

## **Bournemouth East 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, additional information is 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 East - Summary Findings

Bournemouth East locality has practices that cover a diverse population, including some neighbourhoods classified as among the most deprived anywhere in the South West of England. The locality also has practices that serve a more affluent and older population, especially towards the east of the area.

There are several challenges that contribute to the longer term development of health problems in the locality, including poor housing, overcrowding and a higher proportion of people living with limiting long term illness or disability.

The east of the locality has had many Houses of Multiple Occupation developed over the past twenty to thirty years, at the lowest end of the housing market. This has meant the area is one of the more affordable places for people to live who have long standing health issues, including addiction and mental health conditions. In some cases, this makes provision of primary care services more challenging. In addition, the area has a higher proportion of families and workers employed in the service industry who may not have English as their first language, which also raises access issues at times.

For practices with an older average population, based in the East of the locality, the provision of primary and community services to the frail and elderly population is an important issue. The area has a higher rate of hip fractures compared with England, so understanding how best to provide prevention oriented support in advance of these acute events, working with partners, will be important.

As many of these challenges are complex and interdependent, the Council and stakeholders established a regeneration partnership board to look at increasing the impact of work to tackle housing, education, crime, employment, environment and health issues. The Boscombe Health Theme Group has existed for the past four years as a sub-group to help drive improvements in health and wellbeing in the area. The [Boscombe Commitment](#) document provides further details on the identified actions being carried out to reduce the gap in health and wellbeing in the area.

- **Community factors for health and wellbeing:**
  - Bournemouth East has a higher proportion of pensioners living alone compared with England and is particularly high in Boscombe West
  - Income deprivation and child poverty levels are also among the highest of all CCG localities and particularly high in Boscombe West
  - Unemployment is highest of all the CCG localities, but not significant to levels for England
  - The proportion of older people living in deprivation is higher than the England average
  
- **Lifestyles:**
  - Obesity rates in children and adults are of concern
  - The proportion of adults who are classed as binge drinkers is second highest of all Dorset localities – particularly high in Boscombe West
  - Emergency admissions in the <5s are higher than the National average
  - Emergency admissions for all ages are higher than the National average
  - Admissions for injuries in those 15-24 years is above the England average
  - Most practices are not reaching the “acceptable” breast screening target of 70%
  - MMR uptake is variable; in some practice areas it is particularly low
  
- **Health/ill-health:**
  - Large differences in life expectancy across the locality exist. Differences of nearly 7 years in females and over 11 years in males are seen. The lowest figures are seen in Boscombe West

- The locality has significantly higher rates of premature deaths from all causes; local audits show the contributing causes are alcohol misuse, mental health and suicide, cardiovascular diseases and cancers
- The locality has the second highest rate of deaths from stroke of all localities and is above the England average
- Hospital stays for self-harm and alcohol related harm are higher than the England average
- There are low recorded levels of diabetes by practices
- In identified diabetics there are high levels of exception reporting and variation in blood pressure and blood sugar control
- The locality has a high prevalence of recorded severe mental illness

#### **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 (this can be seen in the example maps given in the appendices) 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**

<b>The local challenge</b>	<b>PAS Project objective</b>	<b>Next steps – potential locality implementation</b>
Bournemouth East has had historically lower rates of important childhood immunisations	Reducing variation in childhood immunisations	<p>Could the locality plan have clear steps on local workforce involvement in improving immunisations rates, working with CCG and NHS England?</p> <p>Could opportunities be explored for using other community staff, including health visitors, to undertake opportunistic catch up?</p>
Emergency admissions in the <5s are higher than the National average	Reducing childhood injury admissions	<p>What improvements can be made to support parents and carers of &lt;5s around injury prevention?</p> <p>Are there new ways to support health visitors and early years settings to work with families at risk?</p>
Childhood obesity	<p>Improve Health Visitor/Early Years offer</p> <p>Increase Physical activity in school age children at school</p>	<p>Work has already started looking at the role of school day activity and active travel to and from school</p> <p>Service commissioning developments have started to improve School Nurse campaign support and signposting to schools for parents/ carers post NCMP results</p>

		<p>Are there new ways to support health visitors to work with families at risk?</p> <p>How could your practice and or locality impact on this agenda?</p>
Admissions for injuries in those 15-24 years is above the England average	Mental health and emotional wellbeing	<p>How could different groups- health, education, third sector work collaboratively to help families understand what is normal development and where mental health issues may be developing?</p> <p>Could mental health first aid be taken up more widely by schools and colleges?</p> <p>Where do you fit in with the whole school approach to improving health and wellbeing?</p>

### Living well-the adult and working years

The local challenge	PAS project objective	Next steps-potential locality implementation
Hospital stays for alcohol related harm are above the England average	To reduce alcohol misuse	<p>Could primary care do more to promote support for people to take steps to reduce their drinking?</p> <p>Introducing alcohol screening and brief intervention across secondary care</p> <p>How does the locality work to explore societal changes for reducing unhealthy behaviours?</p>
The locality has a high prevalence of recorded severe mental illness	Implement systematic approach to improving mental wellbeing	<p>How can we protect the physical health of people with mental health conditions better?</p> <p>Could specialist services for people experiencing both mental health problems and financial difficulty are well integrated with other services, such as housing or welfare advice?</p>
Locality has a high proportion of adults who are obese	Implement a systematic approach to increasing physical activity – workforce training in brief interventions	<p>Could your locality increase the number of people supported to be more active through brief interventions in primary care, support from LiveWell Dorset, and use of the Natural Choices service?</p> <p>Could your locality 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?</p>

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

<b>The local challenge</b>	<b>PAS project objective</b>	<b>Next steps-potential locality implementation</b>
Improving diabetes management in the locality	Reduce variation in the secondary prevention of cardiovascular disease and pre-diabetes/chronic diabetes	<p>How can diabetes management be improved for the needs of individual patients?</p> <p>What communication improvements are needed between patients and clinical teams to impact positively on diabetes management?</p> <p>Links to increasing community capacity project and new voluntary sector co-ordinator role.</p> <p>How could you working 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?</p>
Most practices are not reaching the “acceptable” breast screening target of 70%	Improve breast screening coverage	How can the locality work to encourage women to attend screening?
Long-Term illness or disability is higher than the National average. A proportion of these will be living alone	Improving quality of life and reducing loneliness	<p>What can be done in the locality to improve service access and improve social inclusion?</p> <p>Is there more to be done to integrate a more prevention oriented approach to frailty and falls prevention?</p> <p>Could work be done with the 3rd sector support work to combat isolation and loneliness to maintain good mental health?</p>

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

<b>The local challenge</b>	<b>PAS project objective</b>	<b>Next steps-potential locality implementation</b>
Housing quality and overcrowding is a major issue especially in houses of multiple occupancy	Healthy Homes – increasing take up of insulation and other measures to reduce the number of vulnerable people living in cold and damp homes	<p>How can practices and partner organisations identify patients or residents who may benefit from support to improve insulation and heating?</p> <p>Linking with Operation Galaxy to link vulnerable people with LiveWell Dorset</p>
High number of licensed and off licensed premises supplying alcohol – and higher	To reduce alcohol misuse	Are there opportunities to work together to identify if there are areas in Bournemouth East which may benefit from limiting number licensed premises?

