

Poole North Locality profile narrative 2020 template

Public Health Dorset
January 2020

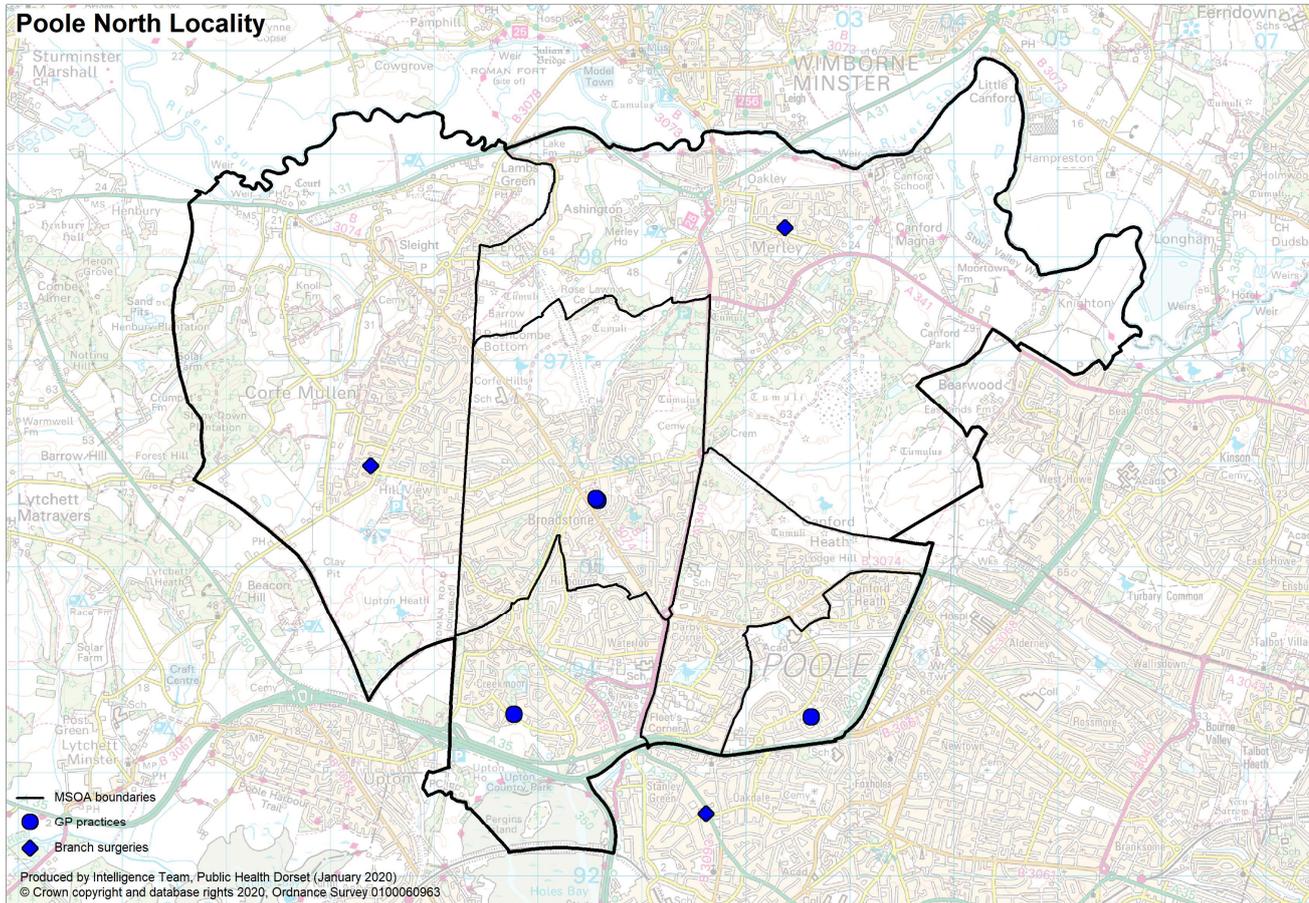


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1. Introduction

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;

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 Poole North is approximately 49,700 (ONS 2017 Mid-Year Estimates), this being middle order (8th largest) of the 13 Dorset Localities.
- 2.2 The Poole North Locality is made up of six areas (MSOAs). The Locality is coterminous with the area covered by the Poole North Primary Care Network (PCN), this is shown in the map on the rear page of this document.
- 2.3 Poole North is broadly comparable with Dorset overall, which is older than that for England.
- 2.4 The age-sex structure of Poole North is characterised by:
- More (higher proportion of total) males and females in all five year age bands from 5-9 to 15-19 years;
 - Fewer males and females (smaller proportion of total) from the 20 – 24 years age group to 35 – 39 years age group; and
 - More (higher proportion of total) males and females in older middle age (50 - 59 years);
 - Fewer (smaller proportion of total) of males and females in the older population (75 and over)³.
- 2.5 The areas that make up the Locality range in population from 6,289 in Merley (the smallest) to 10,269 in Broadstone⁴.

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



Child poverty in Poole North is the 2nd lowest of 13 Dorset Localities. However, area levels range from 2.6% in Merley to a high of **16.4% in Canford Heath East**



At the Locality level, Poole North has higher admissions for injuries than England in the following age groups:

- under 5s
- under 15s
- 15 - 24 year olds



Poole North has **higher emergency admissions in under 5s** than England; within the Locality **Canford Heath East** is in the top (worse) 10% of areas across Dorset

Whilst **GCSE achievement** is similar to that for England, there is variation across Poole North:

- From a low of **37% in Creekmoor**; to
- 73% in neighbouring Broadstone



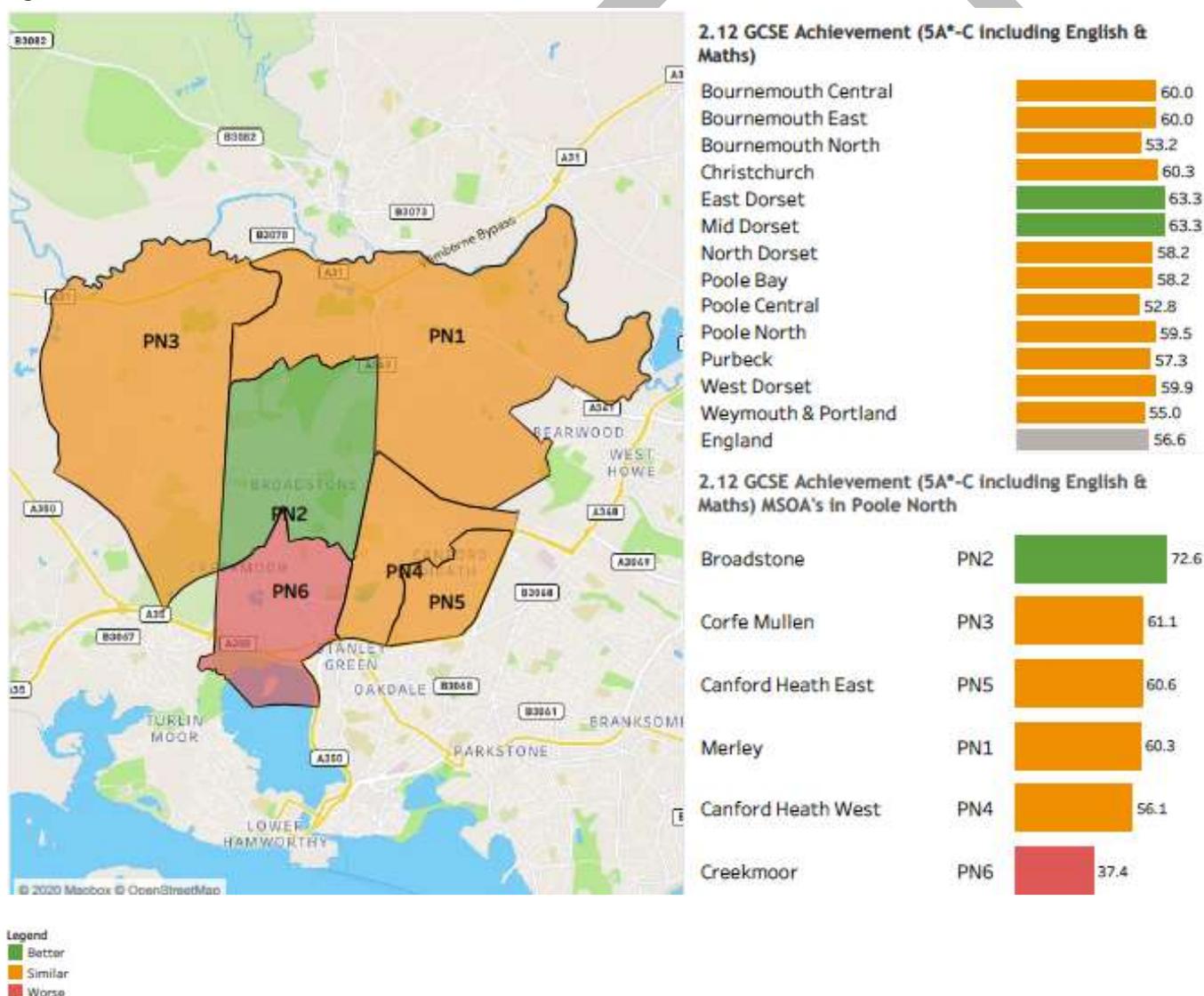
Starting well – child and adolescent year indicators

- 3.1 At the Locality level, Poole North is similar to England averages for:
 - Low birthweight babies
 - GCSE Achievement.
- 3.2 The above Locality level averages 'mask' some areas of concern. Whilst GCSE achievement is similar at Locality level to that for England, there is considerable variation across the Locality (see Figure 1 over-page):
 - A low of 37% in Creekmoor (significantly below the England average and amongst the lowest (worse) 10% of areas across Dorset);
 - A high of 73% in neighbouring Broadstone (significantly above the England average and amongst the highest (best) 10% of areas across Dorset).
- 3.3 Poole North is better than the England average for the following indicators:
 - Child poverty (2nd best (lowest) of the 13 Dorset Localities with all areas within the Locality significantly better than England, though area levels range from a low of 2.6% in Merley to a high of 16.4% in Canford Heath East;
 - Child Development at age 5 (3rd highest of the 13 Dorset Localities) with 3 of the areas within the Locality significantly better than England (Corfe Mullen, Broadstone and Canford Heth East and the other three similar to England):
 - A&E attendances in under 5 year olds (4th lowest of the 13 Dorset Localities with all six areas within the Locality being significantly lower than the England average.
- 3.4 At the Locality level, *Poole North is significantly worse than the England average for a number of hospital admissions indicators:*

- *Emergency admissions in under 5s (Crude rate per 1000), within the Locality Canford Heath East being both significantly higher than England and in the top (worse) 10% of areas across Dorset*
- *Admissions for injuries in under 5s (Crude rate per 10,000), within the Locality Canford Heath East and West both being significantly higher than England and in the top (worse) 20% of areas across Dorset*
- *Admissions for injuries in under 15s (Crude rate/100,000 aged 0-17), the Locality also being the highest of the 13 Dorset Localities, within the Locality Canford Heath East being both significantly higher than England and in the top (worse) 20% of areas across Dorset*
- *Admissions for injuries in 15 - 24 year olds (Crude rate per 10,000), within the Locality Creekmoor being both significantly higher than England and in the top (worse) 10% of areas across Dorset.*

3.5 Childhood Immunisation Rates for MMR Dose 2 (percentage of children immunised by 5 years old) in Poole North are at target level of 95% in the Birchwood Medical Centre and slightly below the target level in Harvey Practice (94%), Hadleigh Practice (93%) and Canford Heath Group Practice (92%). All four practices recorded considerable increases in 2018/19 from the previous year⁵.

Figure 1: GCSE attainment in Poole North



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 27/01/2020

Living well – the adult and working years indicators

- 3.6 The *percentage of the working age claiming out of work benefits* is significantly better (lower) for Poole North Locality (and the six areas that comprise the Locality) than England with the Locality being joint fourth lowest across the 13 Localities in Dorset.
- 3.7 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.
- 3.8 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 Poole North in treatment for alcohol dependency to have increased over the last five years, in line with figures for Dorset as a whole. The rate for Poole North is – AWAITING DATA-- highest across the 13 Dorset Localities (latest data, 2017/18).
- 3.9 --- THIS SECTION IS A WORK IN PROGRESS AND WILL BE UPDATED ---

Ageing well - the later working and retirement years indicators

- 3.10 At the Locality level, Poole North has a significantly better (lower) score for older people in deprivation (indicator 4.1) than England. This is reflected in significantly lower levels in each of the six areas that make up the Locality. The Locality is 2nd lowest of the 13 Dorset Localities.
- 3.11 At the Locality level, Poole North is significantly lower than the England average for the percentage of people aged 65 and over living alone and ranks 2nd lowest of the 13 Dorset Localities. There is some variation across the Locality from a low of 24.5% in Merley (significantly better than England average) to 31.5% in Creekmoor (similar to England average).
- 3.12 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.
- 3.13 At the locality level, *Emergency hospital admissions for hip fracture in persons 65 years and over* (indicator 4.3) in Poole North is similar to the England average with the Locality ranking 4th lowest of the 13 Dorset Localities.
- 3.14 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

- 3.15 The income deprivation (indicator 5.2) in Poole North is better (lower) than the England average, the Locality has the lowest percentage of people living in income-deprived households of the 13 Dorset Localities. All six areas within the Locality are significantly lower than the England average.
- 3.16 The proportion of people in Poole North providing at least an hour of unpaid care per week is similar to the England average, this being reflected in all the six areas that comprise the Locality.
- 3.17 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. Child poverty in Poole North is the 2nd lowest of 13 Dorset Localities with all areas within the Locality significantly better than England. However, area levels range from 2.6% in Merley to a high of 16.4% in Canford Heath East
2. Whilst GCSE achievement is similar in Poole North to that for England, there is variation across the Locality:
 - From a low of 37% in Creekmoor; to
 - 73% in neighbouring Broadstone
3. At the Locality level, Poole North has higher emergency admissions in under 5s than England; within the Locality Canford Heath East is significantly higher than England and in the top (worse) 10% of areas across Dorset
4. At the Locality level, Poole North has higher admissions for injuries than England in the following age groups:
 - under 5s
 - under 15s
 - 15 - 24 year olds.

