

Central Bournemouth Locality profile narrative 2020 template

Public Health Dorset
January 2020

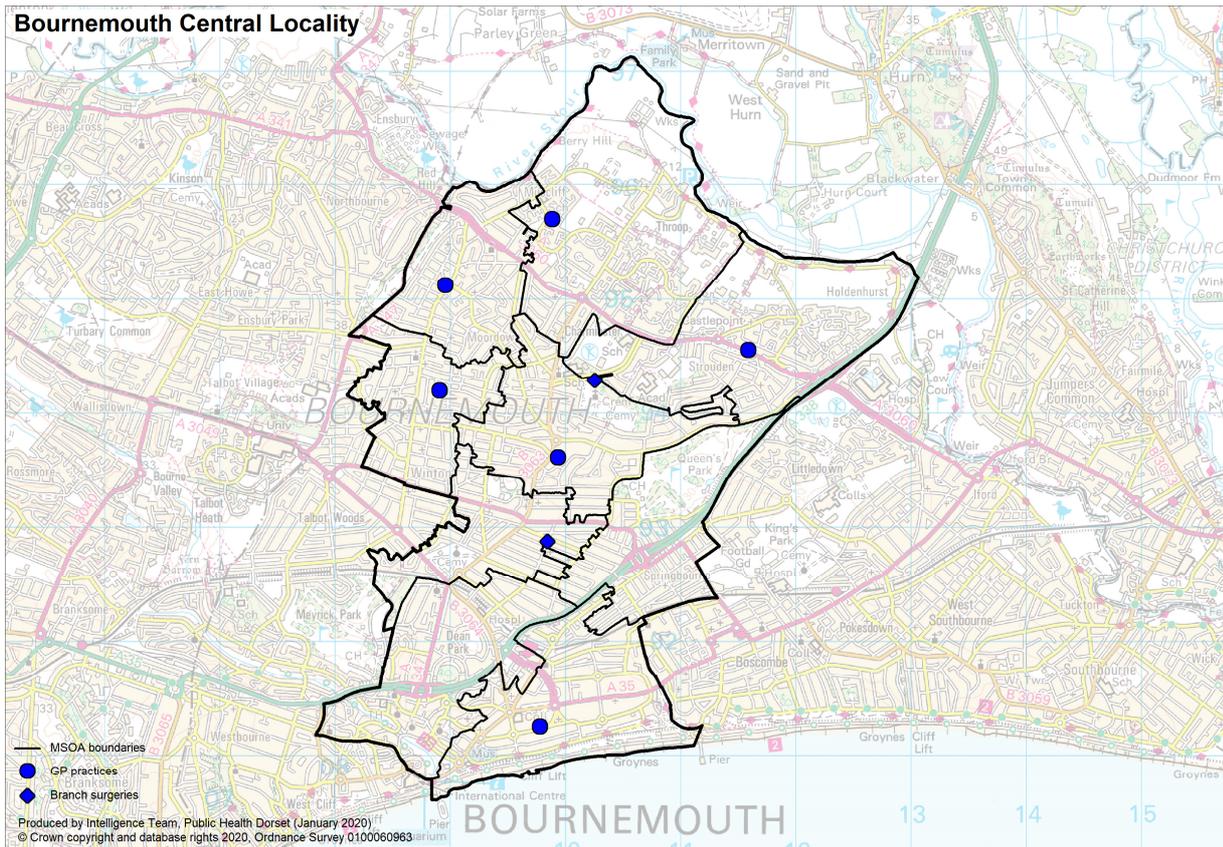


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1. Introduction

Background

- 1.1 During the summer of 2019 a review of Locality Profile narratives was carried out with key stakeholders across the health and care system in Dorset and Bournemouth, Christchurch and Poole (BCP). A summary of findings from the engagement can be found [here](#).
- 1.2 Informed by stakeholder feedback, this edition of the Locality profile narratives
 - Provides commentary on a wider range of indicators (from [Local Health](#)), presenting these by life course to increase the emphasis on wider determinants of health and wellbeing
 - Uses global burden of disease (GBD)¹ as a means of exploring in more detail specific areas of Local Health and general practice based data.
- 1.3 As with the previous versions of the narratives, these updates are based on data from two key sources: [Local Health](#) and General practice based data from <https://fingertips.phe.org.uk/profile/general-practice>.
- 1.4 In keeping with previous versions of the Locality narratives, localities across Dorset are defined as groupings of middle super output areas (MSOAs). These areas (MSOAs) are a census reporting unit of approximately 5,000 people².
- 1.5 *The aim of the Locality Profiles is to support those working in localities to identify what is working well and to highlight issues to be addressed in the Locality.*
- 1.6 Alongside the narratives for the Localities a wider range of data is being made available through Tableau public dashboards to aid you in identifying issues and opportunities in your Locality. The [Locality profiles](#) web pages contain:
 - Locality narratives (this document)
 - Dashboards with a wide range of supporting data
 - An overview of the data sources and metadata.
- 1.7 The local health system is actively developing information tools for the Integrated Care System. The emergent suite of Population Health Management (PHM) tools will, increasingly, provide timely data for Dorset. We anticipate future versions of the narratives will align more closely with the Dorset PHM tools as these become established.

Structure of narrative

- 1.8 The narrative contains the following sections:
 - Locality basics – geography and demography
 - Wider determinants of wellbeing
 - Starting well – child and adolescent year indicators
 - Living well – the adult and working years indicators
 - Ageing well - the later working and retirement years indicators
 - Healthy places – presenting a range of indicators that impact across the life course
 - A focus on the major causes of population disability adjusted life years – the Global Burden of Disease (GBD):
 - Cancer and non-cancerous tumours;
 - Cardiovascular diseases;

¹ Disease burden is the impact of a health problem on a given population. Measuring this allows the burden of disease to be compared between different areas and helps with predicting future health care needs. Probably the most well-known assessment of disease burden is the Global Burden of Disease (GBD) Study carried out by the World Health Organisation.

² Middle super output areas (MSOAs) are a census reporting unit of approximately 5,000 people. The 13 Localities across Dorset are each defined as aggregations of MSOAs. More detail on MSOAs and census output areas can be found here

<https://www.ons.gov.uk/methodology/geography/ukgeographies/censusgeography#super-output-area-soa>

Last accessed 8/10/2019.

- Musculoskeletal disorders;
- Neurological disorders;
- Mental Health; and
- Chronic Respiratory diseases.

2. Locality basics – geography and demography

- 2.1 The population of Central Bournemouth is approximately 85,000 (ONS 2017 Mid-Year Estimates) making it the largest of the 13 Dorset Localities.
- 2.2 The Central Bournemouth Locality is made up of 9 areas (MSOAs). The Locality is shown alongside the GP practices that comprise the Central Bournemouth Primary Care Network (PCN) in the map on the rear page of this document.
- 2.3 Central Bournemouth Locality has a considerably younger population profile than that of Dorset as a whole.
- 2.4 The age-sex structure of Central Bournemouth shows:
 - More (higher proportion of total) males and females than the Dorset average in the under 5s age group
 - Fewer (lower proportion of total) males and females than the Dorset average in the 10-14 years age group
 - Considerably more (higher proportion of total) males and females than the Dorset average between the ages of 15 – 39 years
 - The difference between Central Bournemouth and Dorset proportions being most striking in the 20-24 years age group – 13% v 5% for Central Bournemouth compared with Dorset females and 12% v 6% for Central Bournemouth compared with Dorset males
 - Fewer (lower proportion of total) males and females in the older age groups than the Dorset average (for all 5 year age bands from 45-49 years and above)³.
- 2.5 The areas that make up the Locality range in population from 6,655 in Strouden Park (the smallest) to 12,163 in East Cliff & Springbourne⁴.

3

<https://public.tableau.com/profile/public.health.dorset#!/vizhome/JSNALocalityPopulationPyramid/MYEPopulationestimatesforLocalities> last accessed 23/01/2020

⁴ <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 23/01/2020

3. Wider determinants of wellbeing

Key findings



Estimates of **binge drinking** suggest **Central and Charminster** will have higher than England levels. Modelling predicts **6 of the 9** Central Bournemouth areas being in the top (**worst**) **10% of areas** across Dorset



Child poverty is lower than England but the 4th highest of the 13 Dorset Localities. The highest levels are in:

- **Strouden Park**
- **Queens Park Golf Course; and**
- **East Cliff & Springbourne**

Out of work benefits claims is lower than England but the Locality is (jointly) 2nd highest of 13 Dorset Localities; unemployment is highest in **East Cliff & Springbourne, Strouden Park and Queens Park Golf Course**

Central Bournemouth has higher than England percentages of **people aged 65 and over living alone**. The highest levels are in **Central, Winton and Queens Park Golf Course**.