rate of admissions to hospital for alcohol-related harm		Could consideration be given to harm reduction schemes including restricting sales of single cans of high strength lager or cider?
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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 as 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 East Community profile

Indicators	Selection value	England value	Summary chart
Income deprivation - English Indices of Deprivation 2015 (%)	14.2	14.6	
Low Birth Weight of term babies (%)	2.4	2.8	
Child Poverty - English Indices of Deprivation 2015 (%)	16.4	19.9	
Child Development at age 5 (%)	N/A - Zero divide		
GCSE Achievement (5A*-C inc. Eng & Maths) (%)	N/A - Zero divide		
Unemployment (%)	1.7	1.8	
Long Term Unemployment (Rate/1,000 working age population)	2.8	3.7	
General Health - bad or very bad (%)	6	5.5	
General Health - very bad (%)	1.4	1.2	
Limiting long term illness or disability (%)	19.7	17.6	
Overcrowding (%)	15.3	8.7	
Provision of 1 hour or more unpaid care per week (%)	9.9	10.2	
Provision of 50 hours or more unpaid care per week (%)	2.1	2.4	
Pensioners living alone (%)	32.8	31.5	
Older People in Deprivation - English Indices of Deprivation 2015 (%)	17	16.2	
Deliveries to teenage mothers (%)	0.2	1.1	
Emergency admissions in under 5s (Crude rate per 1000)	166.6	149.2	
A&E attendances in under 5s (Crude rate per 1000)	344.2	551.6	
Admissions for injuries in under 5s (Crude rate per 10,000)	138.8	138.8	
Admissions for injuries in under 15s (Crude rate per 10,000)	102.5	108.3	
Admissions for injuries in 15 - 24 year olds (Crude rate per 10,000)	172.3	133.1	
Obese adults (%)	21.8	24.1	
Binge drinking adults (%)	23.2	20	
Healthy eating adults (%)	30.9	28.7	
Obese Children (Reception Year) (%)	6.9	9.3	
Children with excess weight (Reception Year) (%)	18	22.2	
Obese Children (Year 6) (%)	13.6	19.3	
Children with excess weight (Year 6) (%)	28.3	33.6	
Emergency hospital admissions for all causes (SAR)	113.9	100	
Emergency hospital admissions for CHD (SAR)	102.2	100	
Emergency hospital admissions for stroke (SAR)	101.4	100	
Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	93.9	100	
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)	83.9	100	
Incidence of all cancer (SIR)	105.5	100	
Incidence of breast cancer (SIR)	114.5	100	
Incidence of colorectal cancer (SIR)	91.9	100	
Incidence of lung cancer (SIR)	88.6	100	
Incidence of prostate cancer (SIR)	120.6	100	
Hospital stays for self harm (SAR)	179.8	100	
Hospital stays for alcohol related harm (SAR)	118.9	100	
Emergency hospital admissions for hip fracture in 65+ (SAR)	138.9	100	
Elective hospital admissions for hip replacement (SAR)	108.6	100	
Elective hospital admissions for knee replacement (SAR)	91.9	100	
Deaths from all causes, all ages (SMR)	105	100	
Deaths from all causes, under 65 years (SMR)	114.3	100	
Deaths from all causes, under 75 years (SMR)	108.5	100	
Deaths from all cancer, all ages (SMR)	94.8	100	
Deaths from all cancer, under 75 years (SMR)	105	100	
Deaths from circulatory disease, all ages (SMR)	102	100	
Deaths from circulatory disease, under 75 years (SMR)	99.1	100	
Deaths from coronary heart disease, all ages (SMR)	99.5	100	
Deaths from coronary heart disease, under 75 years (SMR)	92.1	100	
Deaths from stroke, all ages (SMR)	120	100	
Deaths from respiratory diseases, all ages (SMR)	76.1	100	

● significantly worse ● significantly better ● not significantly different from average

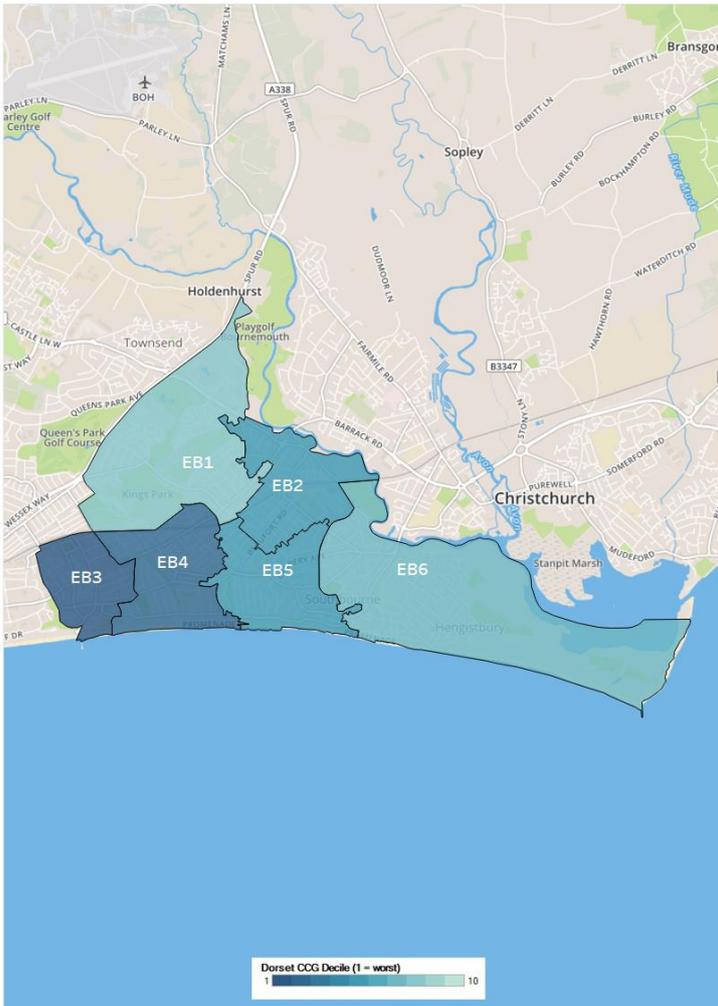
Source: Public Health England, Local Health Profile 2017

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

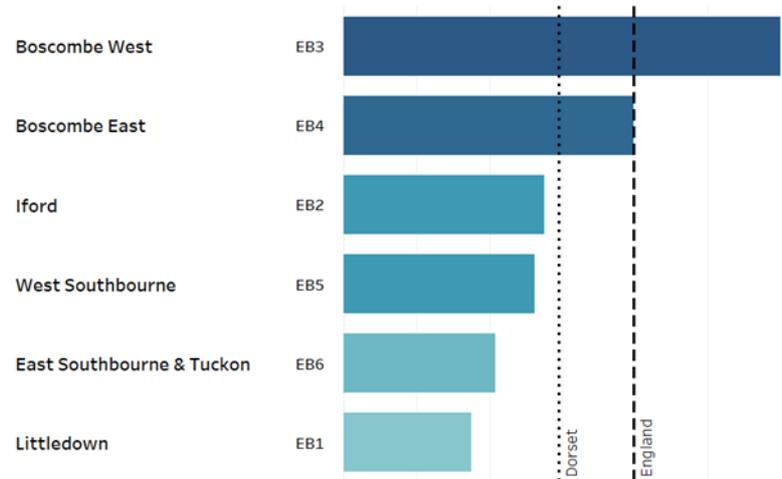
We have included some examples of the data that has been used in producing this locality profile. The full range of data can be found at:

