North 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. North Dorset– Summary Findings

North Dorset locality has practices that cover a diverse population, including very rural areas and medium size market towns. The population has many positive aspects to support health and wellbeing, including good quality natural environments, general high level of income and good quality primary care.

- **Community factors for health and wellbeing**
    - High levels of limiting long term illness and disability across the locality, especially in Gillingham, Sherborne, Sturminster and Stalbridge

- Some neighbourhoods, in particular Sherborne have high levels of pensioners living alone
- Generally lower levels of children living in poverty compared to England
- Child development at age 5 is, on average, worse than England
- Unemployment rates are low and in some areas the prospects for job growth are good and growing
- Poor quality of some old housing

- **Lifestyles:**
  - Admissions for injuries in <5s, <15s and in 15-24 years are higher than the England average
  - Obesity rates in adults and children are of concern
  - There is wide variation in smoking rates by practice
  - Binge drinking rates vary across the locality. Highest levels are seen in Blandford; lowest around Sherborne

- **Health/Ill-health**:

  - There is a difference of 5 years for men and women in life expectancy across the locality
  - Rates of early death from cancer and heart disease are generally low (early deaths from coronary heart disease are high in Sherborne) but the rate of decline has stopped and it is now increasing
  - Considerable variation exists for deaths from stroke which are particularly high in Sherborne and Blandford
  - There are opportunities to improve the management of diabetes across the locality
  - Rates of uptake of breast screening vary considerably
  - There are particularly high rates of planned admissions for hip or knee surgery
  - Variation exists in adults recorded as having depression on GP registers

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
Child development at age 5 is, on average, worse than England	Ensuring an effective single 0-5 year offer to children and their families	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

Childhood obesity	Improve Health Visitor/Early Years offer Increase Physical activity in school age children at school	Are there new ways to support health visitors to work with families at risk? Work has already started looking at the role of school day activity and active travel to and from school. How could your practice and or locality impact on this agenda?
MMR uptake	Improve uptake of childhood immunisations	Is there work ongoing with NHSE and PHE to develop plan to address immunisation coverage?

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.	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? 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.
Although rates of coronary heart disease are generally lower than other areas, the data suggests without action, rates will increase in future, especially in the most vulnerable groups.	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? How do you support those identified with medium to high risks? How can we increase referrals of this group to LiveWell Dorset?
Locality has a high proportion of adults who are obese	Implement a systematic approach to improving lifestyle risk factors – workforce training in brief interventions	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? 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?

Ageing well-the later working years and retirement

The local challenge	PAS project objective	Next steps-potential locality implementation
Practices in the locality have significant differences in the identification and	Reduce variation in the secondary prevention of cardiovascular disease	How could you working as part of a system, help more people achieve better control of their individual risks, including use of peer support

management of risk factors especially blood pressure in diabetes.	and pre-diabetes/chronic diabetes	approaches and improved access to LiveWell Dorset?
Particularly high rates of planned admissions for hip or knee surgery	Increasing physical activity	Is there more to be done to integrate a more prevention oriented approach to frailty and falls prevention?
There are high numbers of people living with long term illness and disability. A proportion of these will be living alone.	Frailty & loneliness	Could work be done with the 3rd sector support work to combat isolation and loneliness to maintain good mental health?

Healthy places-where we live, work and play

The local challenge	PAS project objective	Next steps-potential locality implementation
The quality of housing is an issue and especially in older homes, the ability to stay warm and well to avoid admissions and premature mortality related to the cold.	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?
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. How can primary care help to increase opportunities for these communities to get more active? 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 North 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.

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: North 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 (%)	68.7	60.4	
GCSE Achievement (5A*-C inc. Eng & Maths) (%)	58.2	56.6	
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*