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

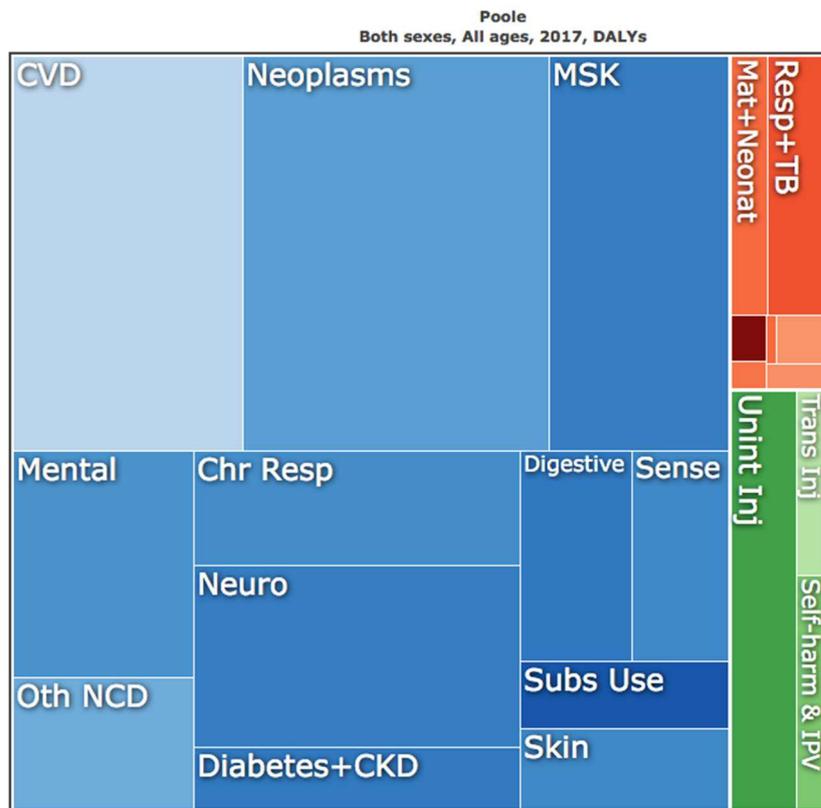
4. Global burden of disease

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.

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.



4.2 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 Poole Council area (2017) are as follows:

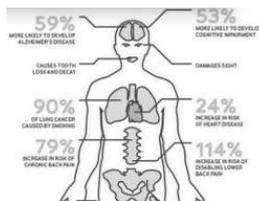
- Cancers & benign tumours (20%);
- Cardiovascular diseases (CVD) (15%);
- Musculoskeletal disorders (MSK) (12%);
- Neurological disorders (10%);
- Mental Health (7%); and
- Chronic respiratory disease (6%)⁷.

4.3 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 four practices in the Poole North 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 27th January 2020, figures for each cause are the percentage of total disability adjusted life years (lost) (DALYs) in Poole Council area (2017)

Key findings



The **smoking prevalence** in Poole North varies considerably from 9.4% in the Hadleigh and Harvey Practices to **17.8% in the Birchwood Medical Centre**



Poole North emergency admissions for **CHD** are higher than England, with the Locality having the 2nd highest level of 13 Dorset Localities. Admissions are highest in **Canford Heath West, Canford Heath East and Creekmoor**

The prevalence of **adult depression** is significantly **higher in the four Poole North practices** compared with the England average



There is considerable variation in **emergency admissions for COPD** within Poole North; from a low of 26.6 in Broadstone to 142.9 in **Canford Heath East** (amongst the top 20% of area ratios across Dorset).



Cancers and benign tumours

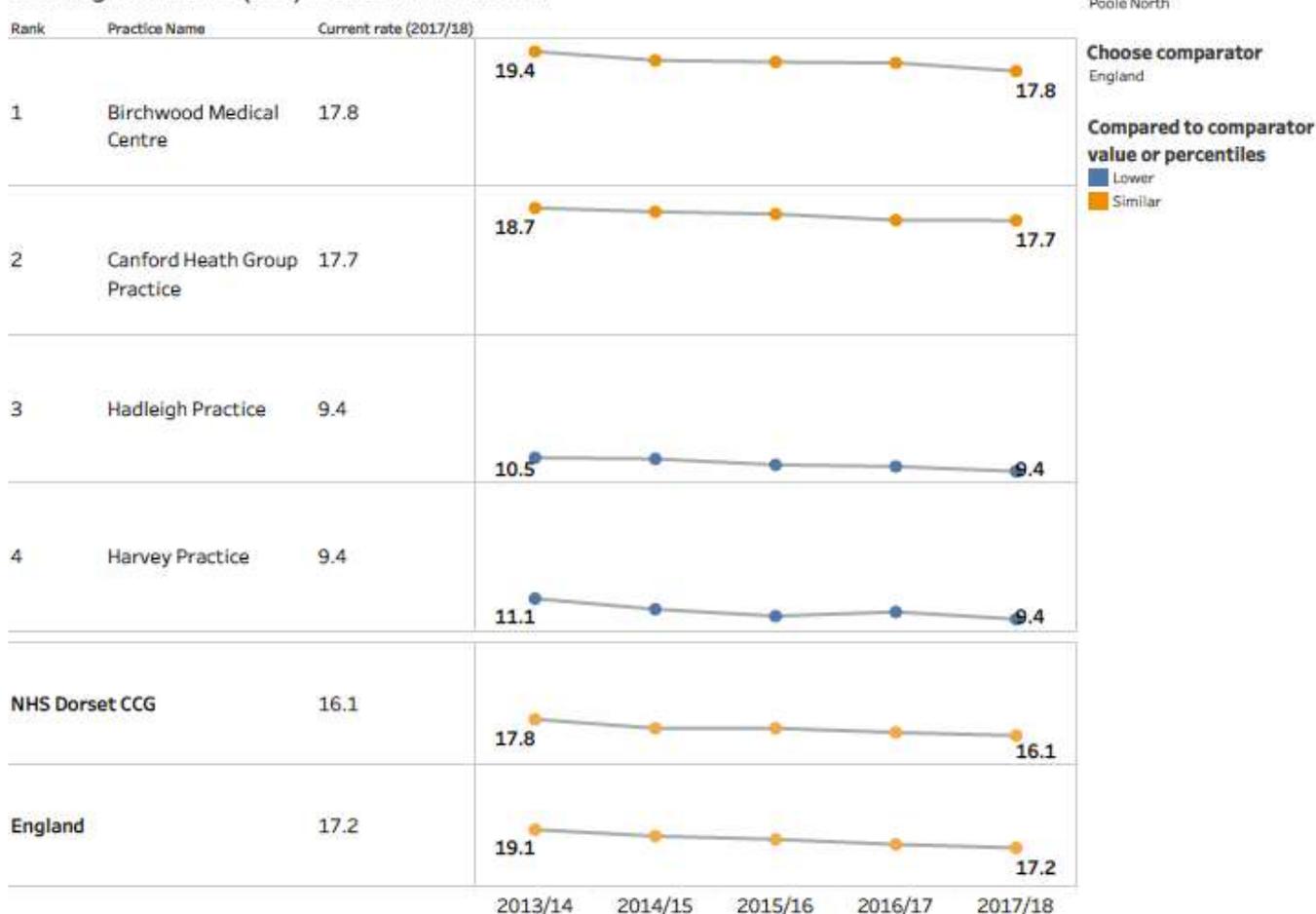
- 4.4 When cells divide and grow excessively; they can be benign (not cancerous) or malignant (cancerous).
- 4.5 The level of expected new cancer cases for the Poole North Locality is similar to that for England. Within the Locality all six areas are similar to the England average though Canford Heath East is in the top (worse) 20% of all areas across Dorset.⁸
- 4.6 The category of cancers comprises a wide range of cancers with the largest three being:
 - Lung cancer (3.5% of Poole total all cause DALYs)
 - Colon and rectum cancer (2%)
 - Breast cancer (2%).
- 4.7 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 UK⁹.
- 4.8 Smoking prevalence in two of the four practices in Poole North is significantly lower than the England average; the other two being similar, see figure 2 over-page.
- 4.9 The smoking prevalence in Poole North varies considerably from 9.4% in the Hadleigh and Harvey Practices to 17.8% in the Birchwood Medical Centre.

