

## **Bournemouth Central Locality Transformation Plan & Prevention at Scale** **Key Health & Wellbeing Issues**

### **1. Introduction:**

For many years locality profiles have been developed by a variety of organisations.

The impact of these reports has been variable. In part because of the lack of local ownership of the data, differences in interpretation of what the data means and therefore what should be the priorities for action, plus the limited focus on effective action across local organisations and communities.

However, with the advent of the system wide Sustainability & Transformation Plan [STP] and related developments e.g. Accountable Care Systems [ACS] we need to ensure locally appropriate intelligence across all aspects of our work.

The basis for the current work on the STP is the Five Year Forward View which defined three gaps for a system response to address, namely the:

- Health & Wellbeing gap
- Care & Quality gap and the
- Finance gap

The Dorset STP by way of response to this, outlines five programmes:

- Prevention at Scale [PAS]
- Integrated Community & Primary Care Services
- One Acute Network
- Workforce and Learning
- Digital transformation

This document is an attempt to respond to these challenges in the context of the Prevention at Scale programme of the STP and the primary care locality transformation plans. The PAS programme seeks to identify actions at various times in the life-course to improve health outcomes.

Many of the proposed actions, especially in the early years, have an influence on a wide variety of health outcomes e.g. reducing childhood obesity impacts cancer, heart disease and diabetes rates [among others]. The three phases of the life-course we have used are:

- Starting well – the child and adolescent years
- Living well – the adult and working years
- Ageing well - the later working and retirement years

In addition, we have included

- Healthy places as a work stream-recognising the importance of the environment in which we all live, work and play

These cover prevention at all levels. Importantly they focus on responses by:

- Individuals: behaviour change
- Organisation: new models of primary care and community services
- Place: including local environment, housing, economy, education.

## 2. Locality Data:

In implementing the national plans outlined above it is important to consider local data so any response accurately reflects local need and local priorities. Public Health England is the principal national source of data on health outcomes and they have two sets of relevant nationally validated 'local profiles'. The first is based on local authority geographical boundaries and covers a wide range of health & wellbeing outcomes. The second is based around individual general practices and uses the following headings:

- Local demography
- Quality and Outcomes Framework domains
- Cancer Services
- Child health
- Antibiotic prescribing
- Patient satisfaction

For practical purposes, we have merged the two data sets above to produce profiles for the various GP practice locality areas so we can align the various indicator sets as far as possible. These profiles focus on three broad areas:

- **Community:** wider determinants of health
- **Lifestyles:** individual behaviours that impact on health
- **Health & Ill health:** health and wellbeing outcomes

The data for these three areas are shown in the appendices.

The information we have worked with was obtained from the following websites and uses the most up to date data available.

<https://fingertips.phe.org.uk>.

[www.localhealth.org.uk/](http://www.localhealth.org.uk/)

Our analysis will also be available in interactive format on the Public Health Dorset website:

<http://www.publichealthdorset.org.uk/>

There are other publicly available data sets that focus on different geographical areas which contain different indicators. In particular, there is information available for children and for mental health conditions that you may find helpful. Locally areas have also produced their own profiles. For example, in Bournemouth and Poole there was a piece of work looking at "Loneliness in Later Life" earlier this year.

## 3. Bournemouth Central – Summary Findings

Bournemouth Central is an urban area. It has practices that cover a younger population, with most of the population falling between the ages of 15-44 years. Despite this there is a high proportion of pensioners living alone, with many residing in the more deprived areas of the locality. The population benefits from low levels of unemployment, lower than average levels of income deprivation and overall levels of child poverty are below the England average.

- **Community factors for health and wellbeing:**
  - The proportion of pensioners living alone is significantly higher than the England average and is higher than the Dorset average.
  - Older people living in deprivation is above the England average
  - Overcrowding is high in Bournemouth Central
  
- **Lifestyles:**
  - Smoking prevalence (15+) is generally similar to or higher than the England average
  - Binge drinking in adults is higher than the Dorset CCG and England average
  - Hospital stays for alcohol related harm are significantly higher than the England average
  - Obesity rates in adults and children are of concern
  - In under five-year olds, emergency admissions are above the England average
  - A number of practices are not reaching the MMR immunisation target of 95%
  - Breast screening coverage is variable. Most practices are not reaching the “achievable” levels of 80% and some are not reaching the “acceptable” target of 70%
  
- **Health/III-health:**
  - Life expectancy varies by over 5 years for both men and women across the locality
  - Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) are significantly higher than the England average
  - The levels of exception reporting for diabetes is high in the locality. There are low numbers of patients identified with diabetes and the proportion of diabetic patients achieving good blood pressure control is low
  - Hospital stays for self-harm are higher in Bournemouth Central than the National average
  - Emergency hospital admissions for hip fracture in the over 65s is high
  - There is variation in the level of recorded depression (18+) across practices
  - Cancer incidence in the locality is higher than the England average

#### **4. Links to STP Plan:**

The tables below show the links between the current challenges in the locality and existing projects within the four Prevention at Scale work streams. The next steps column is an opportunity to explore how working as part of a health and social care system, some of these indicators of poor health and wellbeing outcomes could be improved. The development of GP transformation plans allows for this discussion.

It can often be overlooked that health and social care outcome measures are not evenly distributed within a population and are not only found in so called “areas of deprivation”. Even within a locality there could be considerable variation e.g. Bournemouth Central see map x and poor outcomes can be masked for individuals when they reside in areas that have overall good health and social outcomes.

## Starting Well-the child and adolescent years

The local challenge	PAS Project objective	Next steps – potential locality implementation
Childhood obesity	Improve Health Visitor/Early Years offer Increase Physical activity in school age children at school	Are there new ways to support health visitors to work with families at risk?  Work has already started looking at the role of school day activity and active travel to and from school.  Work is beginning to look at engaging obese or underweight children identified by the NCMP and their families to be referred onto LiveWell Dorset.  Supporting GP practices to refer families to LiveWell Dorset.
Emergency admissions for under 5 year olds are higher than the national average	Ensuring an effective, single 0-5 years offer	There are opportunities to improve pathways for families with young children and further work to provide seamless movement between the services who work with young families.
Low uptake of MMR	Improve uptake of childhood vaccinations	Is there work ongoing with NHSE and PHE to develop plans to address immunisation coverage?  Are there ways to improve information and support for parent/carers on immunisations via health visitors and other early years settings?

## Living well-the adult and working years

The local challenge	PAS project objective	Next steps-potential locality implementation
Locality has a high prevalence of unhealthy behaviours including smoking and alcohol misuse in some areas	Increase use of LiveWell Dorset service, linking with targeted health checks.	To promote LiveWell Dorset digital platform so individuals can engage independently.  Could practices work more closely with LiveWell Dorset coaches as part of improved offer in primary care in selected areas?  There will be opportunities to explore behaviours more routinely using the new digital behaviour change platform in general practice, linking with the GP public health fellow Emer Forde.
Emergency hospital admissions for COPD are high	Increase number of Health Checks delivered to vulnerable groups in specified localities. Engage people with LiveWell Dorset after a health check or engagement with	How can your practices work with the new health checks provider to ensure groups most at risk of COPD are included?  How do you efficiently support those identified with medium to high risks?  How can the locality work to increase referrals of this group to LiveWell Dorset?

	primary care in order to reduce lifestyle risk factors for COPD.	
Locality has a high proportion of adults who are obese	Implement a systematic approach to increasing physical activity – workforce training in brief interventions.  Increase awareness of LiveWell Dorset.	Locality to increase the number of people supported to be more active through brief interventions in primary care and to have support from LiveWell Dorset, and use of the Natural Choices service.  Could your locality to work with key stakeholders to develop a systematic approach to encourage physical activity in the older age groups linked to the Sport England Active Ageing programme?
Variable breast screening coverage	Improve breast screening coverage	How can the locality work to encourage women to attend screening?

### Ageing well-the later working years and retirement

The local challenge	PAS project objective	Next steps-potential locality implementation
Improving diabetes management in the locality	Reduce variation in the management of diabetes in Bournemouth Central.	How could you work, as part of a system, help more people achieve better control of their individual risks, including use of peer support approaches and improved access to LiveWell Dorset.
Hospital stays for alcohol related harm are higher than the national average	To reduce alcohol misuse	Opportunities exist to increase referrals to LiveWell Dorset.  Introducing alcohol screening and brief intervention across secondary care .  How does the locality work to explore societal changes for reducing unhealthy behaviours?
The proportion of pensioners living alone is significantly higher than England  Admission rates for fractured neck of femur are higher than England	Frailty and loneliness	Is there more to be done to integrate a more prevention oriented approach to frailty and falls prevention?  Could work be done with the 3rd sector support work to combat isolation and loneliness to maintain good mental health?

### Healthy places-where we live, work and play

The local challenge	PAS project objective	Next steps-potential locality implementation
Overcrowding is high in Bournemouth Central	Healthy Homes/Safe and Well programme (Dorset & Wiltshire Fire and Rescue Service)	How can you work with partners to support those who may be living in unsuitable accommodation?

