and Poole was approved by government on the 7th July 2011. The public-private partnership

approach aims to delivering growth through enterprise and the environment. It states it will support a strongly performing, productive and sustainable economy, characterised by a greater incidence of higher paid and higher skilled jobs, and will do this in a manner that harnesses and protects the unique environmental assets of the local area.

Bournemouth is keen to develop its Green Knowledge Economy (GKE), recognising the advantages of a highly skilled workforce. GKE refers to the 'greening' of the existing economy through product and process innovations that are used to tackle climate change, reduce greenhouse gas emissions, improve resource efficiency and conserve ecosystems and biodiversity. Bournemouth University has set up a Centre for the Green Knowledge Economy, which integrates international expertise and knowledge from a range of subjects, including ecosystems, economics, media, business and technology.

Economic forecasts provide a useful indicator of future growth. Forecasts produced by Oxford Economics for all local authorities in South West England indicate that percentage growth in Bournemouth is predicted to be stronger than the South West and United Kingdom.

Retaining the skills of Bournemouth's graduates in future by creating local jobs is likely to play an important role in whether or not these growth forecasts prove to be sustainable over the medium term.

Despite the more positive forecasts difficulties remain. National growth forecasts have been revised downwards and the continuing Eurozone crisis has the potential to impact on the cost and availability of credit in UK. Given Bournemouth's reliance on the financial services sector there is therefore still cause for concern.

How safe is Bournemouth?

Crime in Bournemouth has fallen in the past three years by around 5%, and there has been a noticeable fall in the number of assaults with less serious injury. This is compared with a flattening trend for crime overall in England and Wales.

Following a review of the Community Safety Partnership in 2010 there is now a focus on violent crime and anti-social behaviour as overarching priorities, identified through the recent Strategic Crime Assessment. In tackling violent crime, there is a focus on reducing serious sexual offences, and reducing the impact of domestic abuse, alcohol related violent crime and tackling re-offenders.

Alcohol use remains a concern to the partnership and this relates both to health issues and impacts as well as the related violence witnessed in the night time economy and impacts on other residents. It is clear from past responses to national surveys such as the Place Survey that local resident's regard rowdiness and drunken

behaviour as more of a problem in Bournemouth compared with England as a whole.

Alcohol related violent crime (assaults) has fallen 10.4% between 2008/09 and 2010/11 and targets are in place to maintain the downward trend in alcohol related violence. The need to develop a broader range of cultural activities within the night time economy aside from those centred around pubs, clubs and bars has been recognised by partners and work is ongoing looking at ways this can be achieved.

Reports of anti-social behaviour (ASB) are generally falling, but some hot spot areas remain. Between 2008/09 and 2010/11 there has been a 1.5% increase in the number of anti-social behaviour incidents reported to the police. Despite a recent downward trend in ASB incidents between April and June 2011 increases in reported incidents to the police were still seen in Boscombe and Kinson South (Boscombe West 12.4%; Boscombe East 11.3%; Kinson South 1.3%). Borough-wide repeat locations of antisocial behaviour are being identified for focus.

Despite reductions in funding available to tackle anti-social behaviour, the partnership has been able to maintain effective targeted services to prevent and tackle problems, via the Family Intervention Service and intensive interventions for young people delivered through the youth service.

There is some evidence that the number of domestic violence woundings is falling, and between 2008/09 and 2010/11 the total number has fallen by 19%. There is also evidence that the 5% rise in reported sexual assaults seen between 2008/09 and 2010/11 may now be falling, with fewer assaults reported for the three months between April and June 2011 compared with the same period in 2010.

How strong and cohesive are local communities?

Closely related to issues about how safe Bournemouth is for local residents are perceptions about how people feel about their community, sense of belonging, and how well people get on with each other locally. This subject is probably the hardest to evidence and it may more about what we don't see in the town, as much as what we do see in the town. For instance, Bournemouth has been free of any disturbances that several of the countries cities witnessed this summer.

Indicators that attempted to measure "strong communities" - in the Place Survey - are no longer collected nationally so comparison is difficult. However, a recent survey carried out by Rightmove of 27,000 Britons put Bournemouth as one of the happiest places to live in the UK - with parks and schools topping the national list. Counter to this was a recent Halifax study based on a number of key quality of life indicators that did not place Bournemouth in the top 50 local authority district areas in the country. The only district in the South West to make the top 50 was Tewkesbury.

Residents in the town, and particularly those in the most “disadvantaged” areas, have opportunities to work with local agencies, identify priorities and see action taken. This is through the Neighbourhood Action groups which are supported particularly by the Council and Police. This is supported by a network of community development workers.

Bournemouth also has a diverse voluntary sector, providing a range of support services. The sector is well supported by both the Council and Council for Voluntary Services. The last third sector survey results were generally positive with an increase in the percentage of organisations who felt well supported by local statutory organisations, but there was a disappointing drop in their satisfaction with their ability to influence decisions. Recent budget reductions no doubt contributed to this perception.