Starting well – child and adolescent year indicators

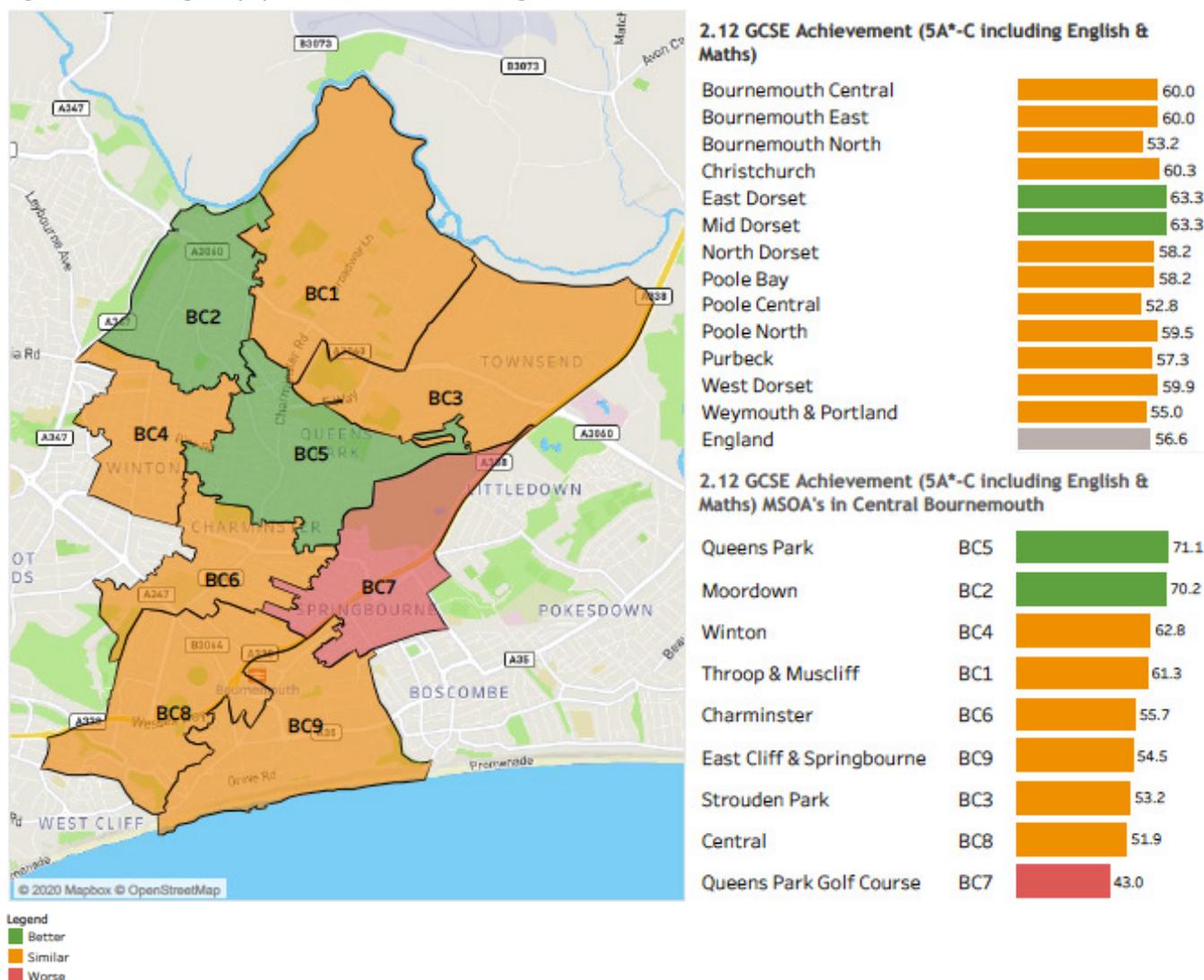
3.1 At the Locality level, Central Bournemouth is similar to England averages for:

- Low birthweight babies
- GCSE Achievement
- Admissions for injuries in the following age groups
 - Under 5s
 - Under 15s
 - 15-24 years.

3.2 The above Locality level averages 'mask' some areas of concern:

- Whilst the *percentage of babies with low birth weight* is similar in Central Bournemouth to other Dorset Localities the percentage in *Strouden Park* is significantly higher than the England average and in the top 10% of areas in Dorset.
- As we see in Figure 1 over- page there is considerable variation within Central Bournemouth in *GCSE achievement* with *Queens Park* and *Moordown* significantly higher than the England average and *Queens Park Golf Course* being significantly worse than England and in the worst 10% of areas across Dorset.

Figure 1: Percentage of pupils with 5 or more GCSEs grade A*-C in Central Bournemouth,



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 23/01/2020

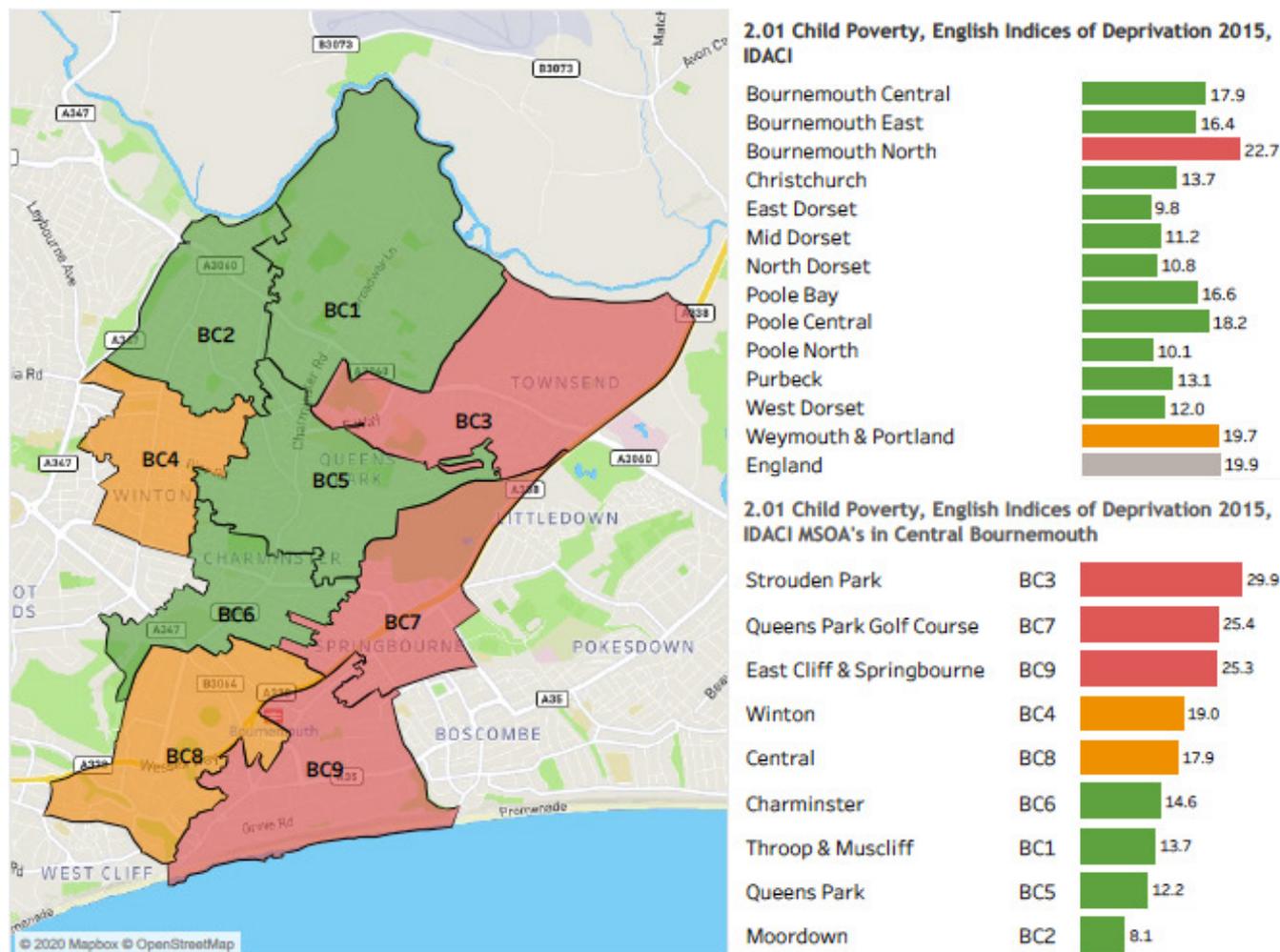
3.3 At the Locality level, Central Bournemouth is similar to the England average for a number of hospital admissions indicators, though there are significant differences at the area level:

- Admissions for injuries in under 5s (Crude rate per 10,000); Central is significantly worse (higher) than the England average and is one of the worse 20% of areas across Dorset
- Admissions for injuries in under 15s (Crude rate/100,000 aged 0-17); Central is significantly worse (higher) than the England average and is one of the worse 10% of areas across Dorset
- Admissions for injuries in 15 - 24 year olds (Crude rate per 10,000); Strouden Park, Throop & Muscliff, East Cliff & Springbourne and Queens Park Golf Course are significantly worse (higher) than the England average

3.4 At the Locality level, Central Bournemouth is significantly better than the England average for child poverty but has the 4th highest percentage of the 13 Localities across Dorset. Figure 2 (over-page) shows that within the Locality, the following areas are significantly higher (worse) than the England average and in the top 10% (worse) areas across Dorset:

- Strouden Park
- Queens Park Golf Course; and
- East Cliff & Springbourne.

Figure 2: Percentage of children living in income deprived families in Central Bournemouth, Child Poverty, English Indices of Deprivation 2015, IDACI



Legend
■ Better
■ Similar
■ Worse

Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 23/01/2020

3.5 At the Locality level, Central Bournemouth is significantly better than the England average for:

- A&E attendances in under 5s (Crude rate per 1000) (all 9 areas within the Locality significantly better (lower) than the England average);
- Child development at age 5 years
- Deliveries to teenage mothers (though the level in Strouden Park is significantly worse (higher) than the England average and in the highest 10% of areas across Dorset).

3.6 Central Bournemouth is one of ten of 13 Dorset Localities with a significantly higher rate of emergency admissions for under 5s than the England average.

3.7 Childhood Immunisation Rates for MMR Dose 2 (percentage of children immunised by 5 years old) in Central Bournemouth above the target level of 95% in two of the six practices, ranging in 2018/19 from a low of 89% in St Albans Medical Centre to 96% in Denmark Road Medical Centre and Woodlea House Surgery. All six practices recorded considerable increases in 2018/19 from the previous year⁵.

