

Christchurch Locality profile narrative 2020 template

Public Health Dorset
January 2020

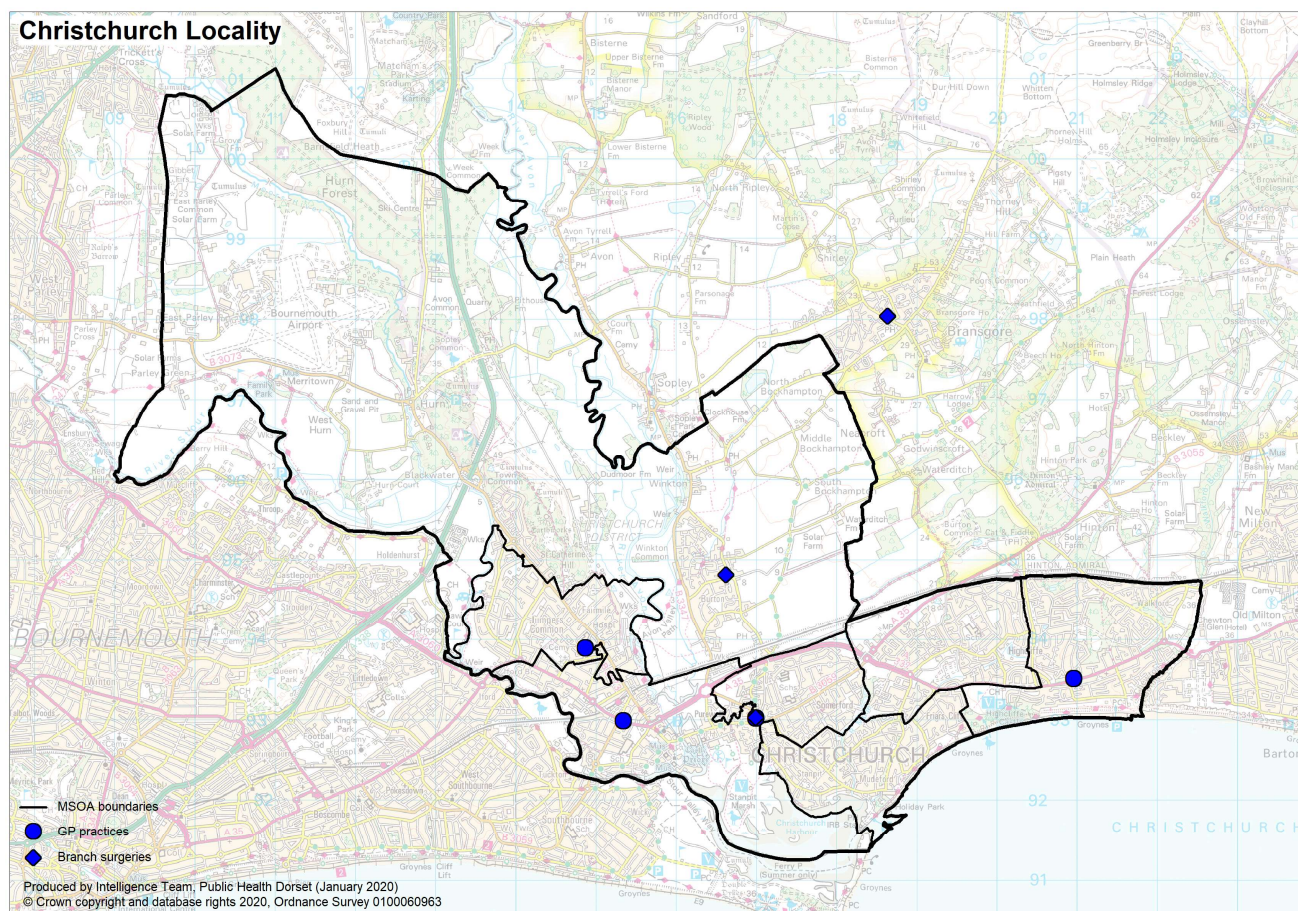


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1. Introduction

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, in time, provide up-to-date 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;
 - Musculoskeletal disorders;

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.

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

2. Locality basics – geography and demography

- 2.1 The population of Christchurch is approximately 49,600 (ONS 2017 Mid-Year Estimates), this being one of the smaller populations of the Dorset Localities (10th largest of 13).
- 2.2 The Christchurch Locality is made up of seven areas (MSOAs). The Locality is coterminous with the area covered by the Christchurch Primary Care Network (PCN), this is shown in the map on the rear page of this document.
- 2.3 Christchurch has an older population than that of Dorset overall, which is older than that for England.
- 2.4 The age-sex structure of Christchurch is characterised by:
 - Fewer (lower proportion of total) males and females in all five year age bands up to 39 years with the exception of the 10-14 years age band in which Christchurch has slightly more males than Dorset;
 - More males and females (higher proportion of total) from 65 years old; and
 - Compared with other Dorset Localities, Christchurch has one of the highest proportions of the total population (for both males and females) from the 70-74 (8%) and 80+ (9% of males and 12% of females) years age bands³.
- 2.5 The areas that make up the Locality range in population from 5,658 in West Highcliffe (the smallest) to 9,372 in Christchurch Town Centre and Harbour⁴.

3

<https://public.tableau.com/profile/public.health.dorset#!/vizhome/JSNALocalityPopulationPyramid/MYEPopulationestimatesforLocalities> last accessed 25/01/2020

⁴ <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 25/01/2020

3. Wider determinants of wellbeing

Key findings



Child poverty is lower than in England. Within the Locality it varies from 7% in West Highcliffe; to **29% in Somerford & Purewell North** (amongst the worse 10% of areas in Dorset).



Income deprivation is lower than the England average. Six of the seven areas within the Locality are lower than the England average; the exception - **Somerford and Purewell North** (amongst the worse 10% of areas across Dorset).

Christchurch has less **older people deprivation** than England. Within the locality, **Somerford and Purewell North** stands out as the only area higher than England and amongst the top (worse) 10% of areas across Dorset

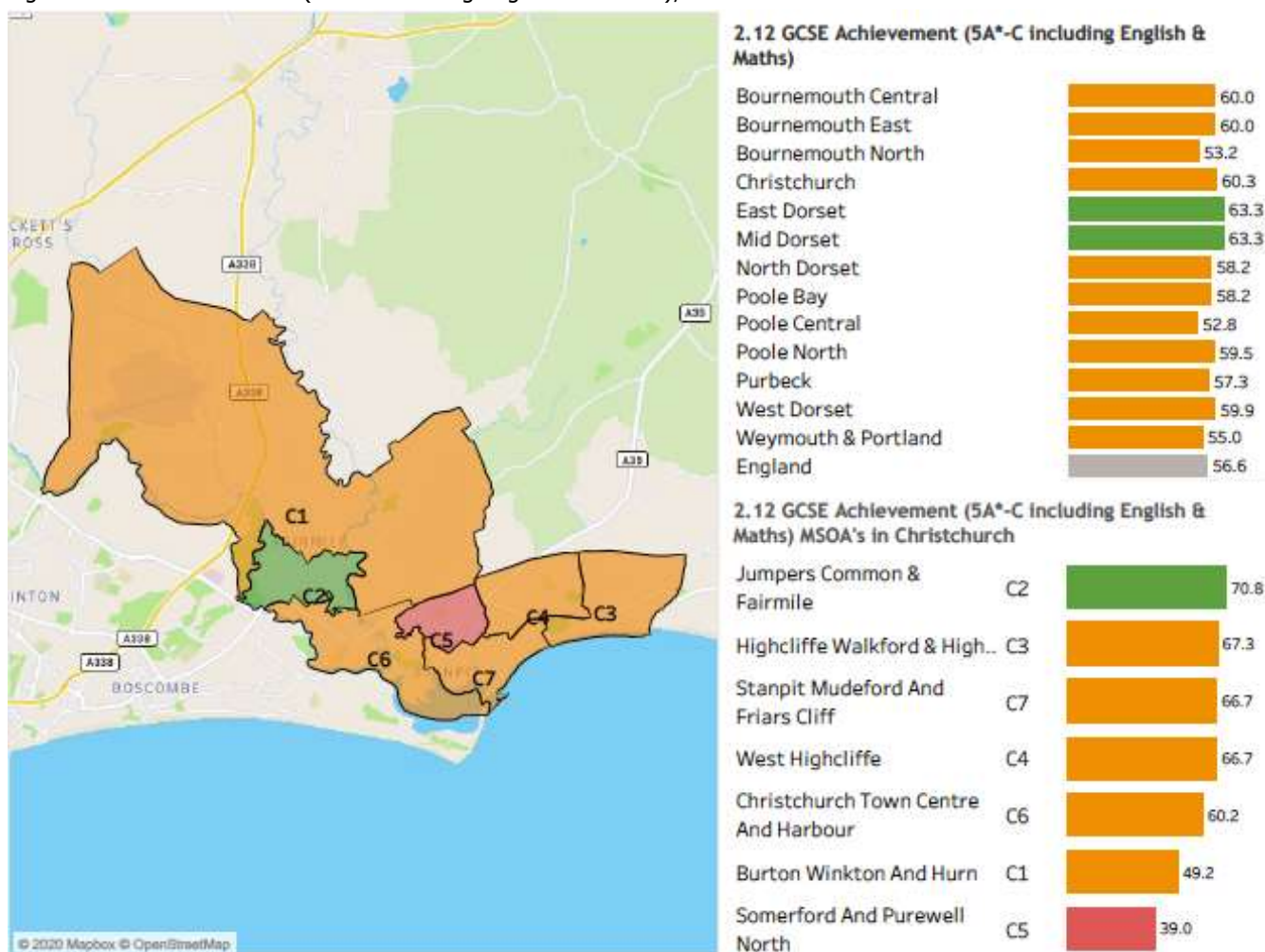
Christchurch is similar to the England average for **people aged 65 and over living alone**. Within the Locality, **Somerford and Purewell North** and **Christchurch Town Centre** are both higher than England



