

East Dorset 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/

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.

3. East Dorset– Summary Findings

East Dorset has practices that cover a population varied in age, residing in very rural areas, but also medium size market towns. The area and population has many positive aspects to support health and wellbeing, including; good quality natural environments; new housing developments and high levels of employment.

- **Community factors for health and wellbeing**
 - Limiting long-term illness or disability is higher in East Dorset than the National average
 - The provision of unpaid carers in East Dorset is higher than the England average
 - GCSE achievement is better than England
 - The proportion of older people living in deprivation is lower than the National average

- **Lifestyles:**
 - Levels of obesity in adults and children are of concern
 - Admissions for injuries in those aged 15-24 years is higher than the England average
 - Overall there are lower levels of binge drinking seen, however there is marked variation across the locality
 - Only a few practices are reaching the 95% target for MMR uptake
 - Breast screening coverage exceeds 70% for all practices but not all are reaching the “achievable “ target of 80%

- **Health/ill-health:**
 - Life expectancy varies by over 5 years for women and over 3 years for men across the locality
 - Generally there are lower levels of recorded diabetics in East Dorset compared to England. There is also variation in exception reporting, blood pressure and blood sugar control by GP practice
 - Elective hospital admissions for hip replacement are higher than the England average
 - Levels of recorded severe mental illness and depression are similar or lower than the National average
 - Although the number of deaths from stroke overall is lower than England, there is considerable variation within the locality

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
Variable uptake of MMR	Improve uptake of childhood vaccinations	<p>Is there work ongoing with NHSE and PHE to develop plans to address immunisation coverage?</p> <p>Are there ways to improve information and support for parents/carers on immunisations via health visitors and other early years settings?</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>Work is beginning to look at engaging obese or underweight children identified by the NCMP and their families to be referred onto LiveWell Dorset.</p> <p>Supporting GP practices to refer families to LiveWell Dorset</p>
High rate of admission for injuries in young people 15-24 years	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
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>

Variation in binge drinking rates	To reduce alcohol misuse	<p>Opportunities exist to increase referrals to LiveWell Dorset</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>
High levels of unpaid care	Improving health and wellbeing of carers	<p>Are there more opportunities to identify carers in the locality through schools, community groups, social media or other groups?</p> <p>What services and support can be offered to carers?</p>

Ageing well-the later working years and retirement

The local challenge	PAS project objective	Next steps-potential locality implementation
Long-Term illness or disability is higher than the National average. A proportion of these people 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>
Elective hospital admissions for hip replacement are higher than the England average	A systematic approach to increasing physical activity in the population	<p>How could the 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>
Variable breast screening coverage	Improve breast screening coverage	How can the locality work to encourage women to attend screening?

Healthy places-where we live, work and play

The local challenge	PAS project objective	Next steps-potential locality implementation
Whilst Dorset enjoys a generally good quality natural environment not all communities	Increase the accessibility and use of the natural environment/green	Work is ongoing to develop a map of accessibility to green space which will identify those communities with poor access.

have good access or awareness	spaces to encourage physical activity.	How can primary care help to increase opportunities for these communities to get more active?
Particularly in older homes the ability to stay warm and well to avoid admissions and premature mortality related to the cold is impaired	Healthy Homes – increasing take up of insulation and other measures to reduce the number of vulnerable people living in cold and damp homes	How can practices and partner organisations identify patients or residents who may benefit from support to improve insulation and heating?

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: East Dorset Community profile

Indicators	Selection value	England value	Summary chart
Income deprivation - English Indices of Deprivation 2015 (%)	7.5	14.6	
Low Birth Weight of term babies (%)	2.9	2.8	
Child Poverty - English Indices of Deprivation 2015 (%)	9.8	19.9	
Child Development at age 5 (%)	N/A - Zero divide		
GCSE Achievement (5A*-C inc. Eng & Maths) (%)	N/A - Zero divide		
Unemployment (%)	0.7	1.8	
Long Term Unemployment (Rate/1,000 working age population)	0.7	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 (%)	20.4	17.6	
Overcrowding (%)	3.3	8.7	
Provision of 1 hour or more unpaid care per week (%)	12.5	10.2	
Provision of 50 hours or more unpaid care per week (%)	2.7	2.4	
Pensioners living alone (%)	25.8	31.5	
Older People in Deprivation - English Indices of Deprivation 2015 (%)	8.3	16.2	
Deliveries to teenage mothers (%)	0	1.1	
Emergency admissions in under 5s (Crude rate per 1000)	154.1	149.2	
A&E attendances in under 5s (Crude rate per 1000)	321.2	551.6	
Admissions for injuries in under 5s (Crude rate per 10,000)	136.9	138.8	
Admissions for injuries in under 15s (Crude rate per 10,000)	104.4	108.3	
Admissions for injuries in 15 - 24 year olds (Crude rate per 10,000)	165.2	133.1	
Obese adults (%)	22.6	24.1	
Binge drinking adults (%)	15.6	20	
Healthy eating adults (%)	33.4	28.7	
Obese Children (Reception Year) (%)	7.7	9.3	
Children with excess weight (Reception Year) (%)	20.3	22.2	
Obese Children (Year 6) (%)	13.1	19.3	
Children with excess weight (Year 6) (%)	25.3	33.6	
Emergency hospital admissions for all causes (SAR)	86.6	100	
Emergency hospital admissions for CHD (SAR)	103	100	
Emergency hospital admissions for stroke (SAR)	94.9	100	
Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	96.8	100	
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)	53.4	100	
Incidence of all cancer (SIR)	101.7	100	
Incidence of breast cancer (SIR)	123.3	100	
Incidence of colorectal cancer (SIR)	100.2	100	
Incidence of lung cancer (SIR)	69.6	100	
Incidence of prostate cancer (SIR)	121.6	100	
Hospital stays for self harm (SAR)	98.8	100	
Hospital stays for alcohol related harm (SAR)	75.2	100	
Emergency hospital admissions for hip fracture in 65+ (SAR)	98.4	100	
Elective hospital admissions for hip replacement (SAR)	111.4	100	
Elective hospital admissions for knee replacement (SAR)	94.9	100	
Deaths from all causes, all ages (SMR)	78.8	100	
Deaths from all causes, under 65 years (SMR)	65.3	100	
Deaths from all causes, under 75 years (SMR)	65.7	100	
Deaths from all cancer, all ages (SMR)	82.8	100	
Deaths from all cancer, under 75 years (SMR)	73.2	100	
Deaths from circulatory disease, all ages (SMR)	78.9	100	
Deaths from circulatory disease, under 75 years (SMR)	59.9	100	
Deaths from coronary heart disease, all ages (SMR)	77.2	100	
Deaths from coronary heart disease, under 75 years (SMR)	60.6	100	
Deaths from stroke, all ages (SMR)	89.1	100	
Deaths from respiratory diseases, all ages (SMR)	62.9	100	