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

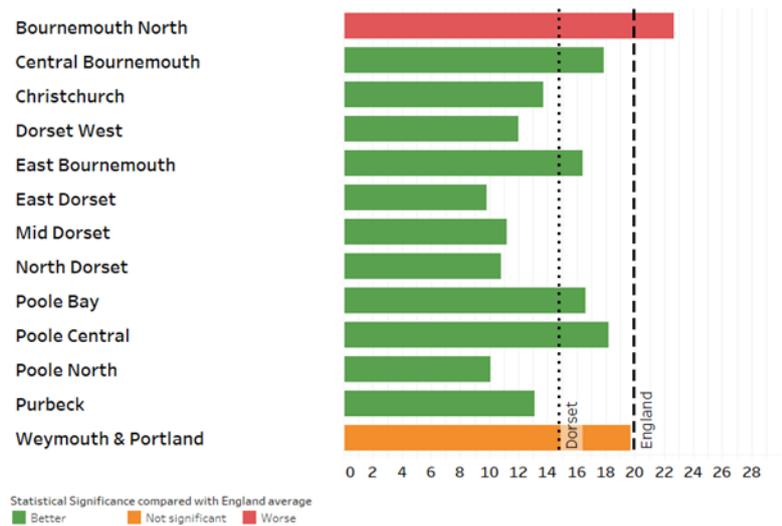
### Child Poverty (%)



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

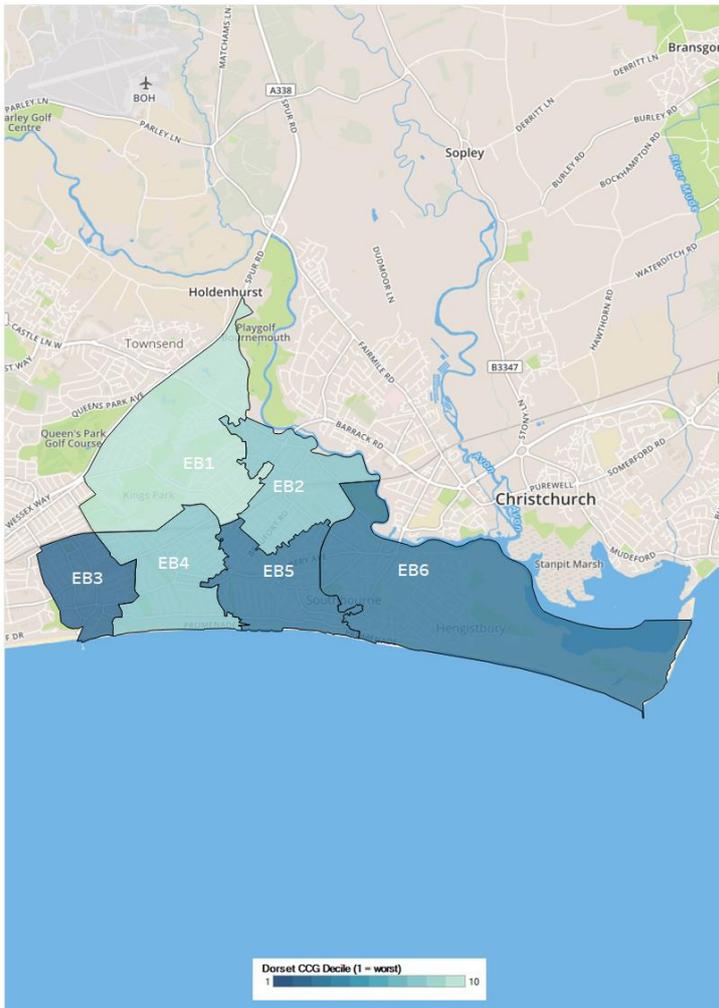


Child Poverty (%) 2015 by GP Localities - Community

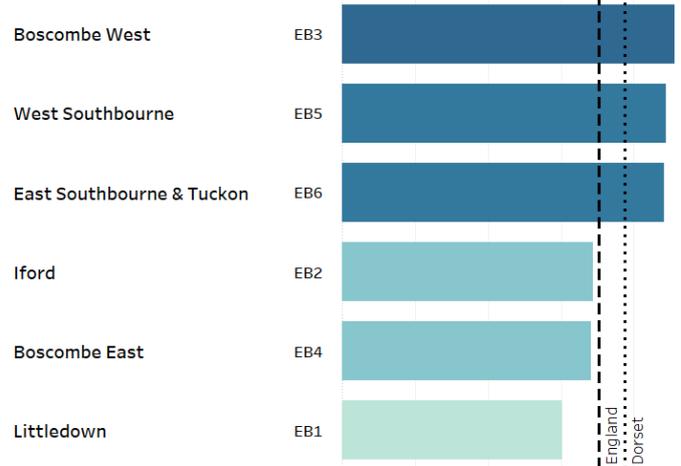


Source: Department of Communities and Local Government 2015, Child Poverty percentage – Income Deprivation Affecting Children Index (0-15 years old)

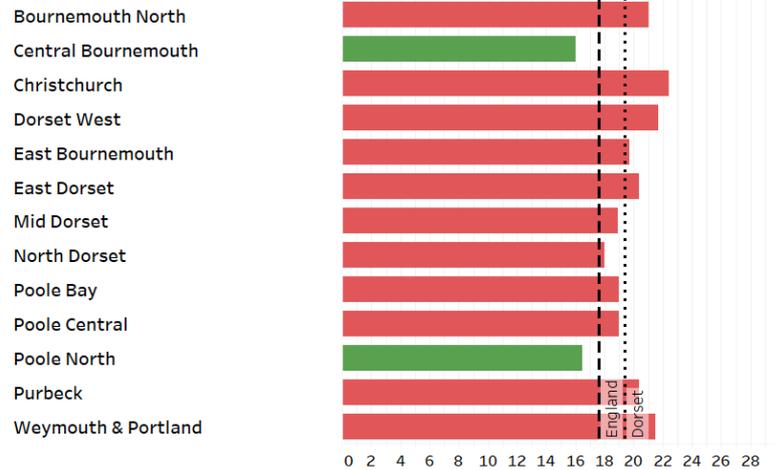
## Limiting Long Term Illness or Disability (%)