Starting well – child and adolescent year indicators

- 3.1 At the Locality level, Christchurch is similar to England averages for:
 - Low birthweight babies (jointly lowest of the 13 Dorset Localities);
 - Child development at 5 years; and
 - GCSE Achievement.
- 3.2 Whilst the percentage of 'children reaching a good level of development at 5 years' is similar to the England average, Christchurch is the third lowest of the 13 Dorset Localities. Within the Locality there is considerable variation from a low of 51% in Highcliffe Walkford & Highcliffe North to 72% in Jumpers Common & Fairmile.
- 3.3 Christchurch Locality has the third highest *GCSE achievement* of the 13 Dorset Localities (see Figure 1 over-page). Within the Locality achievement *ranges from 39% in Somerford and Purewell North (significantly lower than England and in the lowest 10% of areas across Dorset) to 71% in Jumpers Common & Fairmile (significantly higher than the England average).*

Figure 1: GCSE Achievement (5 A*-C including English and Maths), Christchurch



Legend
 Better
 Similar
 Worse

Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 28/01/2020

3.4 *Child poverty* in Christchurch is significantly lower than the England average, with the Locality (13.7%) being mid-range of the 13 Dorset Localities. The areas within the Locality vary considerably from:

- A low of 7% in West Highcliffe; to
- 29% in *Somerford & Purewell North* (significantly worse than England average and amongst the highest (worse) 10% of areas in Dorset).

3.5 Christchurch is significantly lower than the England average for births to teenage mothers.

3.6 At the Locality level, Christchurch is significantly better (lower) than the England average for A&E attendances in under 5s (Crude rate per 1000) with all seven areas within the Locality being significantly below the England rate.

3.7 At the Locality level, Christchurch is significantly lower (better) than the England average for:

- *Admissions for injuries in under 5s*
- *Admissions for injuries in under 15s*

3.8 At the Locality level Christchurch is significantly worse than the England average for the following indicators:

- *Emergency admissions in under 5s (Crude rate per 1000) (this being driven by Somerford and Purewell North being in the top 20% of areas across Dorset and Burton Winkton & Hurn recording significantly higher than England rates); and*
 - *Admissions for injuries in 15 - 24 year olds (Crude rate per 10,000), (Christchurch having the 3rd highest rate of the 13 Dorset Localities, this being driven by Somerford and Purewell North being in the top 10% of areas across Dorset).*
- 3.9 Childhood Immunisation Rates for MMR Dose 2 (percentage of children immunised by 5 years old) in Christchurch are just below the target level of 95% in the five (of seven) practices for which data was available, ranging in 2018/19 from a low of 92% in Farmhouse Surgery to 94% in Christchurch Medical Centre. Data was unavailable for Barn Surgery and Burton Medical Centre. All five practices recorded considerable increases in 2018/19 from the previous year⁵.

Living well – the adult and working years indicators

- 3.10 The *percentage of the working age claiming out of work benefits* is significantly better (lower) for Christchurch Locality (and the seven areas that comprise the Locality) than England and 7th lowest across the 13 Localities in Dorset.
- 3.11 Modelled estimates of obese adults, healthy eating and binge drinking in adults all suggest that the areas within the Locality 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.
- 3.12 Data collated by Dorset Public Health Intelligence team can provide insights into the use of Substance misuse services by residents in the Locality. Analysis of this shows the number of residents from Christchurch in treatment for alcohol dependency to have increased over the last five years, in line with figures for Dorset as a whole.
- 3.13 THIS SECTION IS A WORK IN PROGRESS AND WILL BE UPDATED

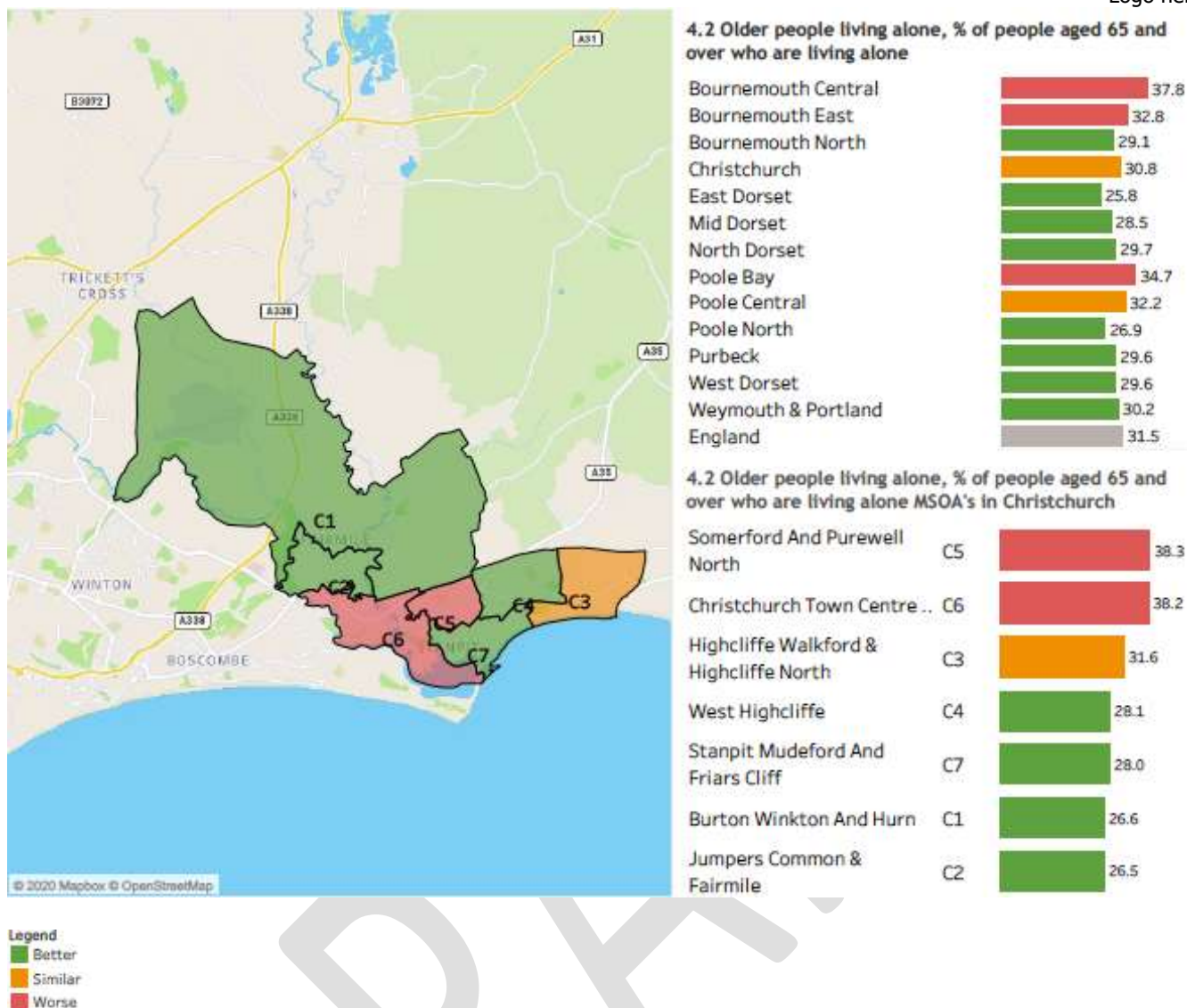
Ageing well - the later working and retirement years indicators

- 3.14 At the Locality level, Christchurch has a significantly better (lower) score for *older people in deprivation* (indicator 4.1) than England. Within the locality, *Somerford and Purewell North* stands out as being the only area significantly higher than England and amongst the top (worse) 10% of areas across Dorset.
- 3.15 At the Locality level, Christchurch is similar to the England average for the percentage of people aged 65 and over living alone, ranking 5th highest amongst the 13 Dorset Localities. As shown in Figure 2 over-page, there is some variation across the Locality with Somerford and Purewell North (amongst the top (worse) 10% of areas across Dorset) and Christchurch Town Centre both having significantly higher than England levels of older people living alone.
- 3.16 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.