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

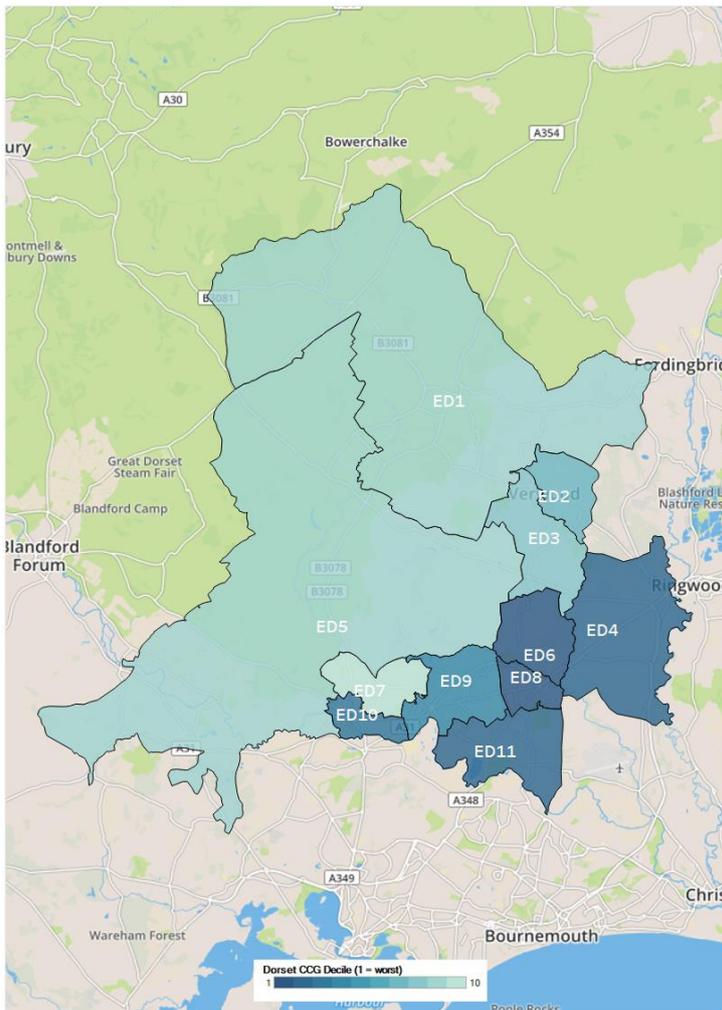
Source: Public Health England, Local Health Profile 2017

Appendix Two: East Dorset Community Factors for Health & Wellbeing

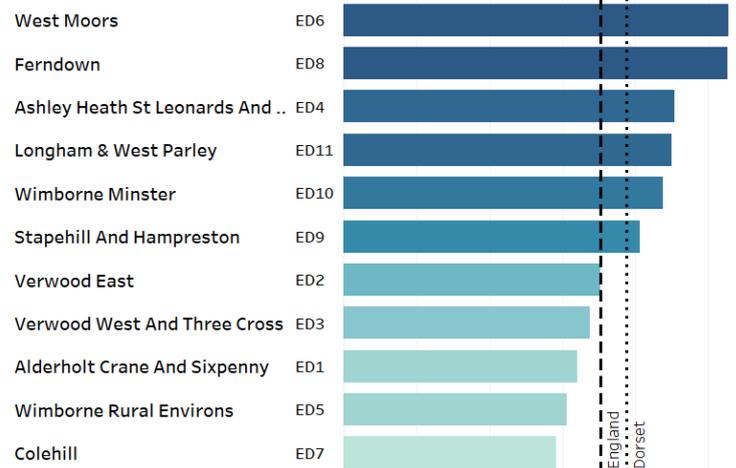
We have included some examples of the data that has been used in producing this locality profile. The full range of data can be found at:

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

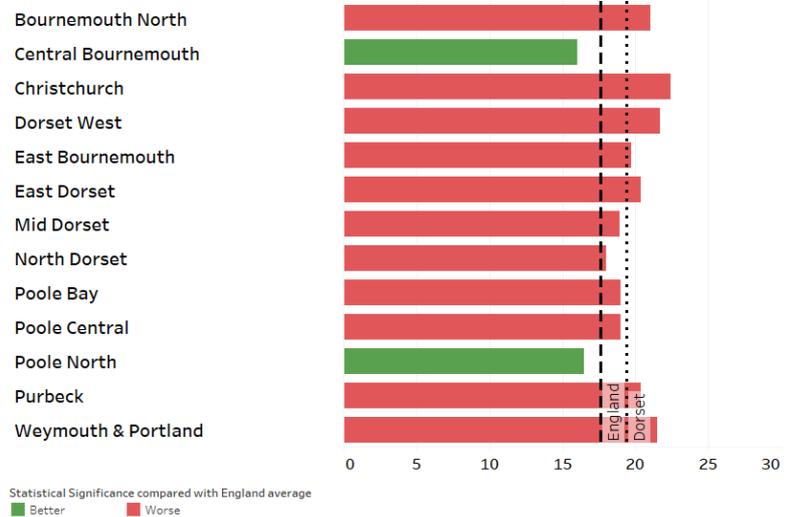
Limiting Long Term Illness or Disability (%)



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

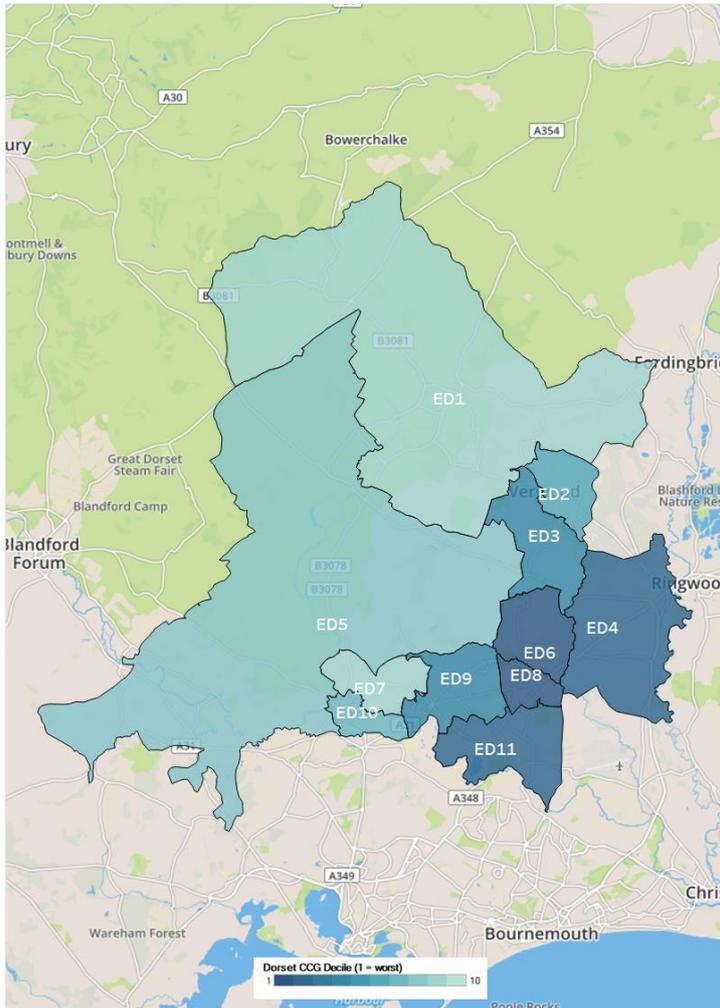


Limiting long term illness or disability (%) 2011 by GP Localities - Community

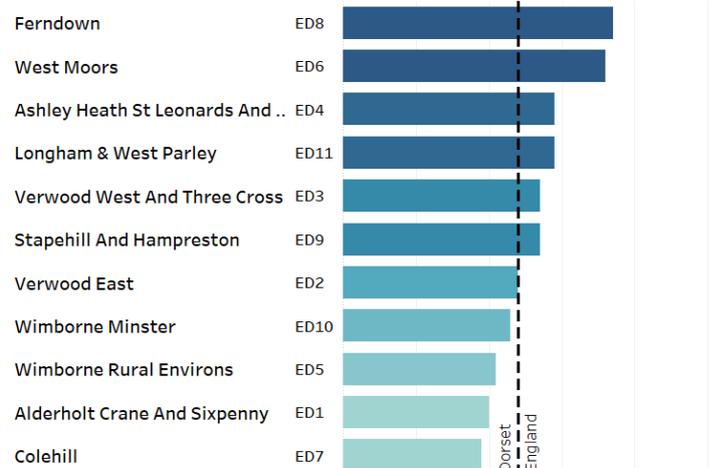


Source: 2011 Census, % of people who reported in the 2011 Census that their day to day activities were limited because of a health problem or disability which has lasted or is expected to last at least 12 months in general was bad or very bad (all ages).

