

Bournemouth North Locality Transformation Plan and Prevention at Scale **Key Health and 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 and 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 and Wellbeing gap
- Care and Quality gap and the
- Finance gap

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

- Prevention at Scale [PAS]
- Integrated Community and 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 and 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 and 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/

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 North - Summary Findings

The Bournemouth North Locality comprises six electoral wards with a varied population of approximately 61,000 residents, ranging from areas with a high density of students and young people (Winton East, Wallisdown and Winton West), to wards with a more settled, older population – a significant proportion of whom are living on lower incomes (Kinson North, Kinson South). The West Howe area covers parts of these two wards, and is a focus for major regeneration efforts, led by Bournemouth Council. The future provision of services to this population is a key consideration,

including primary care and community services, and potential for integration with Council services such as social care.

A strategic assessment undertaken in 2013 to support the regeneration work identified three main challenges, including:

- tackling the low level of qualifications, unemployment, and encouraging healthier lifestyles;
- improving community facilities, community safety and increasing access to local activities;
- and improving money management, access to advice and fuel poverty.

Talbot and Branksome Woods, and Redhill and Northbourne are the two final wards, comprising mainly established, larger family homes.

There are eight general practices belonging to the locality. The practices generally fall into two categories of demographics – those with high proportions of students and young people registered with them (Alma Road, Talbot Medical Centre, Village Surgery) and the remainder having a population profile consistent with that found for Bournemouth as a whole. This means relatively fewer children and young people, and greater proportions of people in their 40s, 50s and 60s.

- **Community factors for health and wellbeing:**
 - Higher proportions of children living in poverty than the England average
 - Greater levels of older people living in deprivation compared to the England average
 - A greater percentage of people reporting their general health as bad or very bad than England as a whole
 - A greater proportion of people living with a limiting long-term illness or disability than England
 - The percentage of people with a caring responsibility is also higher than England
- **Lifestyles:**
 - Obesity rates in children and adults are of concern
 - The locality has a high rate of emergency admissions for under 5s, and admissions in this age category for injuries. It is particularly high in the West Howe area
 - Estimated smoking prevalence is above the England average for half of the practices in the locality
 - Breast screening coverage does not reach the “achievable” target of 80% and some practice areas are below the acceptable target of 70%
- **Health/ill-health:**
 - There is a difference of over 5 years for men and over 2 years for women in life expectancy across the locality
 - The rate of deaths from coronary heart disease among people aged under 75 years is the highest compared with other Dorset localities, although similar to England
 - Bournemouth North has the highest rate of deaths from stroke of all CCG localities, and this is over 20 per cent higher than the rate for England;
 - Admissions to hospital as an emergency, admissions for self harm and for elective hip replacement are all high compared to England.
 - Recorded levels of severe mental illness are either similar or higher to 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 (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

The local challenge	PAS Project objective	Next steps – potential locality implementation
High rate of emergency admissions and for admissions for injuries in <5s	Ensuring an effective single 0-5 year offer to children and their families	<p>Is this an area we need to take time to explore more as a locality to begin to understand why this is a feature? Is it a feature that is more prevalent in some communities? Is it a cultural issue around how acute services are used? What are the incidents and what prevention measures might be needed to reduce / address these high numbers?</p> <p>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.</p>
Childhood obesity	<p>Improve Health Visitor/Early Years offer</p> <p>Increase Physical activity in school age children at school</p>	<p>Are there new ways to support health visitors to work with families at risk?</p> <p>Work has already started looking at the role of school day activity and active travel to and from school</p> <p>How could your practice and or locality impact on this agenda?</p>
Variable MMR uptake – particularly proportion having two doses by age 5 (coverage has lagged behind England consistently for past few years)	Improve uptake of childhood immunisations	<p>Is there work ongoing with NHSE and PHE to develop plans to address immunisation coverage? Could practices collaborate with other professionals to run robust catch up?</p>

Living well-the adult and working years

The local challenge	PAS project objective	Next steps-potential locality implementation
Locality has significant variation in rates of unhealthy behaviours including smoking, alcohol misuse and obesity – particularly high in West Howe	Increase use of LiveWell Dorset service, linking with targeted health checks	<p>Could practices work more closely with LiveWell Dorset coaches as part of improved offer in primary care in selected areas?</p> <p>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.</p>
Early deaths from cardiovascular disease are higher in the locality than elsewhere in Dorset – and particularly for stroke	Increase number of Health Checks delivered to vulnerable groups in specified localities; Ensure more people are supported by LiveWell Dorset following a check	<p>How can your practices work with the new health checks provider to ensure groups most at risk of cardiovascular disease are included?</p> <p>How do you support those identified with medium to high risks?</p> <p>How can we increase referrals of this group to LiveWell Dorset?</p>
Locality has the highest proportion of adults who are obese in Dorset	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 linked to the Sport England Active Ageing programme?</p>

Ageing well - the later working years and retirement

The local challenge	PAS project objective	Next steps-potential locality implementation
Variation in patients achieving control of important markers in diabetes such as blood pressure, cholesterol and HbA1C and also high rates of exception reporting	Reduce variation in secondary prevention of cardiovascular disease, and diabetes in particular	<p>Consider how working at scale and involving additional resources could help more people achieve better control, including personal care planning, use of peer support approaches, improved access to LiveWell Dorset for weight and physical activity support.</p> <p>Links to Collaborative Practice project with Altogether Better, and existing work with Health Helpers scheme, West Howe.</p>
<p>There are high numbers of people living with long term illness and disability</p> <p>Admission rates for fractured neck of femur are higher than England</p>	Frailty and loneliness	<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

The local challenge	PAS project objective	Next steps-potential locality implementation
Poor quality local environments for people to be active in	Increase the accessibility and use of the natural environment/green spaces to encourage physical activity	<p>Better understand how re-design of the West Howe estate and some of its assets might link with plans to better integrate health and care services</p> <p>Identify high quality primary and community care offer at the heart of West Howe as part of the plans</p>
Not all communities have good access or awareness of good quality green space. Barriers may exist in some communities to being more active	Increase physical activity	<p>Work is ongoing to develop a map of accessibility to green space which will identify those communities with poor access.</p> <p>How can primary care help to increase opportunities for these communities to get more active?</p> <p>Could you be interested in working in partnership with others to develop walking routes around specific community locations?</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 Sustainability and Transformation Plan 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 North Community profile

Indicators	Selection value	England value	Summary chart
Income deprivation - English Indices of Deprivation 2015 (%)	15.6	14.6	
Low Birth Weight of term babies (%)	2.9	2.8	
Child Poverty - English Indices of Deprivation 2015 (%)	22.7	19.9	
Child Development at age 5 (%)	N/A - Zero divide		
GCSE Achievement (5A*-C inc. Eng & Maths) (%)	N/A - Zero divide		
Unemployment (%)	1.5	1.8	
Long Term Unemployment (Rate/1,000 working age population)	2.1	3.7	
General Health - bad or very bad (%)	6.5	5.5	
General Health - very bad (%)	1.6	1.2	
Limiting long term illness or disability (%)	21	17.6	
Overcrowding (%)	7	8.7	
Provision of 1 hour or more unpaid care per week (%)	11.5	10.2	
Provision of 50 hours or more unpaid care per week (%)	2.8	2.4	
Pensioners living alone (%)	29.1	31.5	
Older People in Deprivation - English Indices of Deprivation 2015 (%)	18	16.2	
Deliveries to teenage mothers (%)	0.7	1.1	
Emergency admissions in under 5s (Crude rate per 1000)	191.7	149.2	
A&E attendances in under 5s (Crude rate per 1000)	378.6	551.6	
Admissions for injuries in under 5s (Crude rate per 10,000)	181.3	138.8	
Admissions for injuries in under 15s (Crude rate per 10,000)	133.1	108.3	
Admissions for injuries in 15 - 24 year olds (Crude rate per 10,000)	160.1	133.1	
Obese adults (%)	26.4	24.1	
Binge drinking adults (%)	20.6	20	
Healthy eating adults (%)	25.8	28.7	
Obese Children (Reception Year) (%)	8.9	9.3	
Children with excess weight (Reception Year) (%)	22.5	22.2	
Obese Children (Year 6) (%)	17.9	19.3	
Children with excess weight (Year 6) (%)	30.3	33.6	
Emergency hospital admissions for all causes (SAR)	114.5	100	
Emergency hospital admissions for CHD (SAR)	110.1	100	
Emergency hospital admissions for stroke (SAR)	101.9	100	
Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	101	100	
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)	108.8	100	
Incidence of all cancer (SIR)	102.7	100	
Incidence of breast cancer (SIR)	97.1	100	
Incidence of colorectal cancer (SIR)	105.4	100	
Incidence of lung cancer (SIR)	101.3	100	
Incidence of prostate cancer (SIR)	101.4	100	
Hospital stays for self harm (SAR)	158.2	100	
Hospital stays for alcohol related harm (SAR)	101.7	100	
Emergency hospital admissions for hip fracture in 65+ (SAR)	114	100	
Elective hospital admissions for hip replacement (SAR)	112.4	100	
Elective hospital admissions for knee replacement (SAR)	91.2	100	
Deaths from all causes, all ages (SMR)	101.7	100	
Deaths from all causes, under 65 years (SMR)	96.1	100	
Deaths from all causes, under 75 years (SMR)	96.5	100	
Deaths from all cancer, all ages (SMR)	98.1	100	
Deaths from all cancer, under 75 years (SMR)	90.4	100	
Deaths from circulatory disease, all ages (SMR)	106.4	100	
Deaths from circulatory disease, under 75 years (SMR)	108.2	100	
Deaths from coronary heart disease, all ages (SMR)	105.9	100	
Deaths from coronary heart disease, under 75 years (SMR)	101.2	100	
Deaths from stroke, all ages (SMR)	121.3	100	
Deaths from respiratory diseases, all ages (SMR)	86.5	100	