Figure 2: Percentage of people aged 65 and over living alone, 2011 Census

⁵

<https://public.tableau.com/profile/public.health.dorset#!/vizhome/ChildImmunisationatPracticeLevel201819/TrendanalysisbyLocality> last accessed 28/01/2020



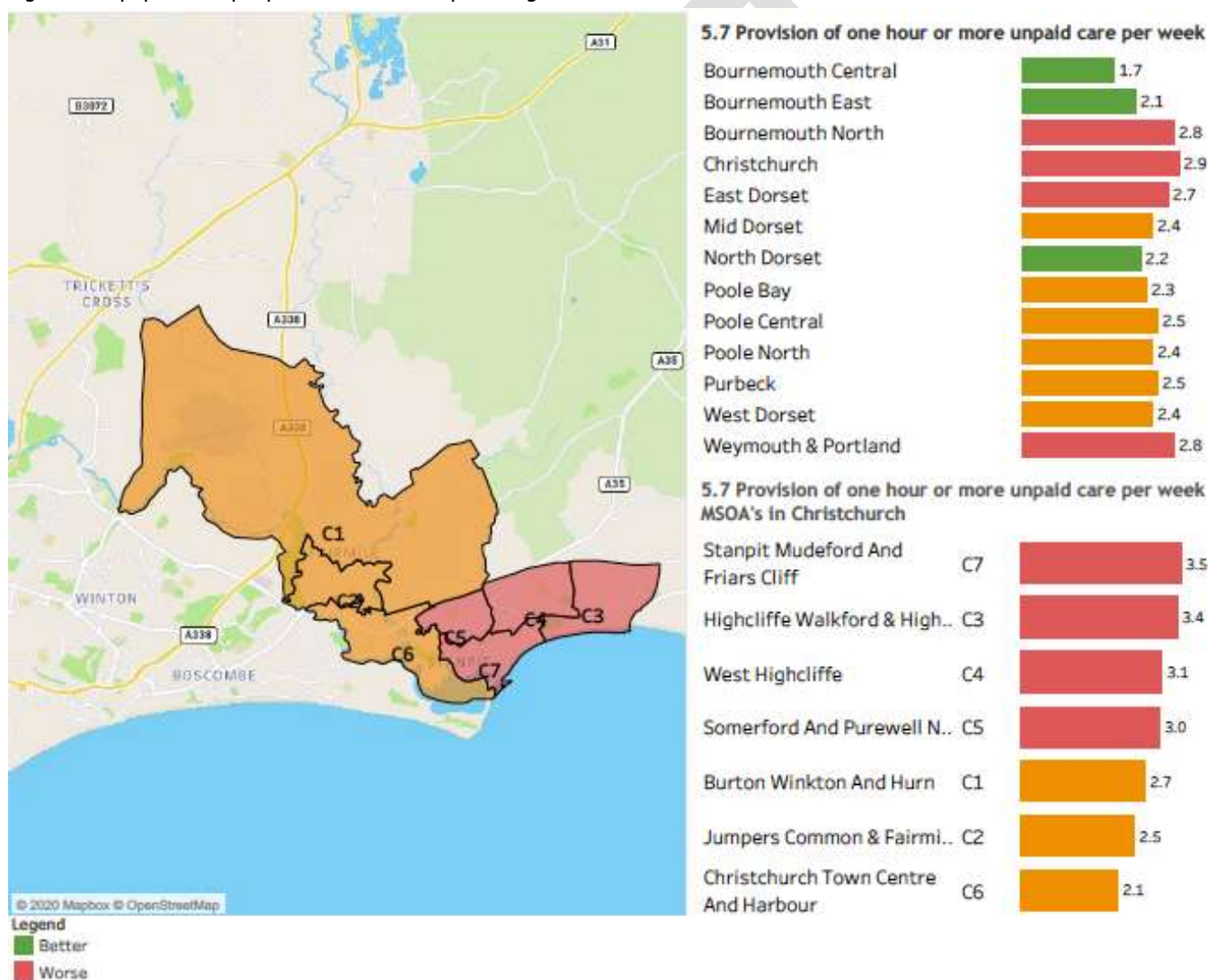
Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 28/01/2020

- 3.17 At the locality level, *Emergency hospital admissions for hip fracture in persons 65 years and over* (indicator 4.3) in Christchurch is similar to the England average with the Locality ranking 4th lowest of the 13 Dorset Localities.
- 3.18 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

- 3.19 The *income deprivation* (indicator 5.2) in Christchurch is better (lower) than the England average, the Locality is middle order ranking across the 13 Dorset Localities. Six of the seven areas within the Locality are significantly lower than the England average; the exception being *Somerford and Purewell North* which is *significantly higher than the England average and amongst the top 10% of areas across Dorset*.
- 3.20 The *proportion of people in Christchurch providing at least an hour of unpaid care per week* is significantly higher than the England average. Figure 3 below shows that in four of the seven areas the level is *significantly higher than the England average*. *The proportion in Stanpit Mudeford and Friars Cliffe, and Highcliffe Walkford & Highcliffe North* being amongst the highest 10% of areas across Dorset.
- 3.21 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.

Figure 3: Prpportion of people in Christchurch providing at least an hour a week of unaid care



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 28/01/2020

Themes to consider for locality initiatives:

1. Child poverty is lower than the England average. Areas within the Locality vary considerably from 7% in West Highcliffe; to 29% in Somerford & Purewell North (amongst the highest (worse) 10% of areas in Dorset).
2. Christchurch has a lower score for older people in deprivation than England. Within the locality, Somerford and Purewell North stands out as being the only area significantly higher than England and amongst the top (worse) 10% of areas across Dorset
3. Christchurch is similar to the England average for people aged 65 and over living alone. Within the Locality, Somerford and Purewell North (amongst the top (worse) 10% of areas across Dorset) and Christchurch Town Centre both have higher levels than England
4. Income deprivation is lower than the England average. Six of the seven areas within the Locality are lower than the England average; the exception - Somerford and Purewell North (amongst the top 10% of areas across Dorset).
5. The proportion of people in Christchurch providing at least an hour of unpaid care per week is higher than the England average. Four of the seven areas are higher than the England average, Stanpit Mudeford and Friars Cliffe, and Highcliffe Walkford & Highcliffe North being amongst the highest 10% of areas across Dorset.

Getting started - some resources for planning actions:

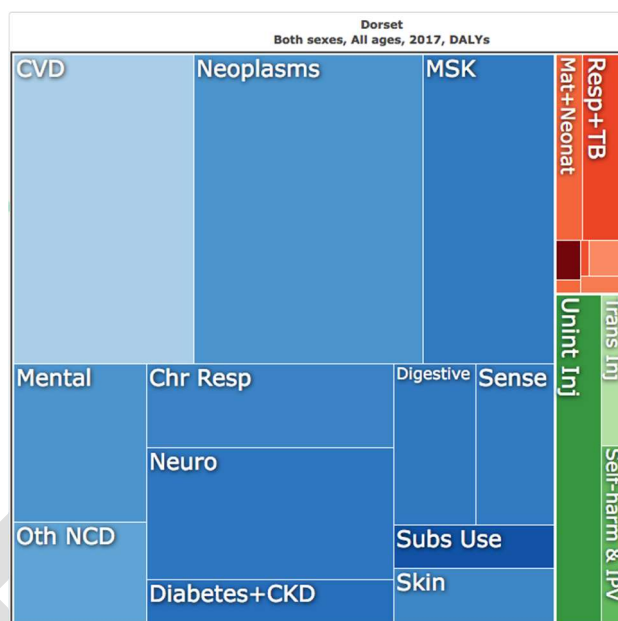
- > [Local action on health inequalities: research evidence supporting action to reduce health inequalities](#)
- >> [Combating loneliness A guide for local authorities](#)
- >>> The Dorset Locality Profiles website provides [interactive dashboard](#) with more detailed data
- >>>> Your Dorset Public 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 health⁶. These disabilities can be physical or mental. One DALY can be thought of as one lost year of 'healthy' life.



4.3 The 'GBD compare' tool enables international down to England Local Authority level comparison of disease burden. The top causes of total disability adjusted life years (lost) (DALYs) in Dorset County Council area (2017) are as follows:

- Cancers & benign tumours (20%);
- Cardiovascular diseases (CVD) (16%);
- Musculoskeletal disorders (MSK) (12%);
- Neurological disorders (9%);
- Mental Health (6%); and
- Chronic respiratory disease (6%)⁷.

4.4 In this section we consider the above GBD causes using a combination of the Local Health indicators and GP practice profile data. The GP practice profiles data from PHE fingertips relates to periods during which there were 5 practices in the Christchurch Locality.

⁶ https://www.who.int/healthinfo/global_burden_disease/about/en/ last accessed 3rd December 2019

⁷ Source: <https://vizhub.healthdata.org/gbd-compare/> last accessed 5th December 2019, figures for each cause are the percentage of total disability adjusted life years (lost) (DALYs) in Dorset County Council area (2017)

Key findings



One in five people (22%) in Christchurch reported have a **limiting long term illness or disability**, higher than the England average and the **highest across the 13 Dorset Localities**.

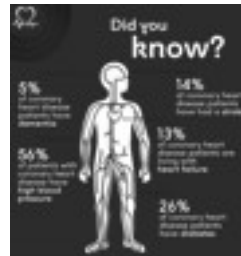


There are higher than expected **new cancer cases** for **Burton Winkton and Hurn, Somerford and Purewell North and Christchurch Town Centre and Harbour**



Newly diagnosed **diabetics referred to an education programme** within 9 months has **decreased in all five Christchurch practices** over the last 5 years. **Christchurch Medical Centre** has a lower percentage than England and Dorset averages

Emergency admissions for CHD are higher in four of the seven areas with **Somerford and Purewell North** in the highest 20% of areas across Dorset