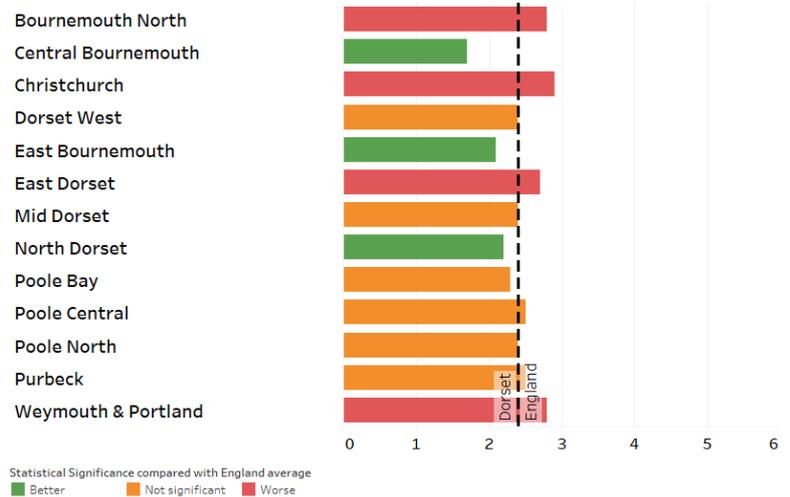
Provision of 50 hours or more unpaid care per week (%)



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



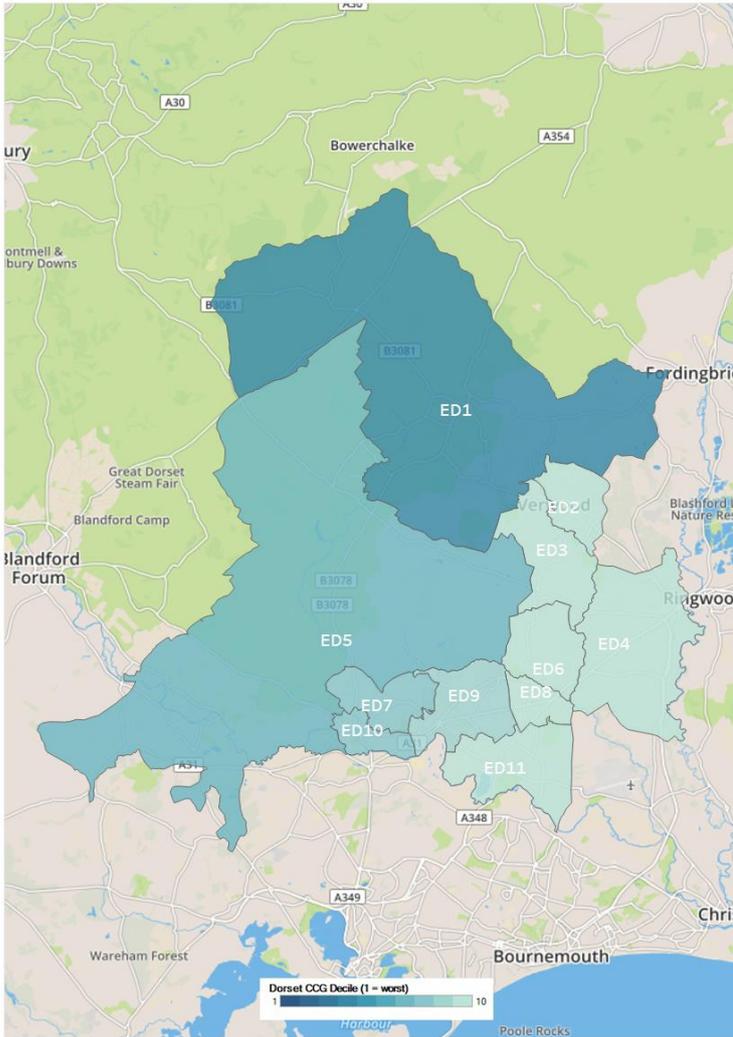
Provision of 50 hours or more unpaid care per week (%) 2011 by GP Localities - Community



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

Appendix Three: East Dorset Lifestyle Factors

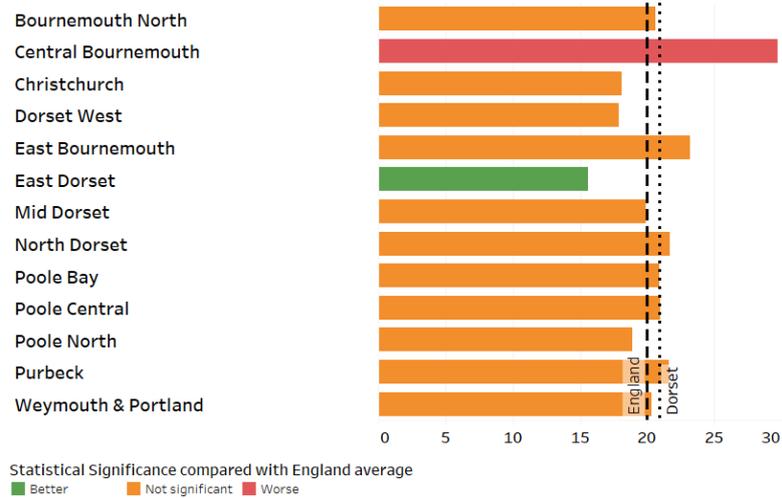
Binge Drinking Adults (%)