Limiting long term illness or disability (%) 2011: MSOA's in East Bournemouth



Limiting long term illness or disability (%) 2011 by GP Localities - Community



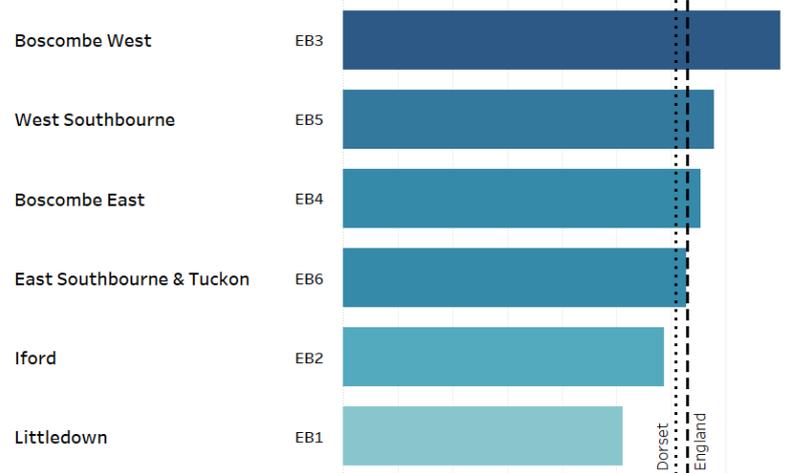
Statistical Significance compared with England average  
■ Better ■ Worse

Source: 2011 Census, % of people who reported in the 2011 Census that their day to day activities were limited because of a health problem or disability which has lasted or is expected to last at least 12 months in general was bad or very bad (all ages).

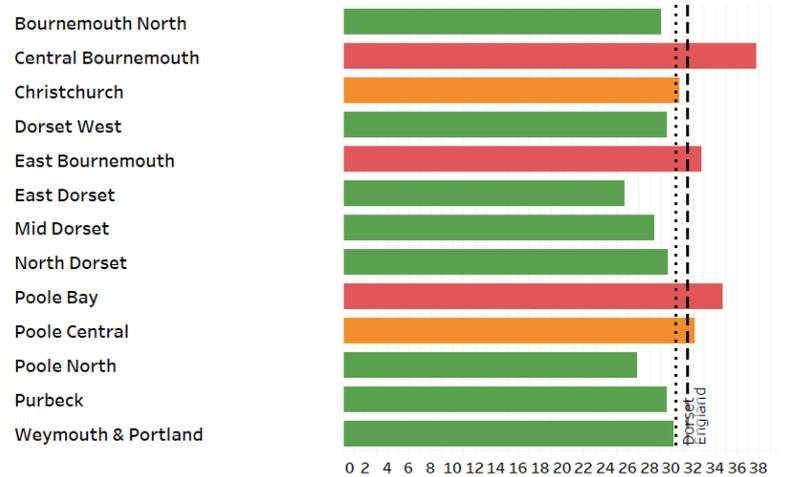
## Pensioners Living Alone (%)



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



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



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

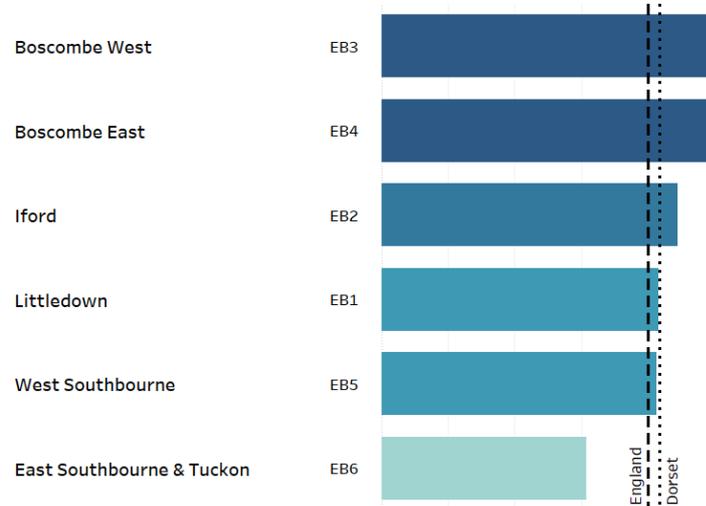
Source: 2011 Census, % of people aged 65 and over living alone as reported in the 2011 Census (people aged 65 and over)

## Appendix Three: Bournemouth East Lifestyle Factors

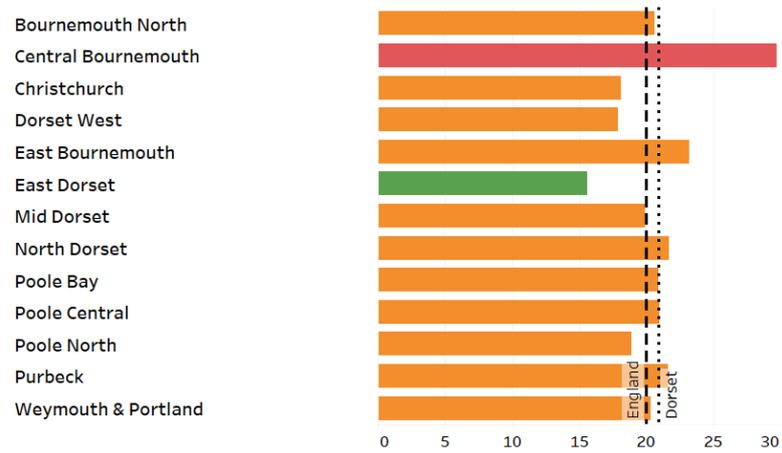
### Binge Drinking Adults (%)



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



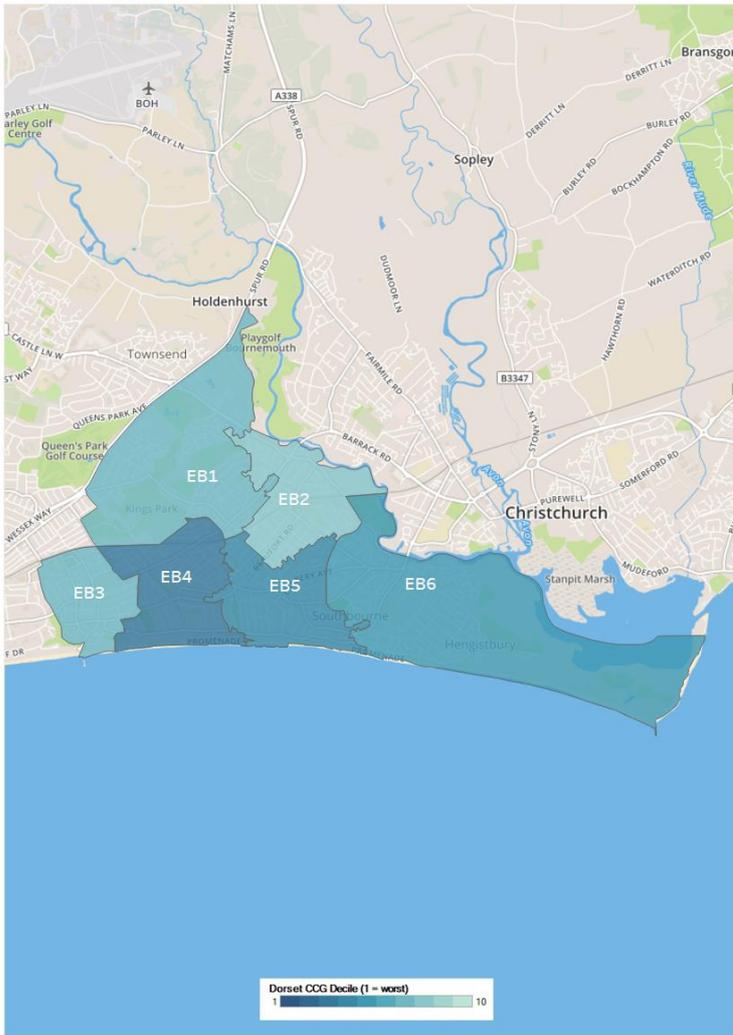
Binge drinking adults (%) 2006 - 2008: GP Localities - Lifestyles