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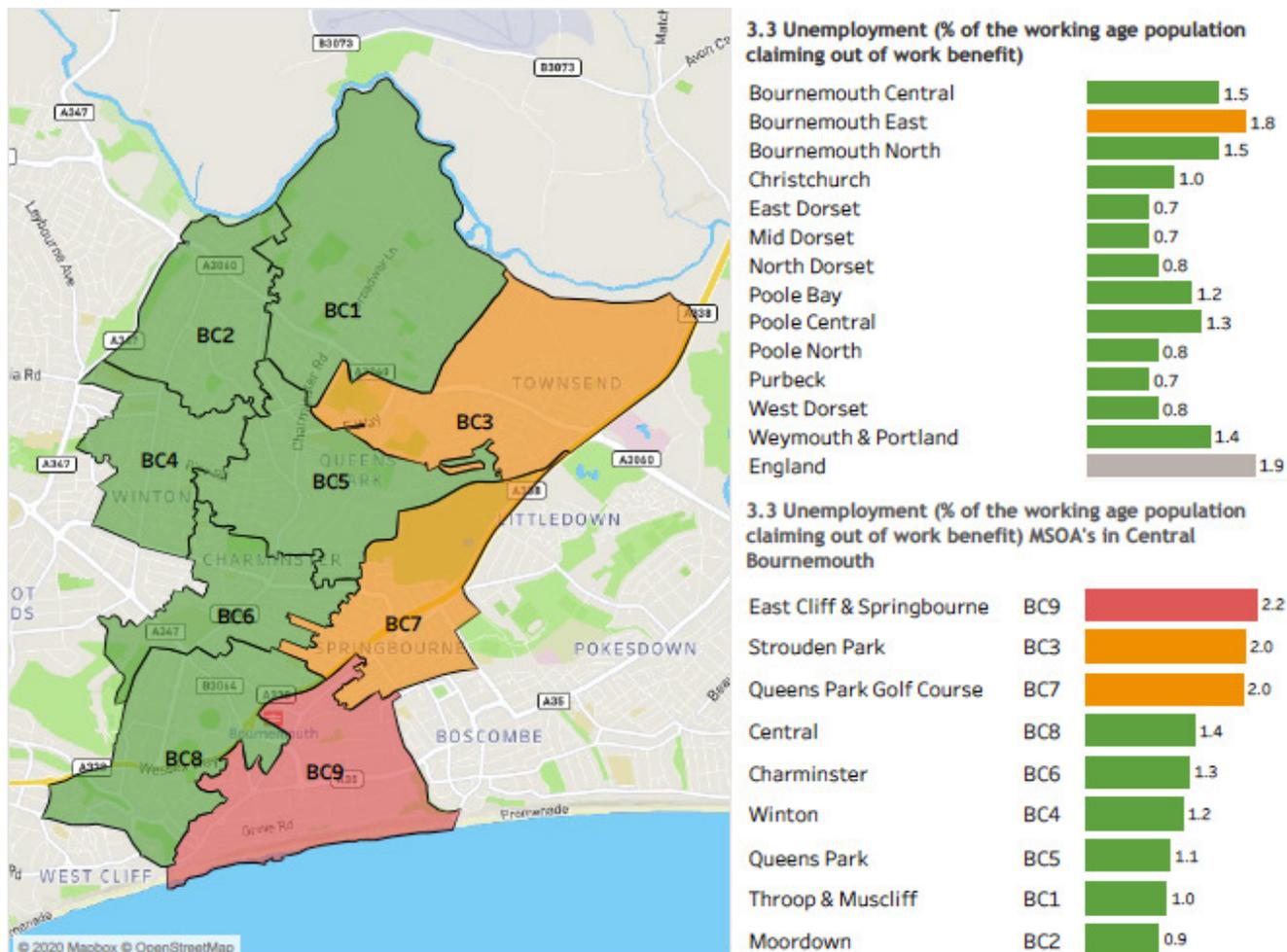
https://public.tableau.com/views/ChildImmunisationatPracticeLevel201819/TrendanalysisbyLocality?:display_count=y&origin=viz_share_link last accessed 23/01/2020

Living well – the adult and working years indicators

3.8 Whilst the percentage of the working age claiming out of work benefits is significantly better for Central Bournemouth Locality than England, the Locality is (jointly) the second highest of the 13 Localities in Dorset. Notably, the percentage is significantly higher in East Cliff & Springbourne than the England average see Figure 3 below.

3.9 Unemployment in East Cliff & Springbourne, Strouden Park and Queens Park Golf Course is amongst the highest (worse) 10% of areas in Dorset.

Figure 3: Percentage of working age population claiming out of work benefit, Central Bournemouth



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 24/01/2020

3.10 Modelled estimates of obese adults and healthy eating all suggest that the Locality as a whole and the areas within it are all similar to England as a whole. This is of particular concern as we are faced with a national obesity epidemic and unhealthy eating and inactivity are at health damaging levels both locally and nationally.

3.11 Estimates of binge drinking in adults suggest Central and Charminster will have significantly higher than England levels of binge drinking. The modelling predicts levels 6 of the 9 Central Bournemouth areas (Central, Charminster, Winton, Queens Park Golf Course, East Cliff & Springbourne and Queens Park being in the top (worst) 10% of areas across Dorset.

3.12 --- THIS SECTION IS A WORK IN PROGRESS AND WILL BE UPDATED ---

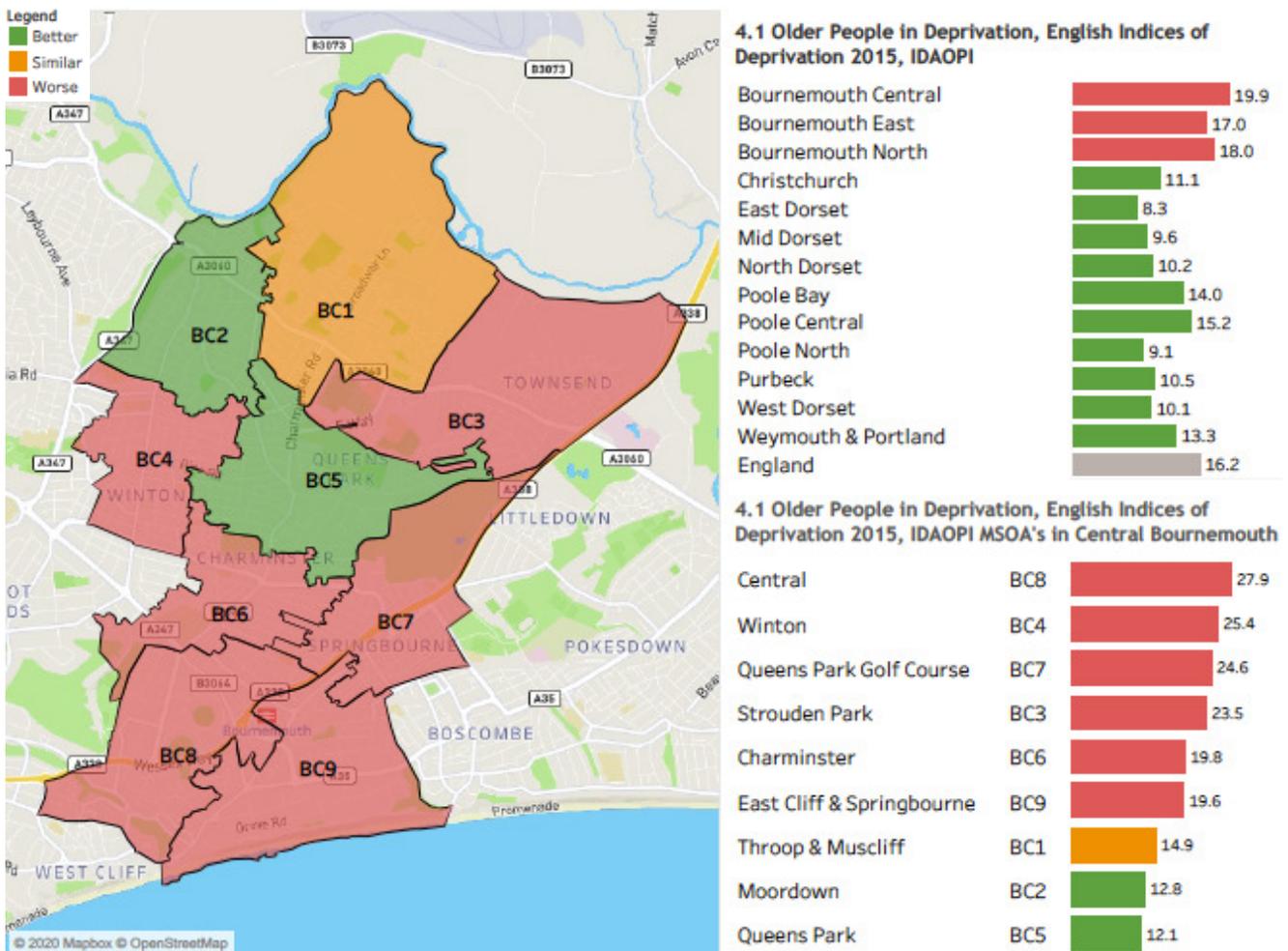
Ageing well - the later working and retirement years indicators

3.13 At the Locality level, Central Bournemouth has a significantly worse (higher) score for older people in deprivation (indicator 4.1) than England. As shown in figure 4 over-page:

- Central Bournemouth has the highest percentage of older people living in deprivation of the 13 Dorset Localities.
- Within the Locality, there are significantly higher than the England averages in six of the nine areas.

- Central, Winton, Queens Park Golf Course and Strouden Park are all in the top 10% of highest levels of older people in deprivation areas in Dorset.

Figure 4: Percentage of older people living in deprivation, 2015 Income Deprivation Affecting Older People Index (IDAOP)⁶



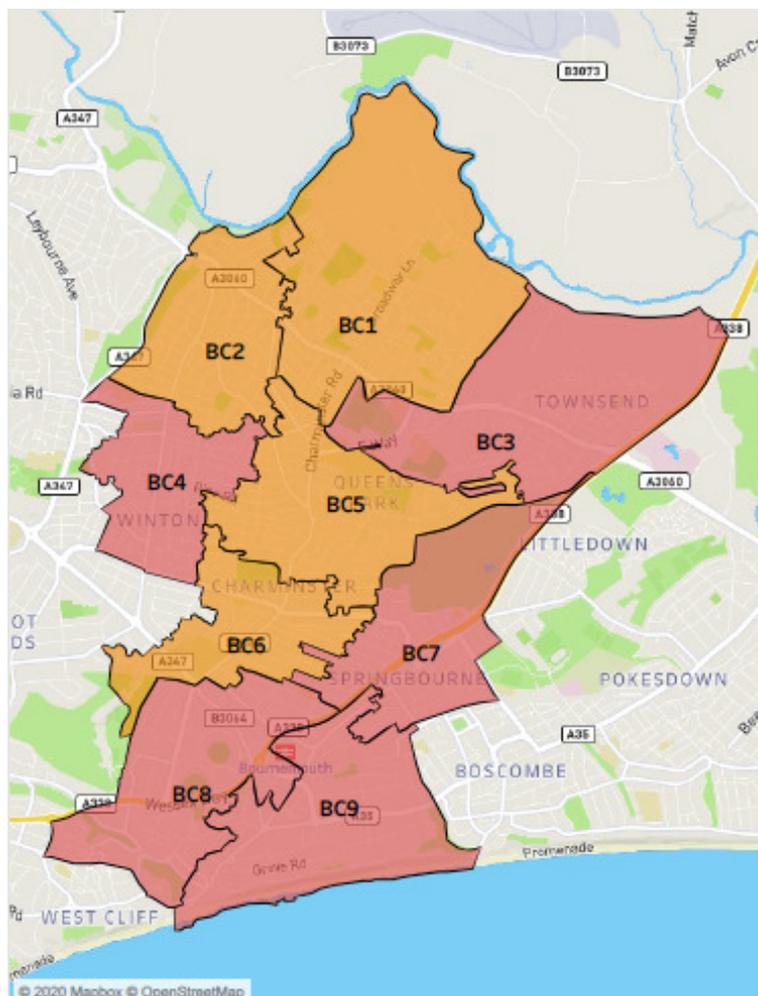
Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 24/01/2020

3.14 At the Locality level, Central Bournemouth is significantly higher than the England average for the percentage of people aged 65 and over living alone and has the highest percentage of the 13 Dorset Localities. As shown in Figure 5 below:

- Within the Locality, there are significantly higher than the England averages in five of the nine areas.
- Central, Winton and Queens Park Golf Course are all in the top 10% of highest levels of older people in deprivation areas in Dorset.

