



Health & Wellbeing in Boston A Strategic Framework

2014



**Boston
Borough
Council**

INTRODUCTION

The move of public health to local government in April 2013 has created an exceptional opportunity for district councils and other local partners to become more engaged in improving the health of the communities they serve. From environmental services and housing inspections to the provision of leisure facilities and supporting economic growth district councils have a vital role in influencing the wider determinants of health, as well as health improvement and health protection. There are benefits for all, if the population stays healthy. Healthy people generally have a better quality of life, more independence, and greater ability to make their own choices, take an active part in their community and have the opportunity of a better life.

This document outlines the overarching challenges to health services in Boston and sets out the high level strategic framework for improving the health and wellbeing of the Boston community, aligned to the county-wide Joint Health and Wellbeing Strategy. Working within the constraints of limited resources and capacity within the Borough Council, the focus for this strategic framework is on preventing ill-health and promoting wellbeing in the Boston population. The important underlying determinants of health and wellbeing are largely addressed through other key strategies and partnership working documents such as those relating to economic development, housing, children and young people, and community safety.

CONTEXT

Setting the scene

Covering an area of 140 square miles the Borough of Boston consists of the market town of Boston and 18 rural parishes. In common with other coastal communities Boston faces a number of challenges including geographical isolation, low wages, an economy over-reliant on elementary occupations and a poor skill base. Average earnings by residence (2012 data) are £399.40 in Boston which compares poorly with an East Midlands average of £476.90. The proportion employed in elementary occupations is 24%, nearly double the East Midlands average of 13%. Despite these economic disadvantages, unemployment remains below the regional and national average.

Population

The Borough has a population of 64,800 (2011 census data). Since the 2001 Census the population has increased by 15.9%, higher than county (10.5%) and national (7.8%) increases over the same period.

A high proportion of the population increase has come from economic migrants, particularly from Portugal and Eastern Europe. Boston's non-UK born population

rose during the 10 years from 2001 from 1,727 to 9,790 (a 467% increase)¹, the largest for all districts and unitary authorities in the UK. Whilst benefitting the local agricultural and food processing industry they have placed an additional strain on local services and on community cohesion.

Recent evidence suggests that A8 EU Accession migrants are unlikely to impose a disproportionate burden on health services due to their relatively young age profile and migration for work naturally selecting those that are in good health². However, health may deteriorate the longer they stay due to the adoption of the unhealthier lifestyles of the indigenous population and from living in poor quality accommodation. In addition, language difficulties and a lack of knowledge on how the healthcare system in the UK operates can be obstacles to accessing health services, affecting the health of this population.

The adoption of healthy lifestyles by the population of Boston is known to be poor. From Public Health England profiles it is known that levels of adult obesity (26.8%), healthy eating (26.1%), physical activity (49.6%) and smoking (26.1%) are all worse than the England average.

Life expectancy for Boston, which increased at a greater rate over the period 2004 to 2010 than seen nationally, is currently 78.1 years for males and 82.0 years for females; just below the national average.

The ONS 2012 mid-year population estimates indicated that 20.5% of the population of Boston is aged 65 years or older compared to the national (England) proportion of 16.9%. The number of people aged 65 years or more is predicted to increase by 21%, exceeding 16,000 people by 2021.

This increase in an aged population will result in an increased prevalence of age related diseases such as cardiovascular disease, cancer, strokes and dementia. It is estimated that currently 900 people in Boston suffer from dementia and that by 2021 this number will rise to 1200 (a 33% increase).

The latest census indicated that the picture of health in Boston was similar to that seen in Lincolnshire and England with 14.3% of people aged 65 years and over reporting having 'bad' or 'very bad' health. Nearly 27% of older people stated that their daily activities were severely limited. Many of those people with long term conditions and disabilities are dependent on friends or relatives who act as carers. Carers find it difficult to access employment opportunities that allow them an adequate income to maintain their health and wellbeing. In Boston 10,500 people aged 65 years or over provide unpaid care and are often in poor health themselves; 12% of carers reported that they were in 'bad' or 'very bad' health. Carers provide

¹ The Migration Observatory at the University of Oxford. Changes to the migrant population of the East Midlands, Press Release 04 Jul 13 Available at: http://www.migrationobservatory.ox.ac.uk/search/apachesolr_search/boston%20lincolnshire.

² Ensuring inclusive Healthcare in Lincolnshire' August 2013

critical support to our care systems therefore it is essential that the health of carers is supported and maintained wherever possible.

From the 2011 census there were 3,800 people, aged 65 years or over, living alone. This group are especially likely to rely on support from public services should their health deteriorate.

Summary

Due to the historical shaping of the region, recent migration and the wide diversity in its population there are substantial and persistent inequalities in the health needs and outcomes of those living in Boston compared to Lincolnshire and the rest of the country. In addition, the Boston population is poor in practising healthy lifestyles, leading to long term health conditions. The strategic framework needs to be cognisant of these issues and ensure that systems are in place to address inequalities and to facilitate the adoption of healthier lifestyles.