<p>Whilst Dorset enjoys a generally good quality natural environment and surrounding green spaces, not all communities have good access or awareness.</p>	<p>Increase the accessibility and use of the natural environment/green spaces to encourage physical activity.</p>	<p>Work is ongoing to develop a map of accessibility to green space which will identify those communities with poor access.</p> <p>Primary care can refer individuals to LiveWell Dorset, who can signpost people to outdoor spaces.</p> <p>To increase awareness in the community of walking and/or exercise groups.</p>
<p>National Evidence indicates that limiting access to alcohol and fast food can have a positive impact on health outcomes</p>	<p>Work with Local Authority licensing teams to consider opportunities to limited access to alcohol/fast food.</p>	<p>There are opportunities to work together to identify if there are areas in Bournemouth Central which may benefit from limiting number of licensed premises. E.g. in close proximity to schools or areas with particular issues with alcohol related harm.</p>

It should be emphasised that this is not a prescription but a framework to start a discussion and importantly how we link local authority plans, the other strands of the STP, particularly integrated community and primary care services, and the locality specific primary care plans.

In so doing it is important to recognise that there is much of real merit already going on, and the challenge is to build on the best of the current work, share this experience with others, and integrate it within ongoing transformation plans at a local level.

Maintaining a commitment to prevention is never easy especially in times of austerity, and also as long as it is seen as somebody else's business or as 'nice to do'.

We should in future see it as an integral part of any systems approach to the development of the health and care system and in doing so ask ourselves at least the following questions:

- How do we scale up prevention and reduction of inequalities with a decreasing resource?
- What are the opportunities presented by Clinical Services Review, primary care development and the STP locally?
- What is going on now?
- How do we build on what is working?
- How do we communicate most effectively with professionals, politicians and people?

## Appendix One: Bournemouth Central Community profile

Indicators	Selection value	England value	Summary chart
Income deprivation - English Indices of Deprivation 2015 (%)	13.1	14.6	
Low Birth Weight of term babies (%)	3.1	2.8	
Child Poverty - English Indices of Deprivation 2015 (%)	17.9	19.9	
Child Development at age 5 (%)	N/A - Zero divide		
GCSE Achievement (5A*-C inc. Eng & Maths) (%)	N/A - Zero divide		
Unemployment (%)	1.4	1.8	
Long Term Unemployment (Rate/1,000 working age population)	2.2	3.7	
General Health - bad or very bad (%)	4.8	5.5	
General Health - very bad (%)	1.1	1.2	
Limiting long term illness or disability (%)	16	17.6	
Overcrowding (%)	15.6	8.7	
Provision of 1 hour or more unpaid care per week (%)	8.2	10.2	
Provision of 50 hours or more unpaid care per week (%)	1.7	2.4	
Pensioners living alone (%)	37.8	31.5	
Older People in Deprivation - English Indices of Deprivation 2015 (%)	19.9	16.2	
Deliveries to teenage mothers (%)	0.4	1.1	
Emergency admissions in under 5s (Crude rate per 1000)	169.4	149.2	
A&E attendances in under 5s (Crude rate per 1000)	361.9	551.6	
Admissions for injuries in under 5s (Crude rate per 10,000)	137.8	138.8	
Admissions for injuries in under 15s (Crude rate per 10,000)	111.1	108.3	
Admissions for injuries in 15 - 24 year olds (Crude rate per 10,000)	138.5	133.1	
Obese adults (%)	21.5	24.1	
Binge drinking adults (%)	29.7	20	
Healthy eating adults (%)	29.7	28.7	
Obese Children (Reception Year) (%)	8.6	9.3	
Children with excess weight (Reception Year) (%)	21.1	22.2	
Obese Children (Year 6) (%)	15.8	19.3	
Children with excess weight (Year 6) (%)	30.8	33.6	
Emergency hospital admissions for all causes (SAR)	112	100	
Emergency hospital admissions for CHD (SAR)	103.7	100	
Emergency hospital admissions for stroke (SAR)	100.4	100	
Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	96.4	100	
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)	113.1	100	
Incidence of all cancer (SIR)	109	100	
Incidence of breast cancer (SIR)	122.3	100	
Incidence of colorectal cancer (SIR)	113.1	100	
Incidence of lung cancer (SIR)	92.7	100	
Incidence of prostate cancer (SIR)	117.5	100	
Hospital stays for self harm (SAR)	164.3	100	
Hospital stays for alcohol related harm (SAR)	118.7	100	
Emergency hospital admissions for hip fracture in 65+ (SAR)	110	100	
Elective hospital admissions for hip replacement (SAR)	98.2	100	
Elective hospital admissions for knee replacement (SAR)	82.4	100	
Deaths from all causes, all ages (SMR)	102	100	
Deaths from all causes, under 65 years (SMR)	112.5	100	
Deaths from all causes, under 75 years (SMR)	110.4	100	
Deaths from all cancer, all ages (SMR)	98.1	100	
Deaths from all cancer, under 75 years (SMR)	101	100	
Deaths from circulatory disease, all ages (SMR)	102.1	100	
Deaths from circulatory disease, under 75 years (SMR)	113.3	100	
Deaths from coronary heart disease, all ages (SMR)	100.6	100	
Deaths from coronary heart disease, under 75 years (SMR)	97.9	100	
Deaths from stroke, all ages (SMR)	104.9	100	
Deaths from respiratory diseases, all ages (SMR)	84.8	100	

 significantly worse  significantly better  not significantly different from average

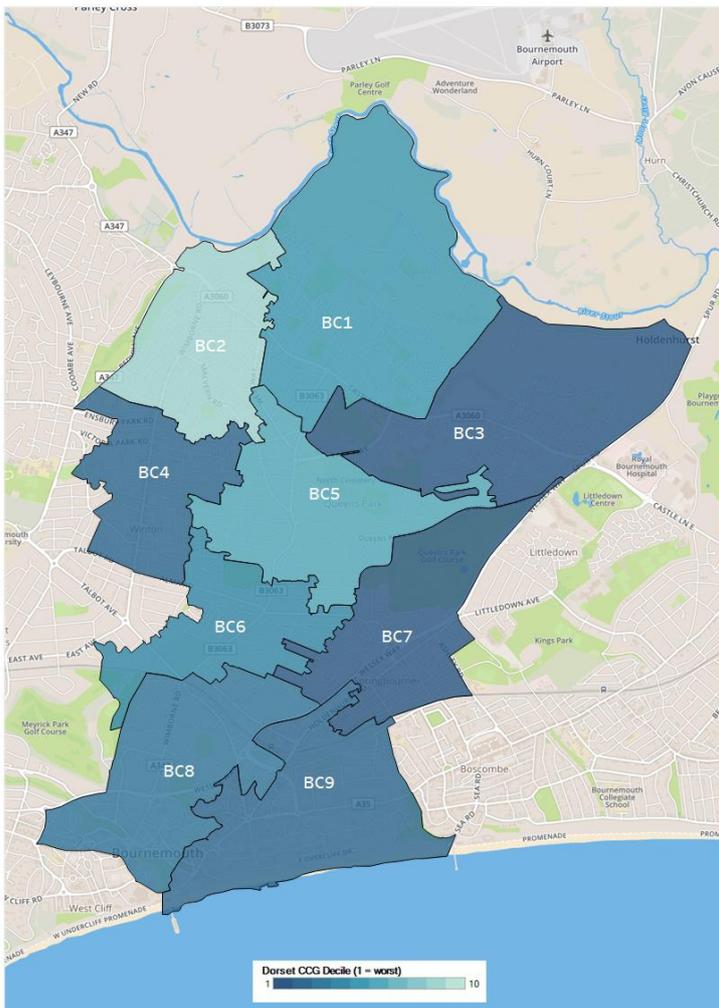
Source: Public Health England, Local Health Profile 2017

## Appendix Two: Bournemouth Central Community Factors for Health & Wellbeing

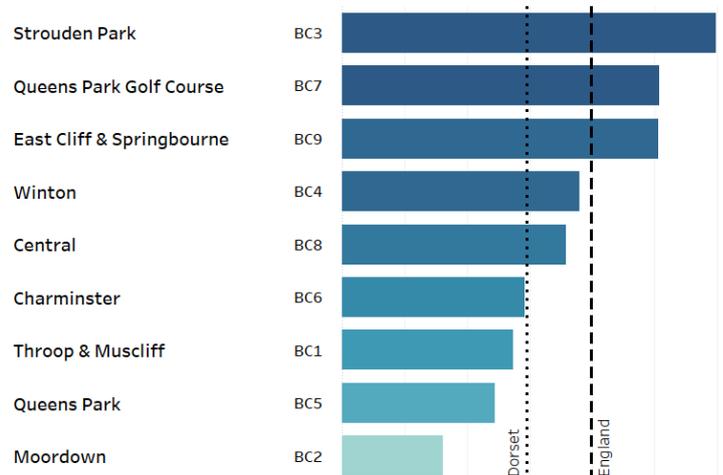
We have included some examples of the data that has been used in producing this locality profile. The full range of data can be found at:

<https://public.tableau.com/profile/public.health.dorset#!/>

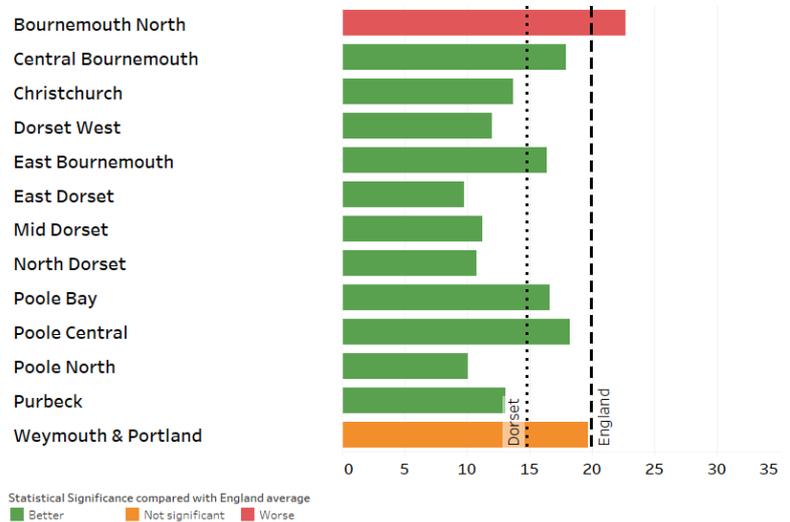
### Child Poverty (%)



Child Poverty (%) 2015: MSOA's in Central Bournemouth

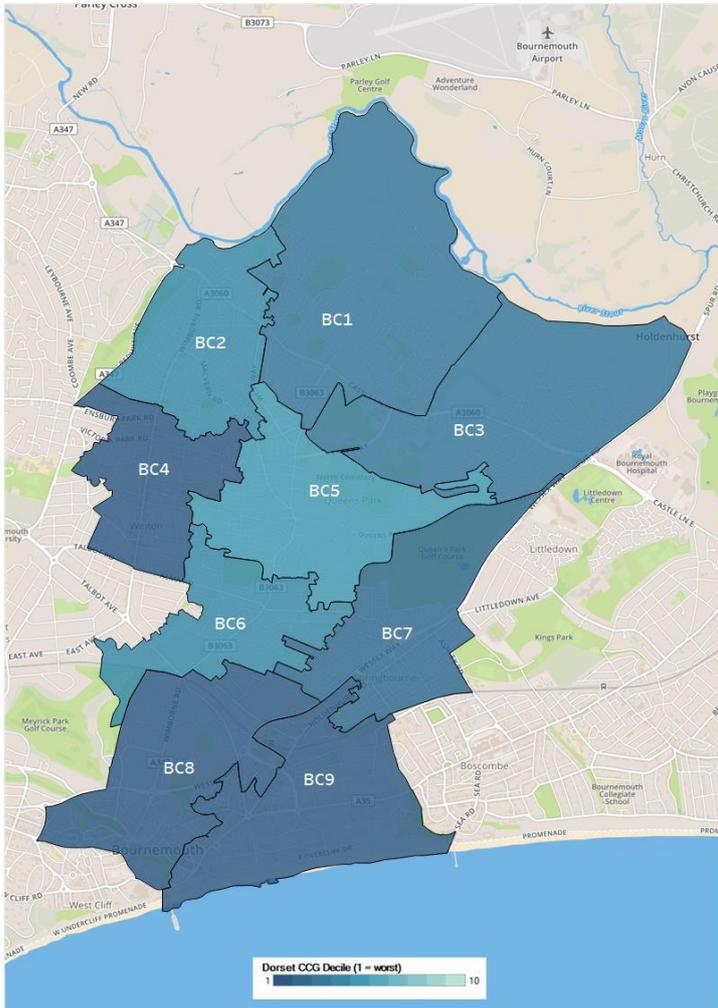


Child Poverty (%) 2015 by GP Localities - Community

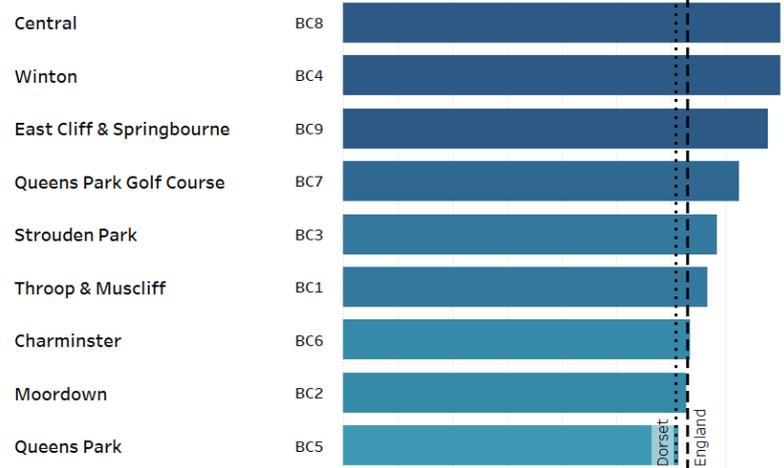


Source: Department of Communities and Local Government 2015, Child Poverty percentage – Income Deprivation Affecting Children Index (0-15 years old)

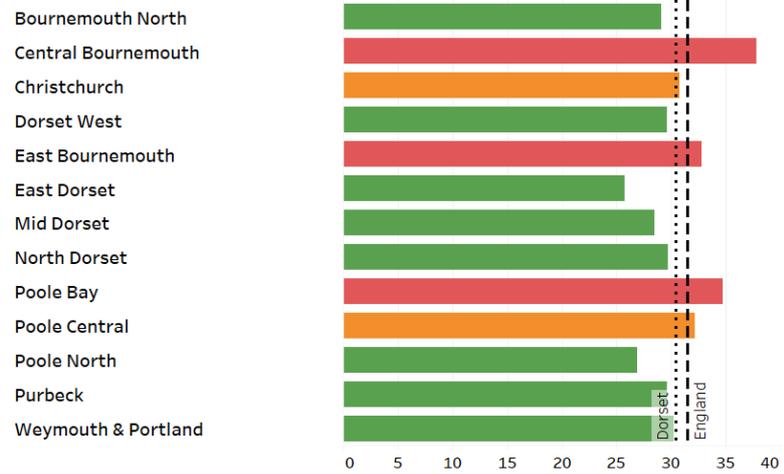
## Pensioners Living Alone (%)



Pensioners living alone (%) 2011: MSOA's in Central Bournemouth



Pensioners living alone (%) 2011 by GP Localities - Community

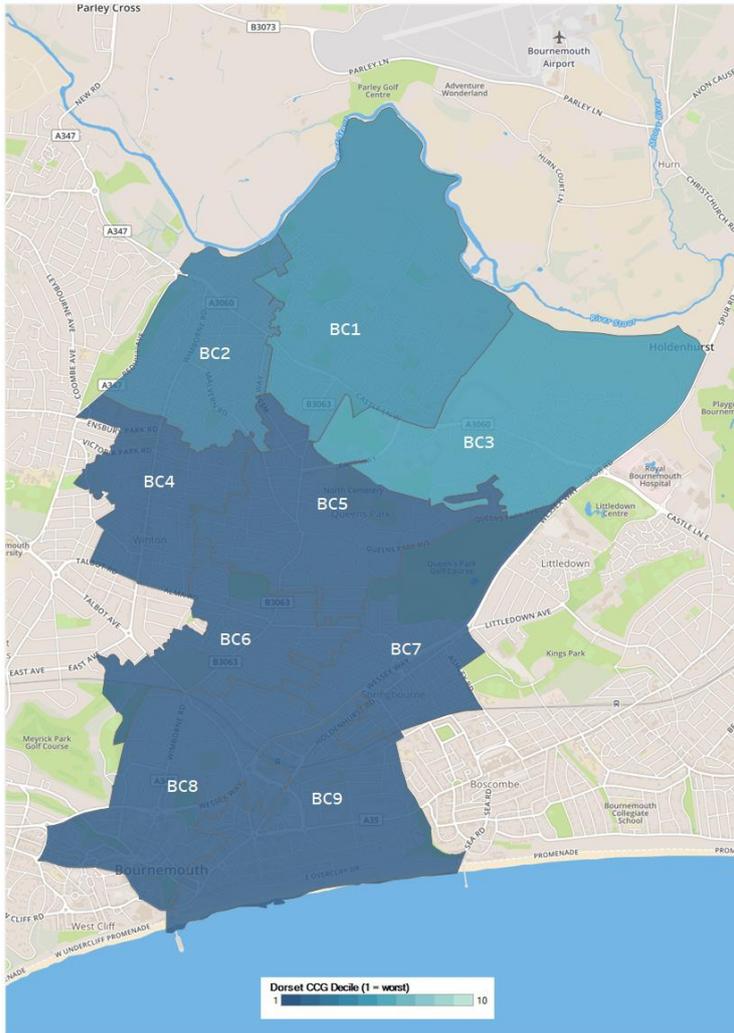


Statistical Significance compared with England average  
 ■ Better ■ Not significant ■ Worse