Figure 5: Percentage of people aged 65 and over living alone, 2011 Census

⁶ IDAOP) is a subset of the English Indices of Deprivation using the Income Deprivation Domain (based on the percentage of the population aged 60 and over who receive income support, income based job seekers allowance, pension credit or child tax credit claimants aged 60 and over and their partners (if also aged 60 or over)



4.2 Older people living alone, % of people aged 65 and over who are living alone

Bournemouth Central	37.8
Bournemouth East	32.8
Bournemouth North	29.1
Christchurch	30.8
East Dorset	25.8
Mid Dorset	28.5
North Dorset	29.7
Poole Bay	34.7
Poole Central	32.2
Poole North	26.9
Purbeck	29.6
West Dorset	29.6
Weymouth & Portland	30.2
England	31.5

4.2 Older people living alone, % of people aged 65 and over who are living alone MSOA's in Central Bournemouth

Central	BC8	54.7
Winton	BC4	40.7
East Cliff & Springbourne	BC9	38.9
Queens Park Golf Course	BC7	36.2
Strouden Park	BC3	34.2
Throop & Muscliff	BC1	33.3
Charminster	BC6	31.7
Moordown	BC2	31.4
Queens Park	BC5	30.7

Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 24/01/2020

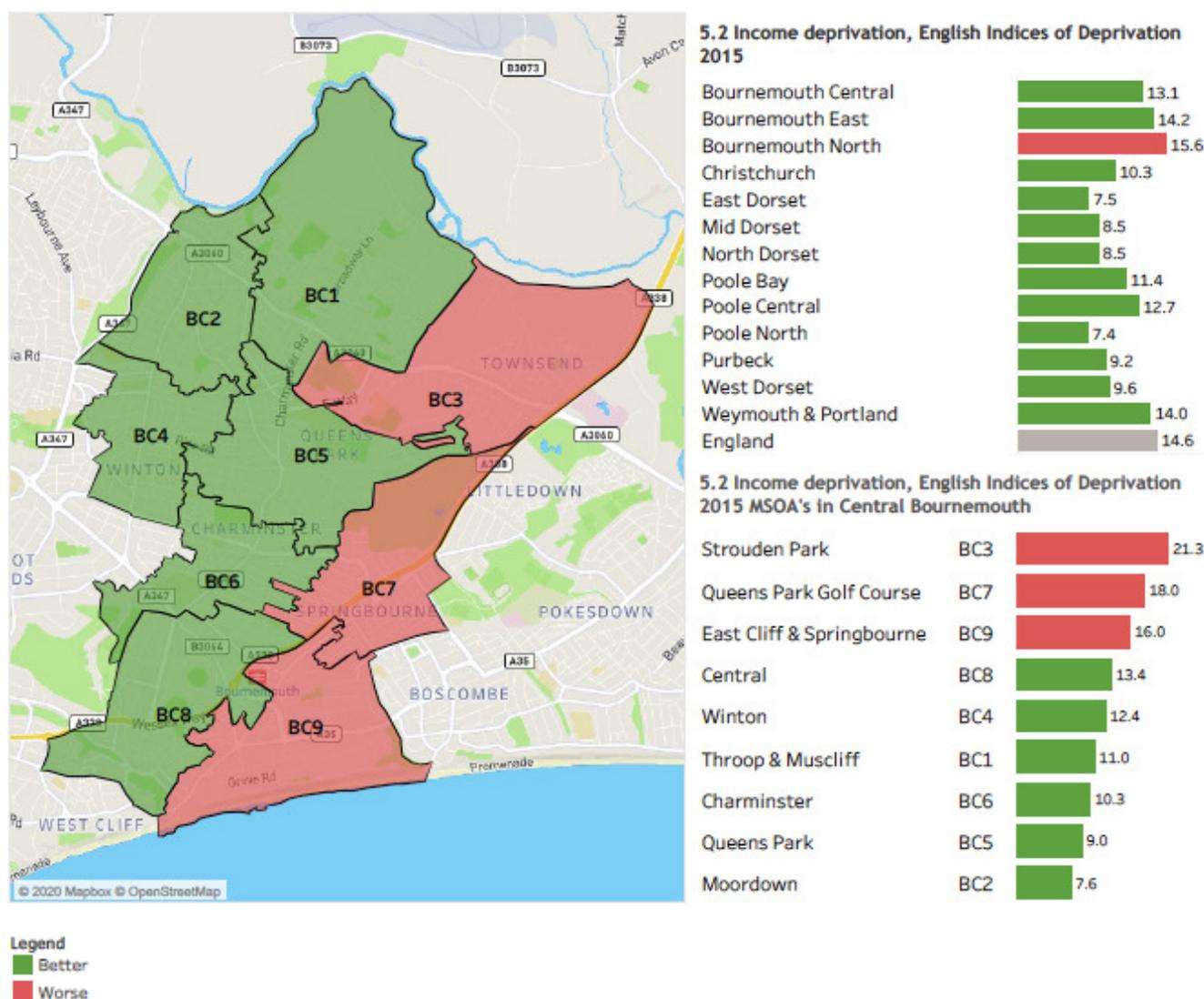
- 3.15 The percentage of people aged 65 and over living alone has been used as a crude indicator of areas where vulnerable older people may be living. Increasingly though as the population ages, many people will be living 'frailty free' until much older age.
- 3.16 At the locality level, *Emergency hospital admissions for hip fracture in persons 65 years and over* (indicator 4.3) in Central Bournemouth are significantly higher than the England average with the Locality ranking 3rd highest of the 13 Dorset Localities. Within the locality *significantly higher than England average levels are found in Charminster, Strouden Park and East Cliff & Springbourne, all three being in highest 10% of areas across Dorset*.
- 3.17 Emergency admissions for hip fracture are linked with falls and osteoporosis. Maintaining good levels of physical activity is important at all stages in life; exercising regularly reduces the rate of bone loss and conserves bone tissue, lowering the risk of fractures. Physical activity also helps reduce the risk of falling.

Healthy places

3.18 Income deprivation (indicator 5.2) in Central Bournemouth is significantly lower (better) than the England average, though the Locality has the 4th highest percentage of people living in income-deprived households of the 13 Dorset Localities. As we see in the following figure, within the *Locality income deprivation is significantly worse (higher) than the England average in the following areas:*

- *Strouden Park (in the top 10% most income deprived areas in Dorset)*
- *Queens Park Golf Course*
- *East Cliff & Springbourne.*

Figure 6: Income deprivation, English Indices of Deprivation 2015, People living in income-deprived households as a percentage of the population



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 24/01/2020

3.19 There is a significantly lower proportion of people in Central Bournemouth providing at least an hour of unpaid care per week than the England average and the locality ranks lowest of the 13 Dorset localities. Within the locality however, *Strouden Park has a significantly higher level of people providing at least an hour of unpaid care per week than the England average.*

3.20 People providing unpaid care to family and /or friends may find that their opportunities for paid work are limited. Lack of support to carers coupled with isolation of the carer may also have negative impacts on the carers' health and wellbeing.

Themes to consider for locality initiatives:

1. Central Bournemouth has lower child poverty than England but has the 4th highest percentage of the 13 Dorset Localities. The following areas are higher (worse) than England and in the top 10% (worse) areas across Dorset:
 - Strouden Park
 - Queens Park Golf Course; and
 - East Cliff & Springbourne.
2. Whilst the percentage of the working age claiming out of work benefits is lower than England, the Locality is (jointly) second highest of the 13 Dorset Localities; unemployment in East Cliff & Springbourne, Strouden Park and Queens Park Golf Course is amongst the highest (worse) 10% of areas in Dorset.
3. Estimates of binge drinking in adults suggest Central and Charminster will have significantly higher than England levels of binge drinking. Modelling predicts the levels in 6 of the 9 Central Bournemouth areas (Central, Charminster, Winton, Queens Park Golf Course, East Cliff & Springbourne and Queens Park) being in the top (worst) 10% of areas across Dorset
4. Central Bournemouth has higher levels of older people in deprivation than England and the highest percentage of the 13 Dorset Localities. Higher levels are found in six of the nine areas with Central, Winton, Queens Park Golf Course and Strouden Park in the top 10% of areas across Dorset.
5. Central Bournemouth is higher than England for the percentage of people aged 65 and over living alone and is the highest percentage of the 13 Dorset Localities. There are significantly high levels in five of the nine areas and of these, Central, Winton and Queens Park Golf Course are all in the top (worse) 10% of areas in Dorset.