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

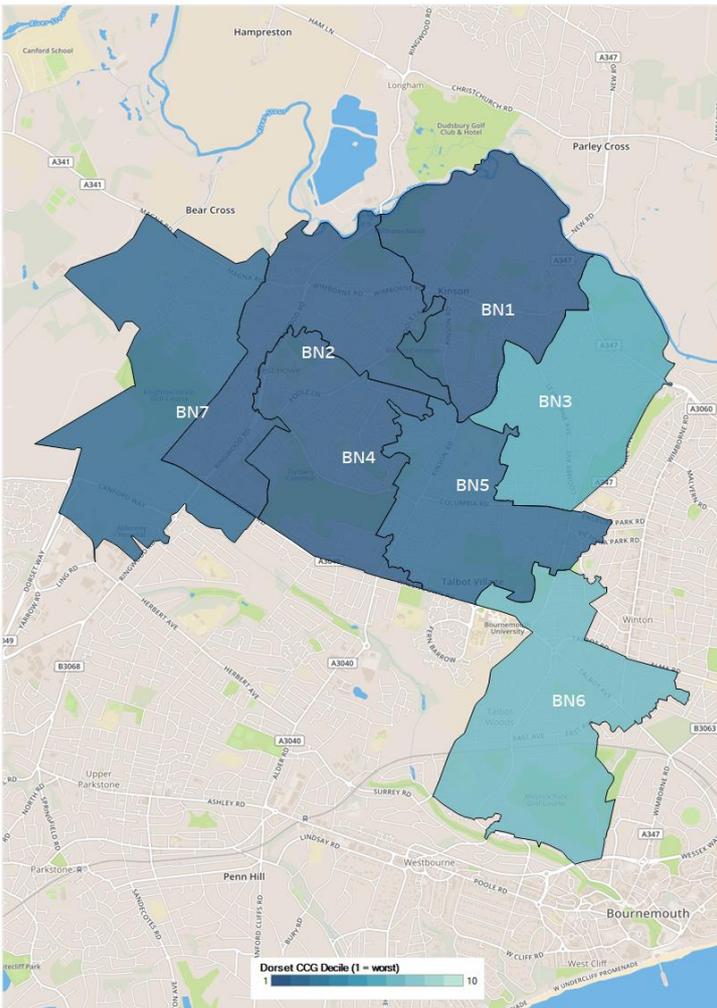
Source: Public Health England, Local Health Profile 2017

Appendix Two: Bournemouth North Community Factors for Health and 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#!/>

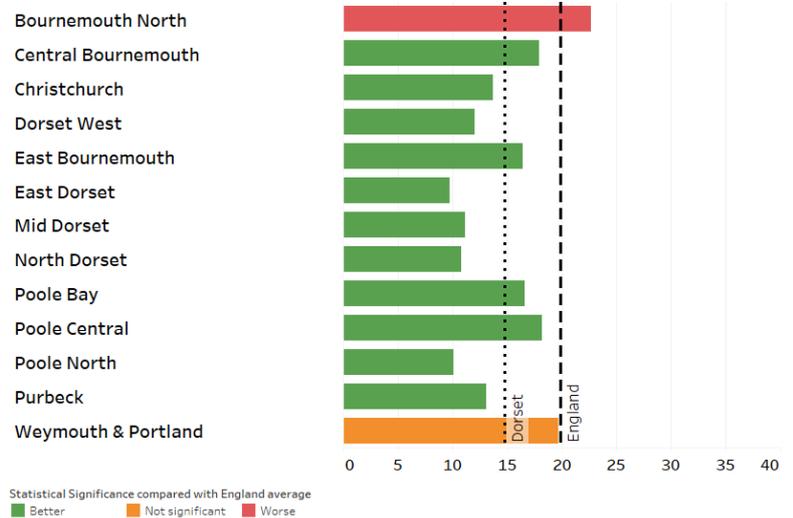
Child Poverty (%)



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

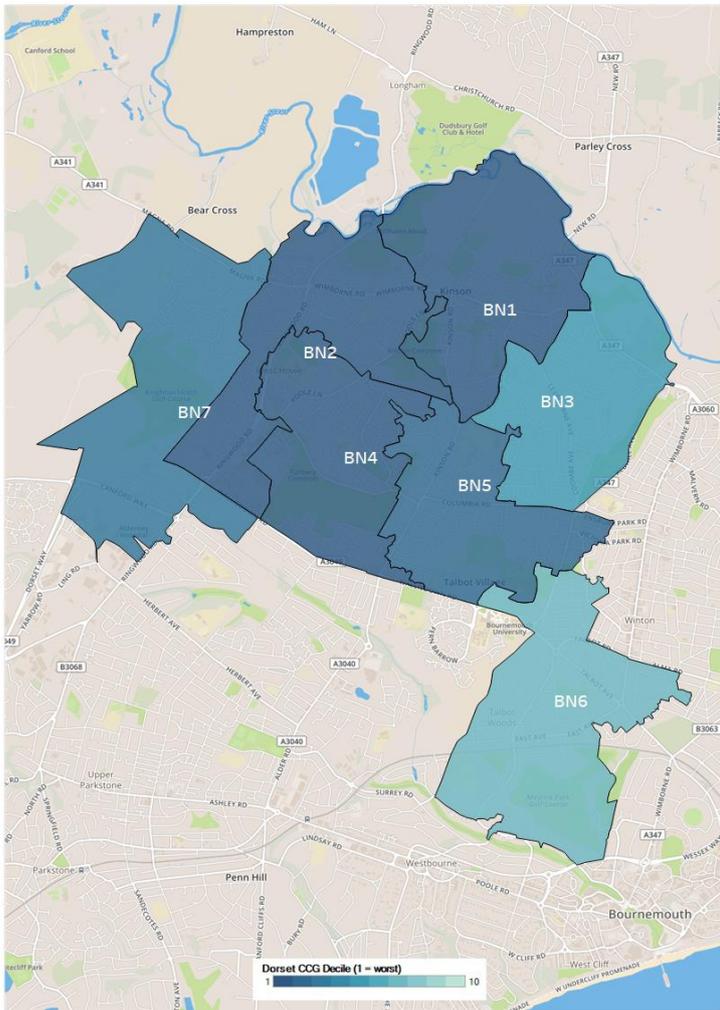


Child Poverty (%) 2015 by GP Localities - Community

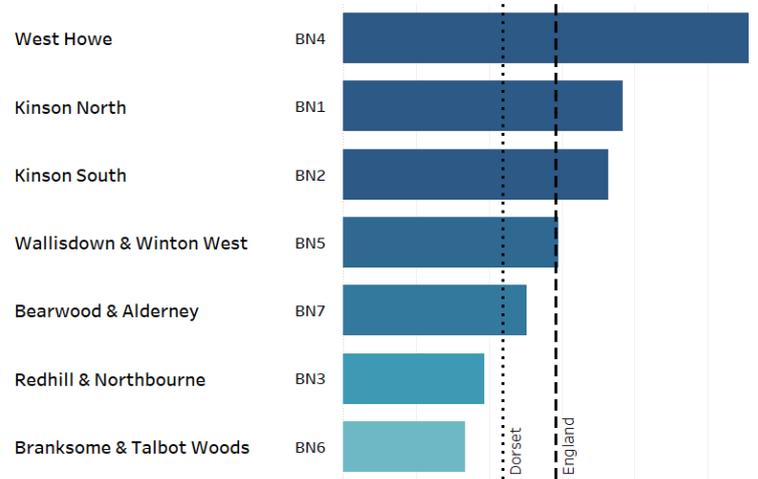


Source: Department of Communities and Local Government 2015, Child Poverty percentage – Income Deprivation Affecting Children Index (0-15 years old)

