# Mid 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. Mid Dorset – Summary Findings

Mid Dorset locality has a high proportion of older people compared to both national and Dorset averages. It is largely rural with population density at its highest around the county town of Dorchester, which is where indicators for the locality mostly perform least desirably. The population has many positive aspects to support health and wellbeing, including better than the national average for children in poverty, pensioners living alone, child development at age 5, achievement of A*- C GCSE grades and unemployment.

- **Community factors for health and wellbeing**

    - Living with a long-term illness or disability features for many in the locality and is higher than the England average
    - Levels of providing 1 hour or more of unpaid care is higher than the national average
    - The locality has a high proportion of people older than 50 and a lower proportion of younger adults, with a higher than national average for those adults aged 65 and over

- **Lifestyles:**

    - Risk of death caused by stroke (all ages) is similar to the national average
    - Under 5s, under 15s and age 15-24s injury admissions are high
    - Obesity rates in children and adults are of concern
    - Smoking levels (age 15+) are similar to or lower than England

- **Health/Ill-health**:

    - The difference in life expectancy is over 5 years for both men and women across the locality
    - Generally lower or similar recorded levels of severe mental illness (all ages) and depression (18+) to the national average at practices throughout the locality
    - Deaths for under 75 years from coronary heart disease and all cancers are better than the Dorset and national averages however both have a higher occurrence in Dorchester West
    - Rates of MMR (2nd dose) vary considerably across the locality, with 4 practices not reaching the WHO target of 95%
    - All practices have breast screening coverage above the national acceptable target of 70%; one is above the "achievable" target of 80%
    - Variation exists in exception reporting for diabetes and opportunities exist to improve blood pressure and sugar control in diabetes

## 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 |
|---|---|---|
| Understanding and decreasing under 5s and under 15s injury admissions | Reducing childhood injury admissions | What improvements can be made to support parents and carers of under 15s around injury prevention?<br><br>Are there new ways to support health visitors and early years settings to work with families at risk? |
| Childhood obesity | Improve Health Visitor/Early Years offer<br><br>Increase Physical activity in school age children at school | Are there new ways to support health visitors to work with families at risk?<br><br>Work has already started looking at the role of school day activity and active travel to and from school.<br><br>Service commissioning developments have started to improve School Nurse campaign support and signposting to schools for parents/ carers post NCMP results.<br><br>How could your practice and or locality impact on this agenda? |
| Low uptake of MMR | Improve uptake of childhood immunisations | Is there work ongoing with NHSE and PHE to develop plans to address immunisation coverage?<br><br>Are there ways to improve information and support for parents/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 |
|---|---|---|
| Those living with a limiting 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 | What can be done in the locality to improve service access and improve social inclusion?<br><br>Is there more to be done to integrate a more prevention oriented approach to frailty and falls prevention?<br><br>Could work be done with the 3rd sector support work to combat isolation and loneliness to maintain good mental health? |

| | | |
|---|---|---|
| High levels of unpaid care | Improving health and wellbeing of carers | Are there more opportunities to identify carers in the locality through schools, community groups, social media or other groups?<br><br>What services and support can be offered to carers? |
| Locality has variation in rates of unhealthy behaviours including smoking, alcohol misuse and obesity | Increase use of LiveWell Dorset service, linking with targeted health checks. | Could practices work more closely with LiveWell Dorset coaches as part of improved offer in primary care in selected areas<br><br>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?<br><br>Links to increasing community capacity project and new voluntary sector co-ordinator role.<br><br>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. |
| Improving diabetes management in the locality | Reduce variation in the secondary prevention of cardiovascular disease and pre-diabetes/chronic diabetes | How can diabetes management be improved for the needs of individual patients?<br><br>What communication improvements are needed between patients and clinical teams to impact positively on diabetes management?<br><br>Links to increasing community capacity project and new voluntary sector co-ordinator role.<br><br>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? |

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

| The local challenge | PAS project objective | Next steps-potential locality implementation |
|---|---|---|
| Although deaths of under 75 years rates for coronary heart disease, all cancers and stroke are not exceeding Dorset or national averages, they are | Increase number of Health Checks delivered to vulnerable groups in specified localities. | How can your practices work with the new health checks provider to ensure groups most at risk of cardiovascular disease are included?<br><br>How do you support those identified with medium to high risks? |

| | | |
|---|---|---|
| higher in Dorchester West | Reduce variation in the secondary prevention of cardiovascular disease and pre-diabetes/chronic diabetes | How can we increase referrals of this group to LiveWell Dorset? 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<br><br>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?<br><br>Links to increasing community capacity project and new voluntary sector co-ordinator role. |
| Breast screening coverage generally below "achievable" target of 80% | Improving breast screening coverage | How can screening information be more effective?<br><br>How can surgeries improve information sharing with target patients?<br><br>Can we understand the barriers to screening more? |

**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 have good access or awareness. | Increase the accessibility and use of the natural environment/green spaces to encourage physical activity. | Work is ongoing to develop a map of accessibility to green space which will identify those communities with poor access.<br>How can primary care help to increase opportunities for these communities to get more active?<br><br>Could you be interested in working in partnership with others to develop walking routes around specific community locations? |
| National Evidence indicates that limiting access to alcohol and fast food can have a positive impact on health outcomes. | Work with Local authority licensing teams to consider opportunities to limited access to alcohol/fast food. | There are opportunities to work together to identify if there are areas in mid Dorset which may benefit from limiting number of fast food outlets or licensed premises. E.g. in close proximity to schools or areas with particular issues with alcohol related harm. |
| Housing developments | Awareness of good quality housing and most effective use of housing development space | As inevitable housing developments grow how can we work in partnership to ensure that all aspects of healthy lifestyles and places are considered. For example, inclusion of greenspace, children's play areas and opportunities for active travel. |