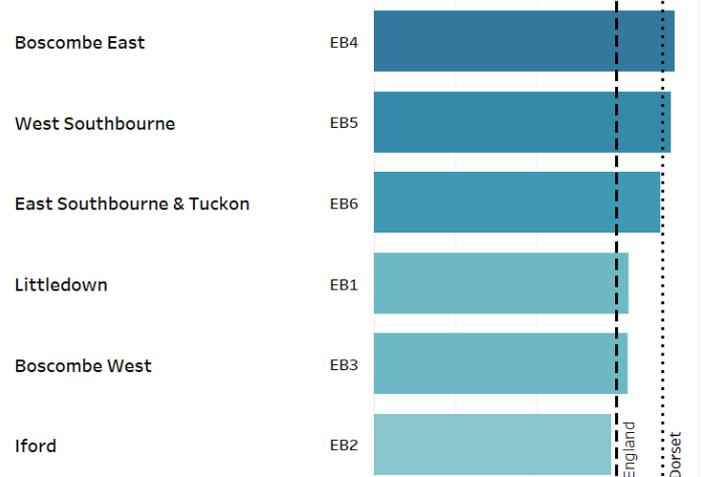
Statistical Significance compared with England average  
 Better (Green), Not significant (Orange), Worse (Red)

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).

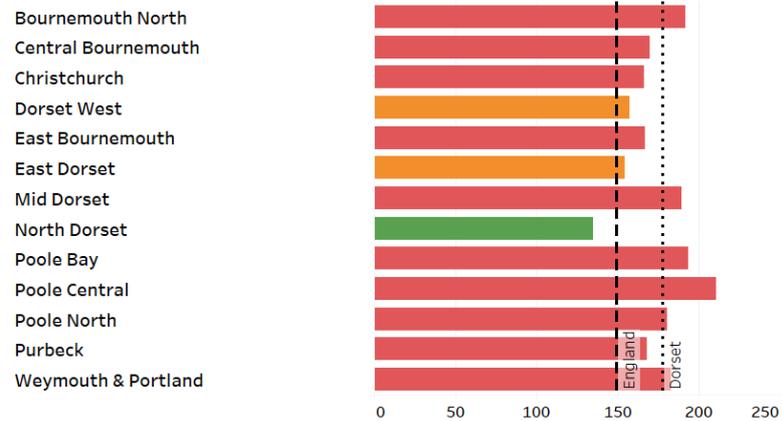
## Emergency admissions in <5s



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



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



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

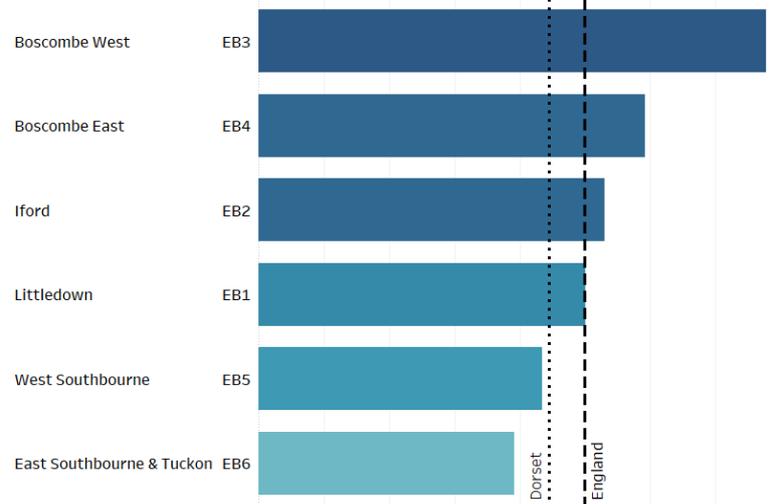
Source: Hospital Episode Statistics 2013/14-2015/16, Crude rate of emergency hospital admissions for children aged under 5 years per 1,000 resident population.

## Appendix Four: Bournemouth East Health & Ill Health

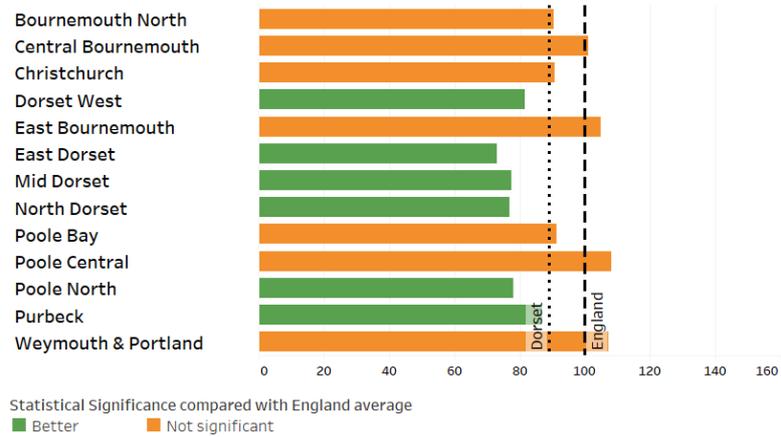
### Deaths from all Cancer, under 75 years



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



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

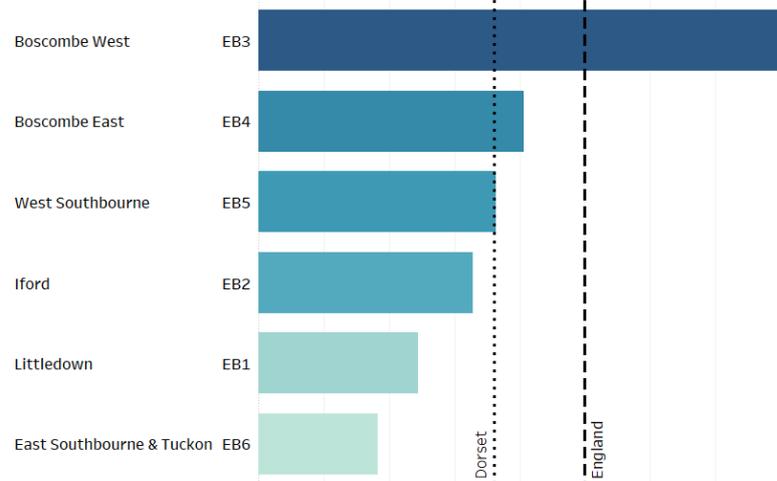


Source: Public Health England 2011- 2015, Standardised mortality ratio for all deaths from all cancer (aged under 75)