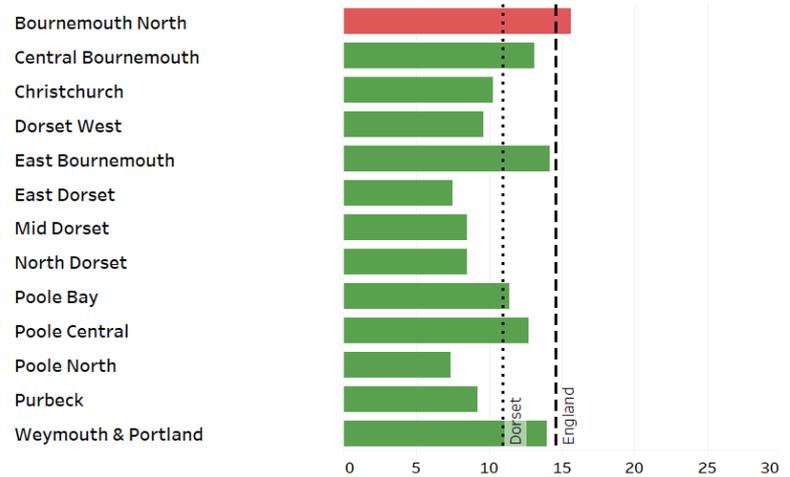
Income deprivation (%)



Income Deprivation (%) 2015: MSOA's in Bournemouth North



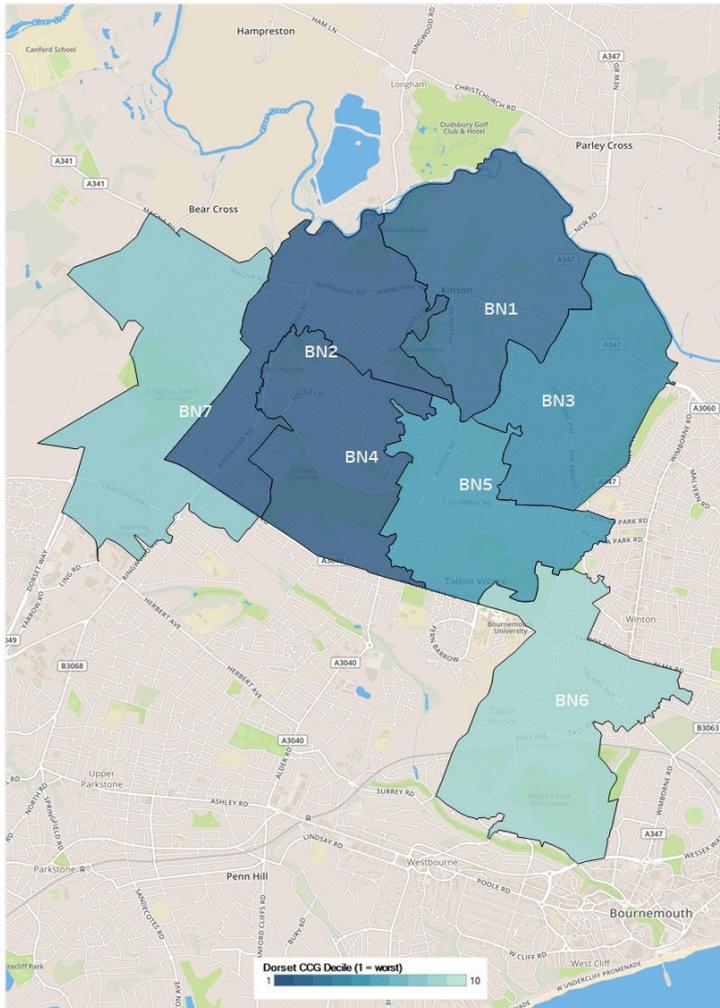
Income Deprivation (%) 2015 by GP Localities - Community



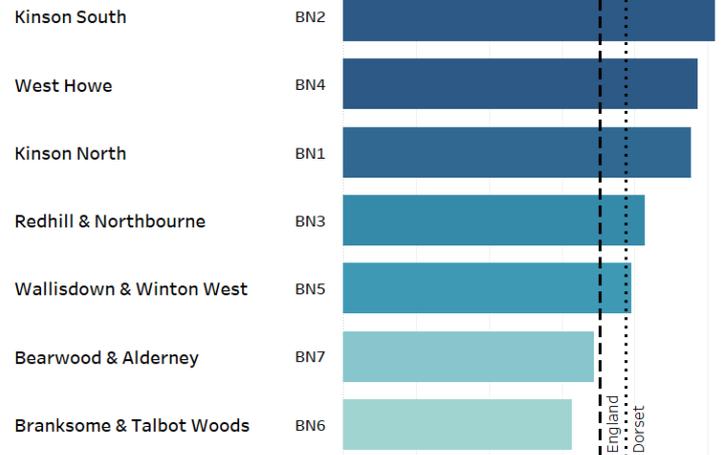
Statistical Significance compared with England average
■ Better ■ Worse

Source: Department of Communities and Local Government 2015, Percentage living in income deprived households reliant on means tested benefit, Income domain score from the Indices of Deprivation (all ages)

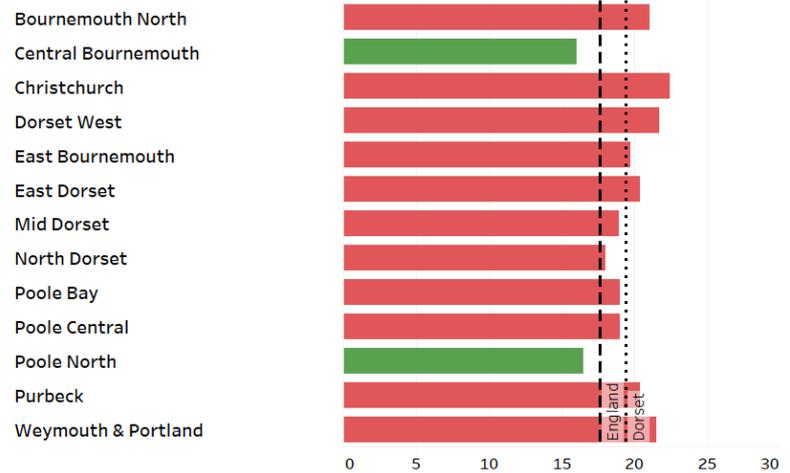
Limiting Long Term Illness or Disability (%)



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



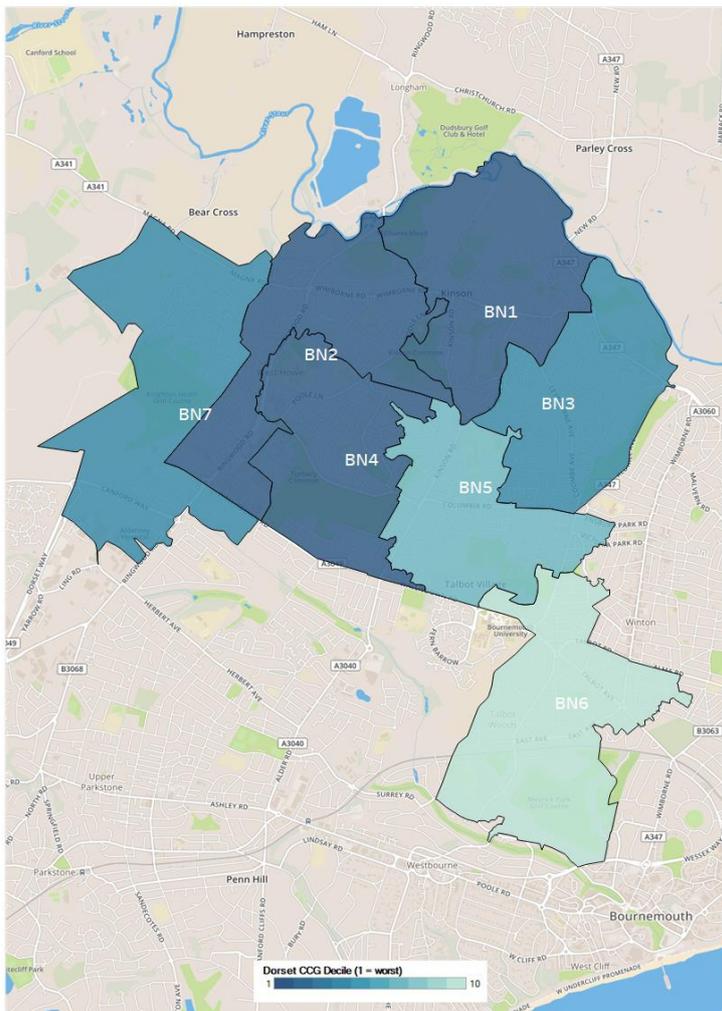
Limiting long term illness or disability (%) 2011 by GP Localities - Community



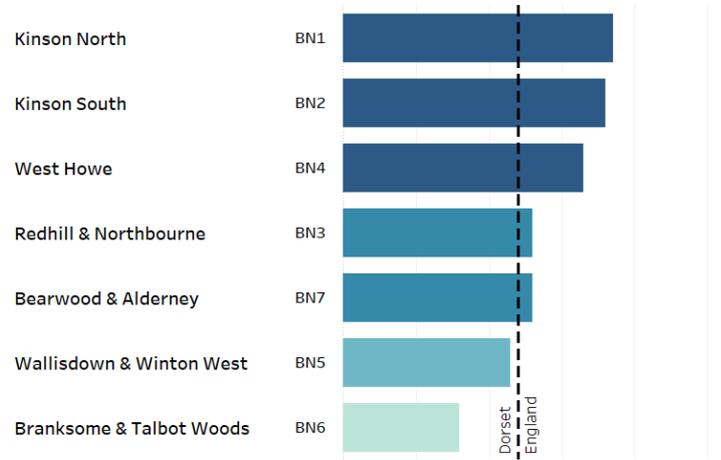
Statistical Significance compared with England average
■ Better ■ Worse

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).