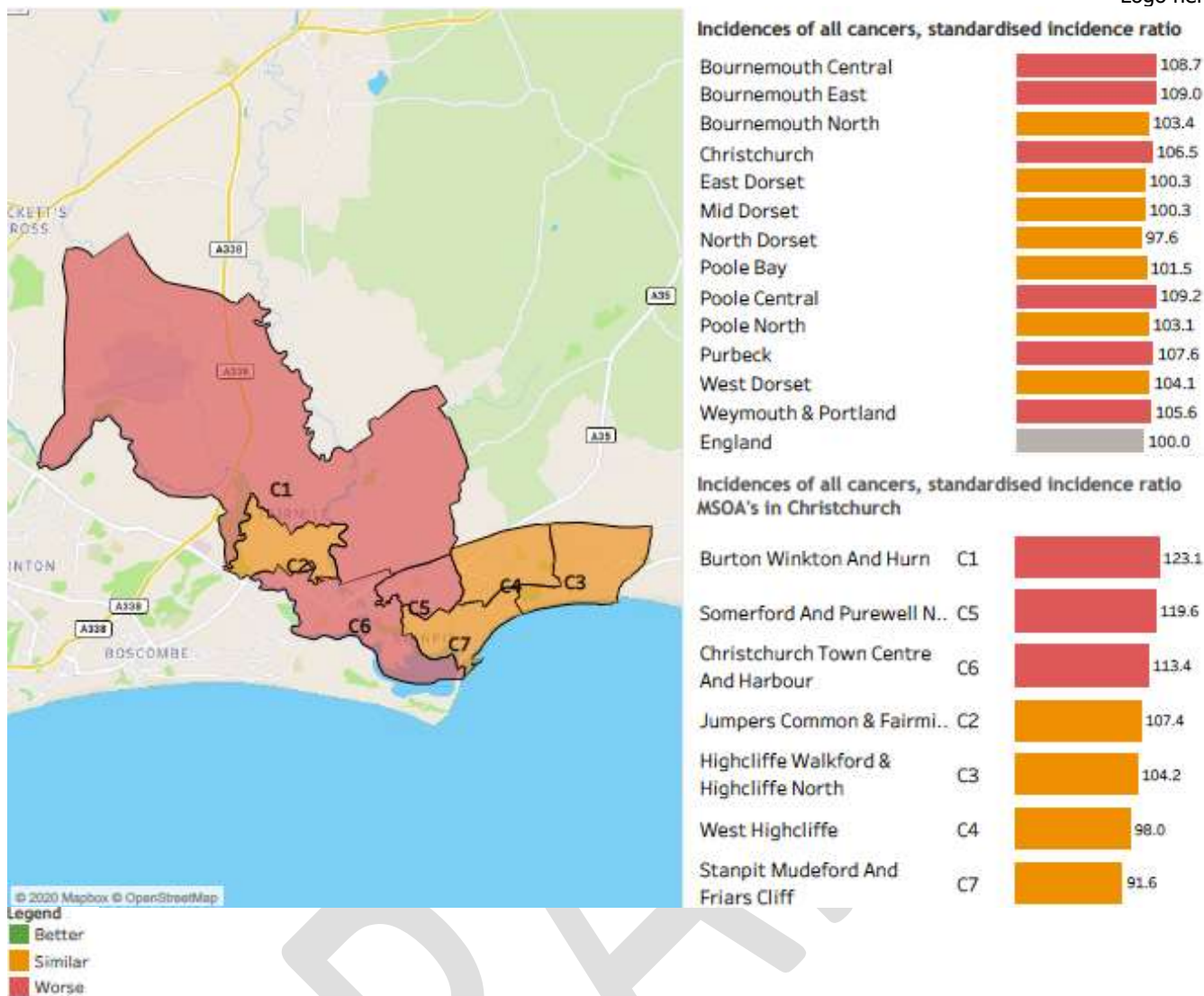
Cancers and benign tumours

- 4.5 When cells divide and grow excessively; they can be benign (not cancerous) or malignant (cancerous).
- 4.6 Figure 4 (over-page) shows *significantly higher than expected new cancer cases* for the Christchurch Locality and within the locality, significantly higher than expected⁸ levels of new cancers in:
 - *Burton Winkton and Hurn (amongst the highest 10% of areas across Dorset);*
 - *Somerford and Purewell North (amongst the highest 10% of areas across Dorset); and*
 - *Christchurch Town Centre and Harbour.*

Figure 4: New cases of cancers, standardised incidence ratio 2012-16⁹

⁸ Comparing actuals to the number that would be expected if the area had the same age-sex specific rates as England overall

⁹ 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/93234/age/1/sex/4>

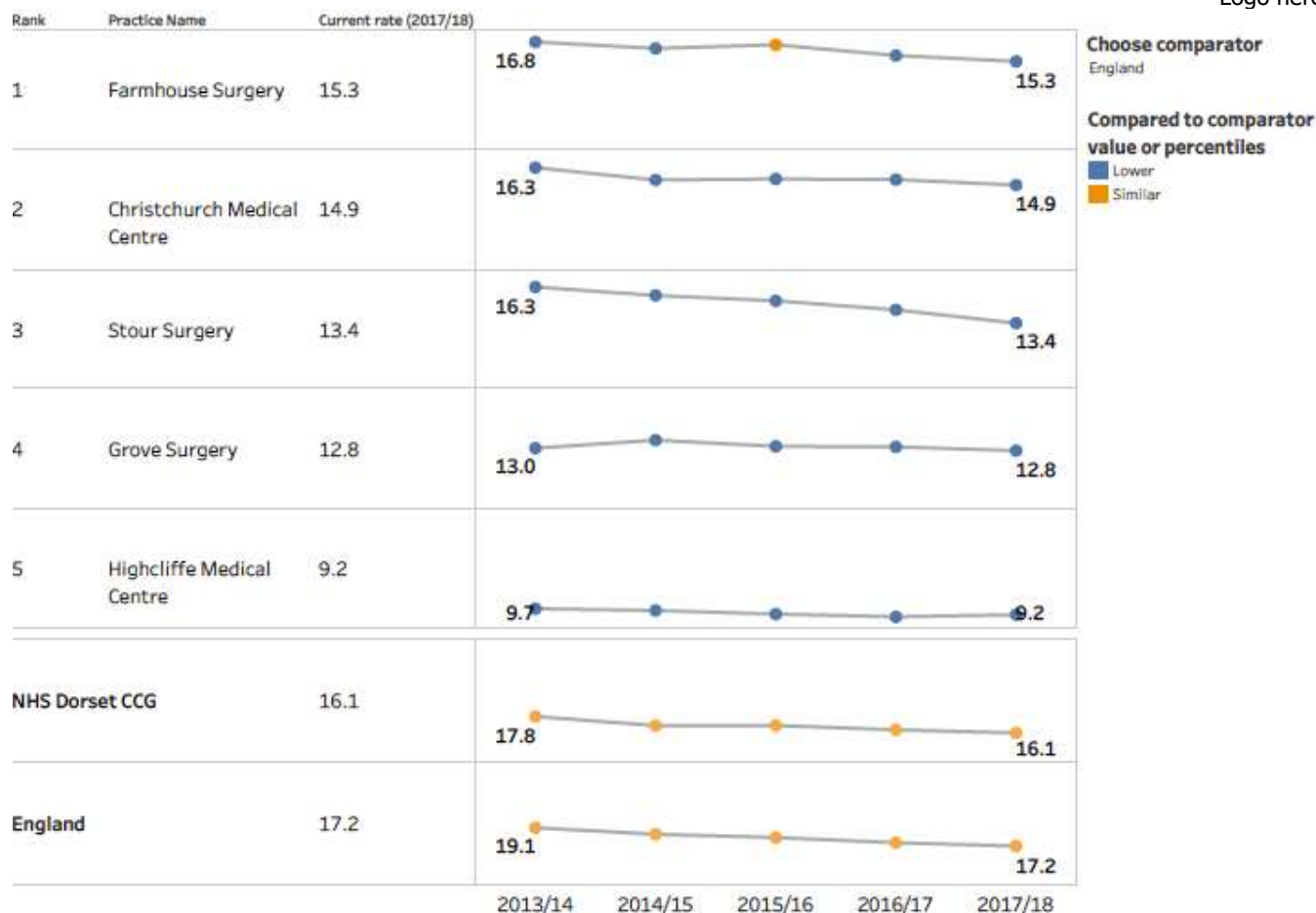


Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 28/01/2020

- 4.7 The category of cancers comprises a wide range of cancers with the largest three being:
- Lung cancer (3.5% of Dorset total all cause DALYs)
 - Colon and rectum cancer (2%)
 - Breast cancer (2%).
- 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 all five of the practices in Christchurch is significantly lower than the England average, see figure 5 over-page.

Figure 5: Percentage of general practice registered patients 15 years and over recorded as current smokers, Christchurch

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



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/GPPracticeSmokingprevalence201718/SmokingPrevalance15> last accessed 28/01/2020

- 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.
- 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.
- 4.12 Stop smoking advice is provided locally by LiveWell Dorset (<https://www.livewelldorset.co.uk/stop-smoking/>).