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 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: Mid Dorset Community profile

| Indicators | Selection value | England value | Summary chart |
|---|---|---|---|
| Income deprivation - English Indices of Deprivation 2015 (%) | 8.5 | 14.6 | |
| Low Birth Weight of term babies (%) | 2.3 | 2.8 | |
| Child Poverty - English Indices of Deprivation 2015 (%) | 10.8 | 19.9 | |
| Child Development at age 5 (%) | N/A - Zero divide | | |
| GCSE Achievement (5A*-C inc. Eng & Maths) (%) | N/A - Zero divide | | |
| Unemployment (%) | 0.6 | 1.8 | |
| Long Term Unemployment (Rate/1,000 working age population) | 0.7 | 3.7 | |
| General Health - bad or very bad (%) | 4.2 | 5.5 | |
| General Health - very bad (%) | 0.9 | 1.2 | |
| Limiting long term illness or disability (%) | 18 | 17.6 | |
| Overcrowding (%) | 4.3 | 8.7 | |
| Provision of 1 hour or more unpaid care per week (%) | 10.7 | 10.2 | |
| Provision of 50 hours or more unpaid care per week (%) | 2.2 | 2.4 | |
| Pensioners living alone (%) | 29.7 | 31.5 | |
| Older People in Deprivation - English Indices of Deprivation 2015 (%) | 10.2 | 16.2 | |
| Deliveries to teenage mothers (%) | 0.5 | 1.1 | |
| Emergency admissions in under 5s (Crude rate per 1000) | 134.6 | 149.2 | |
| A&E attendances in under 5s (Crude rate per 1000) | 361.5 | 551.6 | |
| Admissions for injuries in under 5s (Crude rate per 10,000) | 162.1 | 138.8 | |
| Admissions for injuries in under 15s (Crude rate per 10,000) | 121.9 | 108.3 | |
| Admissions for injuries in 15 - 24 year olds (Crude rate per 10,000) | 146.8 | 133.1 | |
| Obese adults (%) | 24.3 | 24.1 | |
| Binge drinking adults (%) | 21.7 | 20 | |
| Healthy eating adults (%) | 33.5 | 28.7 | |
| Obese Children (Reception Year) (%) | 8.2 | 9.3 | |
| Children with excess weight (Reception Year) (%) | 21.4 | 22.2 | |
| Obese Children (Year 6) (%) | 13.8 | 19.3 | |
| Children with excess weight (Year 6) (%) | 27.2 | 33.6 | |
| Emergency hospital admissions for all causes (SAR) | 80.6 | 100 | |
| Emergency hospital admissions for CHD (SAR) | 84.9 | 100 | |
| Emergency hospital admissions for stroke (SAR) | 88.2 | 100 | |
| Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR) | 86.9 | 100 | |
| Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR) | 48.4 | 100 | |
| Incidence of all cancer (SIR) | 99 | 100 | |
| Incidence of breast cancer (SIR) | 113 | 100 | |
| Incidence of colorectal cancer (SIR) | 101.2 | 100 | |
| Incidence of lung cancer (SIR) | 60.4 | 100 | |
| Incidence of prostate cancer (SIR) | 130.7 | 100 | |
| Hospital stays for self harm (SAR) | 103.7 | 100 | |
| Hospital stays for alcohol related harm (SAR) | 82.9 | 100 | |
| Emergency hospital admissions for hip fracture in 65+ (SAR) | 95.7 | 100 | |
| Elective hospital admissions for hip replacement (SAR) | 148.2 | 100 | |
| Elective hospital admissions for knee replacement (SAR) | 108.8 | 100 | |
| Deaths from all causes, all ages (SMR) | 84.4 | 100 | |
| Deaths from all causes, under 65 years (SMR) | 77.5 | 100 | |
| Deaths from all causes, under 75 years (SMR) | 74.3 | 100 | |
| Deaths from all cancer, all ages (SMR) | 83.7 | 100 | |
| Deaths from all cancer, under 75 years (SMR) | 77 | 100 | |
| Deaths from circulatory disease, all ages (SMR) | 90.3 | 100 | |
| Deaths from circulatory disease, under 75 years (SMR) | 69.5 | 100 | |
| Deaths from coronary heart disease, all ages (SMR) | 87.2 | 100 | |
| Deaths from coronary heart disease, under 75 years (SMR) | 65.4 | 100 | |
| Deaths from stroke, all ages (SMR) | 97.6 | 100 | |
| Deaths from respiratory diseases, all ages (SMR) | 72.7 | 100 | |