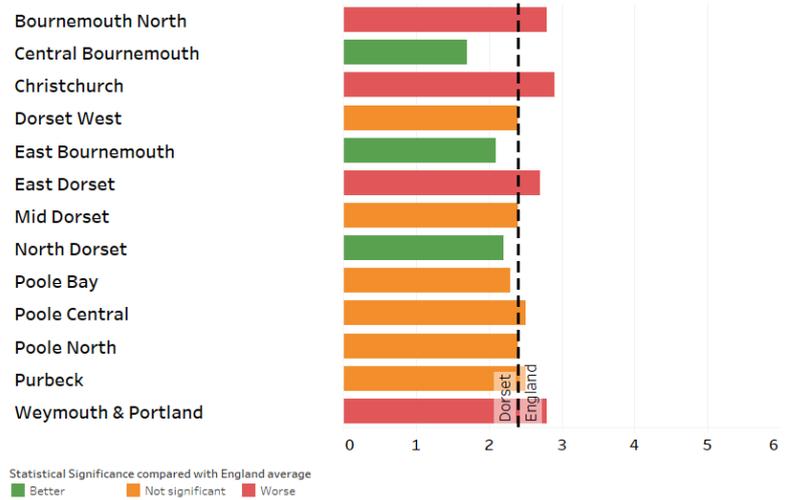
Provision of 50 hours or more unpaid care per week (%)



Provision of 50 hours or more unpaid care per week (%) 2011: MSOA's in Bournemouth North



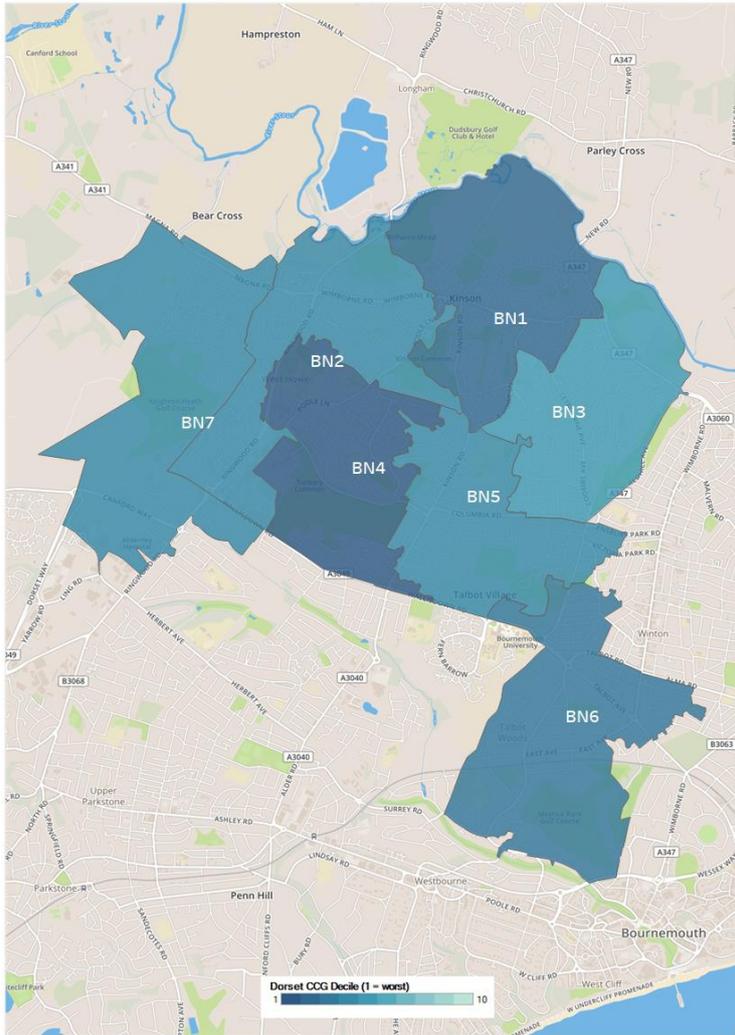
Provision of 50 hours or more unpaid care per week (%) 2011 by GP Localities - Community



Source: 2011 Census, % of people who reported providing 50 hours or more of unpaid care per work (all ages)

Appendix Three: Bournemouth North Lifestyle Factors

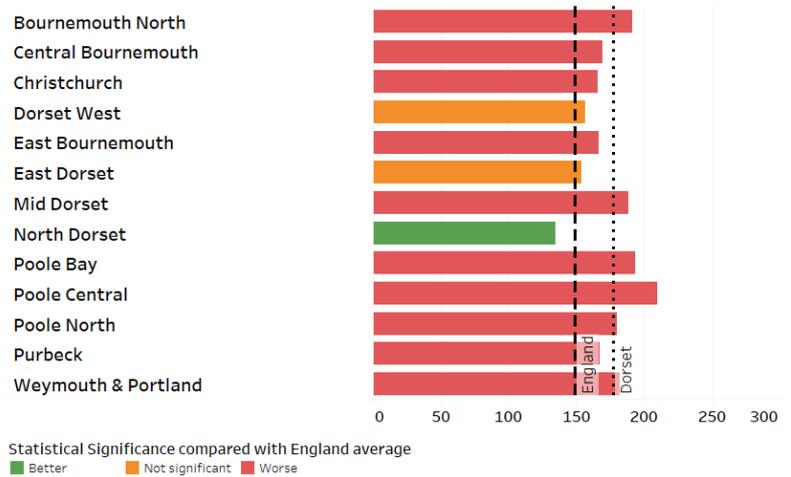
Emergency admissions <5s



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

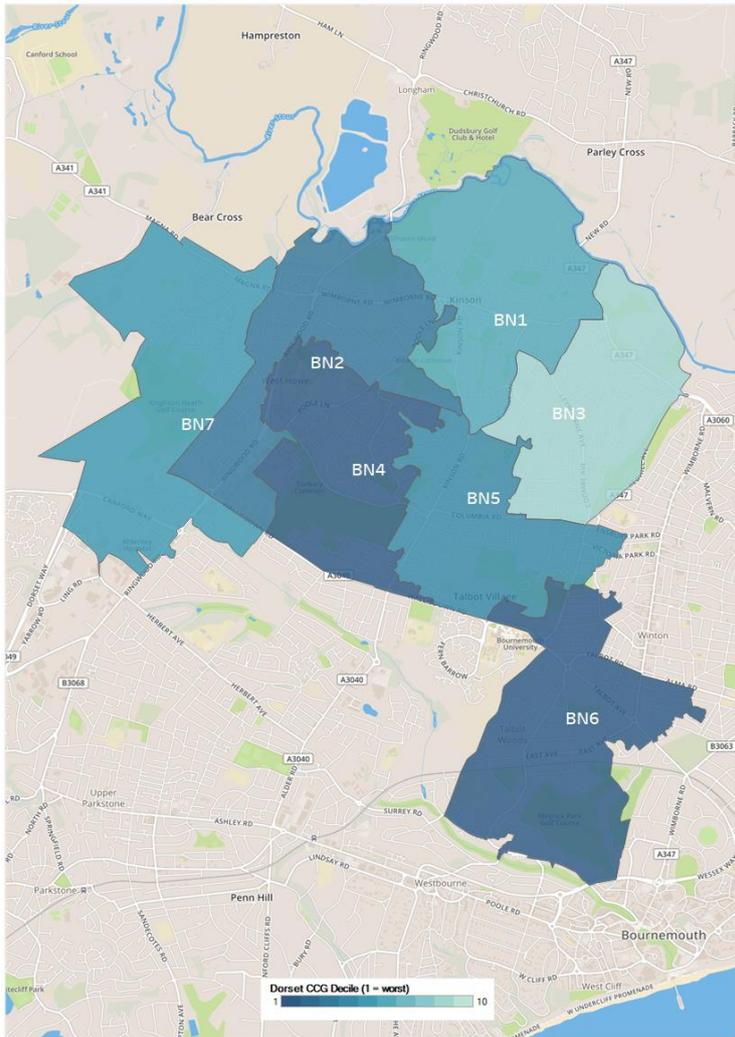


Emergency admissions in under 5s per 1,000 2011/12 - 2015/16 : GP Localities - Lifestyles 2