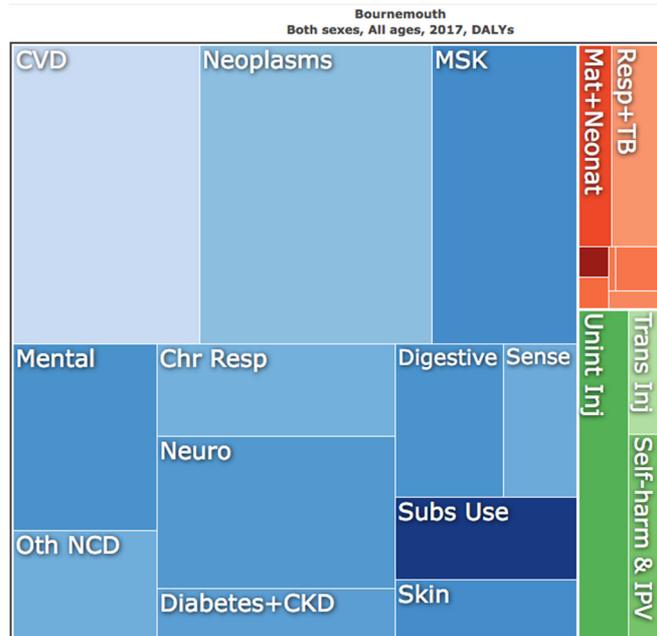
Getting started - some resources for planning actions:

- > [Local action on health inequalities: research evidence supporting action to reduce health inequalities](#)
- >> [Combating loneliness A guide for local authorities](#)
- >>> The Dorset Locality Profiles website provides [interactive dashboard](#) with more detailed data
- >>>> Your Dorset Public Health Link worker will support local actions, please contact xxxxx

4. Global burden of disease

Introduction

- 4.1 Disease burden is the impact of a health problem on a given population. Measuring this allows the burden of disease to be compared between different areas and helps with predicting future health care needs.
- 4.2 Probably the most well-known assessment of disease burden is the Global Burden of Disease (GBD) Study carried out by the World Health Organisation. GBD researchers first devised the concept of Disability-Adjusted Life-Years (DALYs). DALYs combine years of life lost from premature death and years of life lived in less than full health⁷. These disabilities can be physical or mental. One DALY can be thought of as one lost year of 'healthy' life.



7

https://www.who.int/healthinfo/global_burden_diseases/about/en/ last accessed 3rd December 2019

- 4.7 The category of cancers comprises a wide range of cancers with the largest three across Bournemouth being:
- Lung cancer (3.3% of Bournemouth total all cause DALYs)
 - Colon and rectum cancer (2%)
 - Breast cancer (1.8%).
- 4.8 Smoking is a key risk factor in many cancers. It causes at least 15 different types of cancer and around 7 in 10 lung cancer cases in the UK¹⁰.
- 4.9 *Smoking prevalence in the six practices* in Central Bournemouth ranges from a low of 14.5% of adults in James Fisher Medical Centre to a high of 24.2% in the Panton Practice. Smoking in Central Bournemouth has declined in line with national trends in recent years with the exception of the Panton Practice. Prevalence is *consistently significantly higher than the England average for*:
- *Panton Practice*
 - *Woodlea House Surgery; and*
 - *Denmark Road Medical Centre.*

Figure 7: Percentage of general practice registered patients 15 years and over recorded as current smokers, Central Bournemouth



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/GPPracticeSmokingprevalence201718/SmokingPrevalance15> last accessed 24/01/2020

- 4.10 The number of years spent smoking affects cancer risk; smoking one pack a day for 40 years is even more dangerous than smoking two packs a day for 20 years.

¹⁰ <https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/smoking-and-cancer/how-does-smoking-cause-cancer> last accessed 5th December 2019

4.11 It's never too late to stop. Smokers should be encouraged to speak to their GP or pharmacist, or visit NHS Smokefree for free support to help stop. The more cigarettes smoked a day, the higher the risk of cancer, so reducing the number of cigarettes you smoke a day can be a good first step. Stop smoking advice is provided locally by LiveWell Dorset (<https://www.livewelldorset.co.uk/stop-smoking/>).

Cardiovascular diseases

4.12 Two thirds of the DALYs relating to cardiovascular diseases in Bournemouth are attributable to coronary heart disease (6.4% of the Bournemouth total all cause DALYs) and stroke (4%).

Coronary heart disease

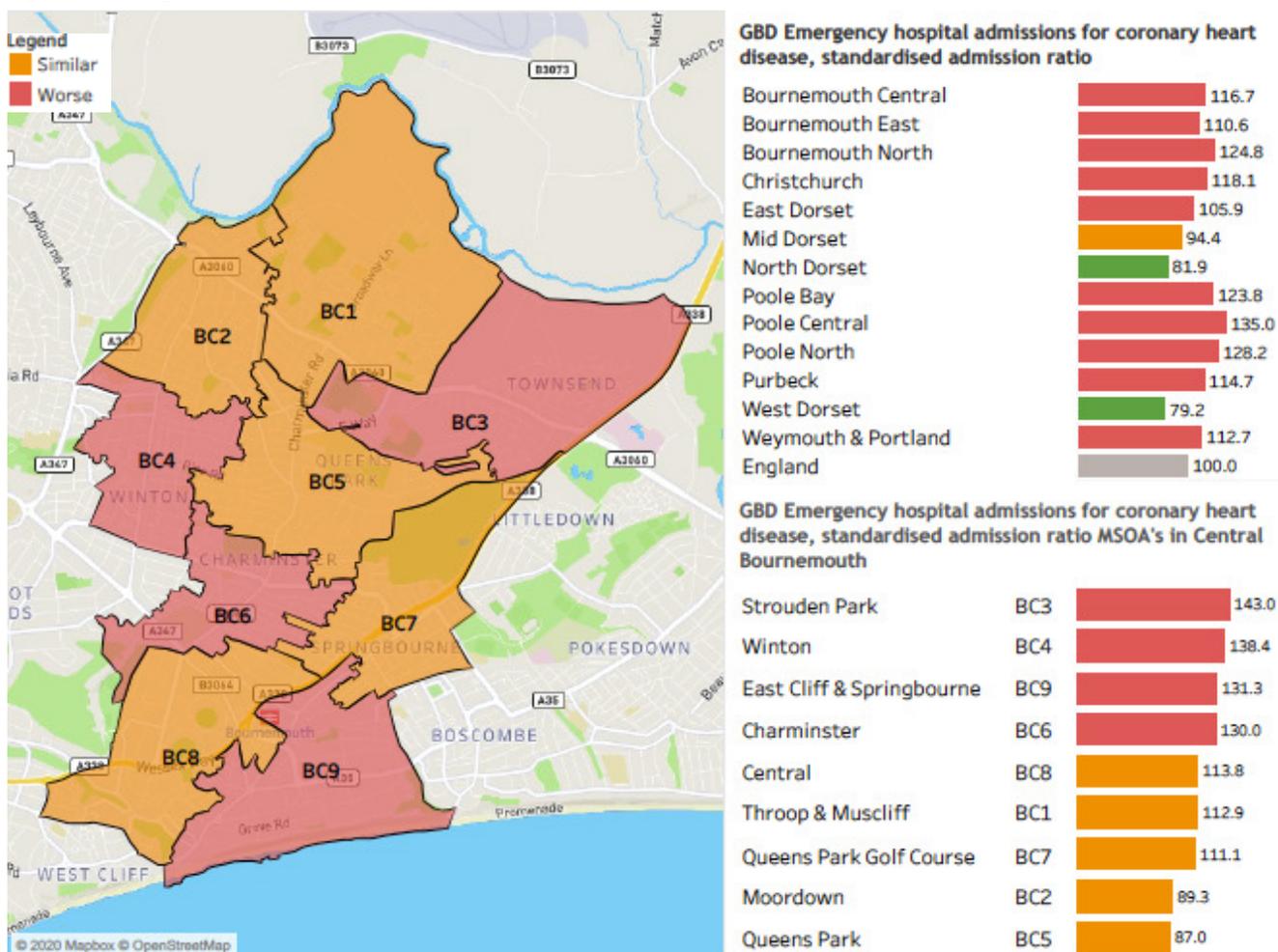
4.13 Nationally, 1 in 6 men and 1 in 10 women die from coronary heart disease.

4.14 Emergency admissions for Coronary Heart Disease (CHD) can give an indication as to how well the condition is being managed.

4.15 *At the Central Bournemouth Locality level, Emergency admissions for CHD are significantly higher than expected compared with the England average, with the Locality being 6th highest of the 13 Dorset Localities.*

4.16 As we see from the following figure, admissions are significantly higher in four of the nine areas within the Locality.

Figure 8: Emergency admissions for CHD, 2013/14 – 2017/18¹¹



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 24/01/2020

¹¹ This standardised admission ratio allows the level of such admissions at a local level to be compared to those expected given the age structure of local populations. For more detail see: <https://fingertips.phe.org.uk/profile/local-health/data#page/6/gid/1938133184/pat/101/par/E07000223/ati/8/are/E05007562/iid/93229/age/1/sex/4>

Stroke



well cerebrovascular diseases (CVD) such as stroke are being managed.

- 4.18 At the Central Bournemouth Locality level, Emergency admissions for Stroke are similar to the England average, and similar to other Dorset localities.

4.17 Emergency admissions for Stroke can give an indication as to how

4.19 The main risk factors for CVD¹² are:

- High blood pressure
- Smoking
- High cholesterol
- Diabetes and
- Inactivity.

4.20 Many people with [type 2 diabetes](#) are also overweight or obese, which is also a risk factor for CVD. Type 2 diabetes is largely preventable. Increasing levels of diabetes in the population place a growing burden on the health and care system.

4.21 In the next section we examine how well diabetes is being managed in the Locality.

Diabetes management

4.22 Effective control and monitoring of diabetes can reduce mortality and morbidity. Type 2 diabetes is both preventable and can be controlled by lifestyle interventions (improved diet and increased physical activity). Much of the management and monitoring of diabetic patients, particularly patients with Type 2 diabetes is undertaken by the GP and members of the primary care team.

4.23 In keeping with Dorset overall and England as a whole, the recorded prevalence of diabetes amongst adults in the Locality has increased in recent years in four of the six practices, with decreases recorded for Denmark Road Medical Centre and the Panton Practice. Dorset overall this has increased from 5.3% in 2009/10 to 6.4% in 2017/18.

4.24 Data for 2017/18 shows the recorded prevalence of diabetes was significantly lower than the England average for James Fisher Medical Centre, St Albans Medical Centre, Denmark Road Medical Centre and the Panton Practice.