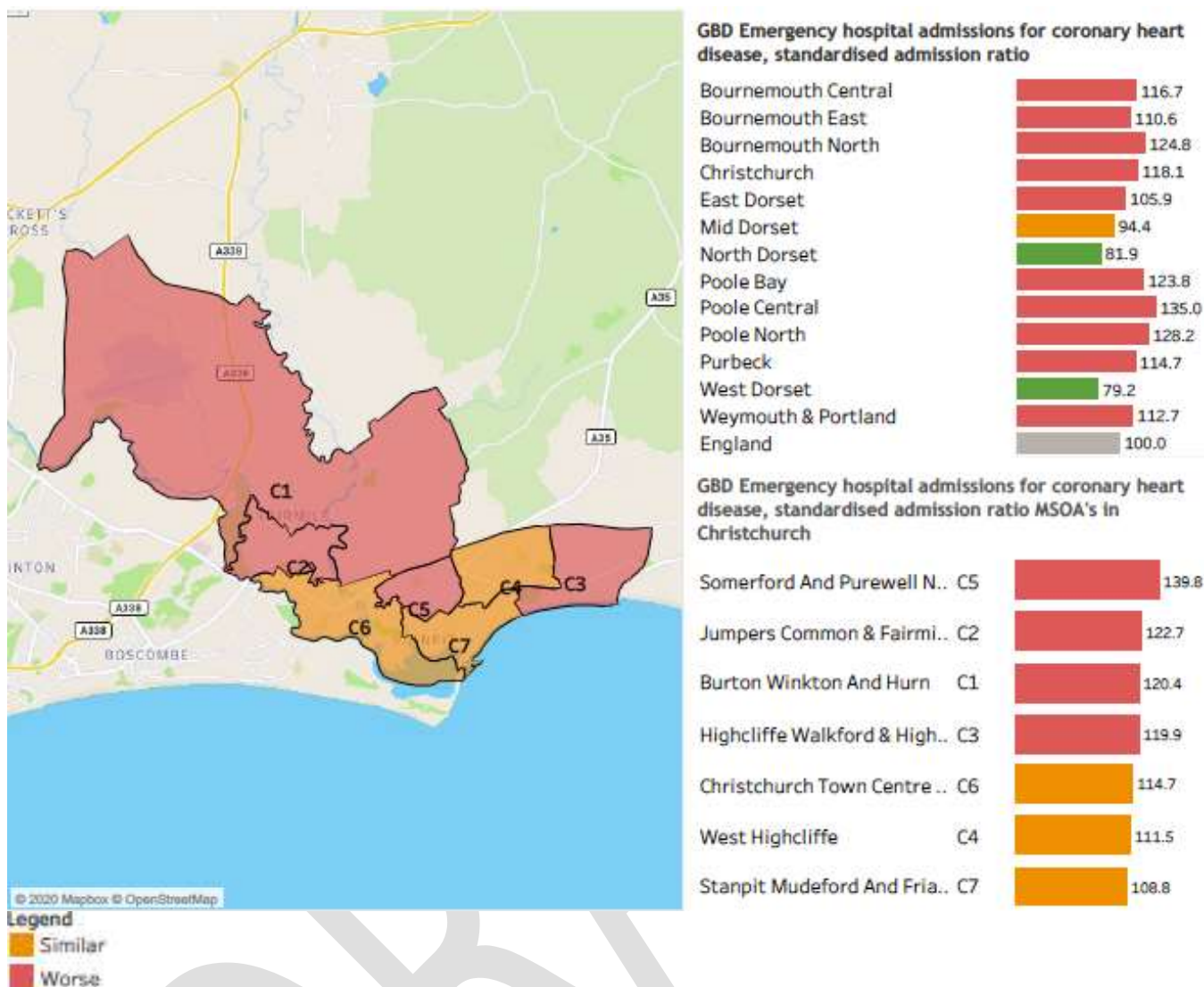
Cardiovascular diseases

- 4.13 Two thirds of the DALYs relating to cardiovascular diseases in Dorset are attributable to coronary heart disease (7% of the Dorset total all cause DALYs) and stroke (4%).

Coronary heart disease

- 4.14 Nationally, 1 in 6 men and 1 in 10 women die from coronary heart disease.
- 4.15 Emergency admissions for Coronary Heart Disease (CHD) can give an indication as to how well the condition is being managed.
- 4.16 *At the Christchurch Locality level, Emergency admissions for CHD are significantly higher than expected compared with the England average; Christchurch ranking 5th highest across the 13 Dorset Localities.*
- 4.17 As we see from the following figure, admissions are significantly higher in four of the seven areas within the Locality. Somerford and Purewell North is in the highest 20% of areas across Dorset.

Figure 6: Emergency admissions for CHD, 2013/14 – 2017/18¹¹



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 28/01/2020

Stroke

1 in 6 men
1 in 5 women
will have a stroke by the age of 75

Stroke is one of the largest causes of disability - half of all stroke survivors have a disability.

(CVD) such as stroke are being managed.

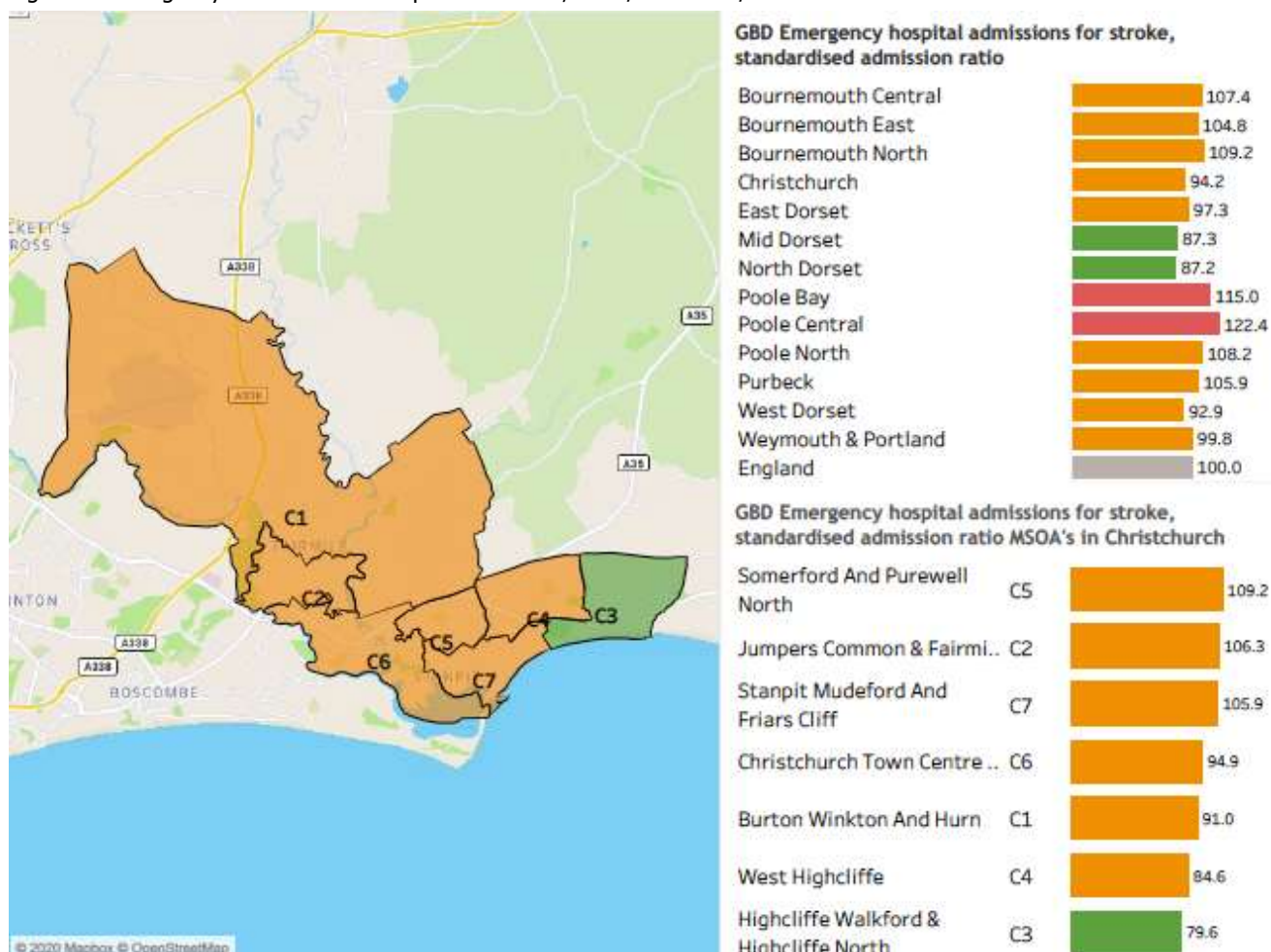
4.19 At the Christchurch Locality level, Emergency admissions for Stroke are similar to the England average; Christchurch Locality ranks 4th lowest of the 13 Dorset Localities.

4.20 Emergency admissions for stroke are similar in the seven areas of the Locality to the England average (see Figure 7).

4.18 Emergency admissions for Stroke can give an indication as to how well cerebrovascular diseases

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>

Figure 7: Emergency admissions to hospital for stroke, 2013/14 – 2017/18¹²



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 28/01/2020

4.21 The main risk factors for CVD¹³ are:

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

4.22 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.