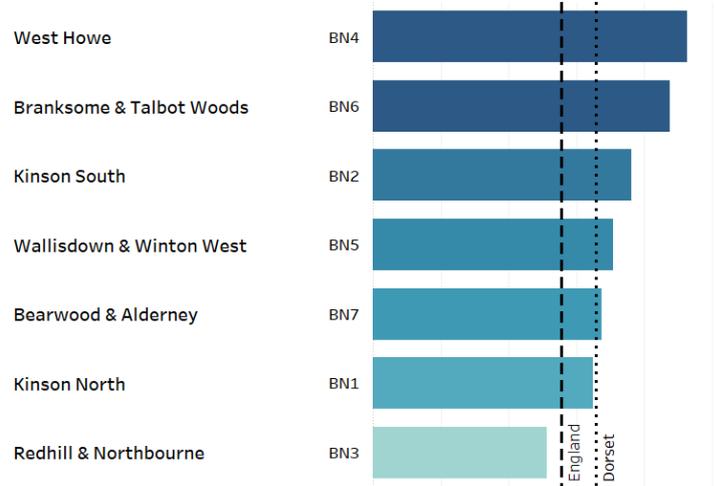


Source: Hospital Episode Statistics 2013/14-2015/16, Crude rate of emergency hospital admissions for children aged under 5 years per 1,000 resident population.

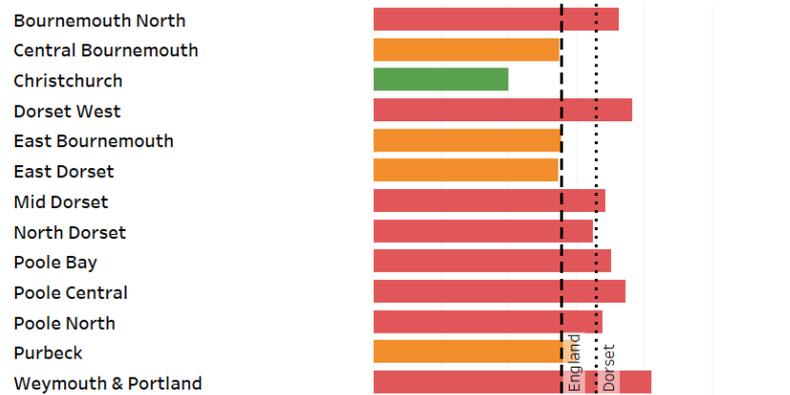
Admissions for injuries <5s



Admissions for injuries in under 5s per 10,000 2011/12 - 2015/16: MSOA's in Bournemouth North



Admissions for injuries in under 5s per 10,000 2011/12 - 2015/16 : GP Localities - Lifestyles 2

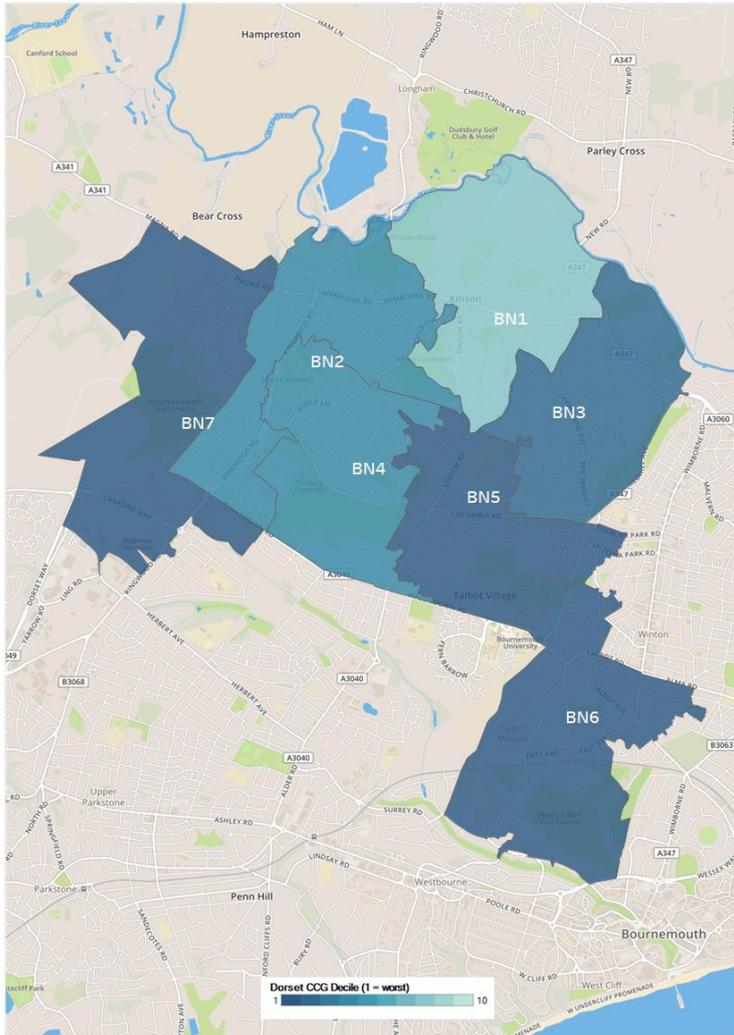


Statistical Significance compared with England average
 Better Not significant Worse

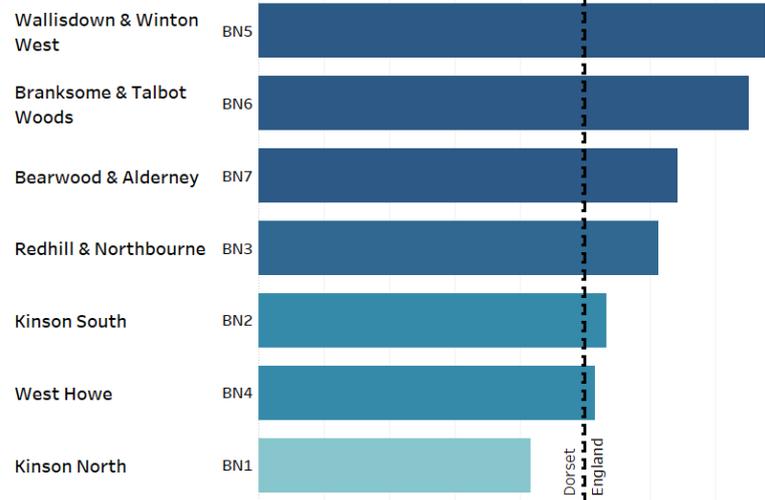
Source: Hospital Episode Statistics 2013/14-2015/16, Crude rate of hospital admissions caused by unintentional and deliberate injuries in children aged under 5 years per 10,000 resident population.