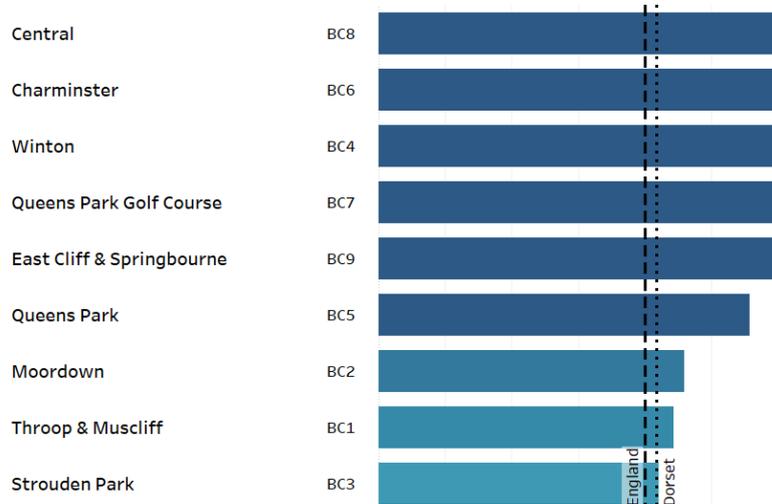
Source: 2011 Census, % of people aged 65 and over living alone as reported in the 2011 Census (people aged 65 and over)

## Appendix Three: Bournemouth Central Lifestyle Factors

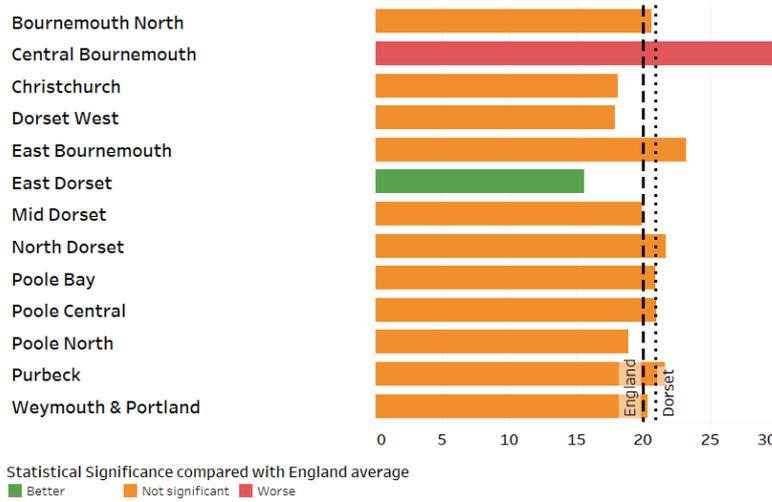
### Binge Drinking Adults (%)



Binge drinking adults (%) 2006 - 2008: MSOA's in Central Bournemouth

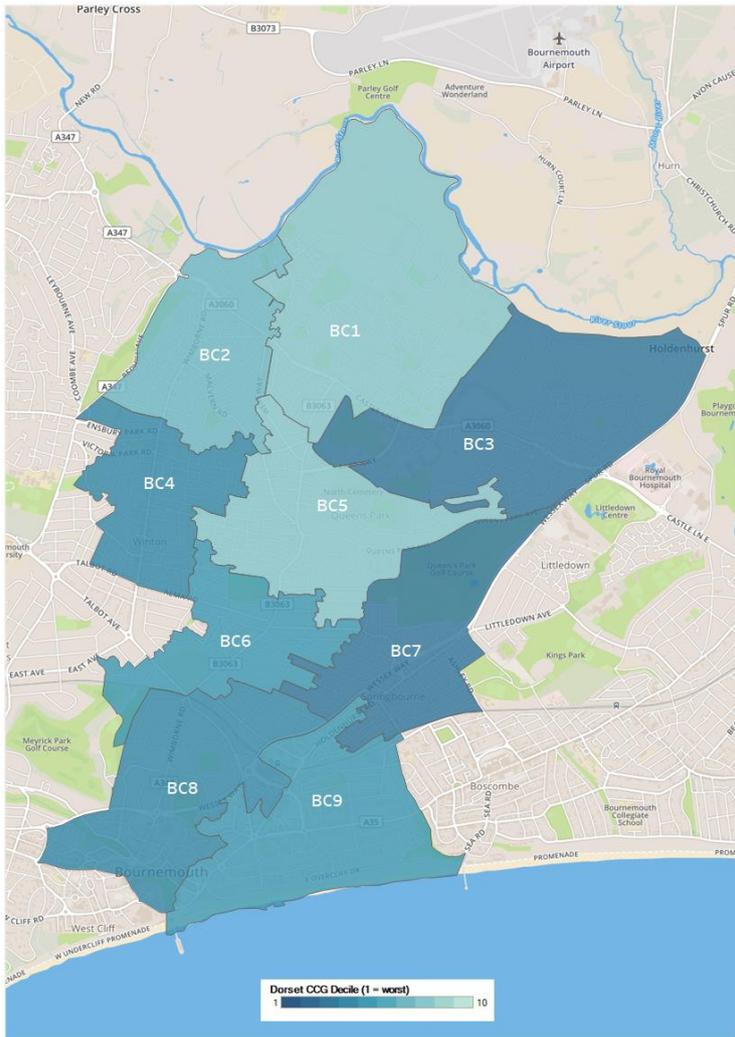


Binge drinking adults (%) 2006 - 2008: GP Localities - Lifestyles

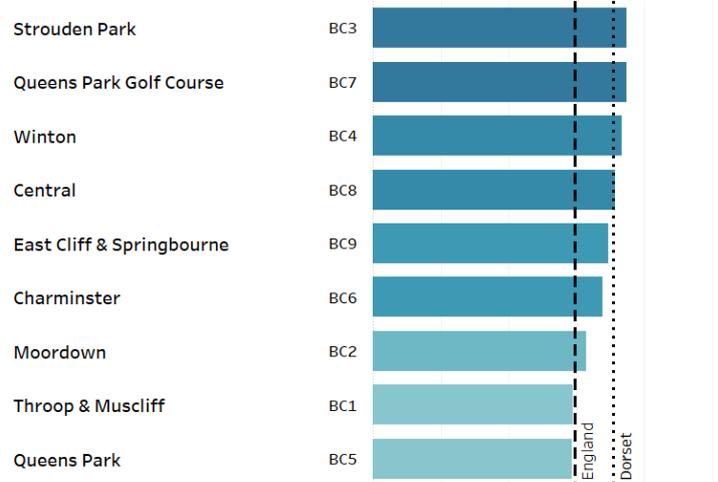


Source: Public Health England 2006 – 2008, estimated percentage of the population that binge drink. Binge drinking in adults is defined separately for men and women (16 years and over).

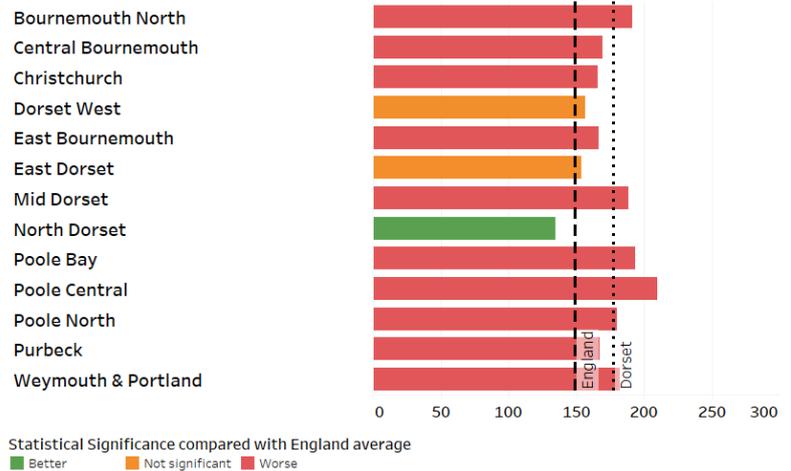
## Emergency admissions in <5s



Emergency admissions in under 5s per 1,000 2011/12 - 2015/16: MSOA's in Central Bournemouth