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

⁹ <https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/smoking-and-cancer/how-does-smoking-cause-cancer> last accessed 5th December 2019

Figure 2: Percentage of general practice registered patients 15 years and over recorded as current smokers

Smoking Prevalance (15+) Trends in Poole North



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/GPPracticeSmokingprevalence201718/SmokingPrevalance15> last accessed 26/01/2020

- 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

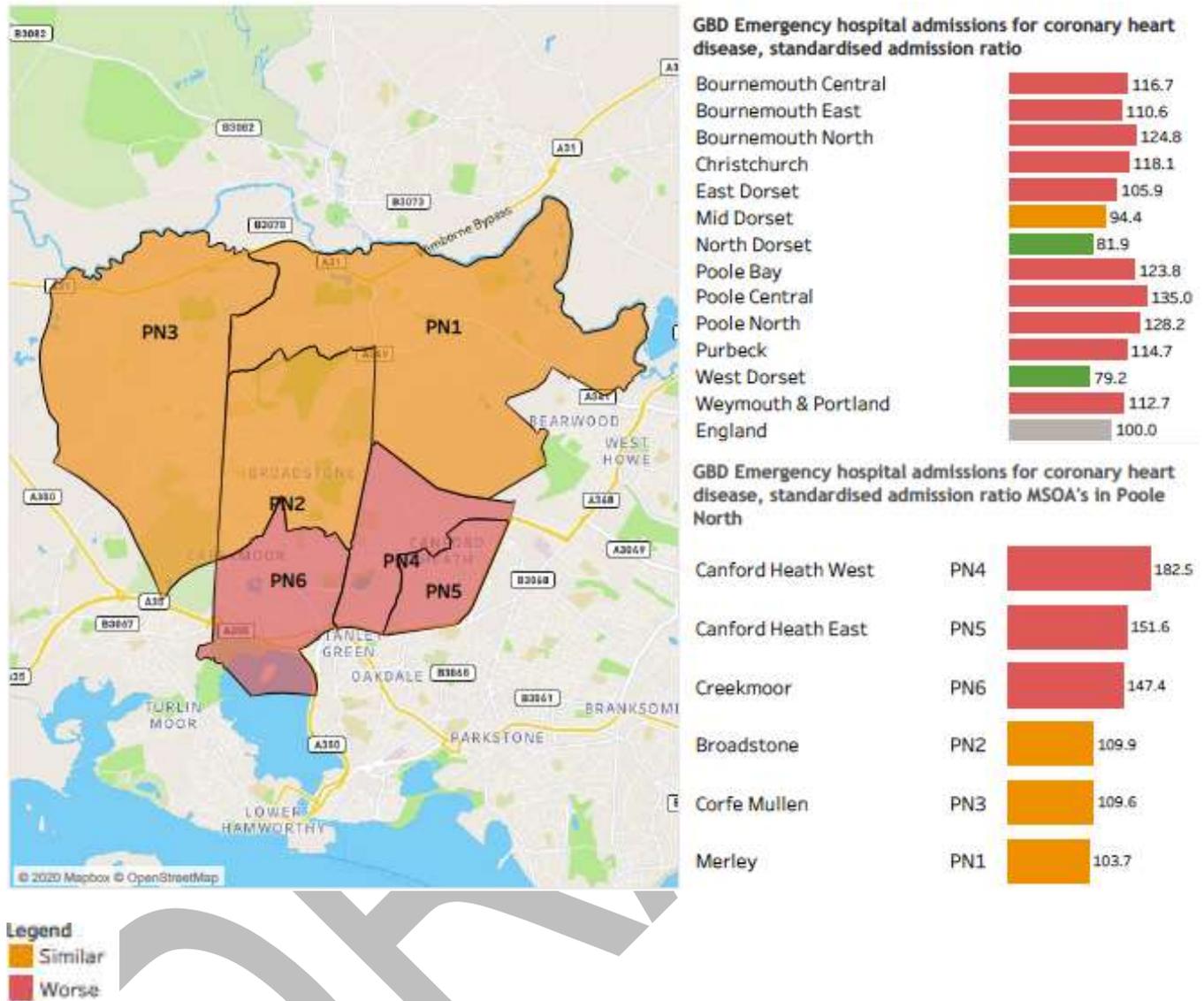
- 4.13 Two thirds of the DALYs relating to cardiovascular diseases in Dorset are attributable to coronary heart disease (6.5% of the Poole total all cause DALYs) and stroke (4%).

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 Poole North Locality level, Emergency admissions for CHD are significantly higher than expected compared with the England average with the Locality have the 2nd highest level of the 13 Dorset Localities.*

4.17 As we see from the following figure, admissions are significantly higher than the England average in Canford Heath West, Canford Heath East and Creekmoor, all three of which are in the highest (worst) 10% of areas across Dorset.