Bournemouth is an increasingly diverse town with many foreign students through the summer, large and longstanding Korean, Chinese and Portuguese communities and more recently a growing Polish and Eastern European population. Figures on hate crime, a good indicator of community cohesion, do not show a significant problem. However, underreporting is acknowledged nationally so it is difficult to truly ascertain the level of hate crime.

Health and wellbeing and inequality

Overall, average life expectancy at birth during 2007-2009 was similar to England as a whole for males and females. But this masks the importance of [inequalities in health](#) outcome seen at a small area level within the borough. Average life expectancy is nearly ten years lower for men living in the tenth of areas most deprived, and 6 years lower for women, compared with least deprived areas. Over time, the gap in deaths from all causes in the most deprived areas compared with the least deprived has not narrowed and remains at about 300 deaths per 100,000 persons.⁴ By comparison the gap nationally is about 320 deaths per 100,000.

There are signs that the progress being made tackling some of the important modifiable causes of disease is having an impact in reducing death rates in the Bournemouth population. The death rate from smoking-related diseases is now significantly below the rate for England, and this is supported by continuing falls in early deaths from [heart disease](#) and stroke, and [cancer](#) (e.g. deaths in people under 75 years).

This is not true of alcohol however, which continues to contribute to a significant amount of ill-health locally. Deaths related to alcohol are significantly higher than the national average in Bournemouth for males, and are higher than the national average for females. Bournemouth has also experienced a rising trend of hospital admissions due to alcohol misuse among men and women, although alcohol-related crimes are falling slightly.⁵

Drug misuse also remains an important cause of ill-health affecting particular areas of the borough, with a higher number of crack and opiate users per 1,000 population than England. At least some of the difference can be explained by the concentration of treatment services in Bournemouth. However, one significant impact on health and life expectancy is that of drug related deaths, although the number fell in 2008 and 2009 compared with previous years.

Another health issue closely related to inequality is sexual health. Bournemouth is the top fifth of local authority areas nationally for rates of new diagnoses of genital warts, syphilis, gonorrhoea and HIV. Rates of Chlamydia diagnoses are not quite as high, but are above the national average.

Key issues on inequalities

- Minimal progress has been made in closing the gap in death rates between deprived and least deprived areas
- Drug and alcohol deaths contribute substantially to lower life expectancy in some small areas within the borough because of the age they occur
- Alcohol causes more impacts on health in Bournemouth than many other areas of Dorset
- Sexual health also continues to be an important source of ill health in Bournemouth

Preventing ill health

Bournemouth performs well on some important measures of prevention affecting children and families, particularly smoking in pregnancy rates and initiation of breast feeding. The fall in smoking in pregnancy could be having an impact on infant mortality rates, which were significantly better than England in 2007-2009. All areas have been systematically measuring rates of childhood obesity for some years now as part of a national programme. Local data shows that at school entry, Bournemouth has rates of obesity slightly below those in England. By age 11, obesity rates in Bournemouth are significantly below those in England. As with many health issues there is variation in rates within the borough. Areas with the highest rates of childhood obesity tend to be the more deprived areas of Bournemouth. Bournemouth has just below the national average for pupils taking more than 3 hours of high quality physical activity per week.

Physical inactivity is also an issue in adults in Bournemouth, with an estimated 13% inactive compared with 11.5% of adults in England. Estimates from the Health Survey for England suggest Bournemouth has a lower proportion of adults who are obese compared with England. Nonetheless, the forecast is for obesity rates to

continue to grow. A recent international review of the evidence to halt the rise in obesity has highlighted the importance of a whole systems approach with a powerful role for local government.⁶

Strategic issues for population groups

The overall burden of chronic disease is anticipated to increase in the next 10-20 years but this will not be dramatic. Although more of the population is living for longer free from disease and disability, the overall impact of ageing will mean more people are projected to be living with one or more long term conditions in the coming years. Numbers of people living with diabetes, heart disease, musculo-skeletal conditions and dementia are all forecast to increase. There will also be an increasing requirement to support more people to remain independent in their homes. More people in Bournemouth are projected to require help with basic care and activities of daily living, and there will be an increasing proportion of older people requiring support who live alone.⁷

The key strategic issue facing health and social care services in meeting the increasing needs of this age group is not so much the increasing burden of disease and ill-health, although that is important; it is the current lack of well established alternatives providing care closer to home rather than hospital admission for many people with these conditions.

Planning services to meet the needs of the growing younger population of Bournemouth will also continue to present challenges, in particular the development of robust maternity services based around increasing choice of safe birth options. Improvement in sexual health services will continue to be required to meet the needs of an expanding 16-24 year old age group, including the development of more integrated services in the community.