Appendix Four: Bournemouth North Health and Ill Health

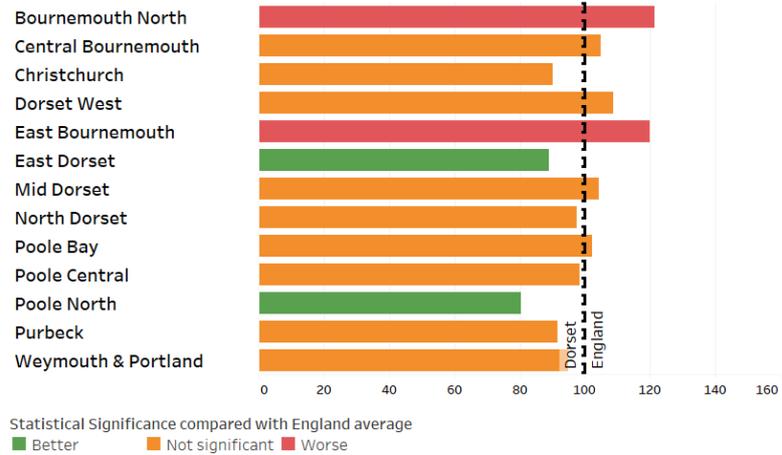
Deaths from Stroke, all ages



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

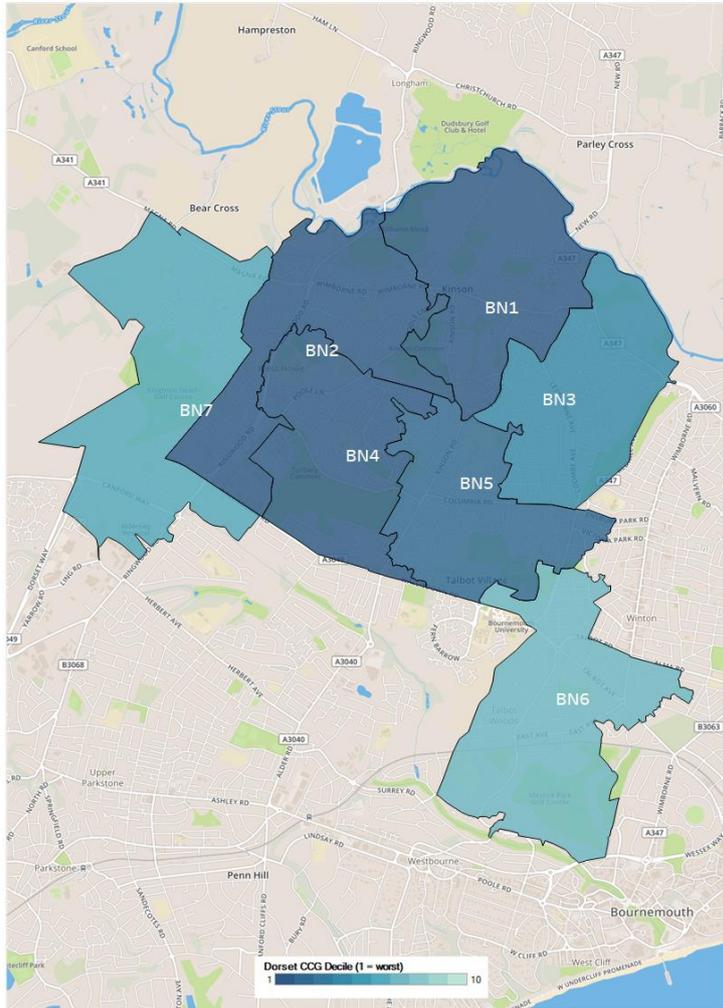


Deaths from stroke, all ages (SMR) 2011 - 2015: GP Localities - Health & Ill Health

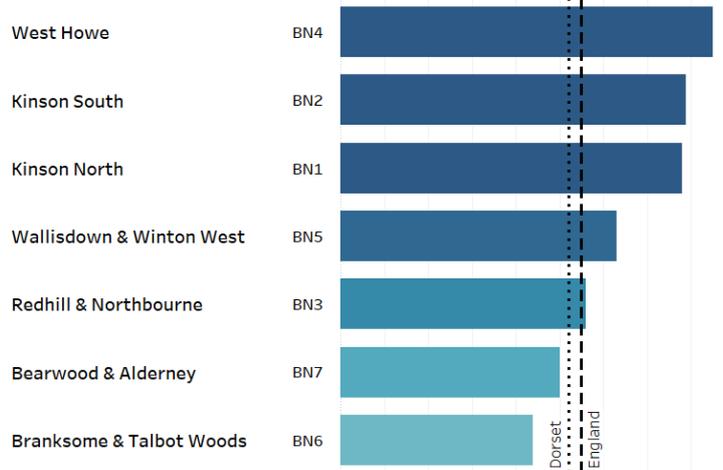


Source: Public Health England 2011-2015, Standardised mortality ratio for all deaths from stroke (all ages)

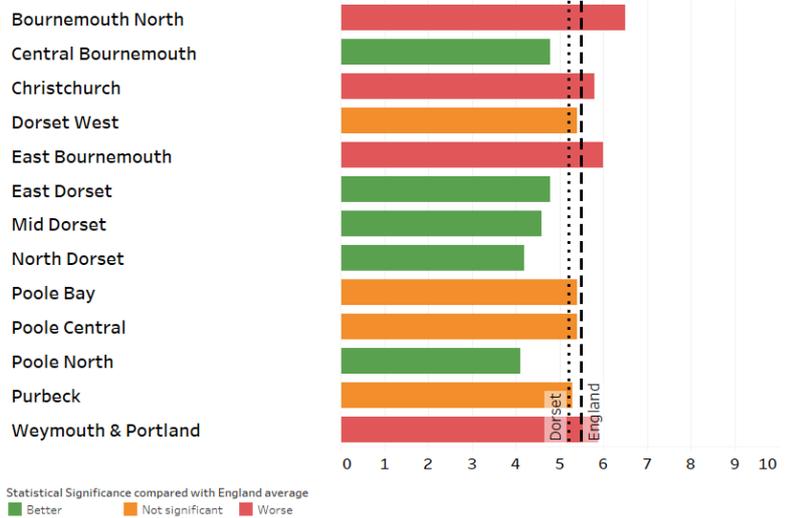
General Health – (reported) Bad or Very Bad



General Health - bad or very bad: MSOA's in Bournemouth North



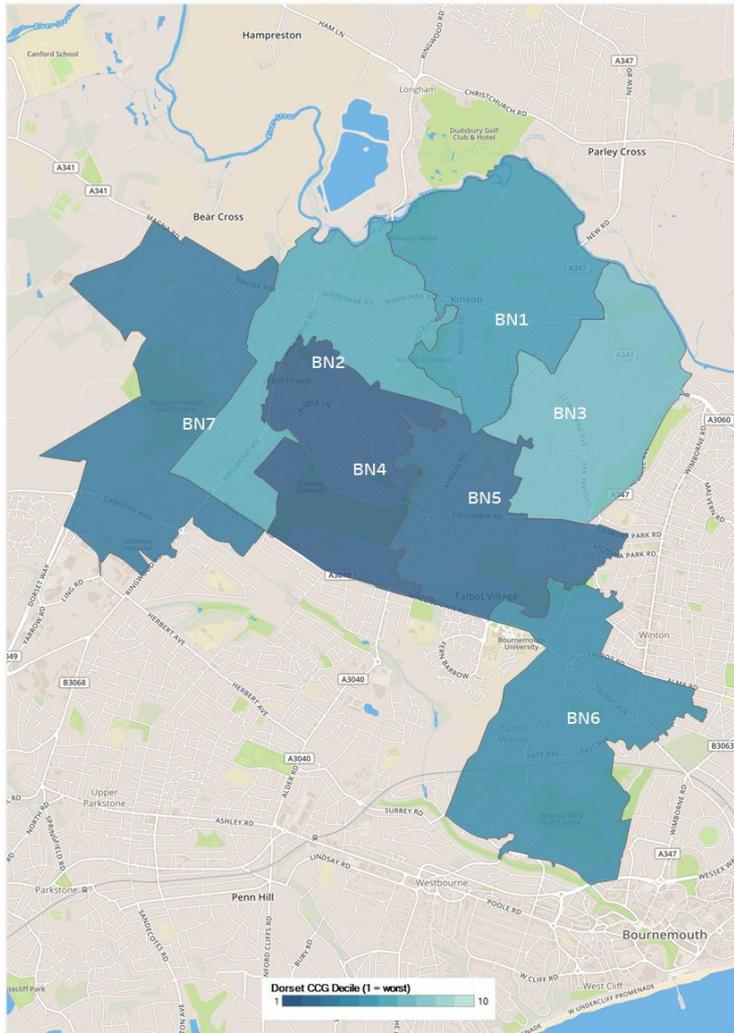
General Health - bad or very bad by GP Localities - Community



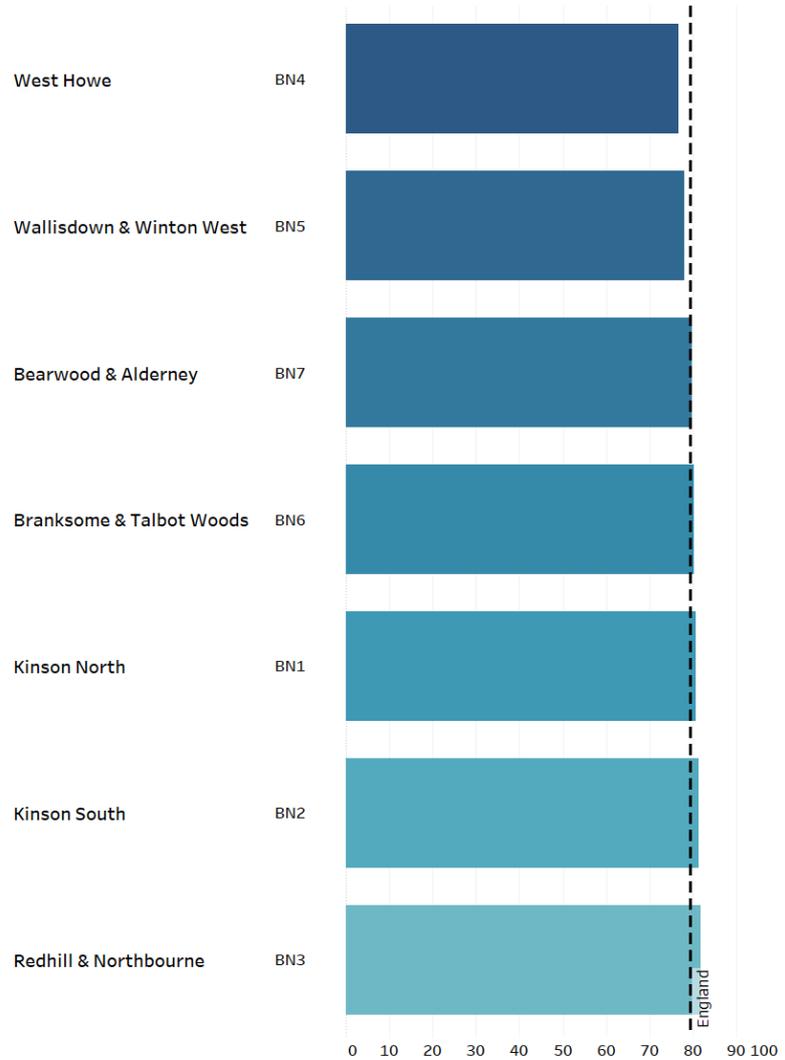
Source: 2011 Census, % of people in the 2011 Census that reported their general health in general was bad or very bad (all ages)