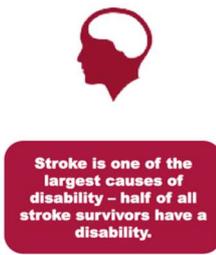
Figure 3: Emergency admissions for CHD, 2013/14 – 2017/18¹⁰



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 27/01/2020

¹⁰ 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>

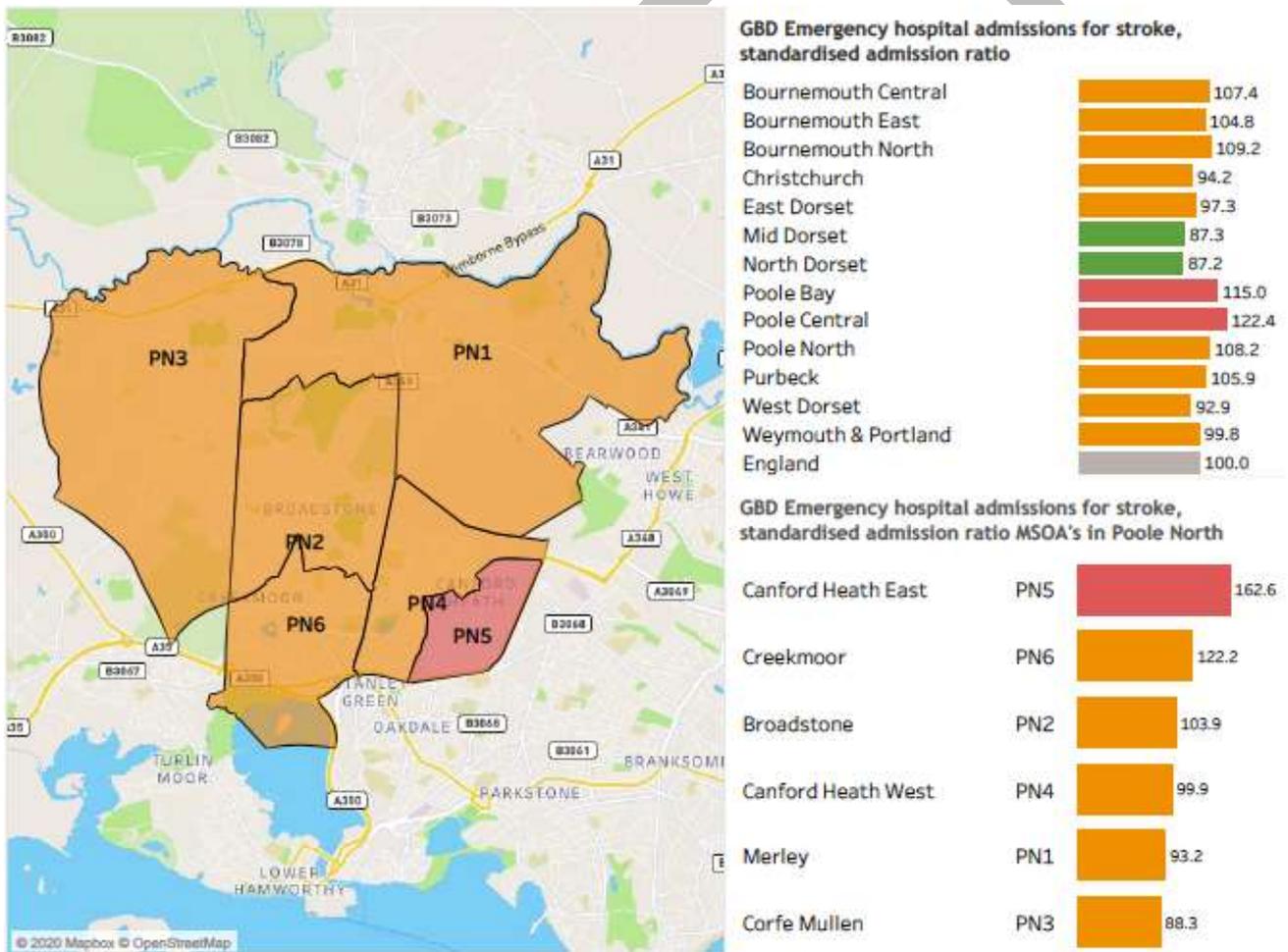
Stroke



- 4.19 At the Poole North Locality level, Emergency admissions for Stroke are similar to the England average, the Locality being the 4th highest of the 13 Dorset Localities.
- 4.20 Emergency admissions for stroke are highest in Canford Heath East, this area being significantly higher than England and in the highest (worst) 10% of areas across Dorset (see Figure 4).

4.18 Emergency admissions for Stroke can give an indication as to how well cerebrovascular diseases (CVD) such as stroke are being managed.

Figure 4: Emergency admissions to hospital for stroke, 2013/14 – 2017/18¹¹



Legend:
■ Better
■ Similar
■ Worse

Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 27/01/2020

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/93231/age/1/sex/4>

- 4.21 The main risk factors for CVD¹² 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.