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

¹² 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/93231/age/1/sex/4>

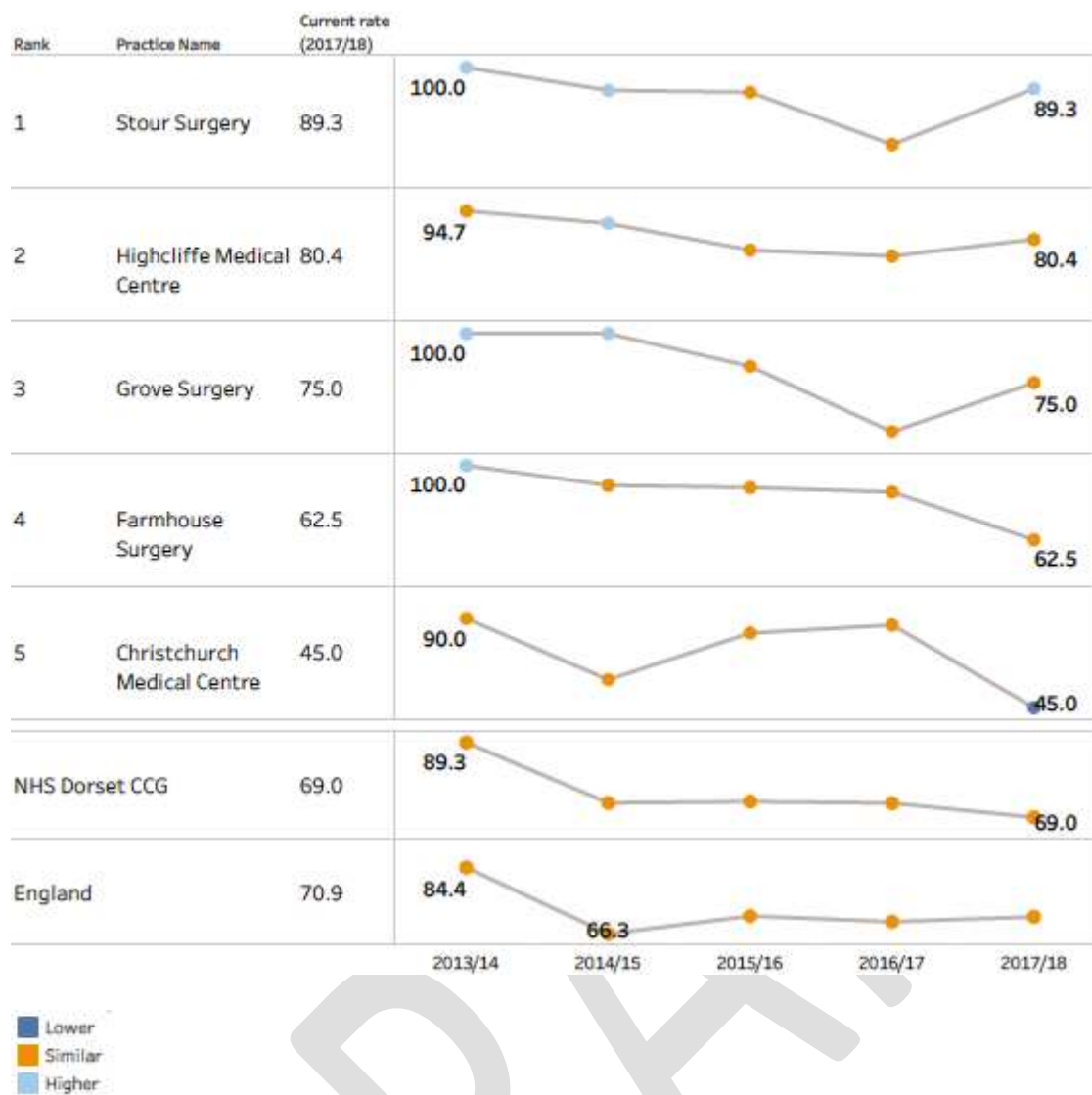
¹³ <https://www.nhs.uk/conditions/cardiovascular-disease/> last accessed 17th December 2019

Diabetes management

- 4.24 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.
- 4.25 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. Dorset overall this has increased from 5.3% in 2009/10 to 6.4% in 2017/18.
- 4.26 In Christchurch Locality the prevalence of diabetes has increased in line with national trends. Levels across the 5 practices vary from a low of 5.7% for the Stour Surgery (significantly below the England average) to 7.6% for Highcliffe Medical Centre (significantly above the England average).
- 4.27 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 care¹⁴. This measure shows decreases (Figure 8) in all five Christchurch practices over the last 5 years.
- 4.28 The most recent data (2017/18) shows Christchurch Medical Centre as having a significantly lower percentage of newly diagnosed diabetic patients referred to a structured educational programme within 9 months of entry onto the register, than England and Dorset averages. In contrast, Stour Surgery is significantly above England and Dorset averages for 2017/18.

Figure 8: Percentage of newly diagnosed diabetic patients referred to structured education programme within 9 months of entry onto diabetes register

¹⁴ <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



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/Diabetesmanagement201718/DiabetesManagement> accessed 28/01/2020

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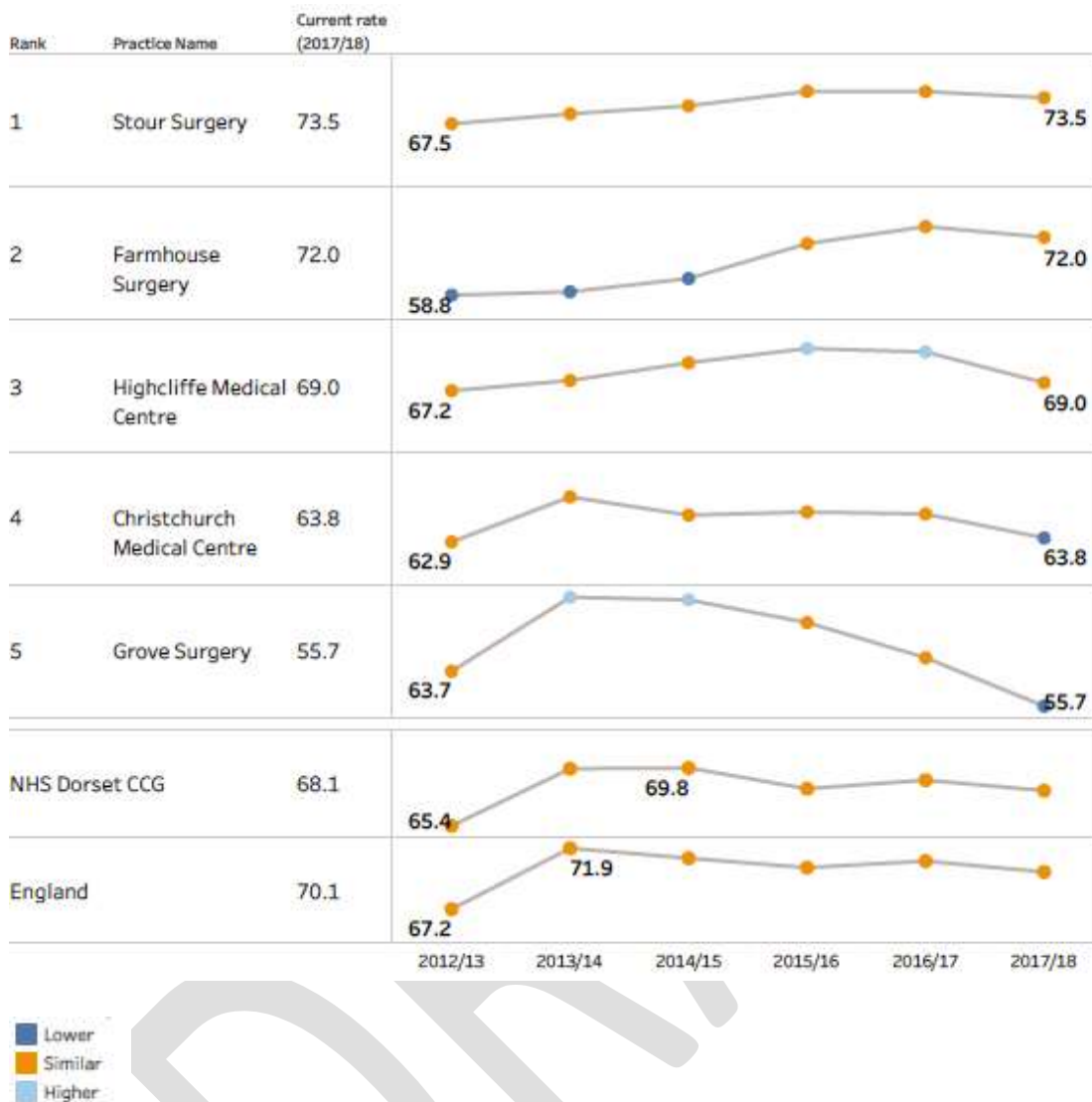
- 4.29 Exception reporting was introduced into the Quality and Outcomes Framework to allow practices to pursue quality improvement and not be penalised when patients do not attend for review, or a medication cannot be prescribed due to a contraindication or side-effect¹⁵.
- 4.30 It has been suggested 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.
- 4.31 *Farmhouse Surgery and Grove Surgery showed significantly higher diabetes exception rates in 2017/18 than the England average.*
- 4.32 *Effective sugar control across the Christchurch practices is similar to that for England in three of the five practices, but significantly lower for Christchurch Medical Centre and Farmhouse Surgery.*

¹⁵ <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

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

4.33 *Blood pressure control* for Christchurch Diabetics is similar to England and Dorset averages for Stour Surgery, Farmhouse Surgery and Highcliffe Medical Centre, but *significantly lower* in Christchurch Medial Centre and Grove Surgery (2017/18 data), see Figure 9 below)¹⁷.

Figure 9: Percentage of diabetic patients achieving blood pressure control in Christchurch Locality



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/Diabetesmanagement201718/DiabetesManagement> last accessed 28/01/2020

4.34 People with diabetes and high blood pressure are more at risk of having a heart attack or stroke¹⁸. The *percentage of patients with established hypertension, as recorded on practice disease registers (proportion of total list size), is consistently significantly higher in four of five Christchurch practices than the England average.*

17 <https://public.tableau.com/profile/public.health.dorset#!/vizhome/Diabetesmanagement201718/DiabetesManagement> last accessed 23/01/2020

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

Musculoskeletal disorders

- 4.35 Low back pain (6% of total Dorset DALYs) and neck pain (2%) comprise ¾ of all musculoskeletal disorder DALYs.
- 4.36 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.
- 4.37 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).
- 4.38 *One in five people in Christchurch reported have a limiting long term illness or disability, at 22.4% this is significantly higher than the England average and the highest proportion across the 13 Dorset Localities.*
- 4.39 *LTLI is significantly worse than the England average in all seven of the areas within the Christchurch Locality; the highest two (Highcliffe Walkford & Highcliffe North, and Stanpit Mudeford & Friars Cliff, being in the highest 10% of areas across Dorset.*

Musculoskeletal health: National picture



Effective interventions for MSK prevention

PHE's ROI tool shows that for every £1 invested in...