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

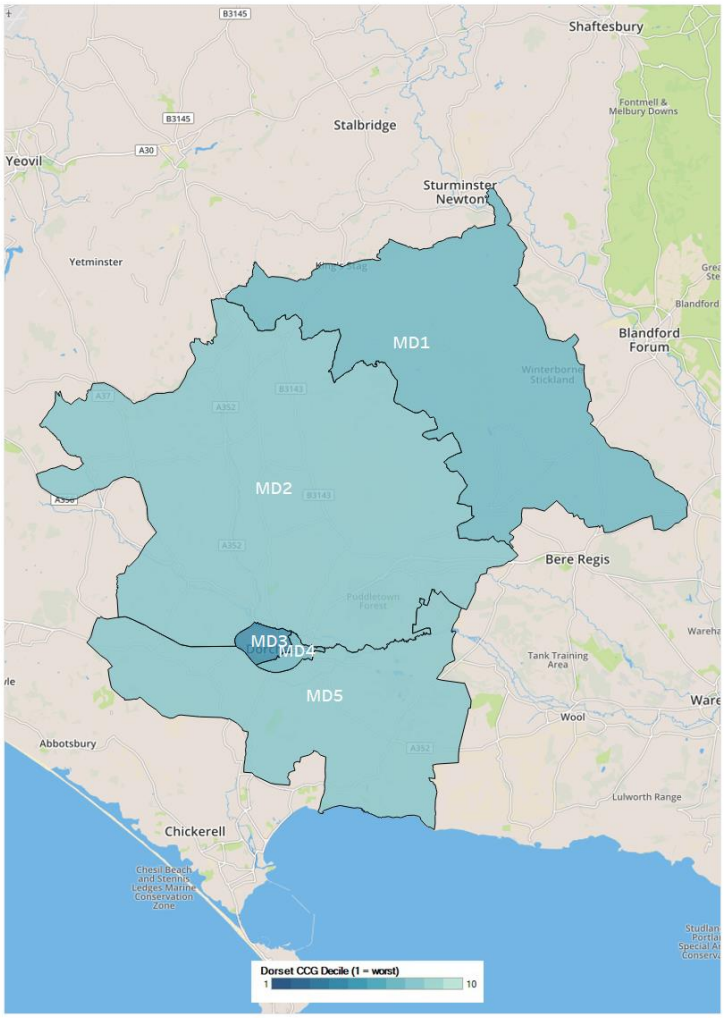
*Source: Public Health England, Local Health Profile 2017*

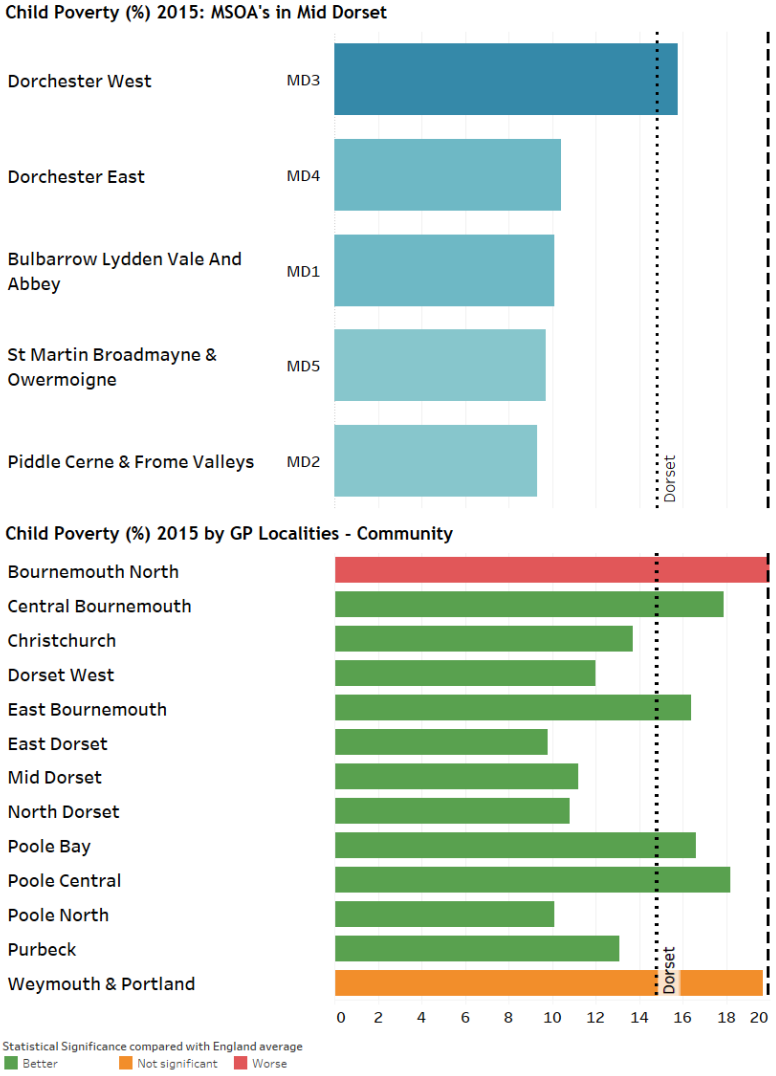
## Appendix Two: Mid Dorset Community Factors for Health & Wellbeing

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#!/

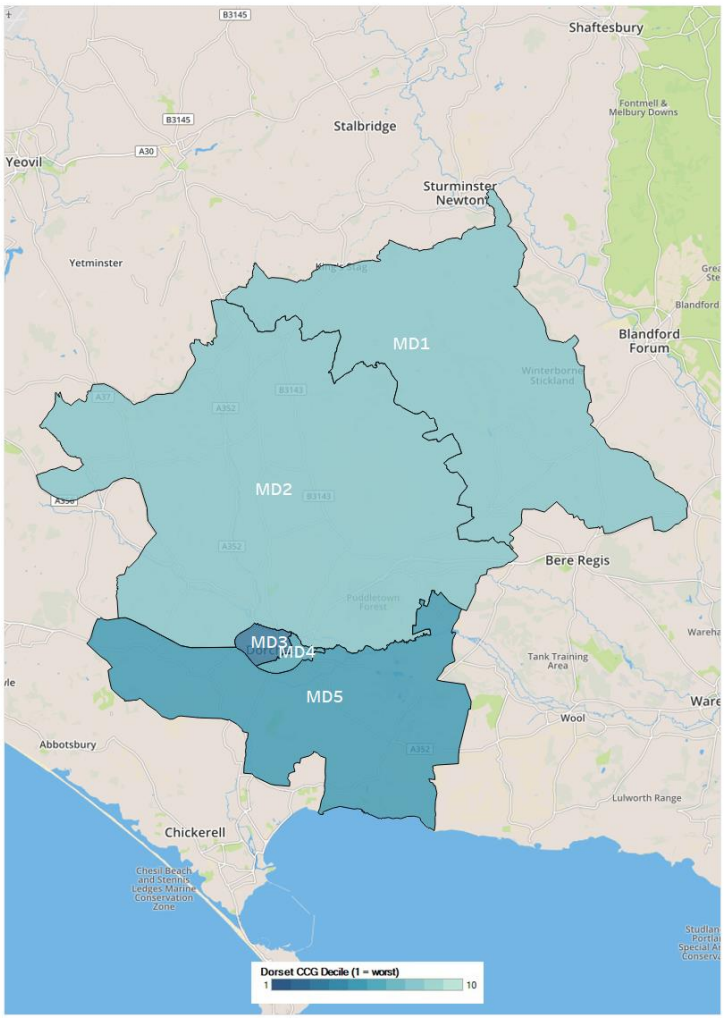
### Child Poverty (%)