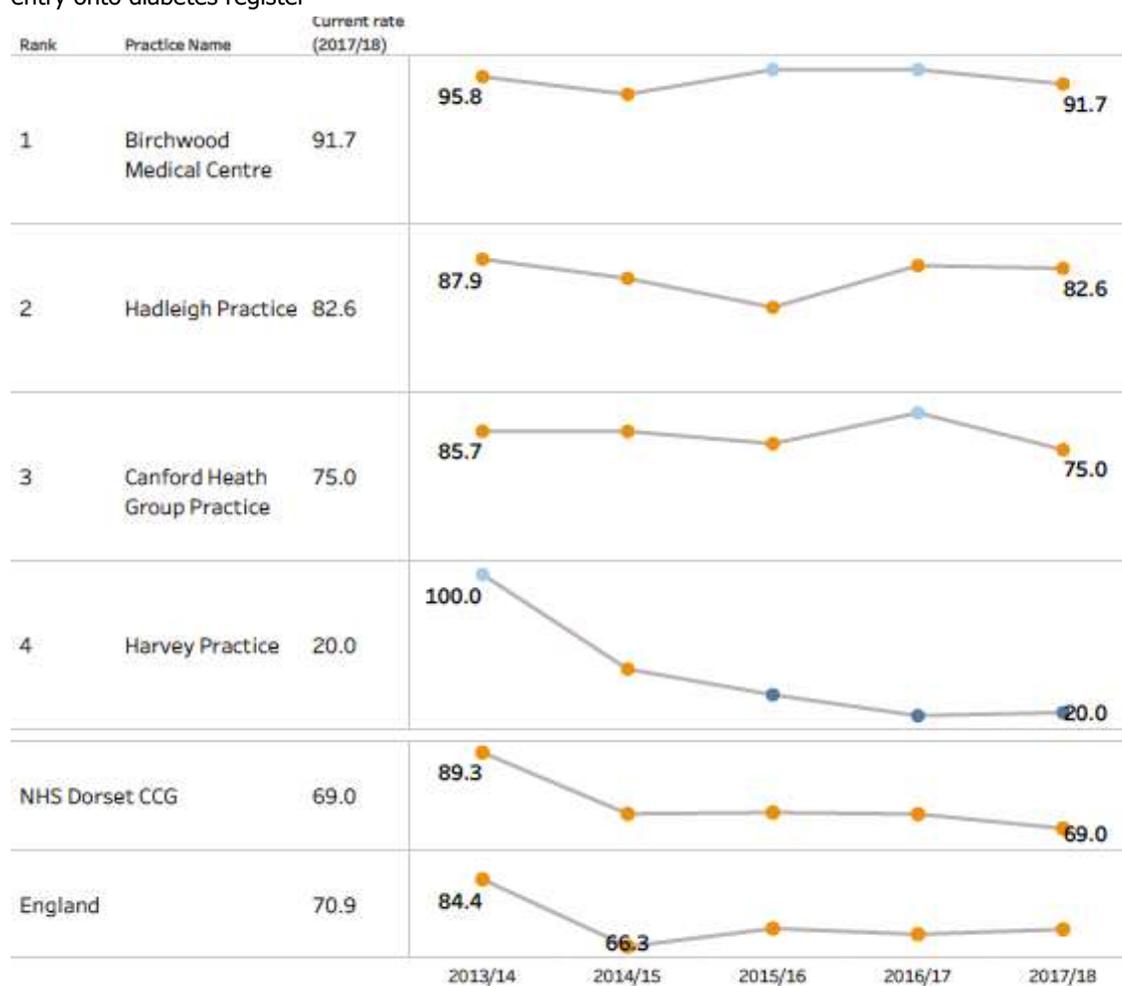
Diabetes management

- 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 Poole North Locality the prevalence of diabetes has increased in line with national trends. Levels across the four practices are similar to those for England overall. The prevalence varies from a low of 6.2% in Birchwood Medical Centre to 6.8% in Canford Heath Group Practice, this being equal to the England average and above the Dorset average of 6.4%.
- 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 care¹³. This measure shows decreases (Figure 5) in all four Poole North practices over the last 5 years.
- 4.28 The most recent data (2017/18) shows three of the four practices as having similar percentages of newly diagnosed diabetic patients referred to a structured educational programme within 9 months of entry onto the register, to England and Dorset averages. Harvey Practice is significantly below England and Dorset averages. .

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

Figure 5: Percentage of newly diagnosed diabetic patients referred to structured education programme within 9 months of entry onto diabetes register



■ Lower
 ■ Similar
 ■ Higher

Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/Diabetesmanagement201718/DiabetesManagement> accessed 27/01/2020

last

- 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-effect¹⁴.
- 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 outcomes¹⁵; alternative approaches should be used to engage those patients who do not attend medical check-ups.
- 4.31 *All four Poole North practices showed significantly higher diabetes exception rates in 2017/18 than the England average.*
- 4.32 Effective sugar control across the Poole North practices is generally similar to that for England and Dorset. Blood pressure control for Poole North Diabetics is significantly higher than England and Dorset averages for Harvey Practice, see Figure 6 over-age)¹⁶.

¹⁴ <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

¹⁵ <https://www.hsj.co.uk/comment/time-to-scrap-gp-exception-reporting/5023669.article> last accessed 10 October 2019

¹⁶ <https://public.tableau.com/profile/public.health.dorset#!/vizhome/Diabetesmanagement201718/DiabetesManagement> last accessed 27/01/2020

Figure 6: Percentage of diabetic patients achieving blood pressure control in Poole North Locality



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/Diabetesmanagement201718/DiabetesManagement> last accessed 27/01/2020

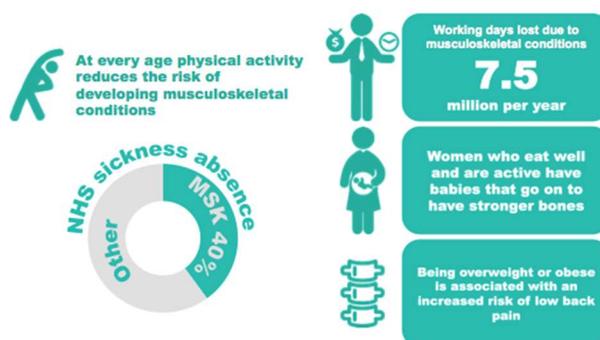
4.33 People with diabetes and high blood pressure are more at risk of having a heart attack or stroke¹⁷. The percentage of patients with established hypertension, as recorded on practice disease registers (proportion of total list size), is consistently significantly higher in the Harvey and Hadleigh practices than the England average.

¹⁷ <https://www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/blood-pressure> last accessed 12 October 2019

Musculoskeletal disorders

- 4.34 Low back pain (6% of total Poole DALYs) and neck pain (2%) comprise ¾ of all musculoskeletal disorder DALYs.
- 4.35 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.
- 4.36 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).
- 4.37 Sixteen percent of people in Poole North reported have a limiting long term illness or disability, this being significantly lower (better) than the England average and the second lowest of the 13 Dorset Localities.
- 4.38 *LTLI* however varies considerably across the six areas within the Locality. *Creekmoor is significantly worse than the England average and the highest in the Locality*; in contrast, Canford Heath East, Merley, Canford Heath West and Corfe Mullen are all significantly lower than the England average.

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



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

- 4.42 Almost half of the DALYs arising from neurological disorders in Poole are accounted for by Alzheimers and other dementias (4.6% of all cause DALYs in Poole).
- 4.43 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 level¹⁸.
- 4.44 In keeping with national and Dorset wide trends, the prevalence of dementia recorded by Poole North practices has increased over recent years.
- 4.45 *Harvey and Hadleigh Practices* consistently record *significantly higher levels of dementia than the England average*.
- 4.46 There is variation across the Poole North practices in terms of the percentage of dementia patients with a care plan reviewed in the past 12 months.
- 4.47 In the following chart (Figure 7) we can see that:
- Proportions have fallen across all four practices between 2016/17 to 2017/18
 - Of the four practices only Birchwood Medical Centre achieves a higher level than the average across Dorset.