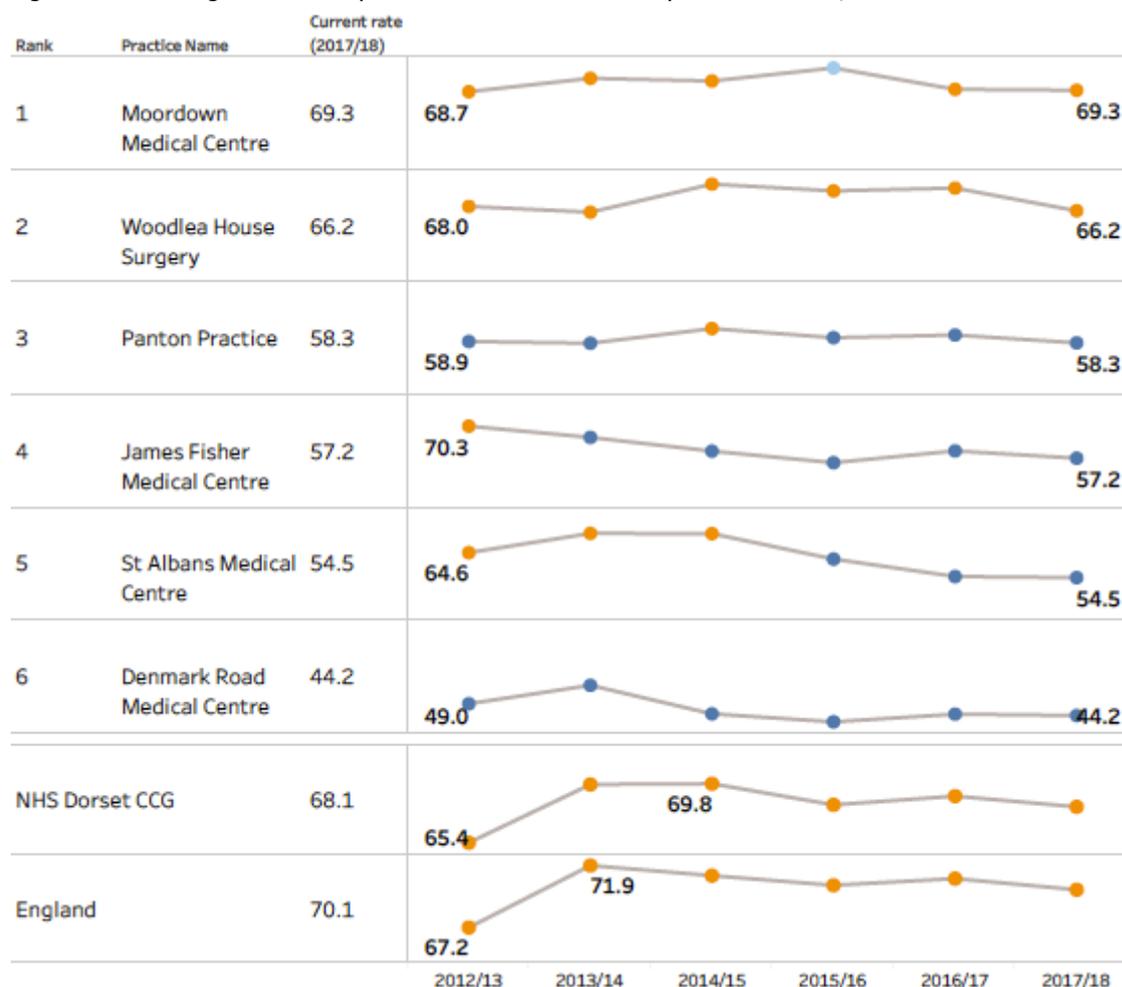
4.25 Newly diagnosed patients with diabetes referred to an education programme within 9 months is a national indicator that provides an indication of how well patients are supported in primary care¹³. This measure shows Woodlea House Surgery to consistently achieve 100% of newly diabetics referred to an education programme within 9 months. *The Panton Practice and St Albans Medical Centre were below England and Dorset averages with only two thirds (67%) referred to an education programme within 9 months.*

¹² <https://www.nhs.uk/conditions/cardiovascular-disease/> last accessed 17th December 2019

¹³ <https://fingertips.phe.org.uk/profile/general-practice/data#page/6/gid/2000002/pat/152/par/E38000045/ati/7/are/J81613/iid/91238/age/187/sex/4> last accessed 17th December 2019

4.26 Four of the six Central Bournemouth practices have consistently recorded significantly lower percentage of diabetic patients with effective blood pressure control than the England average (see Figure 9 below).

Figure 9: Percentage of diabetic patients with effective blood pressure control, Central Bournemouth



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/Diabetesmanagement201718/DiabetesManagement> last accessed 24/01/2020

4.27 People with diabetes and high blood pressure are more at risk of having a heart attack or stroke¹⁴. The percentage of patients with established hypertension, as recorded on practice disease registers (proportion of total list size), is consistently significantly lower for James Fisher Medical Centre, Denmark Road Medical Centre and Panton Practice than the England average.

4.28 Control of blood sugar levels is key to effective management of Diabetes. Three of the six Central Bournemouth practices recorded a significantly lower percentage of diabetic patients with effective sugar control than the England average in 2017/18.

4.29 Exception reporting was introduced into the Quality and Outcomes Framework to allow practices to pursue quality improvement and not be penalised when patients do not attend for review, or a medication cannot be prescribed due to a contraindication or side-effect¹⁵.

4.30 It has been suggested that patients noted as exceptions may not be receiving routine care and hence are more likely to have poorer outcomes¹⁶; alternative approaches should be used to engage those patients who do not attend medical check-ups.

¹⁴ <https://www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/blood-pressure> last accessed 12 October 2019

¹⁵ <https://fingertips.phe.org.uk/profile/general-practice/data#page/6/qid/2000003/pat/152/par/E38000045/ati/7/are/J81613/iid/248/age/1/sex/4> last accessed 10 October 2019

4.31 Five of the six Central Bournemouth practices showed significantly higher diabetes indicators exception rates in 2017/18 than the England average.

Musculoskeletal disorders

4.32 Low back pain (6% of total Bournemouth DALYs) and neck pain (2%) comprise ¾ of all musculoskeletal disorder DALYs.

4.33 40% of NHS sickness absence is due to musculoskeletal issues. Good musculoskeletal health can prevent (or reduce the impacts of) low back and neck pain.

4.34 The Limiting long-term illness or disability indicator from Local Health gives a proxy measure of the impact of low back and neck pain (and other conditions).

4.35 Sixteen percent (16%) of people in Central Bournemouth reported having a limiting long term illness or disability, this being significantly better than the England average.

4.36 *LTLI in Strouden Park is however significantly higher than the England average and is in the top 10% (worse) of areas across Dorset.*

Musculoskeletal health: National picture



<p>Effective interventions for MSK prevention</p> <p>PHE's ROI tool shows that for every £1 invested in...</p>	<p>STarT Back (Stratified Risk Assessment and Care), saves £226 in healthcare savings, quality of life year & productivity gains</p>	<p>Self-referral to physiotherapy, saves £99 in healthcare</p>
	<p>ESCAPE-pain, saves £5 in healthcare savings</p>	<p>PhysioDirect, saves £47 in healthcare savings & quality of life year gains</p>

4.37 Keeping fit and active, and avoiding long periods of sedentary behaviour are key to maintaining good musculoskeletal health.

4.38 Livewell Dorset provides help and advice on becoming more active (<https://www.livewelldorset.co.uk/get-active/>).

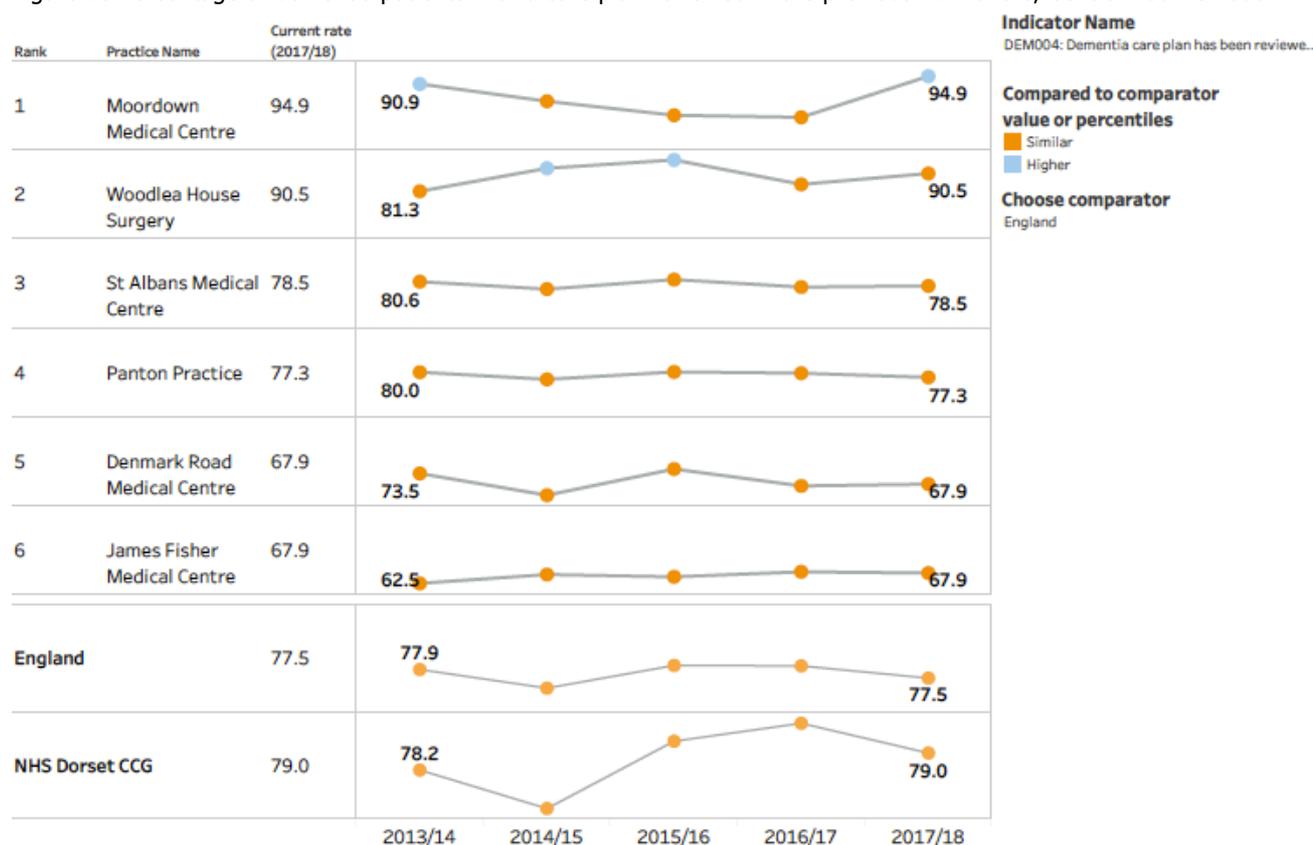
4.39 NHS employers are encouraging the workforce to become more active through workplace wellbeing initiatives. The STP / ICS is encouraged to reach out to support other employers in making the case for promoting workplace wellbeing.