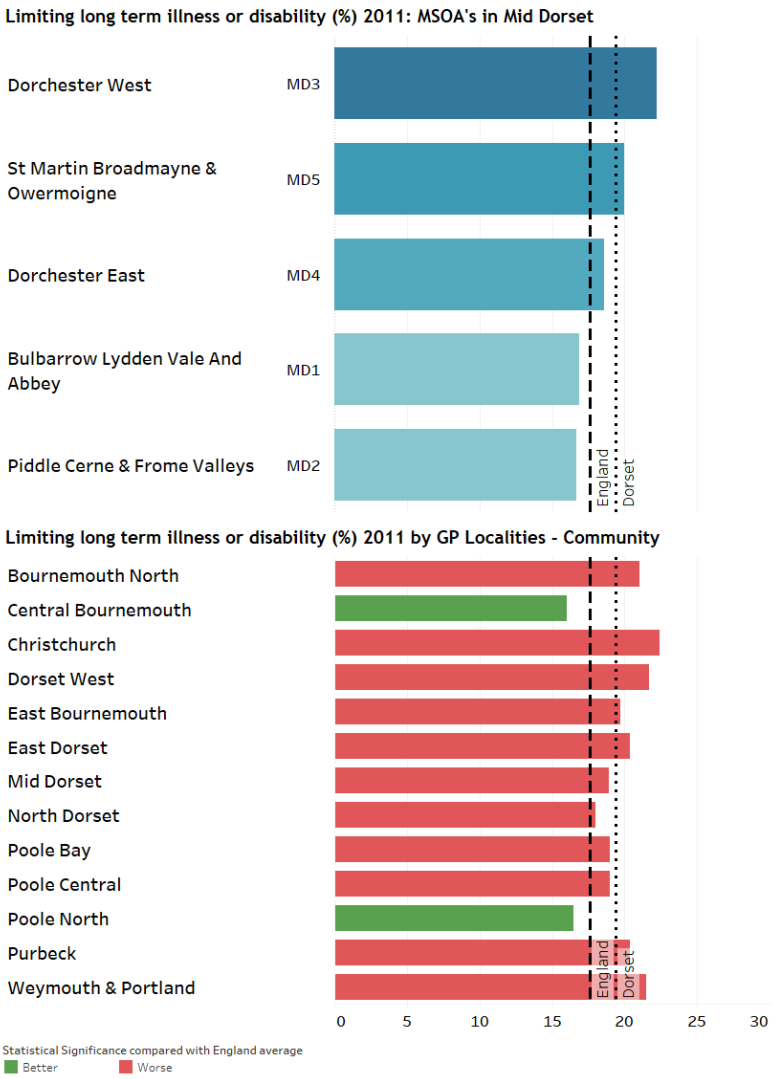



*Source: Department of Communities and Local Government 2015, Child Poverty percentage – Income Deprivation Affecting Children Index (0-15 years old)*