Appendix Five: Bournemouth North Health and Ill Health: Life Expectancy

Life expectancy at birth: Males

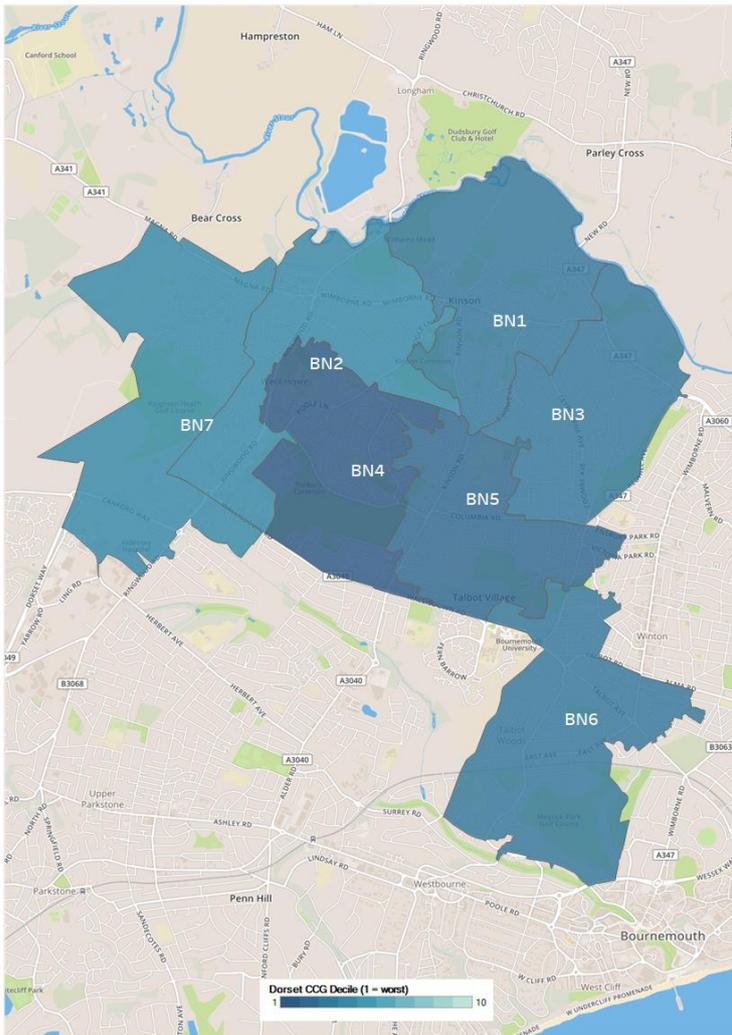


Life expectancy at birth for males (years) 2011-2015: MSOA's in Bournemouth North

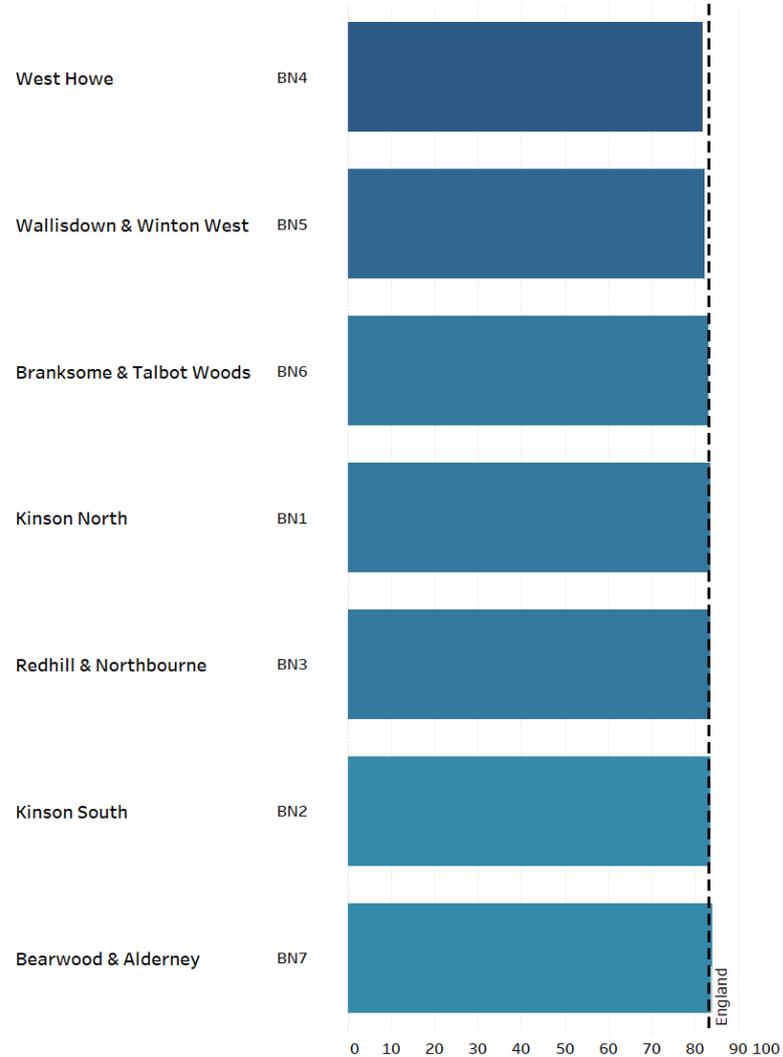


Source: Office of National Statistics, 2011-2015, Life expectancy at birth for males in years (all ages). Period life expectancy is the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average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



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 North GP practice data

Management of Diabetes

Management of diabetes for Bournemouth North

	% 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)
Alma Partnership	4.5	7.0	58.9	49.2
Banks & Bearwood Medical Practice	6.4	15.7	68.1	59.9
Durdells Avenue Surgery	8.0	21.3	67.3	45.4
Kinson Road Surgery	7.9	14.9	78.2	49.7
Leybourne Surgery	7.2	14.8	79.7	59.3
Northbourne Surgery	7.1	29.4	44.2	49.4
Talbot Medical Centre	3.6	16.0	66.9	48.2
The Village Surgery	5.1	24.6	61.1	48.2
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