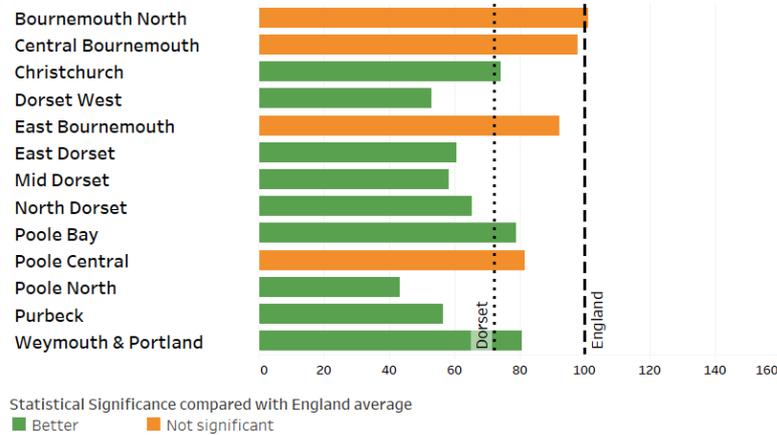
## Deaths from Coronary Heart Disease, under 75 years



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



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

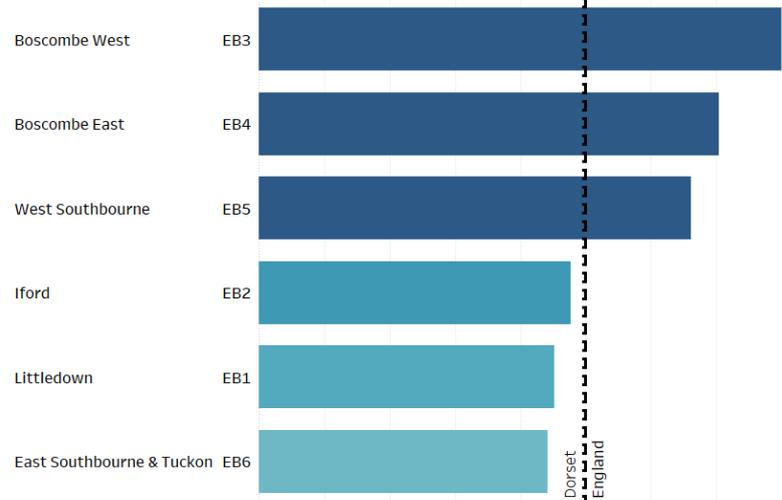


Source: Public Health England 2011 – 2015, Standardised mortality ratio for all deaths from all coronary heart disease (aged under 75)

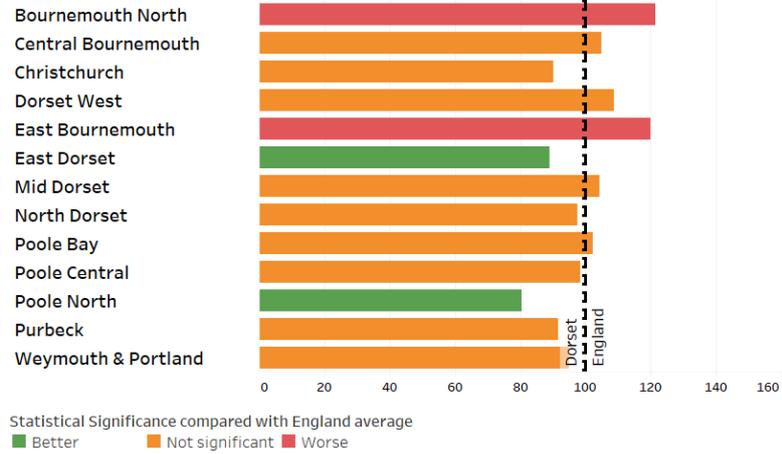
### Deaths from Stroke, all ages



Deaths from stroke, all ages (SMR) 2011 - 2015: MSAO's in East Bournemouth



Deaths from stroke, all ages (SMR) 2011 - 2015: GP Localities - Health & Ill Health



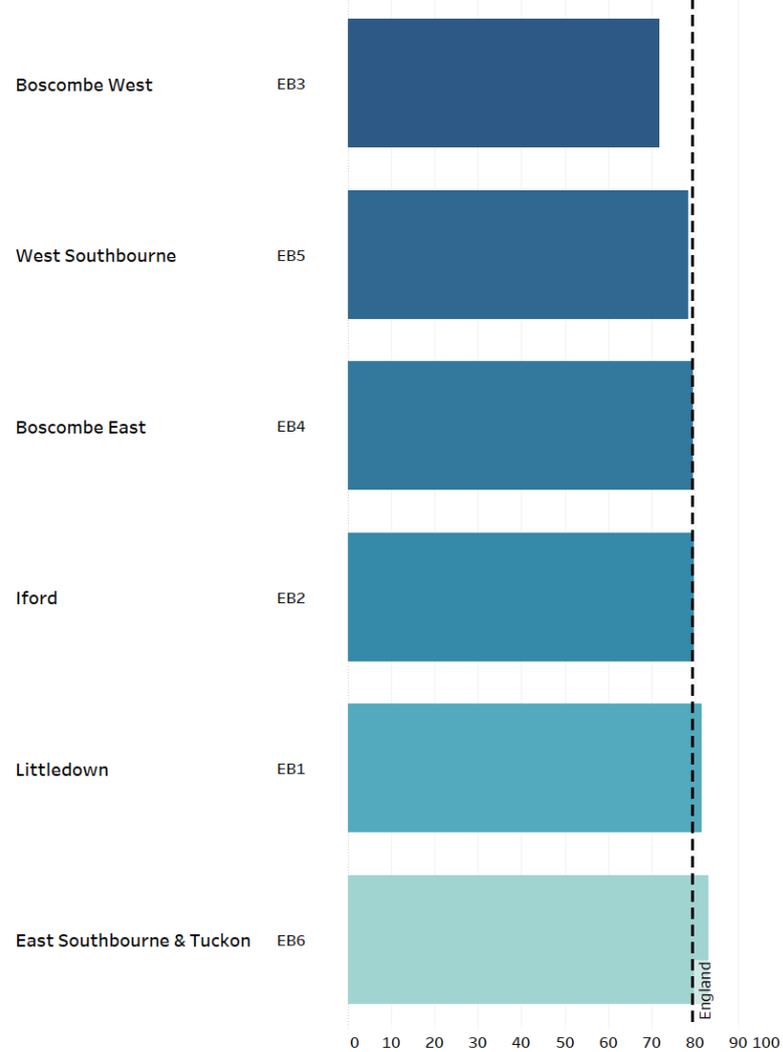
Source: Public Health England 2011-2015, Standardised mortality ratio for all deaths from stroke (all ages)