## Limiting Long Term Illness or Disability (%)

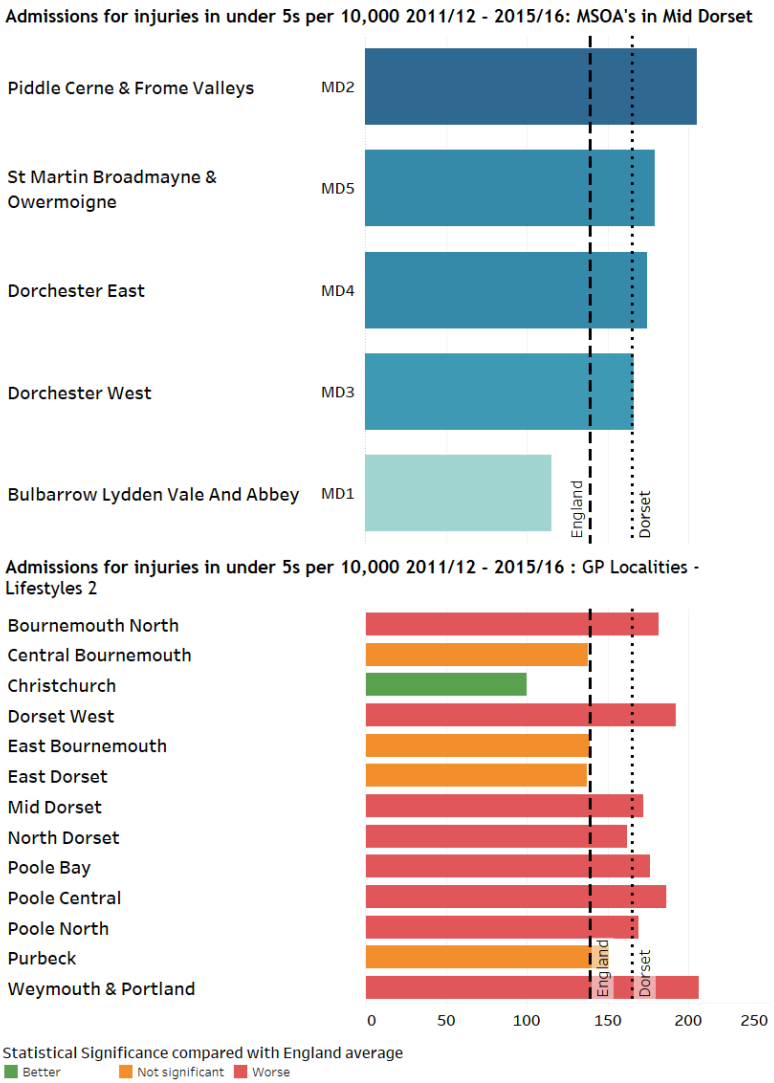



*Source: 2011 Census, % of people who reported in the 2011 Census that their day to day activities were limited because of a health problem or disability which has lasted or is expected to last at least 12 months in general was bad or very bad (all ages).*

# Appendix Three: Mid Dorset Lifestyle Factors

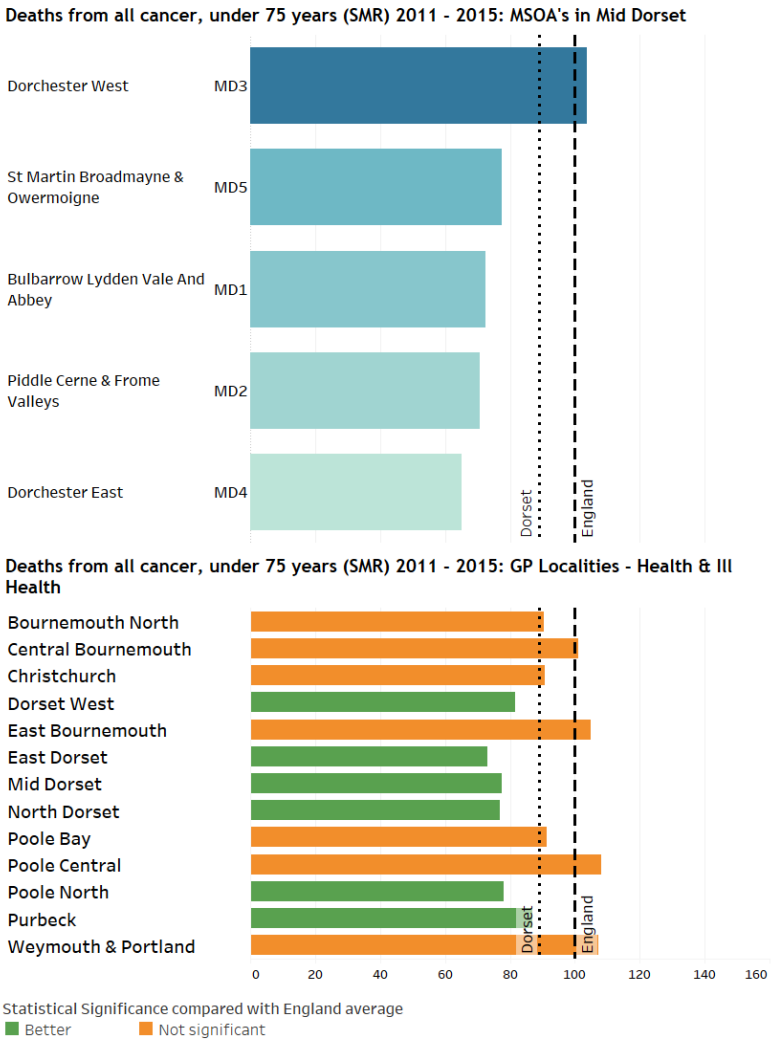
## Admissions for injuries in <5s


*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.*

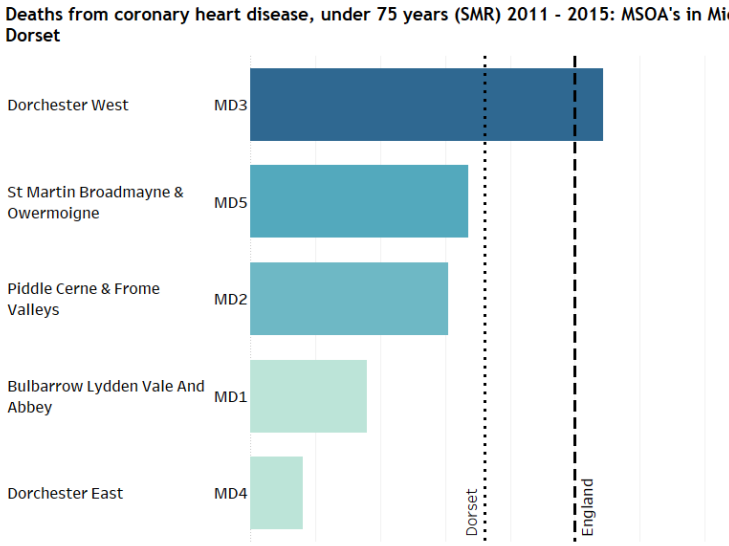
# Appendix Four: Mid Dorset Health & Ill Health