STarT Back (Stratified Risk Assessment and Care), saves £226 in healthcare savings, quality of life year & productivity gains



Self-referral to physiotherapy, saves £99 in healthcare



ESCAPE-pain, saves £5 in healthcare savings



PhysioDirect, saves £47 in healthcare savings & quality of life year gains

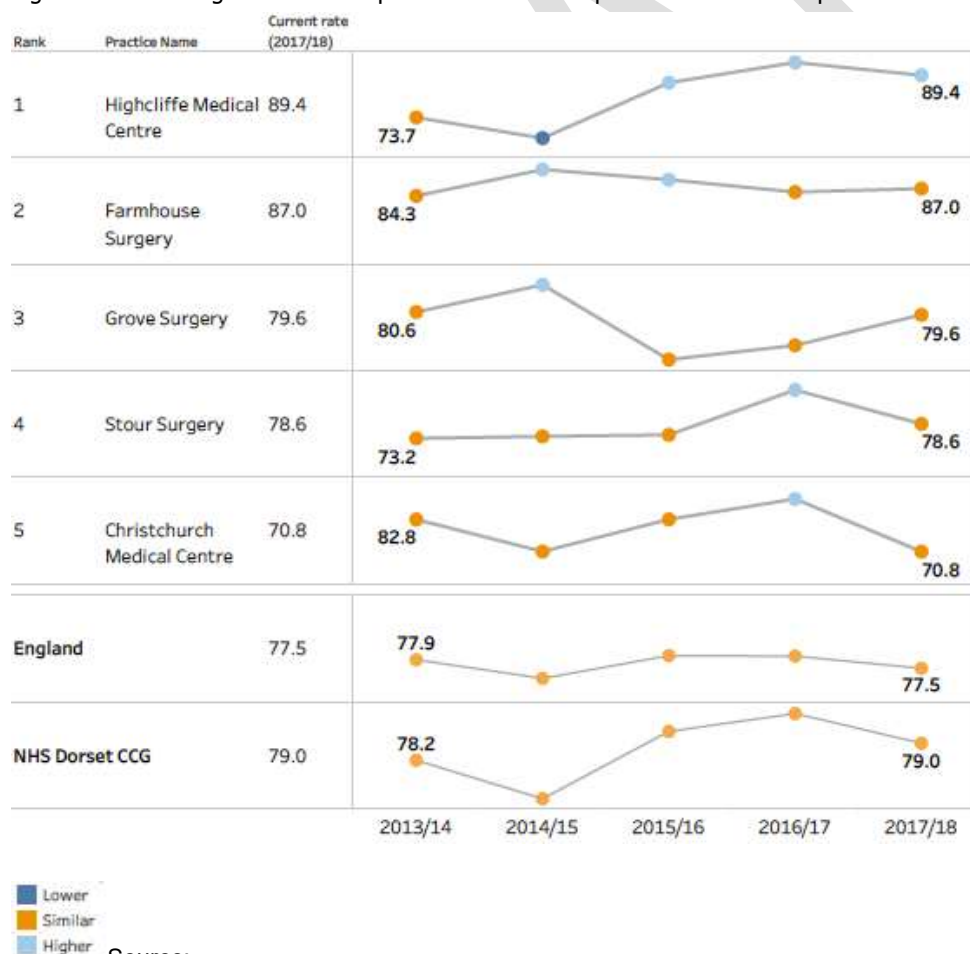


- 4.40 Keeping fit and active, and avoiding long periods of sedentary behaviour are key to maintaining good musculoskeletal health.
- 4.41 Livewell Dorset provides help and advice on becoming more active (<https://www.livewelldorset.co.uk/get-active/>).
- 4.42 NHS employers are encouraging the workforce 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.

Neurological disorders

- 4.43 Almost half of the DALYs arising from neurological disorders in Dorset are accounted for by Alzheimers and other dementias (5% of all cause DALYs in Dorset).
- 4.44 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 level¹⁹.
- 4.45 In keeping with national and Dorset wide trends, the prevalence of dementia recorded by Christchurch practices has increased over recent years. *Highcliffe Medical Centre* consistently records *significantly higher levels of dementia than the England and Dorset averages*.
- 4.46 There is variation across the Christchurch practices in terms of the percentage of dementia patients with a care plan reviewed in the past 12 months. In the following chart (Figure 10) we can see that:
- Proportions have increased in 3 of the 5 practices
 - Grove Surgery, Farmhouse Surgery and Highcliffe Medical Centre achieve higher levels than the average across Dorset.

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



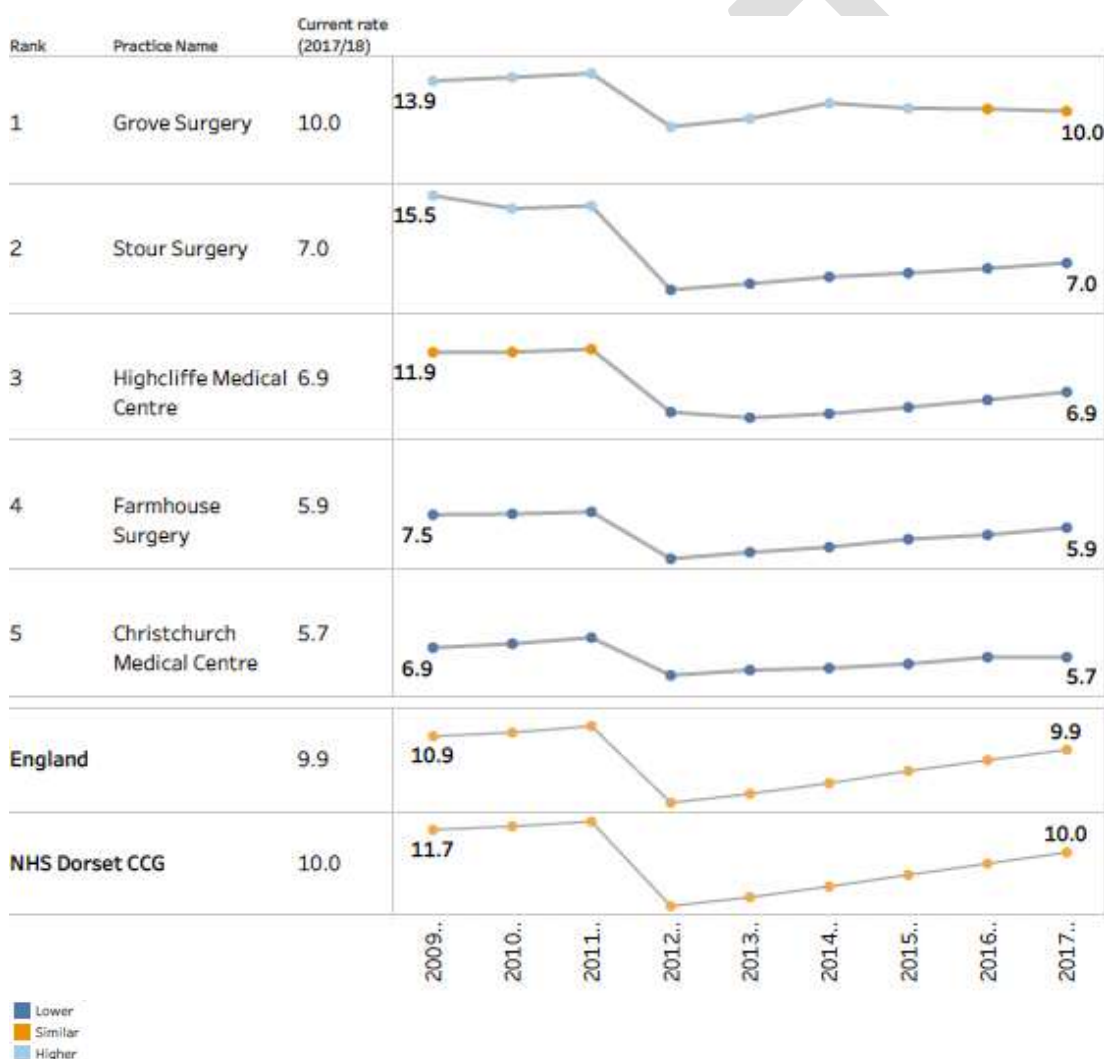
Source:

<https://public.tableau.com/profile/public.health.dorset#!/vizhome/GPPPracticeMentalHealthIndicators201718/MentalHealth?publish=yes> last accessed 28/01/2020

¹⁹ <https://www.nhs.uk/conditions/dementia/dementia-prevention/> last accessed 17th December 2019

- 4.47 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’²⁰.
- 4.48 Exception rates in Christchurch practices are consistently similar to the England average. *In keeping with the increase in figures for England overall, exception rates for dementia indicators have increased over the last 7 years in Farmhouse Surgery and Highcliffe Medical Centre; the other three practices have recorded decreases over this period.*²¹.
- 4.49 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 progression²².
- 4.50 The following chart shows the *prevalence of adult depression* to have fallen between 2009/10 and 2012/13, and then risen through to 2017/18 in the Christchurch practices.
- 4.51 The percentage of patients aged 18 and over with recorded depression ranges from a low of 5.7% in Christchurch Medical Centre (significantly lower than the England average) to 10% for Grove Surgery.

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 28/01/2020

²⁰ <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

²¹ <https://public.tableau.com/profile/public.health.dorset#!/vizhome/GPPracticeMentalHealthIndicators201718/MentalHealth?publish=yes> last accessed 28 January 2020

²² <https://www.nice.org.uk/guidance/ng16> last accessed 17th December 2019

Chronic respiratory diseases

4.52 The largest disease in this category is chronic obstructive pulmonary disease (COPD) which accounts for 70% of chronic respiratory diseases (4.2% of all causes DALYs for Dorset).