Figure 7 Percentage of dementia patients with a care plan reviewed in the previous 12 months



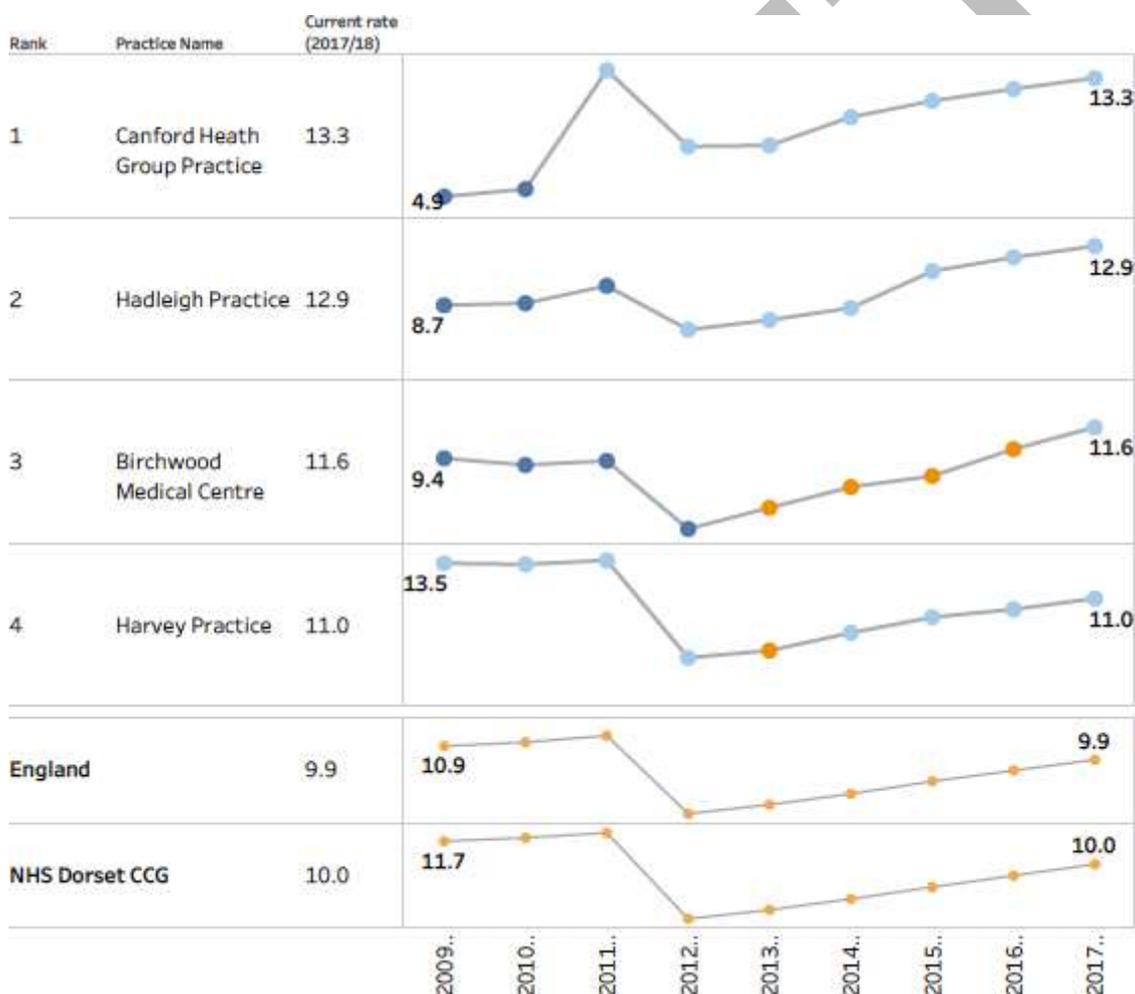
Source:

<https://public.tableau.com/profile/public.health.dorset#!/vizhome/GPPPracticeMentalHealthIndicators201718/MentalHealth?publish=yes> last accessed 27/01/2020

¹⁸ <https://www.nhs.uk/conditions/dementia/dementia-prevention/> last accessed 17th December 2019

- 4.48 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’¹⁹.
- 4.49 Exception rates in Poole North practices are consistently similar to, or lower than, the England average. In contrast with the increase in figures for England overall, exception rates for dementia indicators for the Hadleigh Practice showed a decline over the last 7 years²⁰.
- 4.50 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 progression²¹.
- 4.51 The following chart (Figure 8) shows the *prevalence of adult depression* to have fallen between 2009/10 and 2012/13, and then risen through to 2017/18 in the 4 Poole North practices.
- 4.52 *Compared with the England average the 4 Poole North practices are significantly higher.*

Figure 8: Percentage of patients aged 18 years and over with recorded depression



Lower
Similar
Higher

<https://public.tableau.com/profile/public.health.dorset#!/vizhome/GPPracticeMentalHealthIndicators201718/MentalHealth?publish=yes> last accessed 27/01/2020

¹⁹ <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

²⁰ <https://public.tableau.com/profile/public.health.dorset#!/vizhome/GPPracticeMentalHealthIndicators201718/MentalHealth?publish=yes> last accessed 27th January 2020