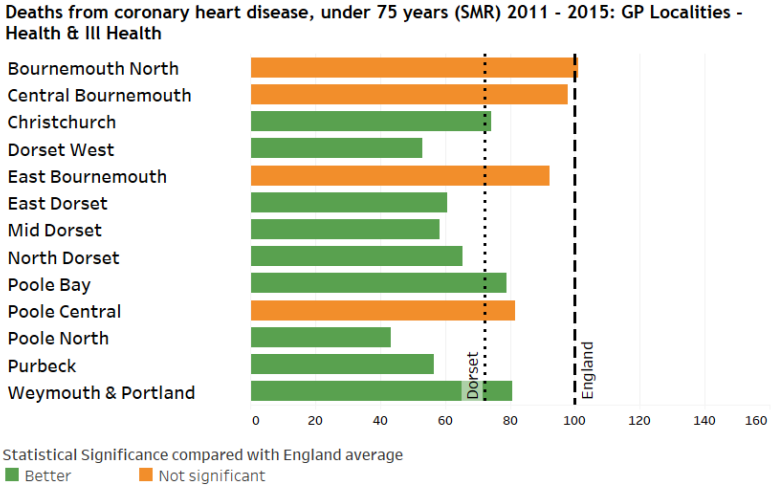
## Deaths from all Cancer, under 75 years


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

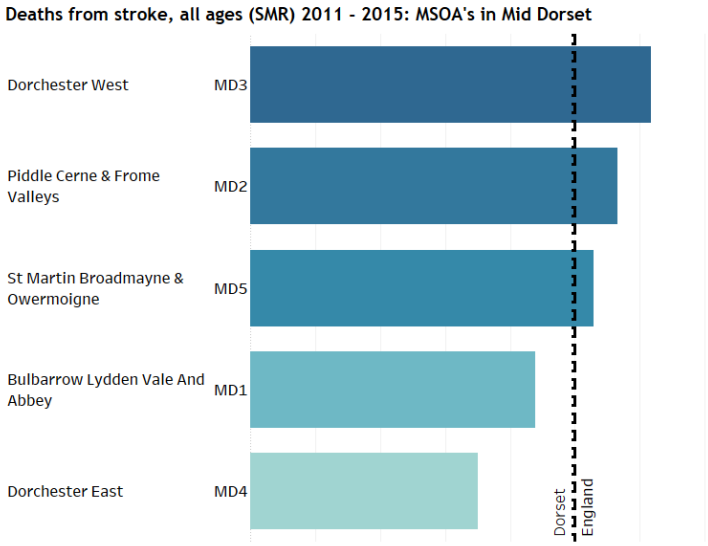
## Deaths from Coronary Heart Disease, under 75 years

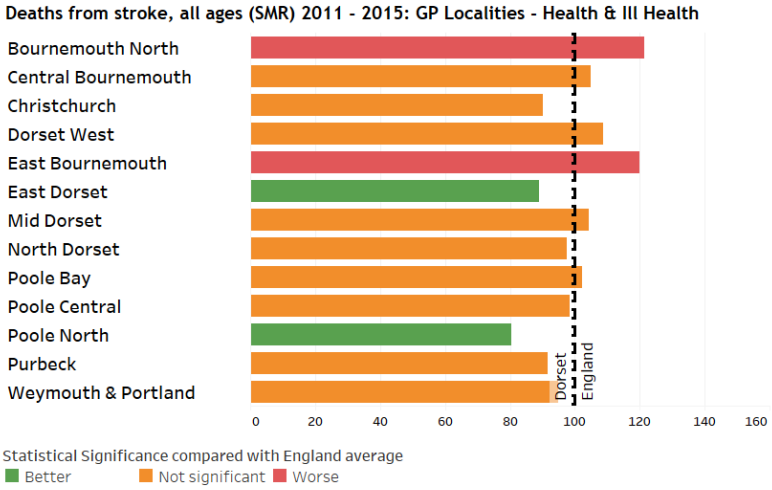




*Source: Public Health England 2011- 2015, Standardised mortality ration for all deaths from all cancer (aged under 75)*