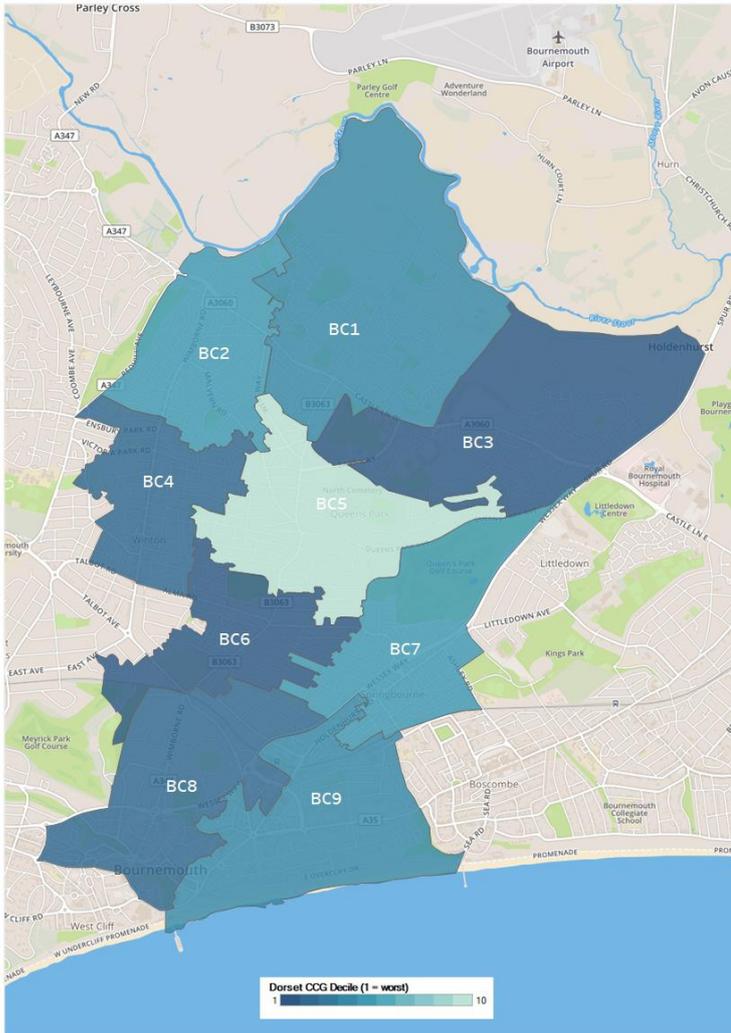
Emergency admissions in under 5s per 1,000 2011/12 - 2015/16 : GP Localities - Lifestyles 2



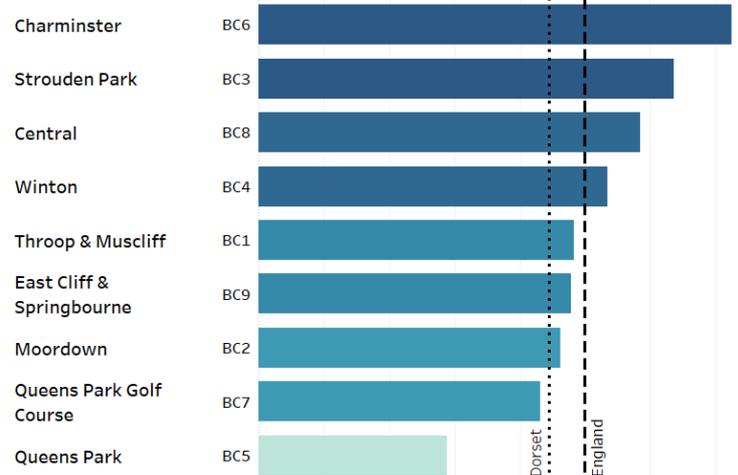
Source: Hospital Episode Statistics 2013/14-2015/16, Crude rate of emergency hospital admissions for children aged under 5 years per 1,000 resident population.

## Appendix Four: Bournemouth Central Health & Ill Health

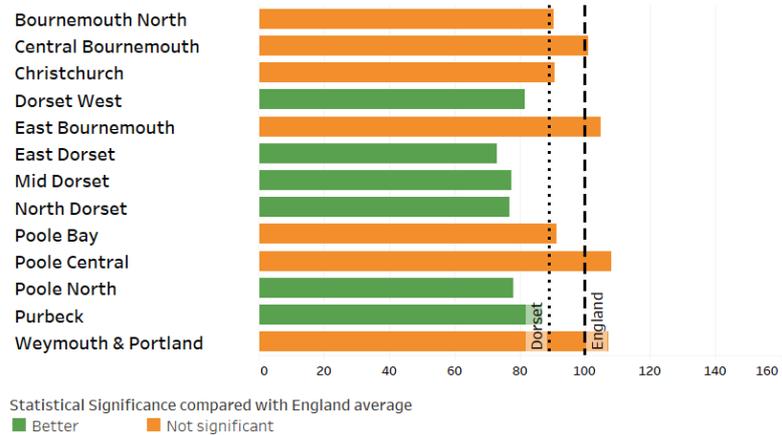
### Deaths from all Cancer, under 75 years



Deaths from all cancer, under 75 years (SMR) 2011 - 2015: MSAO's in Central Bournemouth

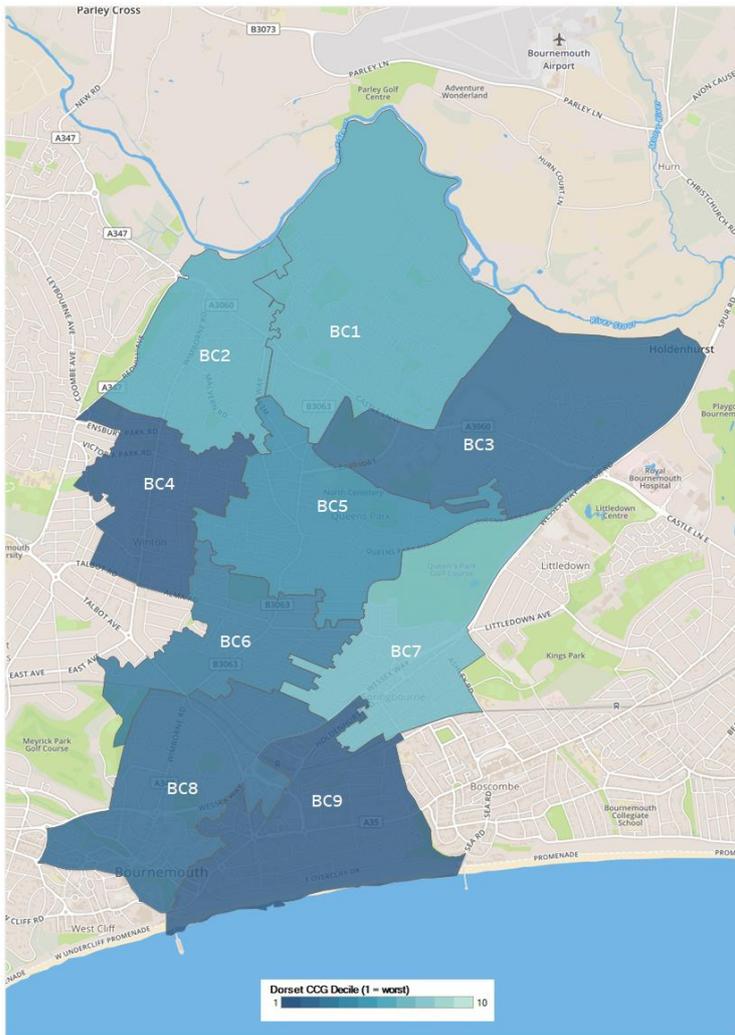


Deaths from all cancer, under 75 years (SMR) 2011 - 2015: GP Localities - Health & Ill Health

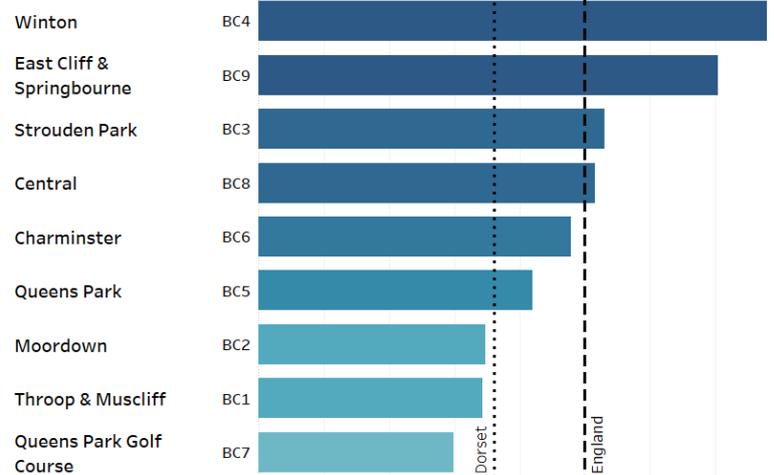


Source: Public Health England 2011- 2015, Standardised mortality ration for all deaths from all cancer (aged under 75)