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

### Life expectancy at birth: Males

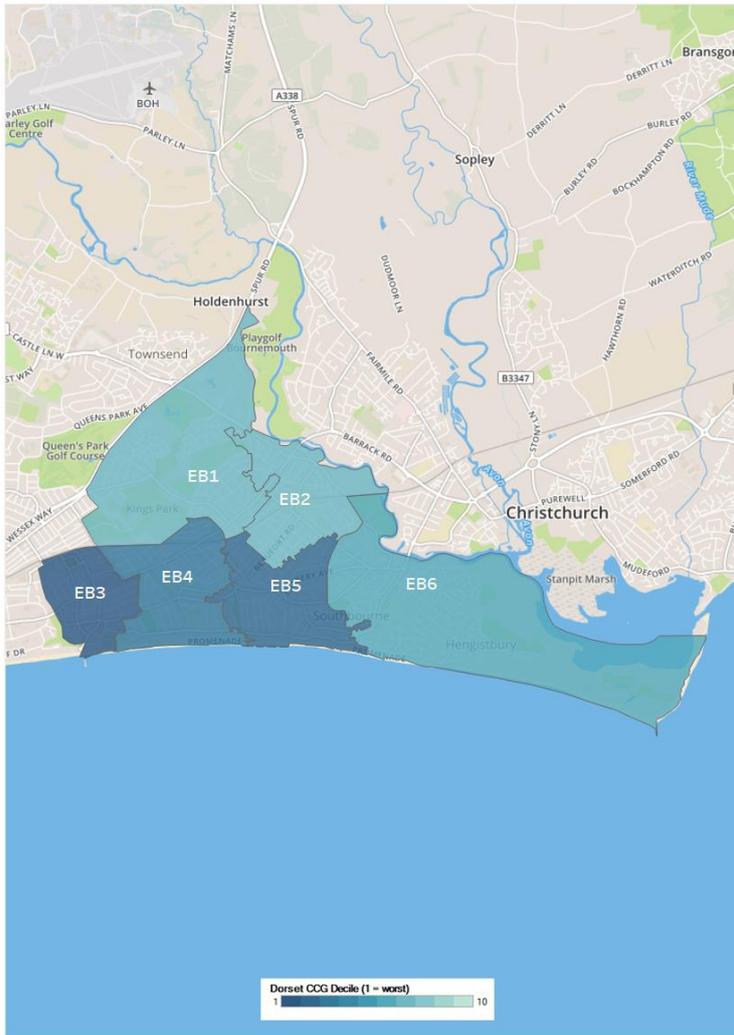


Life expectancy at birth for males (years) 2011-2015: MSOA's in East Bournemouth

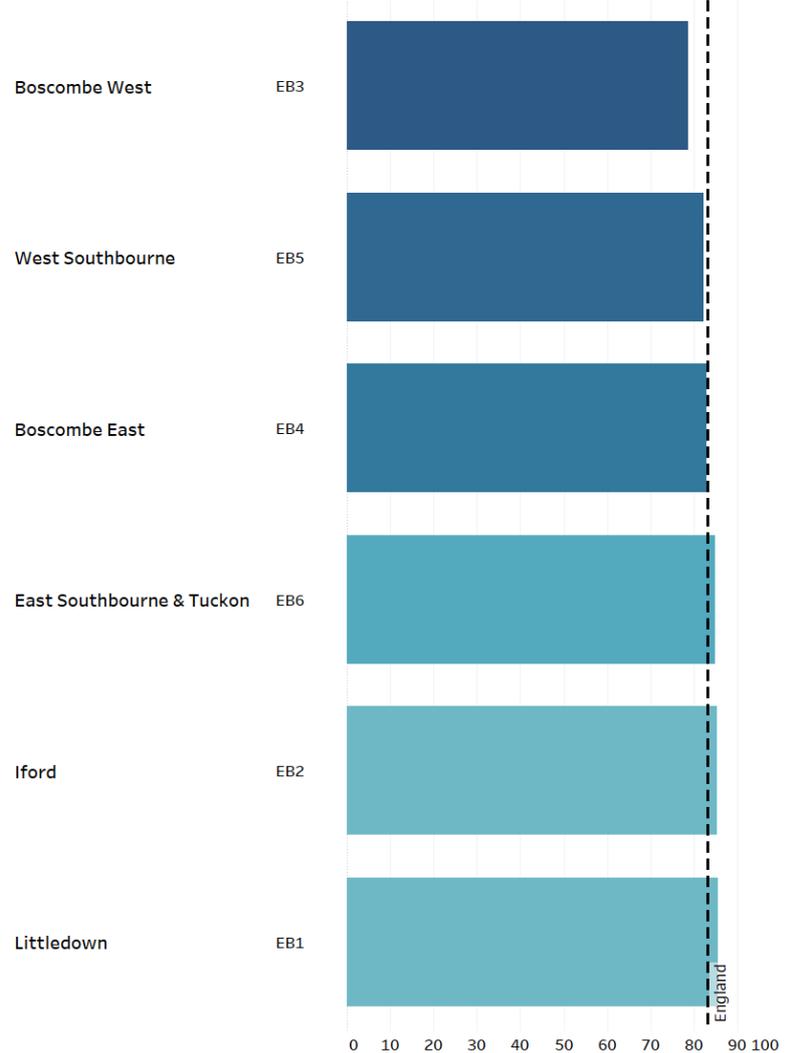


Source: Office of National Statistics, 2011-2015, Life expectancy at birth for males in years (all ages). Period life expectancy is the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average 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 East 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 East GP practice data

### Management of Diabetes

#### Management of diabetes for East 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)
Beaufort Road Surgery	5.1	15.3	71.6	61.7
Boscombe Manor Medical Centre	3.6	26.3	50.5	40.7
Crescent Surgery	4.8	16.1	45.7	47.6
Littledown Surgery	5.2	14.7	70.5	58.9
Marine And Oakridge Surgeries	6.2	12.5	68.9	60.2
Providence Surgery	4.5	22.3	52.5	45.0
Shelley Manor	5.0	30.9	49.8	46.1
Southbourne Surgery	5.6	10.7	62.1	60.3
<b>Dorset CCG</b>	<b>6.1</b>	<b>15.6</b>	<b>68.2</b>	<b>58.1</b>
<b>England</b>	<b>6.5</b>	<b>11.6</b>	<b>70.4</b>	<b>60.1</b>