²¹ <https://www.nice.org.uk/guidance/ng16> last accessed 17th December 2019

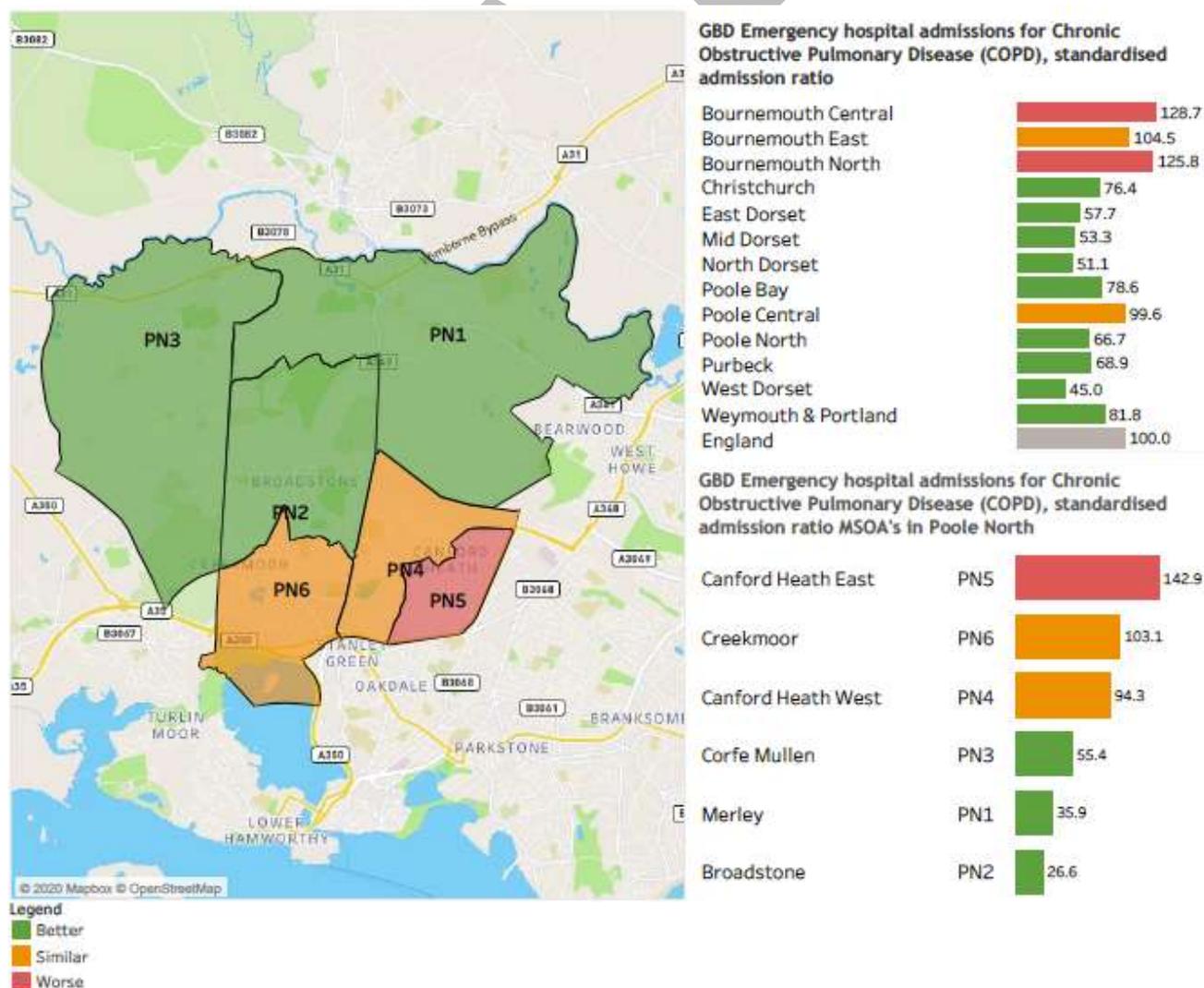
Chronic respiratory diseases

4.53 The largest disease in this category is chronic obstructive pulmonary disease (COPD) which accounts for 70% of chronic respiratory diseases (4.3% of all causes DALYs for Poole).

Chronic obstructive pulmonary disease (COPD)

- 4.54 Nationally, 3,000,000 people are estimated to have COPD, of which only one third are diagnosed.
- 4.55 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.
- 4.56 At the Poole North Locality level, Emergency admissions for COPD are significantly better (lower) than the England average; the Locality is ranked 9th highest of the 13 Dorset Localities.
- 4.57 There is considerable variation within the Locality in emergency admissions for COPD. As we see in Figure 9 below, the ratios for areas within the Locality range from a low of 26.6 in Broadstone (significantly lower than the England ratio) to 142.9 in Canford Heath East (significantly higher than the England ratio and amongst the top 20% of area ratios across Dorset).

Figure 9 Emergency hospital admissions for COPD, Poole North



Source: <https://public.tableau.com/profile/public.health.dorset#!/vizhome/PrimaryCareLocalityProfile/Themes> last accessed 27th January 2020

- 4.58 Lung cancer is closely associated with COPD. The incidence of lung cancer is significantly better (lower) in Poole North (compared with England) with no areas within the locality showing significantly higher rates than the England average²².
- 4.59 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 Poole North.
- 4.60 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.
- 4.61 Stop smoking advice is provided locally by LiveWell Dorset (<https://www.livewelldorset.co.uk/stop-smoking/>)

Themes to consider for locality initiatives:

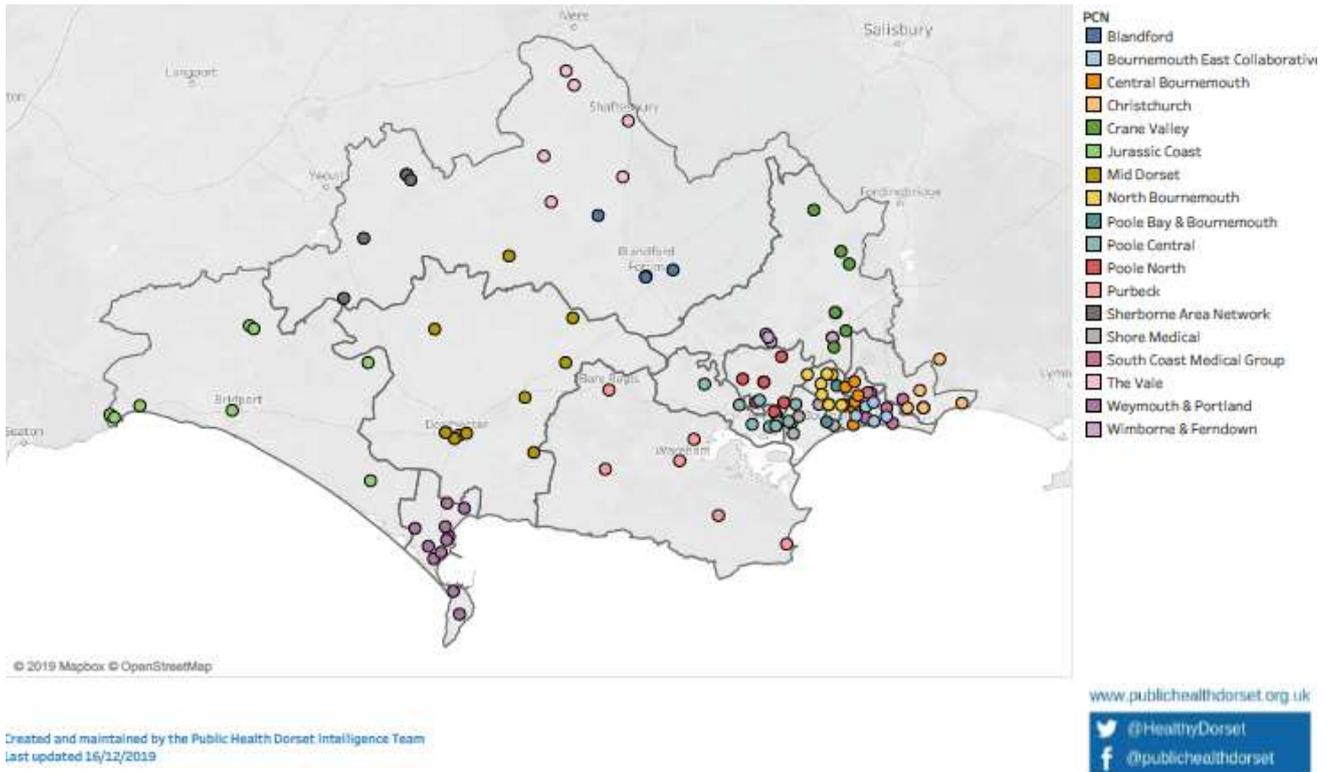
1. The smoking prevalence in Poole North varies considerably from 9.4% in the Hadleigh and Harvey Practices to 17.8% in the Birchwood Medical Centre
2. Poole North emergency admissions for CHD are higher than expected compared with England, with the Locality having the 2nd highest level of the 13 Dorset Localities. Admissions are significantly higher in Canford Heath West, Canford Heath East and Creekmoor
3. The prevalence of adult depression is significantly higher in the four Poole North practices compared with the England average
4. There is considerable variation within the Locality in emergency admissions for COPD; from a low of 26.6 in Broadstone to 142.9 in Canford Heath East (significantly higher than the England ratio and amongst the top 20% of area ratios across Dorset).

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 27th January 2020.

GP practices and branch surgeries by Primary Care Network



CCG Locality Boundaries based on MSOAs