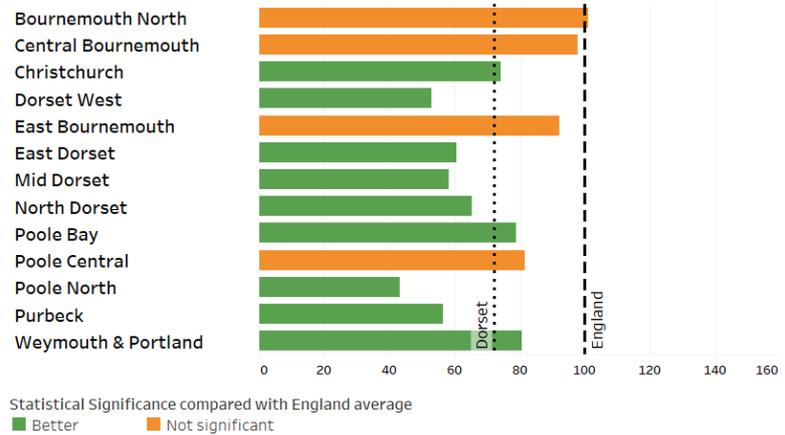
## Deaths from Coronary Heart Disease, under 75 years



Deaths from coronary heart disease, under 75 years (SMR) 2011 - 2015: MSOA's in Central Bournemouth



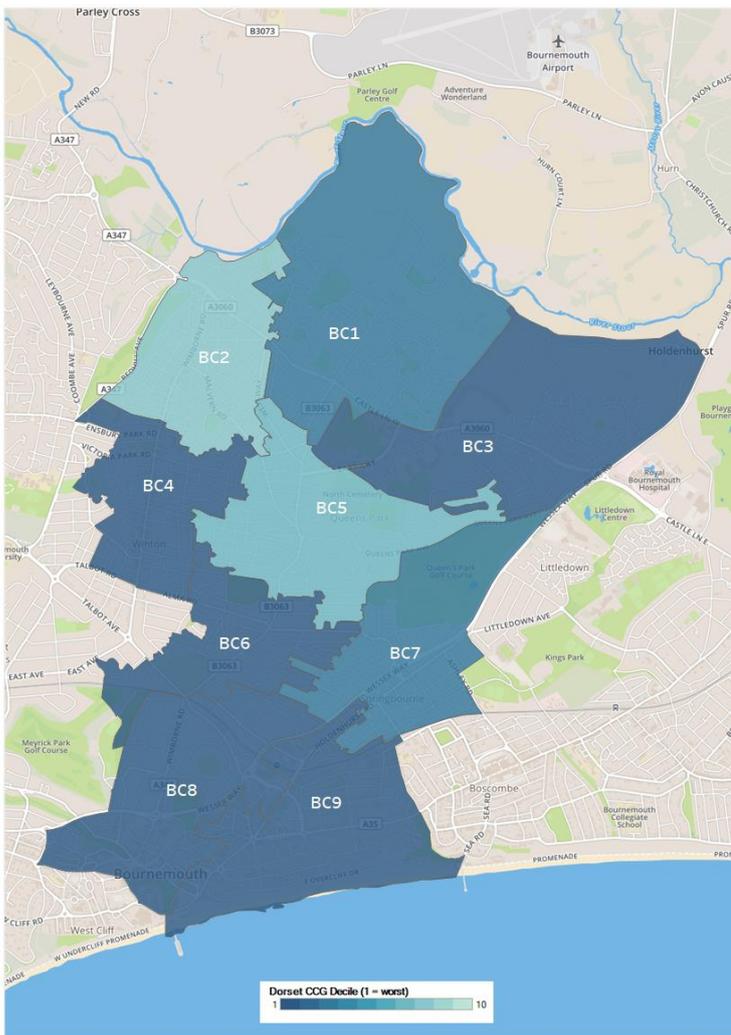
Deaths from coronary heart disease, under 75 years (SMR) 2011 - 2015: GP Localities - Health & Ill Health



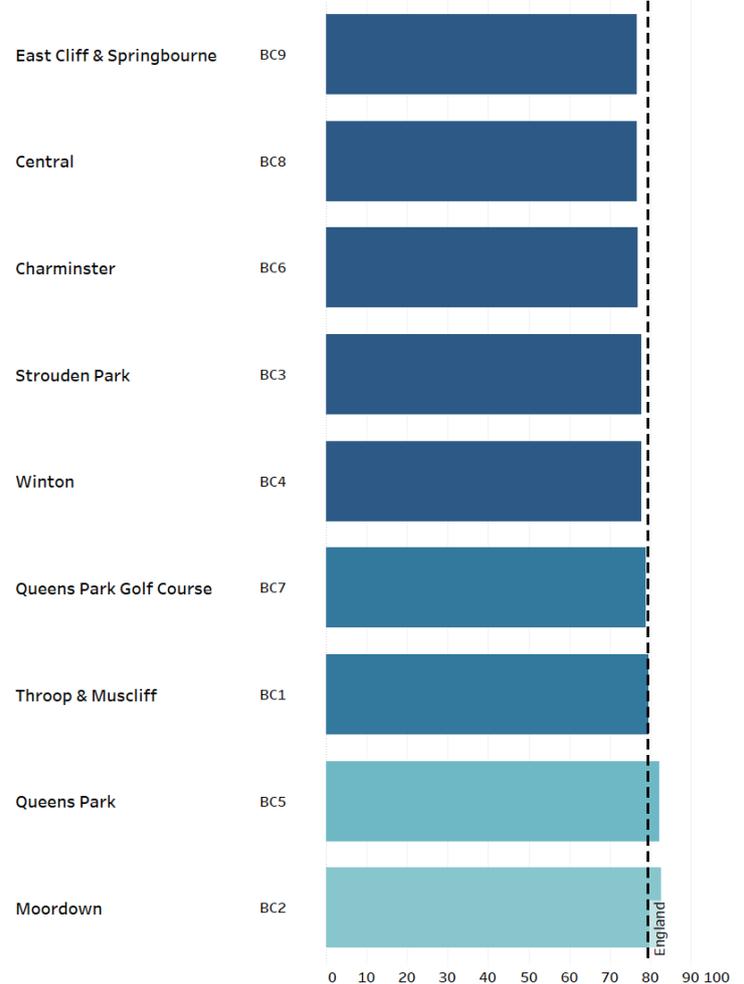
Source: Public Health England 2011 – 2015, Standardised mortality ratio for all deaths from all coronary heart disease (aged under 75)

## Appendix Five: Bournemouth Central Health & Ill Health: Life Expectancy

### Life expectancy at birth: Males

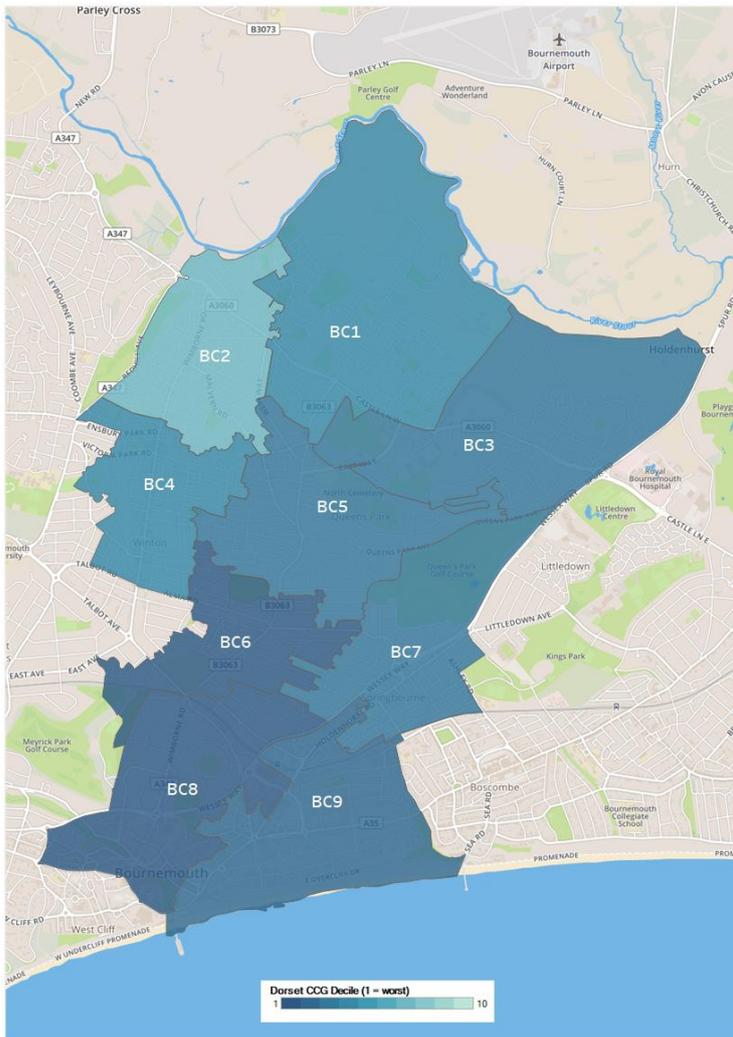


Life expectancy at birth for males (years) 2011-2015: MSOA's in Central Bournemouth