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



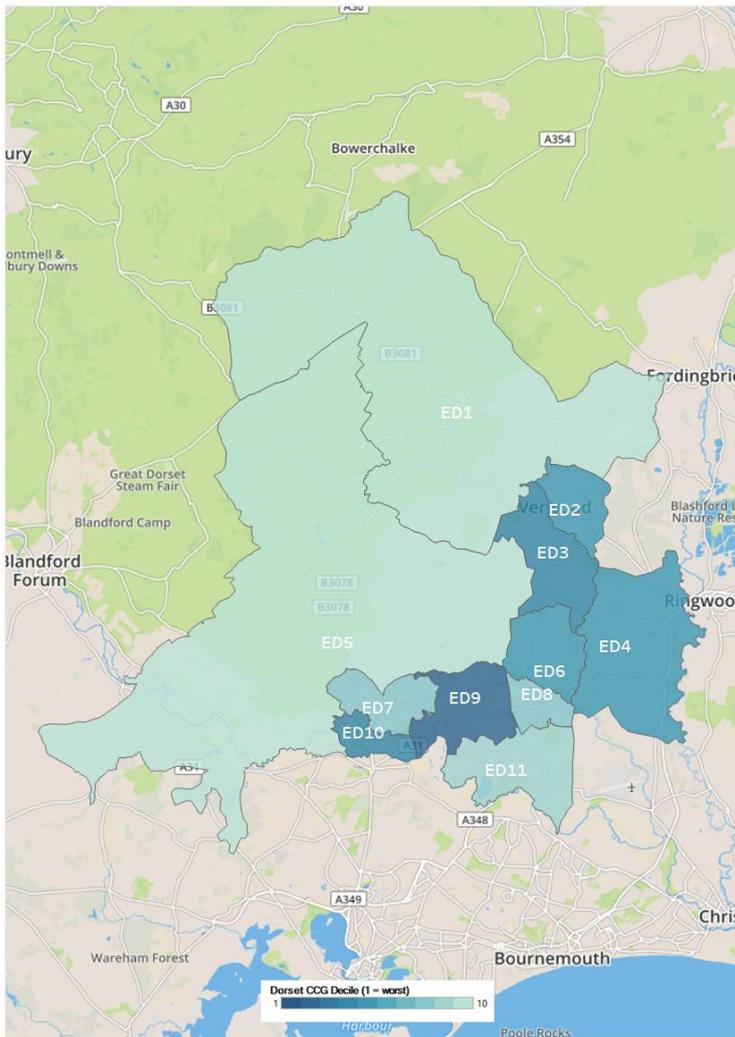
Binge drinking adults (%) 2006 - 2008: GP Localities - Lifestyles



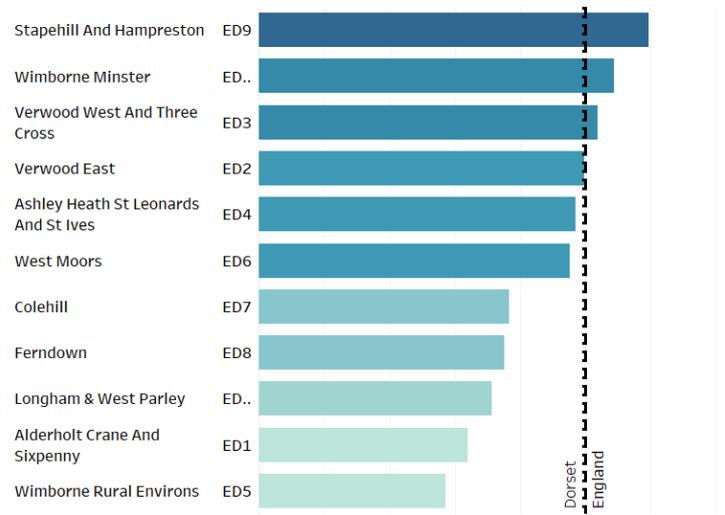
Source: Public Health England 2006 – 2008, estimated percentage of the population that binge drink. Binge drinking in adults is defined separately for men and women (16 years and over).