The demographic trend for an ageing population will mean that demands on health and social care services will continue to grow. It is important that residents are supported in maintaining their health and independence for as long as possible, not only to improve the quality of life in their elder years but also to reduce the burden on health and social care services. Ill-health prevention and health promotion must therefore remain a key focus in the district in order to address these issues.

LINCOLNSHIRE'S HEALTH AND WELLBEING PRIORITIES

The Lincolnshire Joint Strategic Needs Assessment(JSNA) reports on the health and wellbeing needs of the population of the county by bringing together detailed information on local health and wellbeing needs in one place and looking ahead at emerging challenges and projected needs in the future. From the JSNA the Joint Health and Wellbeing Strategy (JHWS) is developed, which sets out the health and wellbeing priorities in the county. The JHWS is the responsibility of the Lincolnshire Health and Wellbeing Board. The board works with a number of partners, including the NHS, social care, district councils, public health and voluntary sector to deliver the priority outcomes.

The JHWS is broken down into five themes:

1. **Promoting healthier lifestyles:** People are supported to lead healthier lives.
2. **Improving the health and wellbeing of older people:** Older people are able to live life to the full and feel part of their community.
3. **Delivering high quality systematic care for major causes of ill health and disability:** People are prevented from developing long term health conditions, have them identified early if they do develop them and are supported effectively to manage them.

4. **Improving health and social outcomes and reducing inequalities for children:** Ensure all children get the best possible start in life and achieve their potential.
5. **Tackling the social determinants of health, focusing on housing and worklessness:** Peoples health and wellbeing is improved through addressing wider determining factors of health that affect the whole community (the so-called causes of poor health and health inequalities).

Within the themes there are a number of issues that either cut across different themes or appear in most of them, such as mental health, inequalities and carers. The mental health issues are being addressed through a county-wide mental health needs assessment.

STRATEGIC FRAMEWORK

Health and wellbeing issues at a population level are often broad and deeply embedded. The Borough Council, Lincolnshire East Clinical Commissioning Group and local partners have to operate within tight resource and capacity parameters whilst affecting change. Therefore, prioritisation of work strands will be required to ensure maximum benefit from a finite resource.

In conjunction with the Public Health Directorate, Boston community specific data was comprehensively analysed against JSNA and JHWS indicators. Where a negative difference from the Lincolnshire average of more than 10% was identified, these were mapped against JHWS themes (full details are available at Annex A). These variants, together with other information from the Public Health Profile, census and other sources, have been used to inform local priorities.

Using this methodology facilitates the monitoring of trends through the use of specific indicators and routinely collected data, recognising that effecting real changes takes time. Time is often required to influence and impact on the cultural and behavioural factors that underpin health choices, both at individual and community level.

Applying the above approach identified that the focus for the Boston Health and Wellbeing strategic framework should be oriented toward the prevention of ill-health, the promotion of healthier lifestyles and addressing housing issues that affect the health and wellbeing of people living in Boston. The wider determinants of health continue to be addressed through other key strategies and partnerships. The following strategic health and wellbeing priorities, objectives and ambitions have been set:

STRATEGIC PRIORITY 1 – Promoting healthier lifestyles in Boston

OBJECTIVES:

- To reduce the number of people who smoke
- To reduce the number of adults and children who are overweight or obese
- To support people to be more active more often
- To support people to drink alcohol sensibly

PRIORITY AMBITION:

To help local people to lead healthier lifestyles by supporting them to address the main causes of the long term health conditions that affect them.

STRATEGIC PRIORITY 2 – Improve the health and wellbeing of older people in Boston

OBJECTIVES:

- To support older people to remain independent for as long as possible
- To work together better to meet the needs of our ageing population

PRIORITY AMBITION:

That older people are able to make informed choices and access the advice, help and support they need to meet their individual needs.

STRATEGIC PRIORITY 3 – Address the housing and financial capability issues that most affect the health and wellbeing of people living in Boston.

OBJECTIVES:

- To increase local housing options by making better use of existing homes and increasing housing supply
- To improve the quality, management and suitability of existing homes for their occupiers
- To work collectively with organisations that provide local advice and support to maximise the financial capability of our residents

PRIORITY AMBITION:

That local people's homes and financial circumstances do not have a detrimental effect upon their health and wellbeing.

Although the identified priorities focus on prevention, many of the objectives will also have a positive impact on those already experiencing the effects of ill-health, particularly those with long-term conditions.

NEXT STEPS

The next steps are to use the strategic framework to develop the Boston Health and Wellbeing Action Plan for the next 3 years. Key areas of development will be the:

- Identification of current work strands that support the strategic framework objectives and ambitions.
- Identification of gaps in current work strands against the strategic framework objectives and ambitions.
- Identification of funding resources for identified priority work strands.
- Prioritisation of identified work strands and production of a prioritised rollout programme for the next 3 years.
- Establishment of key performance indicators (short and long-term) for determined work strands.

The Action Plan will clearly articulate what the Borough Council and its partners are/will do to tackle local health priorities and how its progress will be monitored and measured in both the short and long term.

Annex:

- A. Mapping health and wellbeing priorities.

This page is intentionally left blank