Chronic obstructive pulmonary disease (COPD)

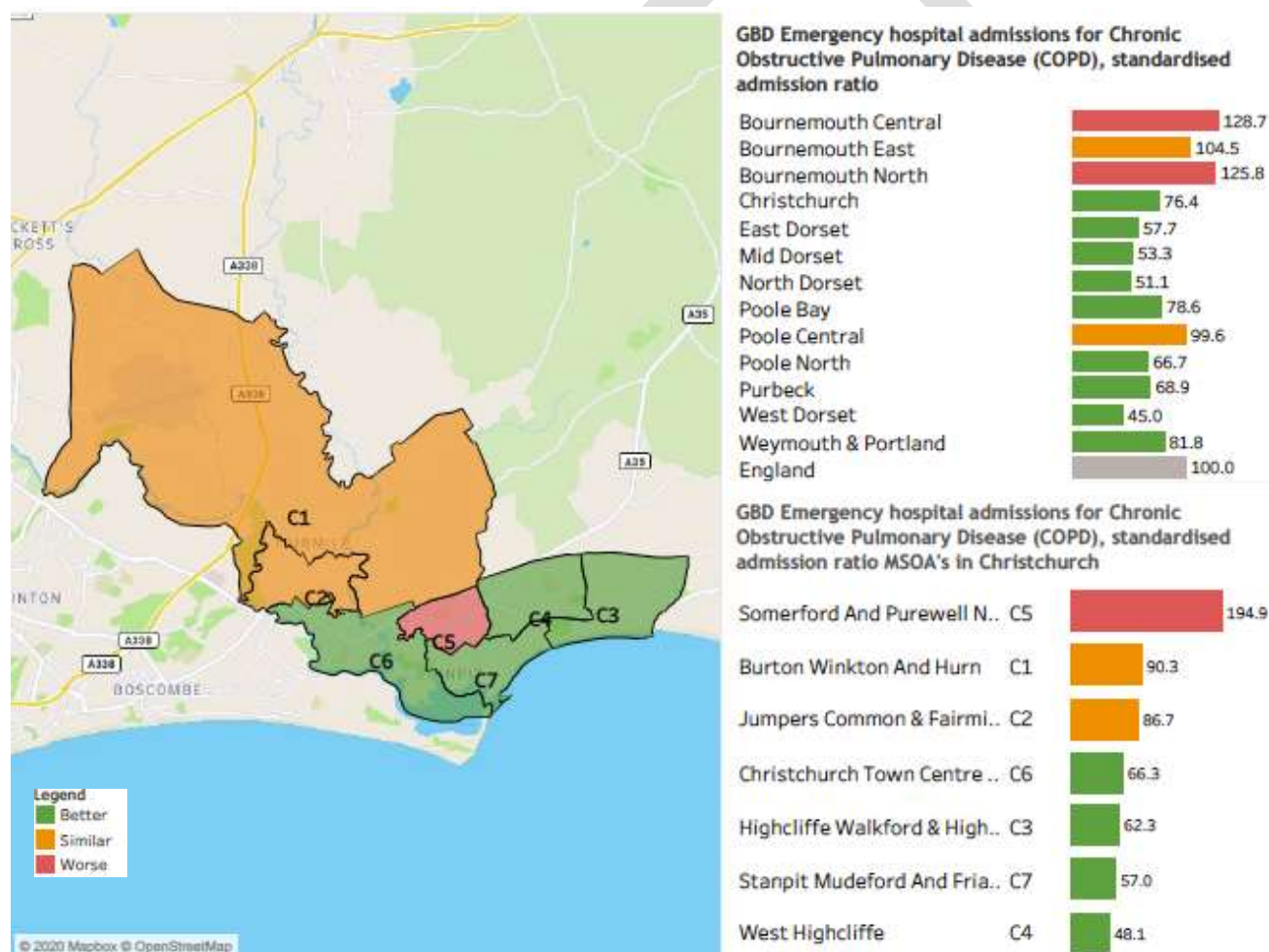
4.53 Nationally, 3,000,000 people are estimated to have COPD, of which only one third are diagnosed.

4.54 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.

4.55 At the Christchurch Locality level, Emergency admissions for COPD are significantly better (lower) than the England average; the Locality is ranked 7th highest of the 13 Dorset Localities.

4.56 Figure 12 below shows considerable variation across the areas within the Locality; the ratio in Somerford and Purewell North is significantly higher than the England ratio and amongst the highest 10% of areas across Dorset.

Figure 12: Emergency admissions to hospital for COPD, 2013/14 – 2017/18²³



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 28/01/2020

²³ 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/93231/age/1/sex/4>

- 4.57 Lung cancer is closely associated with COPD. The incidence of lung cancer is significantly better (lower) in Christchurch (compared with England) with no areas within the locality showing significantly higher rates than the England average²⁴.
- 4.58 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 Christchurch.
- 4.59 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.
- 4.60 Stop smoking advice is provided locally by LiveWell Dorset (<https://www.livewelldorset.co.uk/stop-smoking/>)

Themes to consider for locality initiatives:

1. Christchurch Locality has higher than expected new cancer cases for Burton Winkton and Hurn (amongst the highest 10% of areas across Dorset), Somerford and Purewell North (amongst the highest 10% of areas across Dorset); and Christchurch Town Centre and Harbour
2. Emergency admissions for CHD are higher than England; admissions are significantly higher in four of the seven areas within the Locality with Somerford and Purewell North in the highest 20% of areas across Dorset.
3. Newly diagnosed patients with diabetes referred to an education programme within 9 months has decreased in all five Christchurch practices over the last 5 years. Christchurch Medical Centre has a lower percentage than England and Dorset averages.
4. Blood pressure control for Christchurch Diabetics is similar to England and Dorset averages for Stour Surgery, Farmhouse Surgery and Highcliffe Medical Centre, but significantly lower in Christchurch Medial Centre and Grove Surgery
5. One in five people in Christchurch reported have a limiting long term illness or disability, at 22.4% this is significantly higher than the England average and the highest proportion across the 13 Dorset Localities. The highest areas, Highcliffe Walkford & Highcliffe North, and Stanpit Mudeford & Friars Cliff, being in the highest 10% of areas across Dorset

²⁴ <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 28th January 2020

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

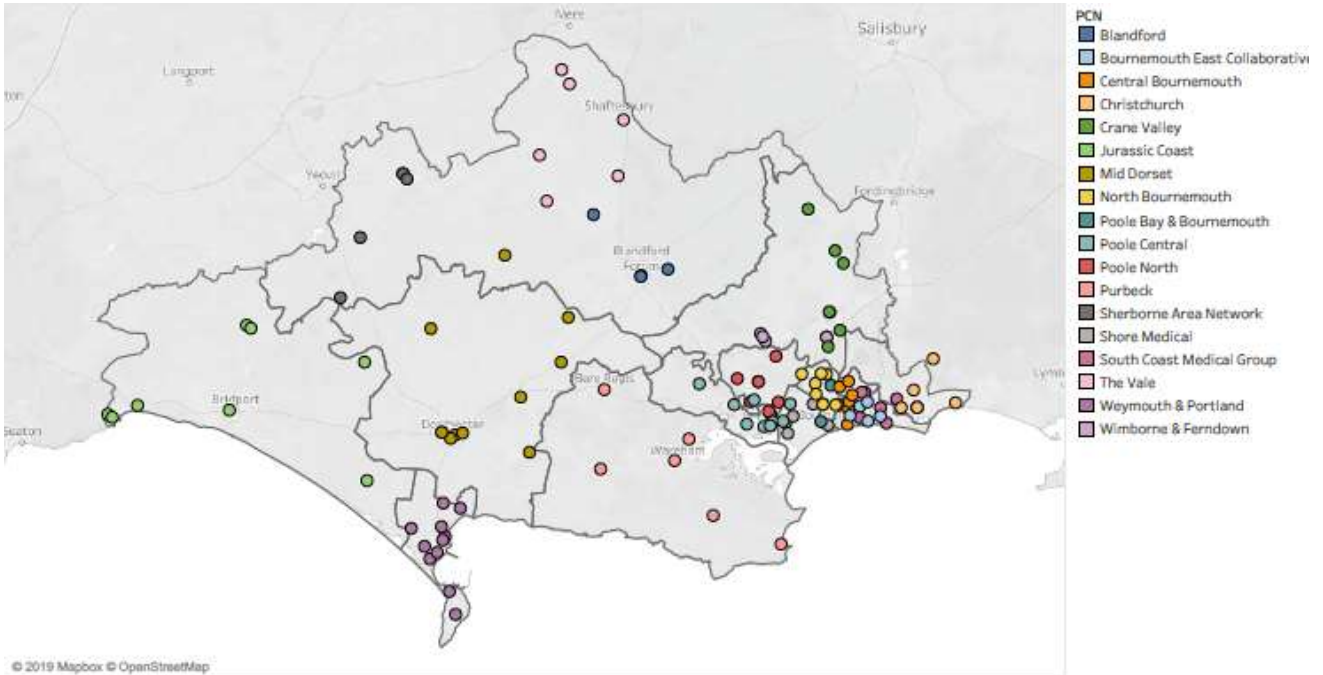
>>> WessexVoices contains [key reading](#) with resources on 'people powered health'

>>>> 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

DRAFT

GP practices and branch surgeries by Primary Care Network



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Created and maintained by the Public Health Dorset Intelligence Team
 Last updated 16/12/2019

CCG Locality Boundaries based on MSOAs