Appendix Four: East Dorset Health & Ill Health

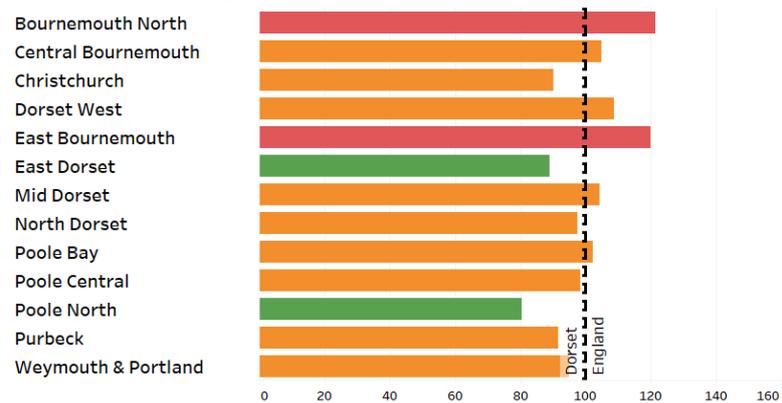
Deaths from Stroke, all ages



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



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

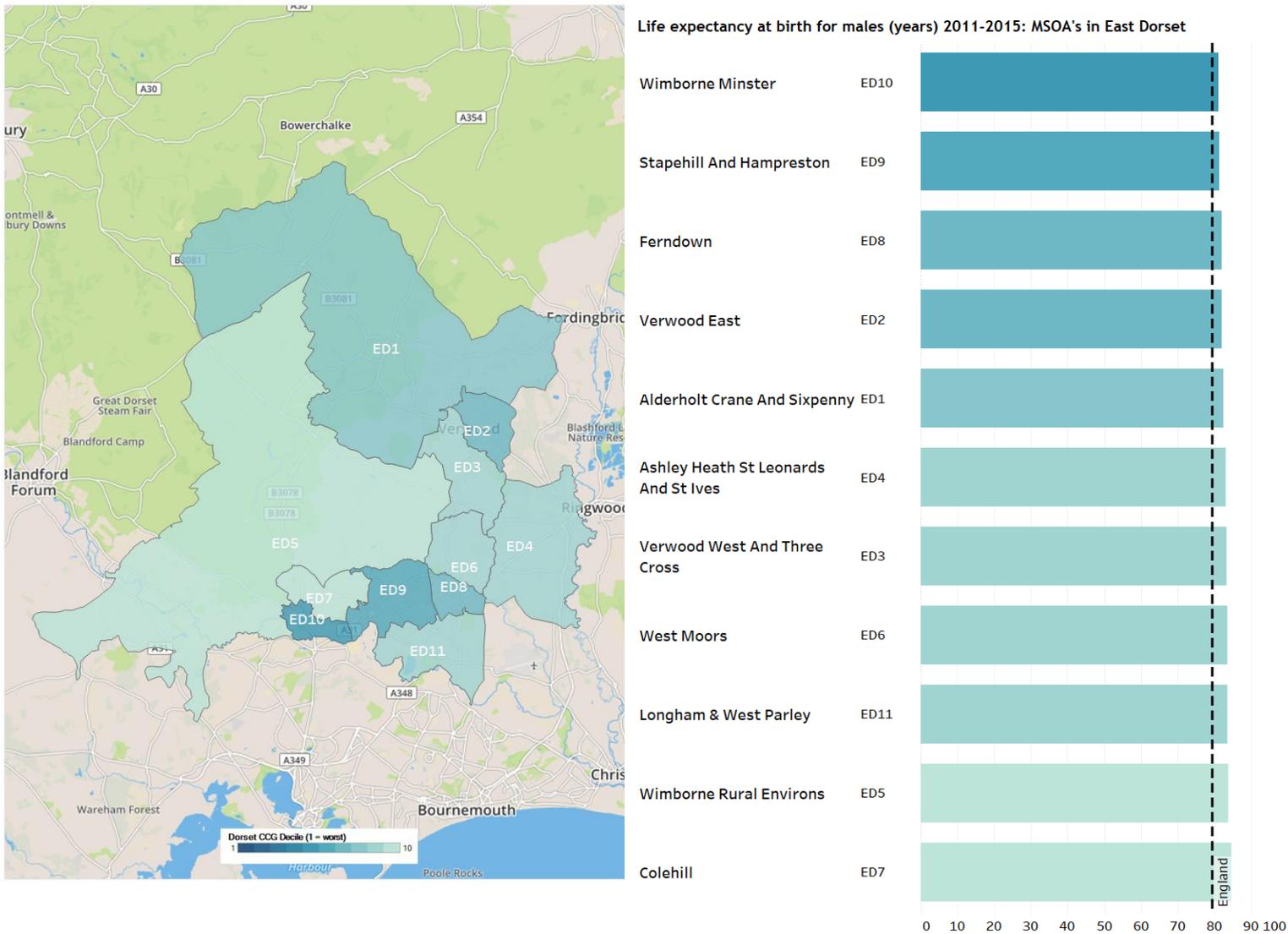


Statistical Significance compared with England average
■ Better ■ Not significant ■ Worse

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

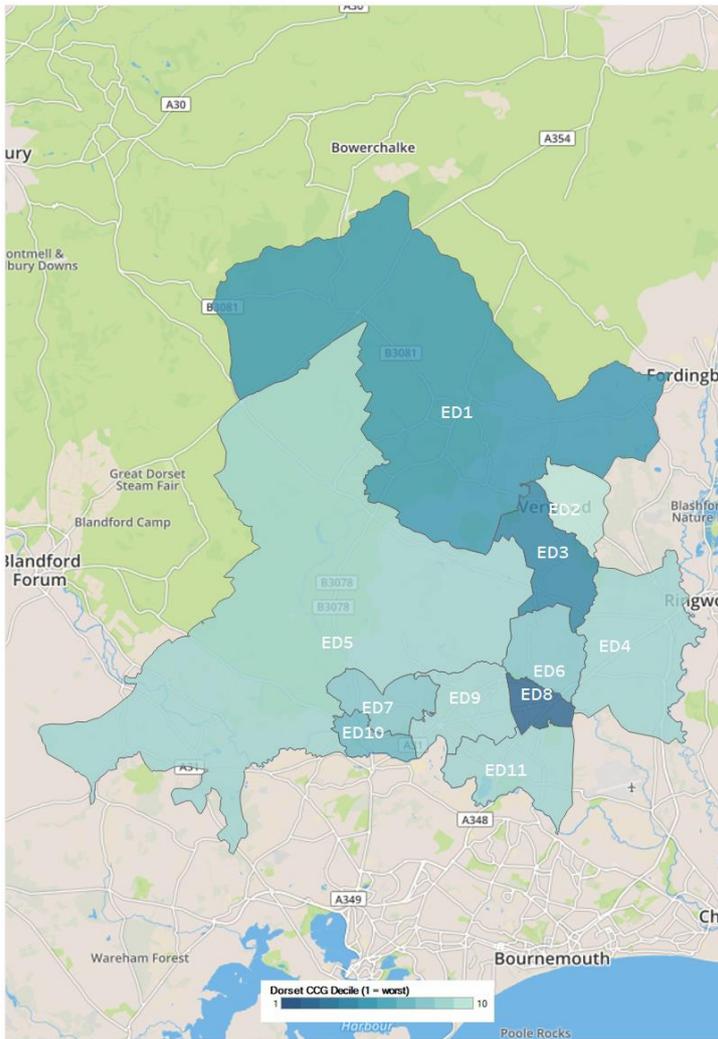
Appendix Five: East Dorset Health & Ill Health: Life Expectancy