Health and wellbeing across the life course: children and families

Many children and families living in Bournemouth are thriving and enjoy similar health to children and families elsewhere in England. Infant mortality rates are particularly low, but death rates in children and breast feeding rates are similar to England. Proportions of reception year children who are obese are similar to levels seen in England, but the proportion of children in year 6 who are obese is significantly lower than England.

However, this generally healthy picture is not true in all areas of the Borough. For example, there are 7 small areas in Bournemouth (lower super output areas) that are ranked in the 10% of all areas nationally for rates of child poverty based on estimated incomes. There are 18 areas in Bournemouth that are ranked in the fifth most deprived of areas nationally on this [income deprivation indicator for children](#).

Poverty and inequalities in housing and education needs can all contribute to poorer outcomes for some children and families, and the [Children's Plan](#) has recognised the need for a greater emphasis on tackling these inequalities.

Good progress is being made in improving educational outcomes for children with special educational needs, and educational attainment in looked after children. There has been strong performance of the looked after children services in Bournemouth and there are good systems in place to ensure children are not brought into care prematurely. However, numbers of children looked after are increasing, and are at a higher level compared with national rates (68 per 10,000 compared with 56 per 10,000).

Other areas of work to support vulnerable children at risk of poorer outcomes has been in reshaping the provision of short term breaks for disabled children, including use of direct payments. A new integrated disability strategy has improved the co-ordination and sharing of information between people working to support children with complex needs and or learning disability.

Most children feel safe in Bournemouth, but safeguarding remains a continued focus for all agencies involved in supporting children. Recent inspections have rated children's safeguarding arrangements as good with some outstanding features. It is recognised that agencies are working well collaboratively. However, there is upward pressure on numbers of children subject to child protection plans, and Bournemouth now has more children with child protection plans compared with England (whereas previously it had been below).

There is growing recognition of the importance of reducing the impacts of domestic abuse on children and young people, and this has been identified as a priority in the new Children and Young People's Plan.

Despite much of the progress locally services are facing pressure partly due to the impact of the recession on health, the reduction in budgets, and rising demand for services. In particular, there are more children being born, leading to more pupils, increasing numbers of children looked after, more children with child protection plans and increasing numbers of children with special educational needs and complex needs.

What are the priorities for tackling inequality affecting children?

Many of these specific issues facing vulnerable groups of children and young people are related in part to the underlying impacts of poverty and deprivation. There is ongoing work to develop a [Child Poverty Strategy](#) locally, which it is hoped will lead to a focus on earlier intervention to improve outcomes for children aged 0-5, especially targeting children from more deprived areas where outcomes can be poorer.

There is a clear association between deprivation and the numbers of young people who are not in employment, education or training. Despite this, Bournemouth has made good progress reducing the proportion of young people not in education employment or training (from 8.9% to 4.4%). The challenge now is to keep this proportion low despite the economic downturn and pressure on resources.

The strategic approach of services for children and young people will be to focus on reducing the impact of factors that can lead to inequalities in outcomes for children and young people, including:

- Reducing anti-social behaviour in children and young people
- Working in a more integrated way to support children and young people with disabilities
- Implement the Bournemouth Youth Offer, ensuring youth service front line staff work in a more targeted manner with those most in need of their services.
- Ensure young people are supported to do well in school
- Continue to develop social and emotional skills
- Provide access to evidence-based positive parenting interventions for families in need.

Tackling inequality and protecting children and young people who are vulnerable are key themes within the CYPP and consistently expressed in consultation with stakeholders. There is a clear focus throughout on prevention and early intervention to avoid difficulties from developing in the first place.

Health and wellbeing across the life course: older people

Many older people report that they are in good health, and Bournemouth fares reasonably well on measures like healthy life expectancy, which estimates the average number of years a person can expect to live in good health.

However, just as there are variations in outcomes and health affecting children and families, so too are there inequalities in health and wellbeing that affect older people. For example, healthy life expectancy varies between wards in Bournemouth from the most affluent areas, where someone can expect more than 74 years on average free from ill-health, to the least affluent wards, where healthy life expectancy is just over 60 years.

The link between low income and premature death is well documented in our JSNA which shows geographical correlations with pension credit payments and the incidence of dementia, stroke, falls and fractured neck of femur. More recent research has also identified that community assets have an impact on community

cohesion. We address these areas within the provision of adult social care as well as within our partnership work.

This well recognised association of deprivation and inequality in health and wellbeing underpins the main aim of the local strategy for supporting older people, which is to enable people to remain as physically active and mentally able as possible.

How well are services meeting people's needs?

A recent (statutory) survey (February 2011) of adults who use social care services has shown that Bournemouth is in line with England and the South West for most of the outcomes measured. Just under a third of people said their quality of life was 'So good it could not be better' or 'Very Good'. Bournemouth also performed well in relation to feelings of safety, where just over 70% said they felt as safe as they wanted compared to 62% in England overall.