## Deaths from Stroke, all ages

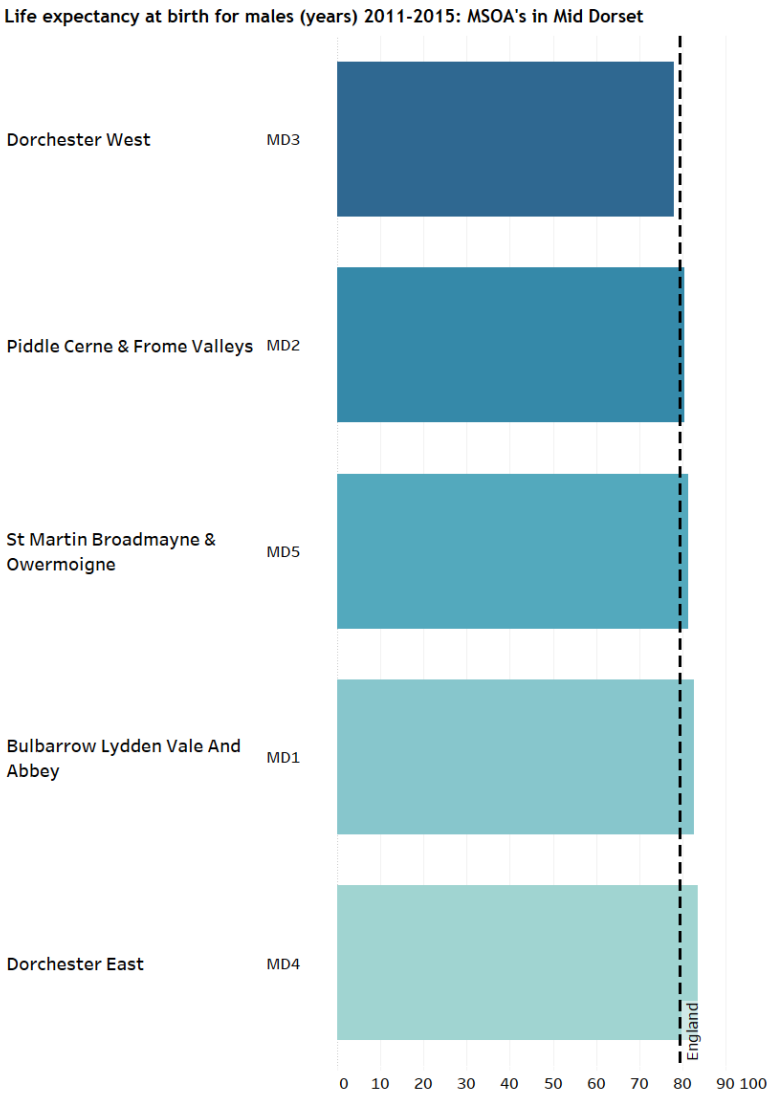




*Source: Public Health England 2011-2015, Standardised mortality ratio for all deaths from stroke (all ages)*

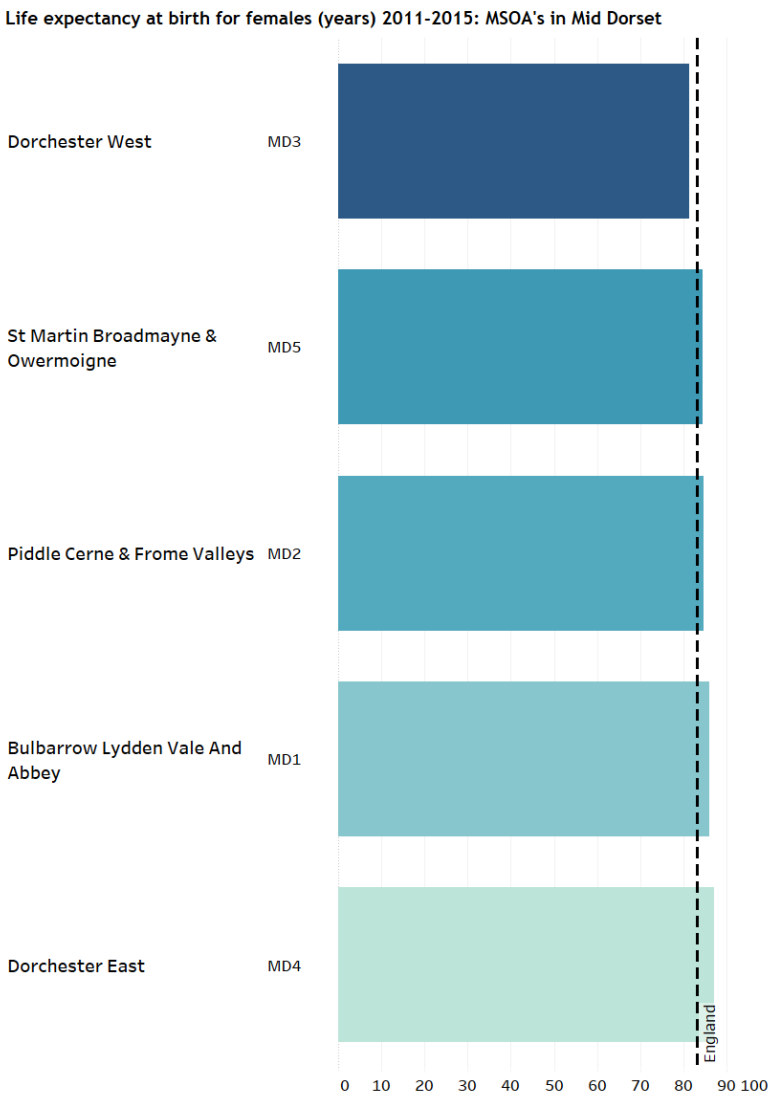
# Appendix Five: Mid Dorset Health & Ill Health: Life Expectancy