Life expectancy at birth: Males



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



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: East Dorset GP practice data

Management of Diabetes

Management of diabetes for East Dorset

	% 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)
Cranborne Practice	6.5	21.0	78.8	62.4
Old Dispensary Medical Practice	5.0	28.6	59.0	45.1
Orchid House Surgery	8.2	9.6	62.5	64.1
Penny's Hill Practice	7.8	15.0	67.0	64.1
Quarter Jack Surgery	5.6	12.6	75.9	67.3
The Barcellos Family Practice	6.0	22.6	63.8	49.3
Verwood Surgery	6.5	10.2	79.5	60.4
Village Medical Practice - West Moors	8.5	7.6	71.3	67.1
Walford Mill Medical Centre	6.0	10.4	71.7	67.3
West Moors Group Practice	7.1	12.1	66.5	62.4
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

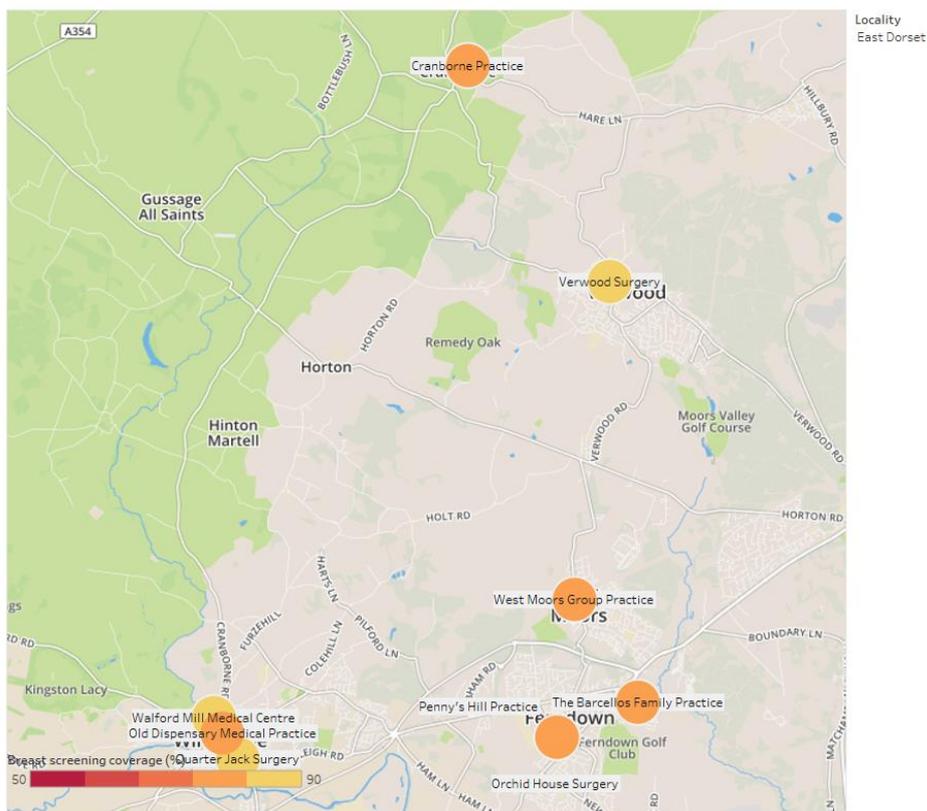
Source: Public Health England 2015/16, % of patients aged 17 years and over with diabetes mellitus, as recorded on practice disease registers.

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.