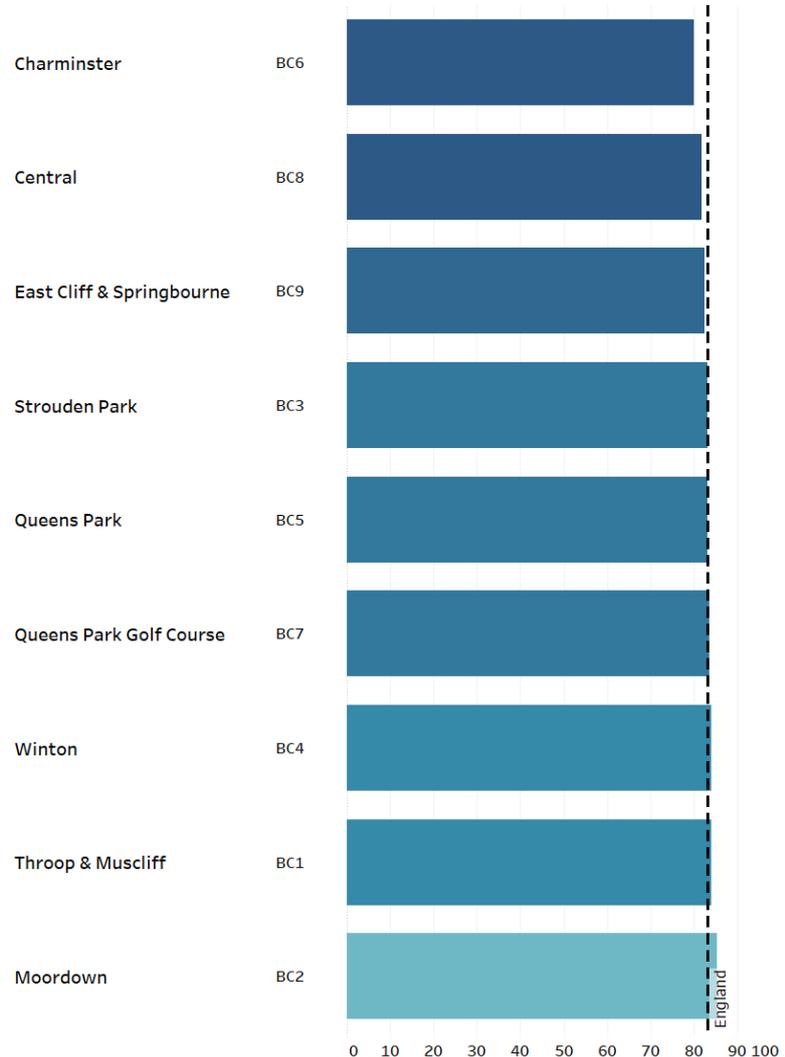


Source: Office of National Statistics, 2011-2015, Life expectancy at birth for males in years (all ages). Period life expectancy is the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a new-born baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life.

## Life expectancy at birth: Females



Life expectancy at birth for females (years) 2011-2015: MSOA's in Central Bournemouth



Source: Office of National Statistics, 2011-2015, Life expectancy at birth for females in years (all ages). Period life expectancy is the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a new-born baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life.

## Appendix Six: Bournemouth Central GP practice data

### Management of Diabetes

Management of diabetes for Central Bournemouth

	% of population registered as diabetic	% of whom are exception reported for diabetes	Blood pressure control (% in whom <140/80 mm Hg)	Effective sugar control (% in whom HbA1c <59mmol/mol)
Denmark Road Medical Centre	5.0	25.0	41.6	40.7
Holdenhurst Road Surgery	4.4	24.6	60.9	46.9
James Fisher Medical Centre	5.8	21.7	55.4	57.4
Moordown Medical Centre	6.2	13.2	78.3	61.1
Panton Practice	3.6	22.9	60.4	49.8
St Albans Medical Centre	5.7	13.7	62.0	58.6
Woodlea House Surgery	6.8	15.0	74.3	65.0
Dorset CCG	6.1	15.6	68.2	58.1
England	6.5	11.6	70.4	60.1

Compared to England value or percentiles

Higher Lower Same

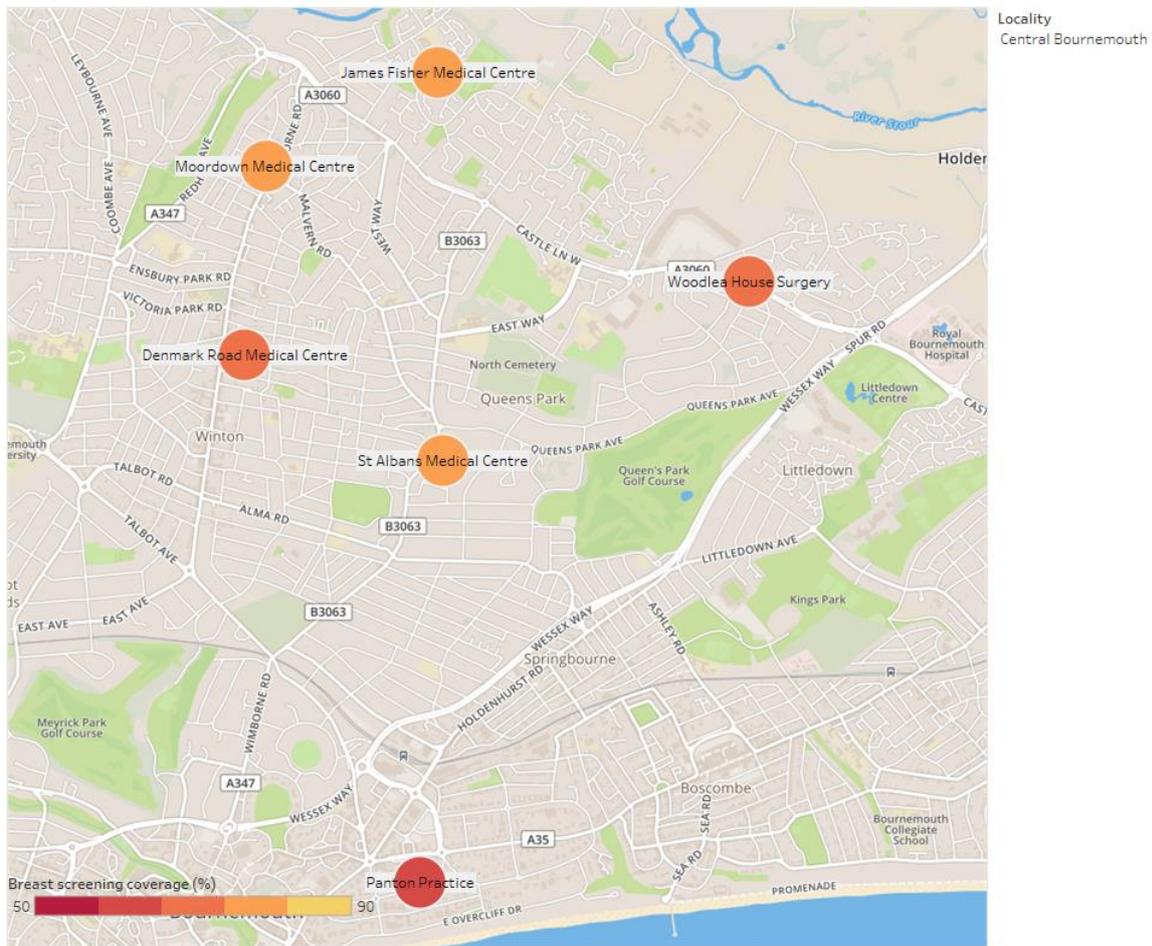
Source: Public Health England 2015/16, % of patients aged 17 years and over with diabetes mellitus, as recorded on practice disease registers.

Source: Public Health England 2015/16, The effective rate for diabetes indicators defined as the sum of exceptions as a proportion of the sum of exception and denominators in the diabetes group.

Source: Public Health England 2015/16, The percentage of patients with diabetes in whom the last blood pressure is 140/80 mm or less in the preceding 12 months.