Although the local population is older than England, in the medium term it is likely that other areas of England will move towards an older population, so the differences are likely to narrow over time. The overall number of people with long term conditions is not predicted to grow vastly, but that there will be many more people with more than one long term condition.

However, it is clear that local older people are much more likely to make use of hospital services and to be admitted compared with other areas in England and in the South West. For this reason, improving access to community alternatives to hospital admission and arranging effective and timely hospital discharge have been recognised as local priorities for transforming health and social care services.

There is predicted to be increasing numbers of people with obesity that are at risk of developing chronic long term conditions at an earlier age than in previous generations, including type 2 diabetes, heart disease and musculo-skeletal disorders. There are likely to be more and more older people who are overweight in the medium term. Working to promote environments that encourage people to walk more is one approach that could mitigate against the impact of obesity in older age.

Because of the recognition of the need for alternatives to hospital admission, local services have increased investment in reablement services, which aim to maximise the independence of people coming to adult social care services for support. The number of people being supported by these services locally has increased, and adult social care is monitoring the effectiveness and efficiency of this type of service.

One measure of effectiveness of support in the community post discharge is looking at the proportion of people who are at home three months after coming out of hospital. In the first half of this year Bournemouth exceeded the national average

on this measure. However, it is recognised that more needs to be done on how quickly we help people to return home following a period in hospital and more needs to be done to reduce the number of people permanently admitted to residential care, where Bournemouth is above the national average.

A strategic assessment of housing needs in the borough and identified that there is too much provision of residential care for people classified as frail elderly, and not enough appropriate housing for people with dementia. This is being addressed through the development of specialist sheltered housing.

Recognising the importance of keeping people as physically active as possible, a local Older Persons Champion, working closely with DOTS Disability (a Dorset Social Enterprise), is consulting with local people on how this can be encouraged in the borough. The Champion has been heavily involved in 'Fab at 50' and Dance Events throughout the past year.

A key factor contributing to mental health is social isolation, and it is estimated that there are around 9,000 older people in Bournemouth who are living alone. An online panel survey measured people's perception of social isolation in Bournemouth, and 60% of respondents said they were satisfied with their level of social contact.

Bournemouth is proud to have been awarded the Local Government Chronicle 'Public & Private Partnerships' national award in 2010 for its age-friendly work. The strategy has helped us to combat ageism, portray positive images of older people and recognise the value older people bring to society. We have worked with partners and older people to ensure they have access to services in the same way as other sections of the community.

Summary and recommendations

Priorities for improving the health and wellbeing of people in Bournemouth can be broken down several ways. There are significant risks to health from behaviour - smoking remains important but there has been good progress in reducing tobacco-related illness. But alcohol misuse is continuing to exert a disproportionate impact on Bournemouth residents in multiple ways.

Obesity (partly driven by physical inactivity) remains a concern facing all areas. The priority for Bournemouth is to consider the role that a strong health and wellbeing board supported by local authorities could play in taking a system wide approach to mitigating the impact. The evidence for effective health service interventions is sparse, which is why an environmental and systems approach will be crucial.

An emerging priority for providers of services for children and families is to consider how best to commission services to reduce the impacts of poverty and inequality on poor outcomes, particularly in the 0-5 year period. A focus on

becoming an early intervention service, with investment in evidence-based interventions to improve outcomes for children at risk of falling behind due to poverty, is one way of meeting some of these challenges highlighted by recent national reports on tackling the impact of child poverty.

There are important issues for commissioners and providers of health and social care services, including how resources are re-allocated towards changing the type of care that is delivered to particularly older people. The trend will be for increasingly integrated community teams delivering more care closer to home. The challenge will be to shift the current pattern of resource allocation, which tends to be dominated by acute secondary care.

Finally there are priorities for improving health and wellbeing in particular neighbourhoods, by considering the role of place-based approaches to improving health. The continuing gap in death rates between the most and least deprived areas in Bournemouth should provide a focus for more consistent and focused attempts to identify and prevent ill health in the communities affected most. At least, there should be discussion of the need to shift resources preferentially to target some of the longstanding causes of ill health and premature mortality in these communities, including cardiovascular disease and cancer.

¹ 2011 Census Estimate for Bournemouth, Source: ONS

² Steer, Davies, Gleave. The cycling potential index of UK Towns, May 2010.

³ Annual Survey of Hours and Earnings, 2010, ONS

⁴ SEPHO Health inequalities Gap analysis tool, based on 2009 mortality data.

⁵ LAPE Bournemouth profile, 2009 data.

⁶ Rutter H. Obesity, Where Next? [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)61272-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)61272-5/fulltext)

⁷ PoPPI. Projecting older People's Population Information. Oxford Brookes University.