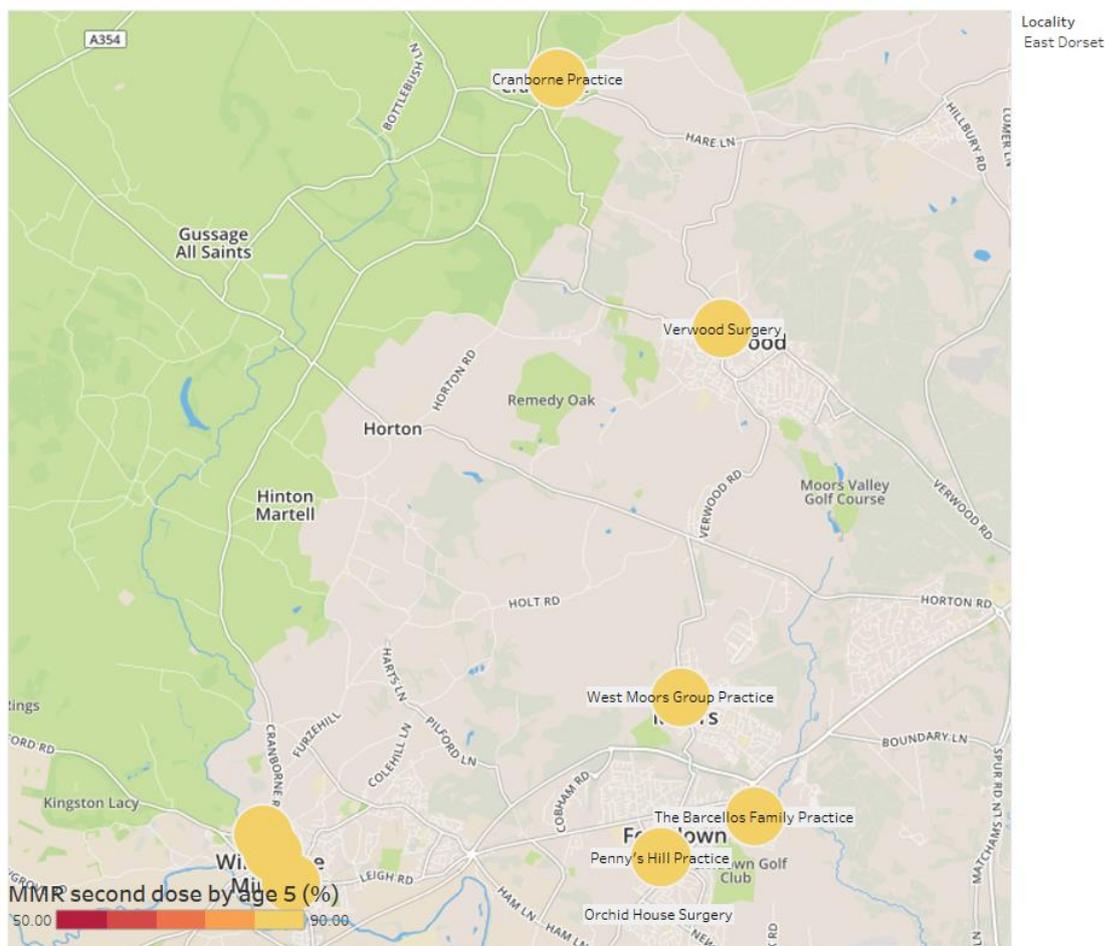
Source: Public Health England 2015/16, The percentage of patients with diabetes in whom the latest IFCC-HbA1c is 59 mmol/mol or less in the preceding 12 months.

Breast Screening Coverage (%)



Source: NHS England 2016/17, 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).

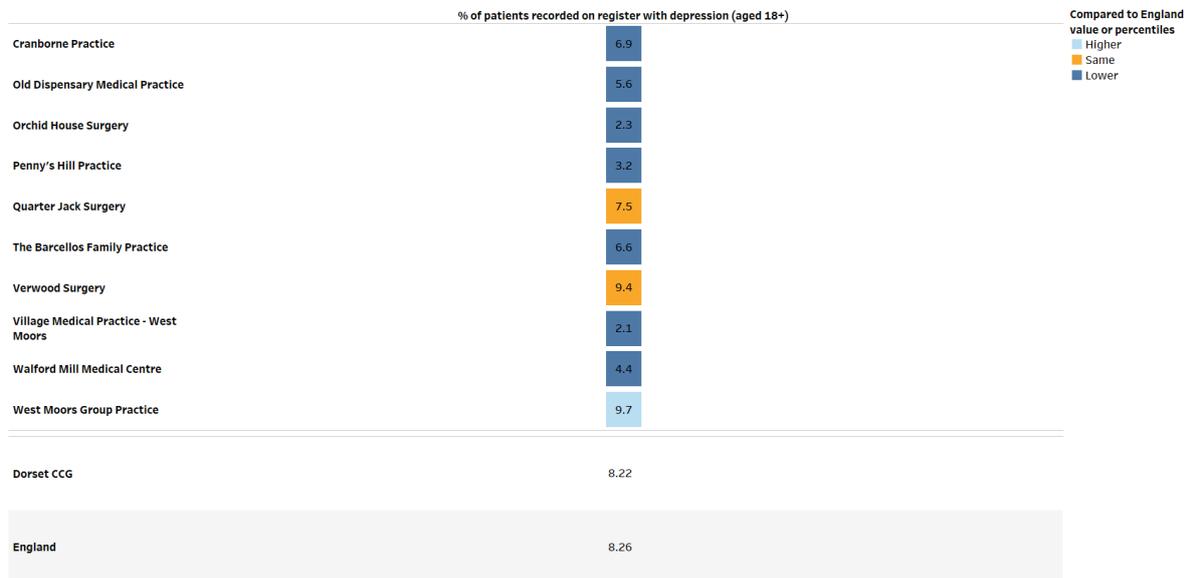
MMR Second Dose by Age 5 (%)



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).

Prevalence of depression

Mental Health indicators in East Dorset



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