## 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.*

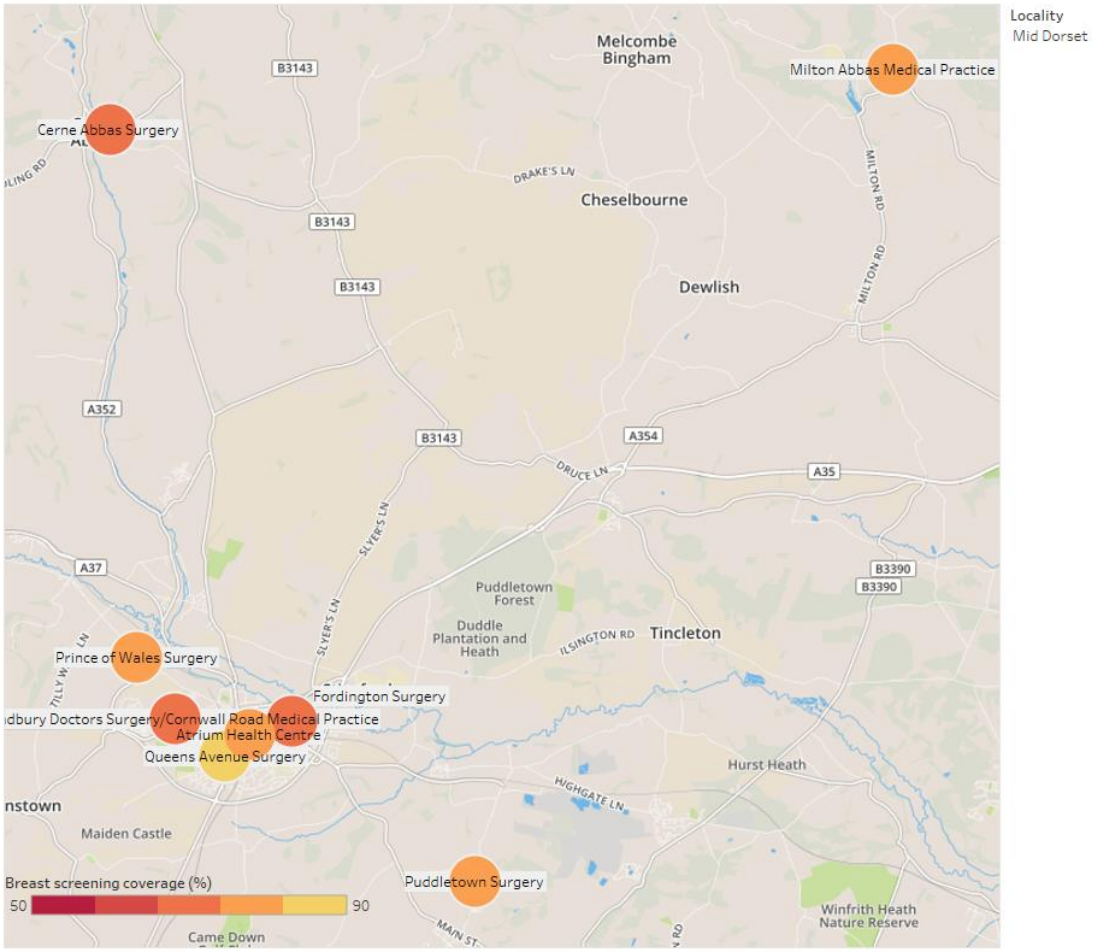
## Life expectancy at birth: females


*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.*

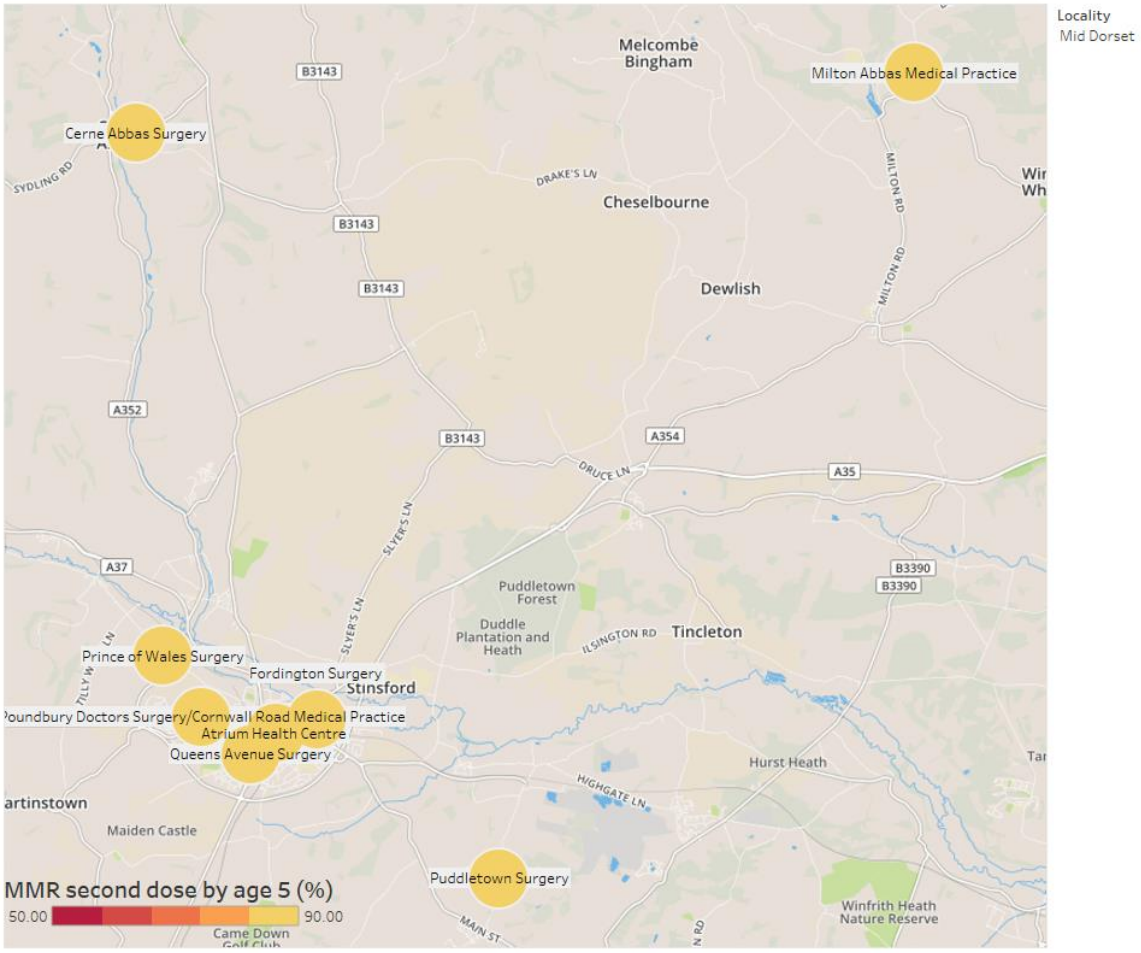
## Appendix Six: Mid Dorset GP practice data

### 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).*