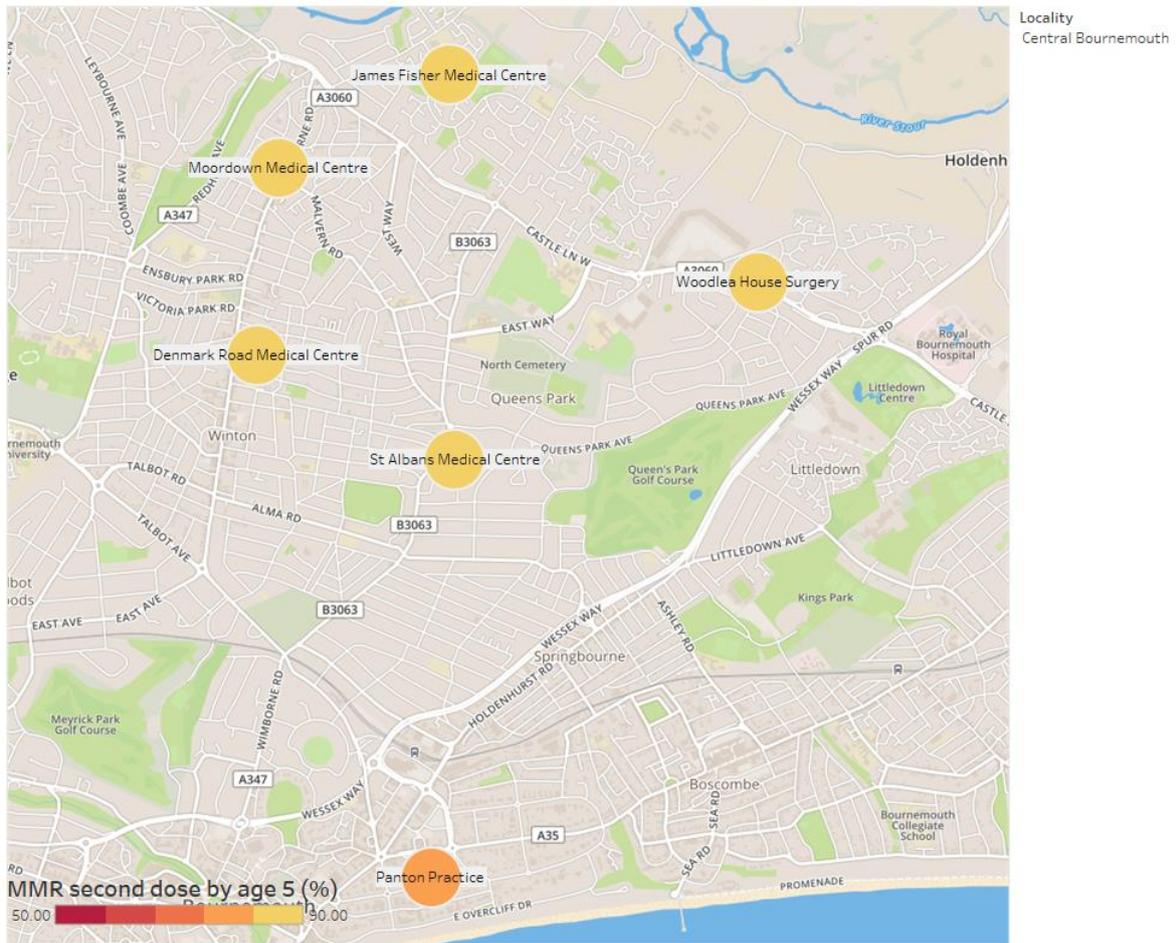
Source: Public Health England 2015/16, The percentage of patients with diabetes in whom the latest IFCC-HbA1c is 59 mmol/mol or less in the preceding 12 months.

## Breast Screening Coverage (%)



Source: NHS England 2016/17, % of females aged 50-70 screened for breast cancer in last 36 months (3 year coverage)

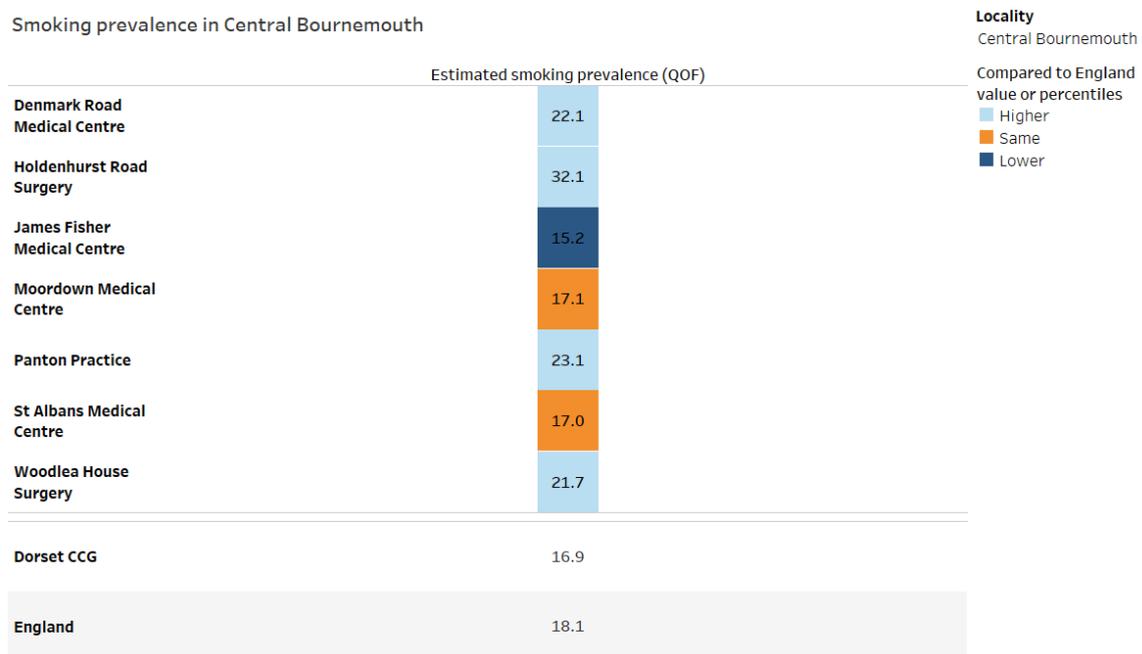
### MMR Second Dose by Age 5 (%)



Source: NHS England 2016/17, percentage of children who received 2 doses of MMR vaccine by their fifth birthday (where the first dose was given on or after their first birthday).

## Adult smoking (15+)

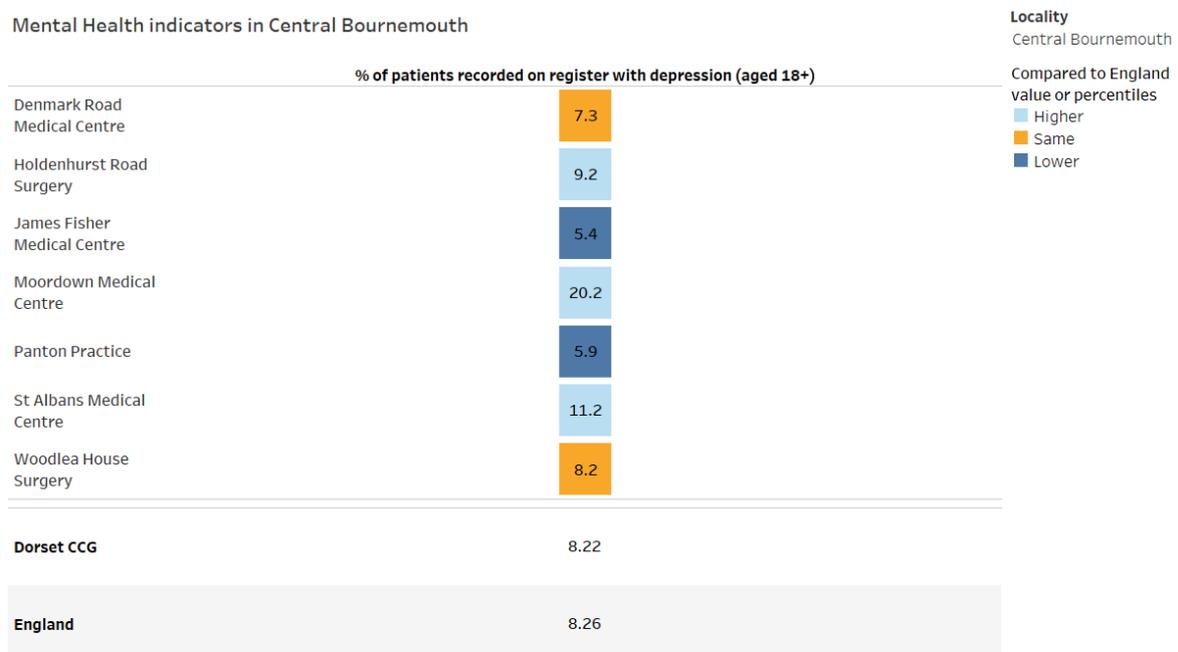
Smoking prevalence in Central Bournemouth



Source: Public Health England 2015/16, Percentage of patients that are recorded as current smokers (15 and over)

## Prevalence of depression

Mental Health indicators in Central Bournemouth



Source: Public Health England 2015/16, Percentage of patients aged 18 and over with depression, as recorded on practice disease registers.