¹⁶ <https://www.hsj.co.uk/comment/time-to-scrap-gp-exception-reporting/5023669.article> last accessed 10 October 2019

Neurological disorders

- 4.40 Almost half of the DALYs arising from neurological disorders in Bournemouth are accounted for by Alzheimers and other dementias (4% of all cause DALYs in Bournemouth).
- 4.41 The onset and progression of some dementias can be prevented through lifestyle interventions. The risk of dementia can be reduced by:
- eating a healthy, balanced diet
 - maintaining a healthy weight
 - exercising regularly
 - keeping alcohol to a minimum
 - stopping smoking
 - keeping blood pressure at a healthy level¹⁷.
- 4.42 In keeping with national and Dorset wide trends, the prevalence of dementia recorded by practices has increased over recent years in five of the six Central Bournemouth practices; the exception being Denmark Road Medical Centre. All practices are below the Dorset average level (2017/18).
- 4.43 There is considerable variation across the Bournemouth North practices in terms of the percentage of dementia patients with a care plan reviewed in the past 12 months.
- 4.44 In Figure 10 below we see the percentage in Central Bournemouth ranges from 68% in James Fisher Medical Centre to 95% in the Moordown Medical Centre.

Figure 10 Percentage of dementia patients with a care plan reviewed in the previous 12 months, Central Bournemouth



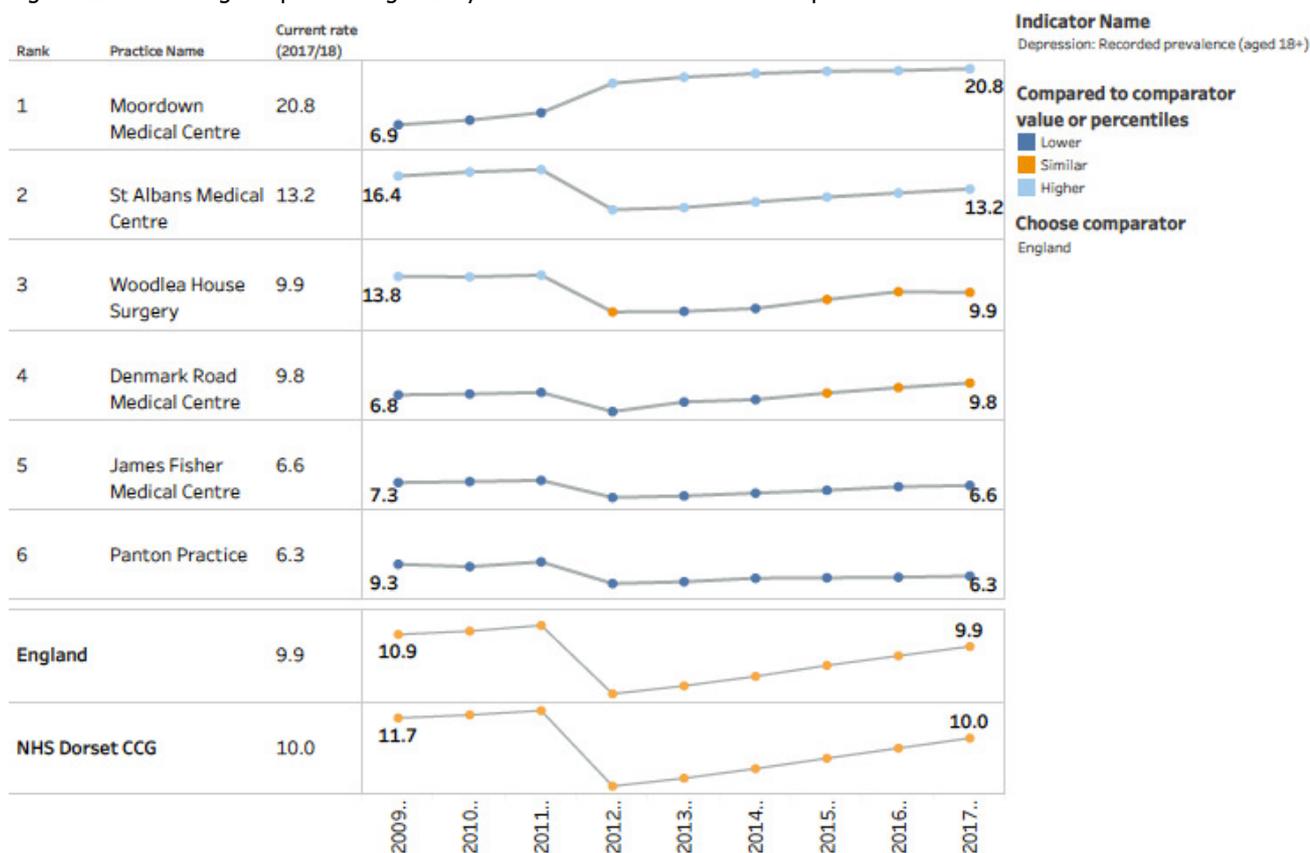
Source:

<https://public.tableau.com/profile/public.health.dorset#!/vizhome/GPPPracticeMentalHealthIndicators201718/MentalHealth?publish=yes> last accessed 24th January 2020

¹⁷ <https://www.nhs.uk/conditions/dementia/dementia-prevention/> last accessed 17th December 2019

- 4.45 The percentage of dementia patients with a care plan reviewed in the past 12 months indicator includes those patients that the practice has identified as being ‘exceptions’¹⁸.
- 4.46 Exception rates for dementia indicators in Central Bournemouth practices are consistently similar to, or lower than, the England average with Woodlea House Surgery recording no (0%) exceptions for dementia indicators (2017/18 data)¹⁹
- 4.47 Loneliness and depression are noted by NICE as important risk factors for dementia. Reducing the number of people with depression is important as depression may reduce the resilience to dementia onset and progression²⁰.
- 4.48 The following chart shows the *prevalence of adult depression* to vary considerably cross the six Central Bournemouth practices, from 6.3% in the Panton Practice (significantly lower than England average) to 20.8% in the *Moordown Medical Centre (significantly higher than the England average)*.

Figure 11: Percentage of patients aged 18 years and over with recorded depression



<https://public.tableau.com/profile/public.health.dorset#!/vizhome/GPPracticeMentalHealthIndicators201718/MentalHealth?publish=yes>
last accessed 24th January 2020

¹⁸ <https://fingertips.phe.org.uk/profile/general-practice/data#page/6/gid/2000003/pat/152/par/E38000045/ati/7/are/J81613/iid/248/age/1/sex/4> last accessed 10 October 2019

¹⁹ <https://public.tableau.com/profile/public.health.dorset#!/vizhome/GPPracticeMentalHealthIndicators201718/MentalHealth?publish=yes> last accessed 5th December 2019

²⁰ <https://www.nice.org.uk/guidance/ng16> last accessed 17th December 2019

Chronic respiratory diseases

4.49 The largest disease in this category is chronic obstructive pulmonary disease (COPD) which accounts for nearly 70% of chronic respiratory diseases (3.9% of all causes DALYs for Bournemouth).

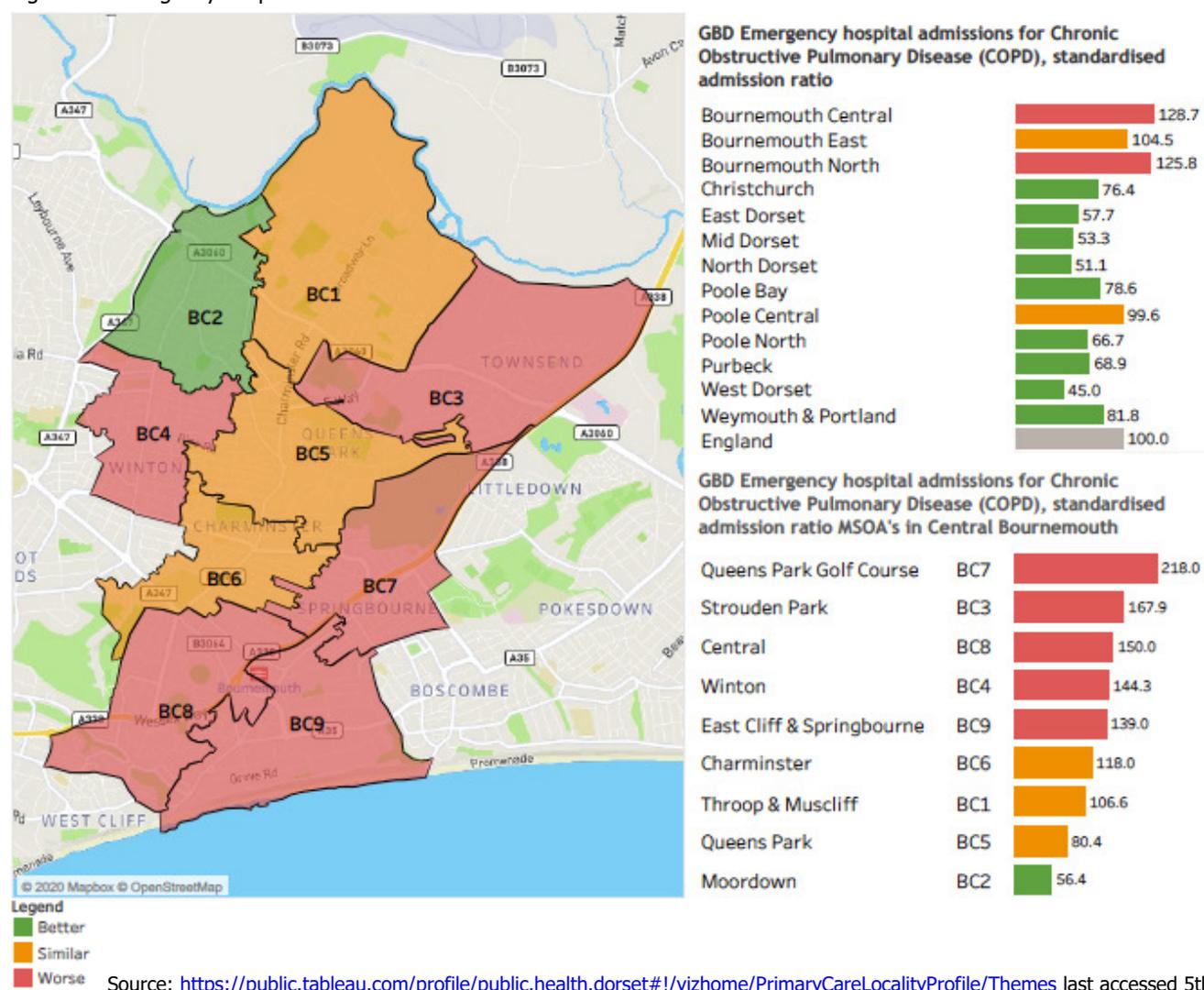
Chronic obstructive pulmonary disease (COPD)

4.50 Nationally, 3,000,000 people are estimated to have COPD, of which only one third are diagnosed.

4.51 Emergency admissions for COPD can give an indication as to how well the condition is being managed. Factors outside of the health service such as the availability of community support services will also impact on emergency admissions.