Compared to England value or percentiles  
 Higher Lower Same

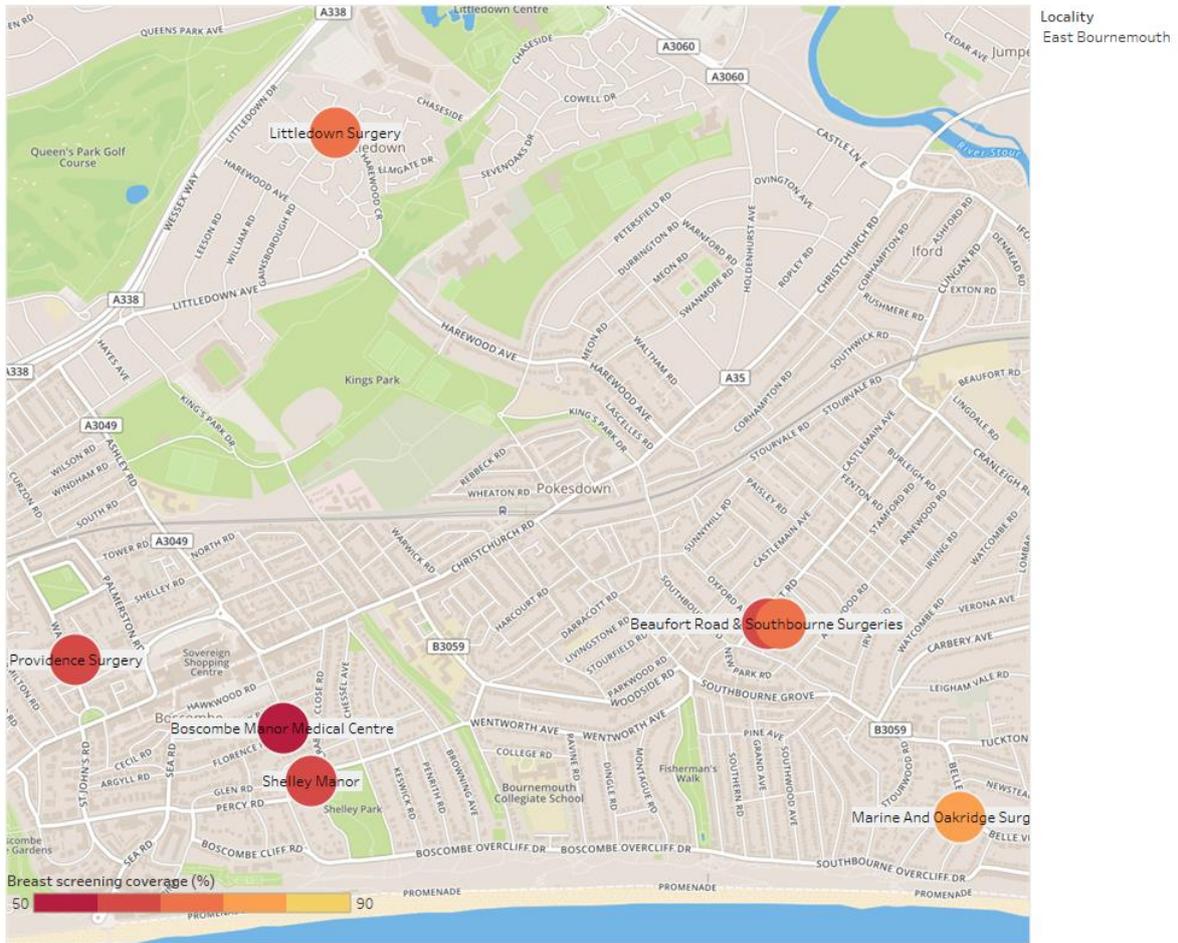
Source: Public Health England 2015/16, % of patients aged 17 years and over with diabetes mellitus, as recorded on practice disease registers.

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.

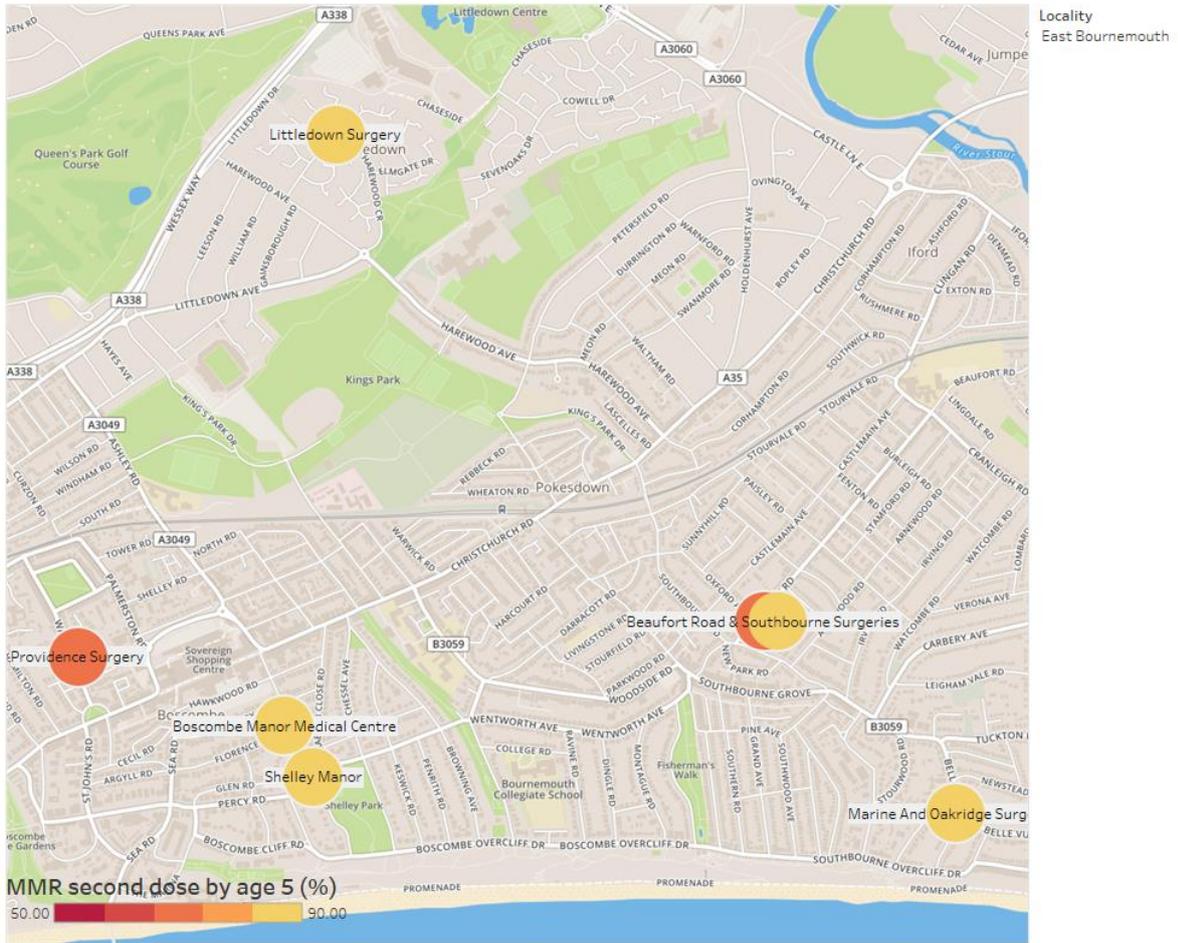
Source: Public Health England 2015/16, The percentage of patients with diabetes in whom the latest IFCC-HbA1c is 59 mmol/mol or less in the preceding 12 months.

## 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).

## Severe mental illness all ages

### Mental Health indicators in East Bournemouth

% Severe Mental Illness (all ages)	
Beaufort Road Surgery	1.5
Boscombe Manor Medical Centre	2.3
Crescent Surgery	2.8
Littledown Surgery	0.5
Marine And Oakridge Surgeries	0.9
Providence Surgery	2.0
Shelley Manor	1.7
Southbourne Surgery	1.6
Dorset CCG	0.95
England	0.90

**Locality**  
East Bournemouth

Compared to England value or percentiles

- Higher
- Same
- Lower

*Source: Public Health England 2015/16, Percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers.*