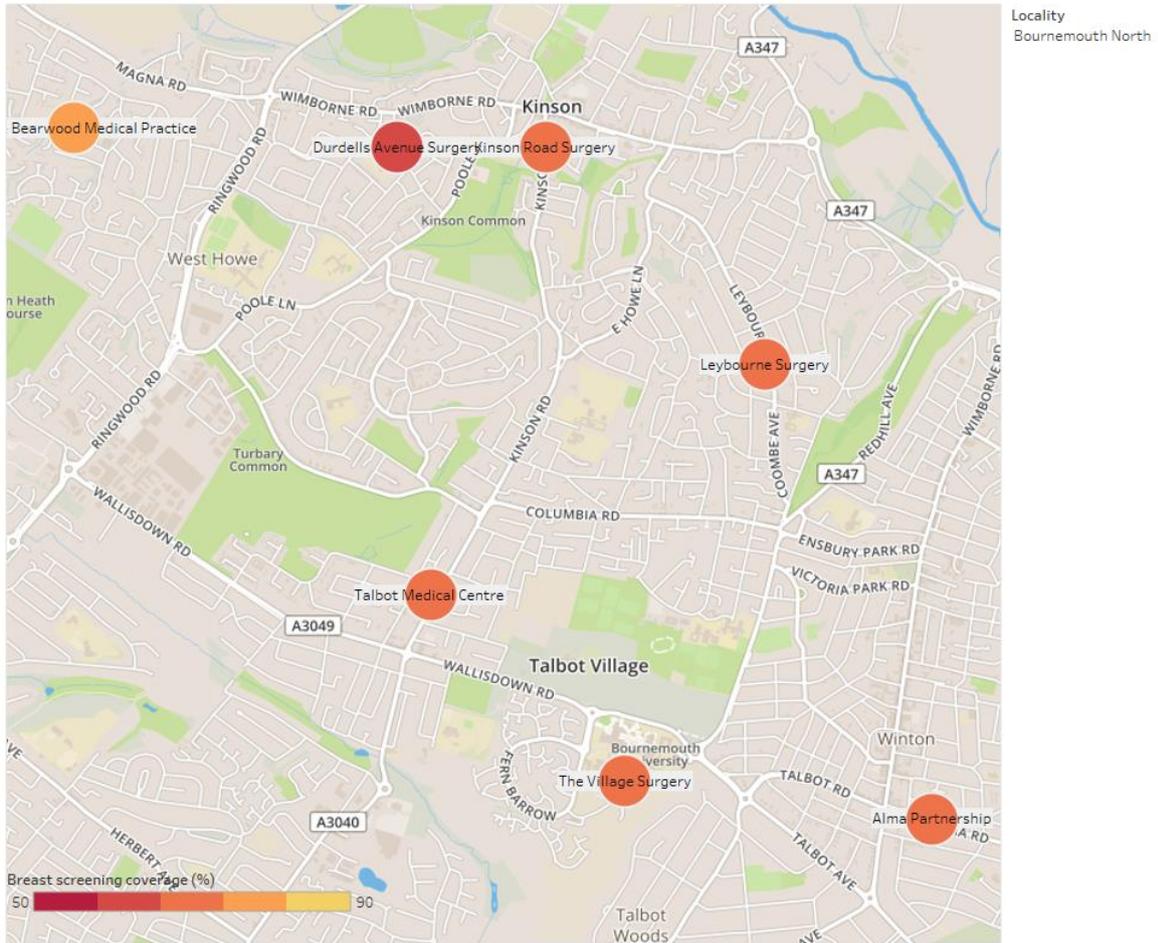
Source: Public Health England 2015/16, % of patients aged 17 years and over with diabetes mellitus, as recorded on practice disease registers.

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.

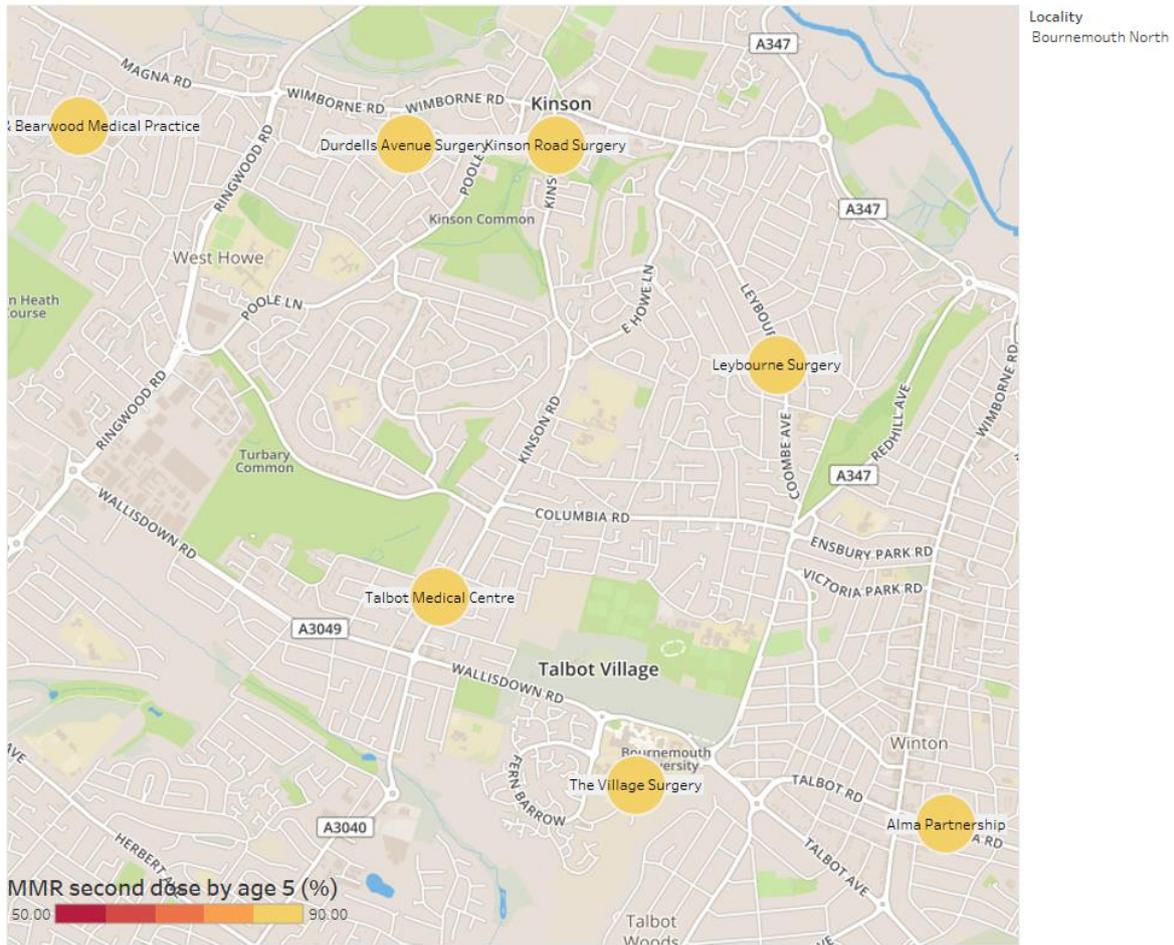
Source: Public Health England 2015/16, The percentage of patients with diabetes in whom the latest IFCC-HbA1c is 59 mmol/mol or less in the preceding 12 months.

Breast Screening Coverage (%)



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

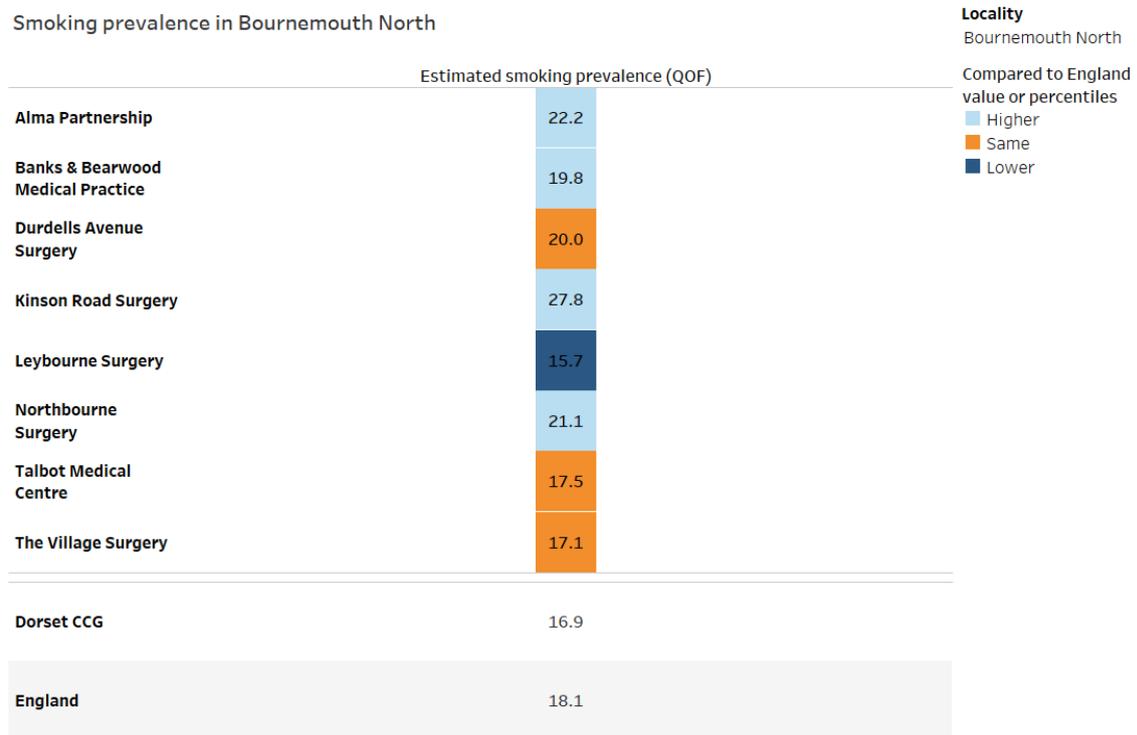
MMR Second Dose by Age 5 (%)



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 smoker

Smoking prevalence in Bournemouth North



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

Severe mental illness all ages

Mental Health indicators in Bournemouth North



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