4.52 At the Central Bournemouth Locality level, Emergency admissions for COPD are significantly higher (worse) than the England average; the Locality is ranked 1st (highest) of the 13 Dorset Localities.

Figure 12 Emergency hospital admissions for COPD²¹



4.53 As we see from figure 12, that Queens Park Golf Course, Strouden Park, Central, Winton and East Cliff & Springbourne all have significantly higher (worse) levels of emergency COPD admissions compared with England. The ratio in Queens Park Golf Course, Strouden Park and Central being in the highest 10% of areas in Dorset.

²¹ Standardised admissions ratio. This compares actual admissions to that which would be expected if the age-sex specific rates for England were applied to the local population.

- 4.54 Lung cancer is closely associated with COPD. The incidence of lung cancer is similar in Central Bournemouth (compared with England) though *Winton is in the top 10% (worse) of areas across Dorset*²².
- 4.55 Smoking is an important risk factor in developing COPD and lung cancer. We see at point 4.9 that in line with England and Dorset as a whole, smoking prevalence has shown a small decrease over the last five years in Central Bournemouth.
- 4.56 As the levels of smoking decrease we are left with 'harder to quit' smokers. For these people the standard smoking cessation support offer may not work and different approaches may be required. Stop smoking advice is provided locally by LiveWell Dorset (<https://www.livewelldorset.co.uk/stop-smoking/>)

Themes to consider for locality initiatives:

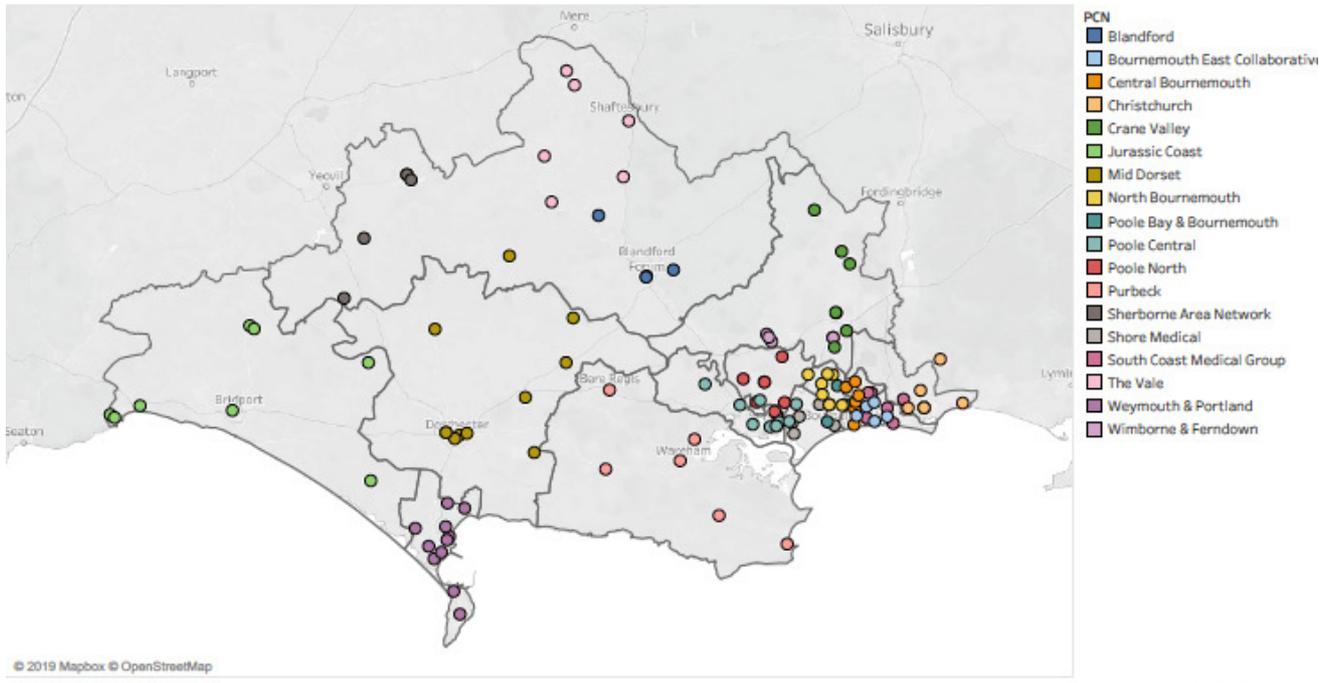
1. Smoking in Central Bournemouth has declined in line with national trends in recent years with the exception of the Panton Practice. Smoking Prevalence is highest in:
 - Panton Practice
 - Woodlea House Surgery; and
 - Denmark Road Medical Centre.
2. Four of the six Central Bournemouth practices have consistently recorded lower percentages of diabetic patients with effective blood pressure control: Panton Practice, James Fisher Medical Centre, St Albans Medical Centre and Denmark Road Medical Centre.
3. The prevalence of adult depression varies considerably cross the six Central Bournemouth practices, from 6.3% in the Panton Practice (lower than England) to 20.8% in the Moordown Medical Centre (higher than England).
4. Central Bournemouth Emergency admissions for COPD are higher (worse) than England with the Locality highest of the 13 Dorset Localities. The highest levels are in:
 - Queens Park Golf Course,
 - Strouden Park, Central,
 - Winton and
 - East Cliff & Springbourne.

Getting started - some resources for planning actions:

- > [Local Health and Care Planning: Menu of preventative interventions](#) provides evidence based interventions to improve health and deliver (NHS) savings within 5 years. This covers key lifestyle topics and sections directly addressing a number of the GBD topics.
- >> "[If You Could Do One Thing...](#)" details nine local actions to reduce health inequalities
- >>> WessexVoices contains [key reading](#) with resources on 'people powered health'
- >>>> The Dorset Locality Profile website provides an [interactive dashboard](#) with more detailed data
- >>>>> Your Dorset Public Health Link worker will support local actions, please contact xxxxx

²² <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 5th December 2019

GP practices and branch surgeries by Primary Care Network



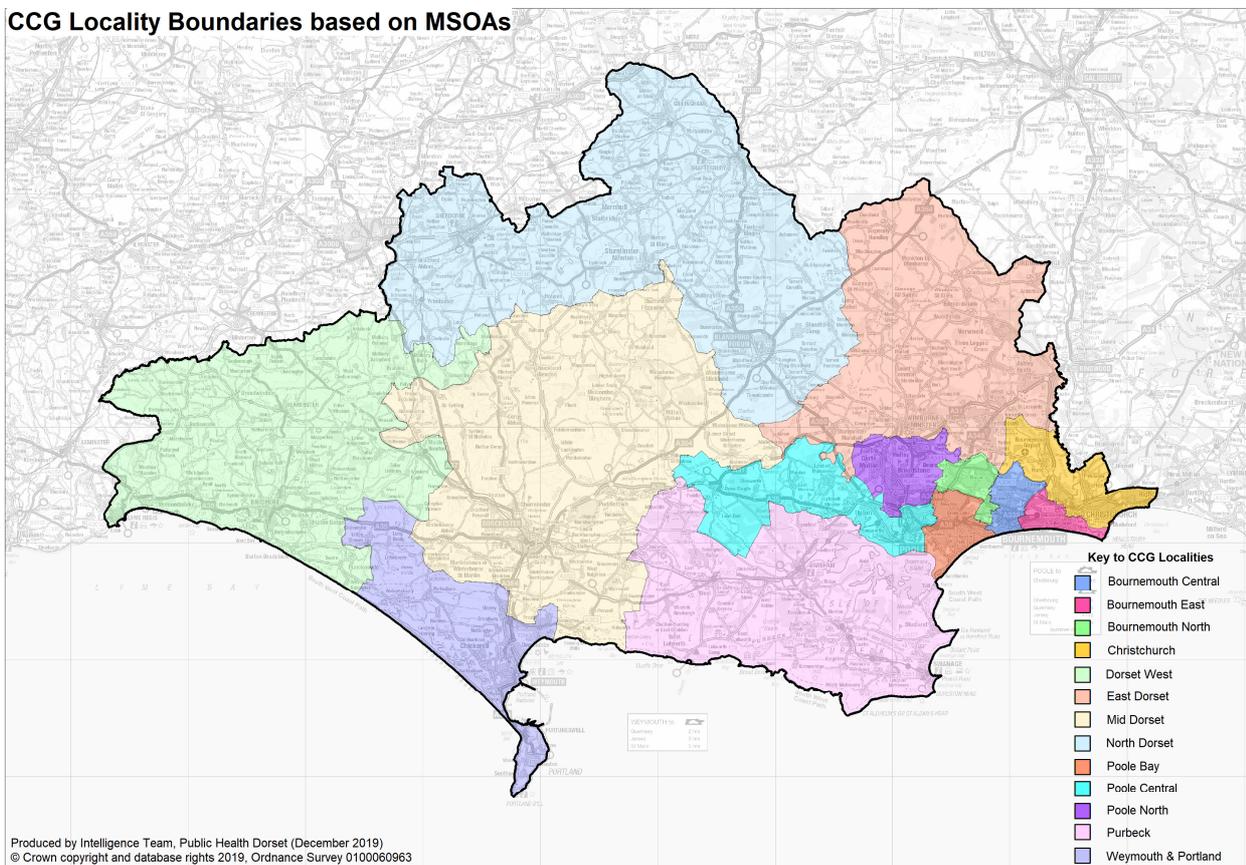
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Created and maintained by the Public Health Dorset Intelligence Team
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CCG Locality Boundaries based on MSOAs



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