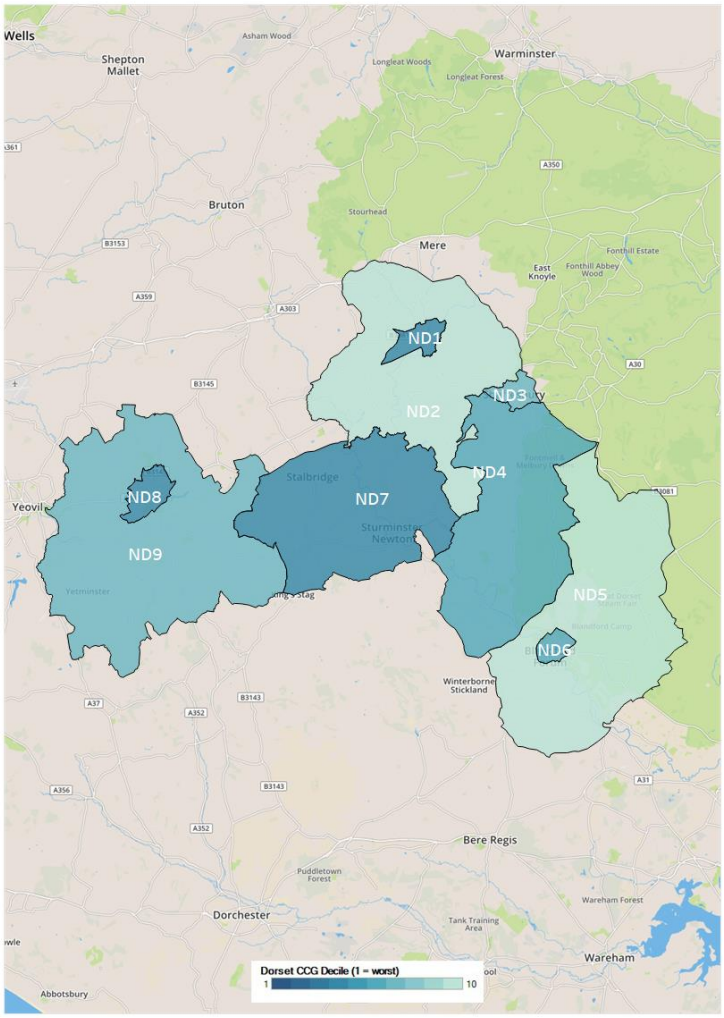
Source: Public Health England, Local Health Profile 2017

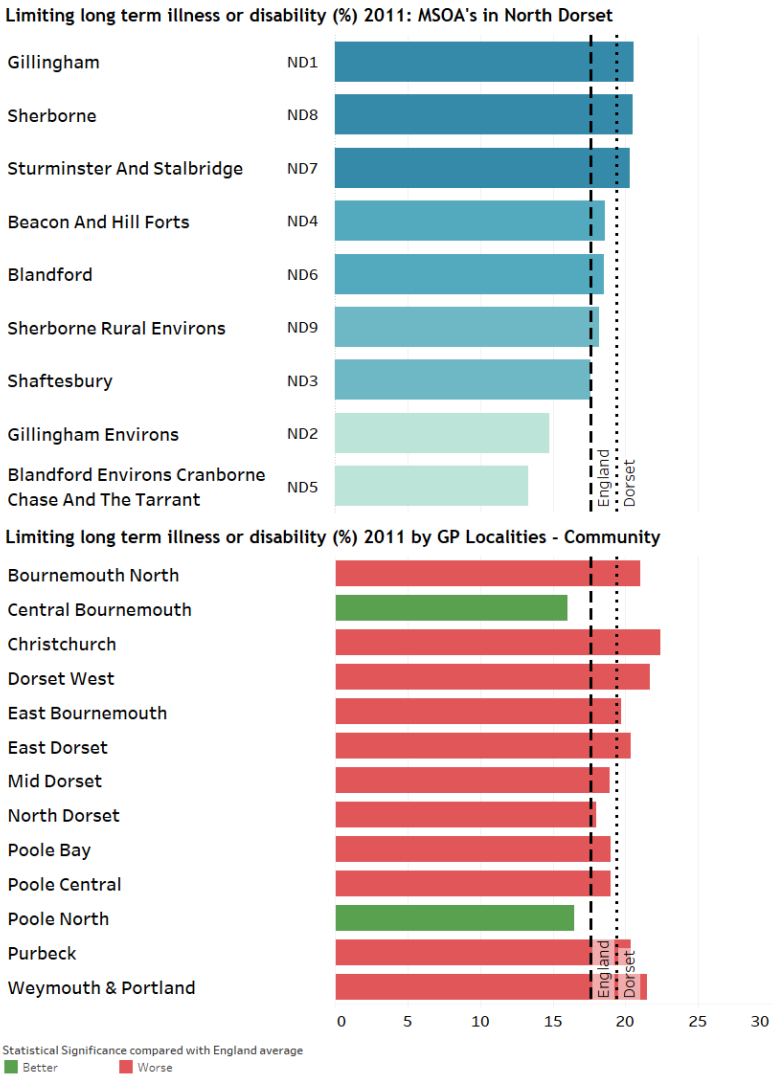
Appendix Two: North Dorset Community Factors for Health & Wellbeing

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 (%)

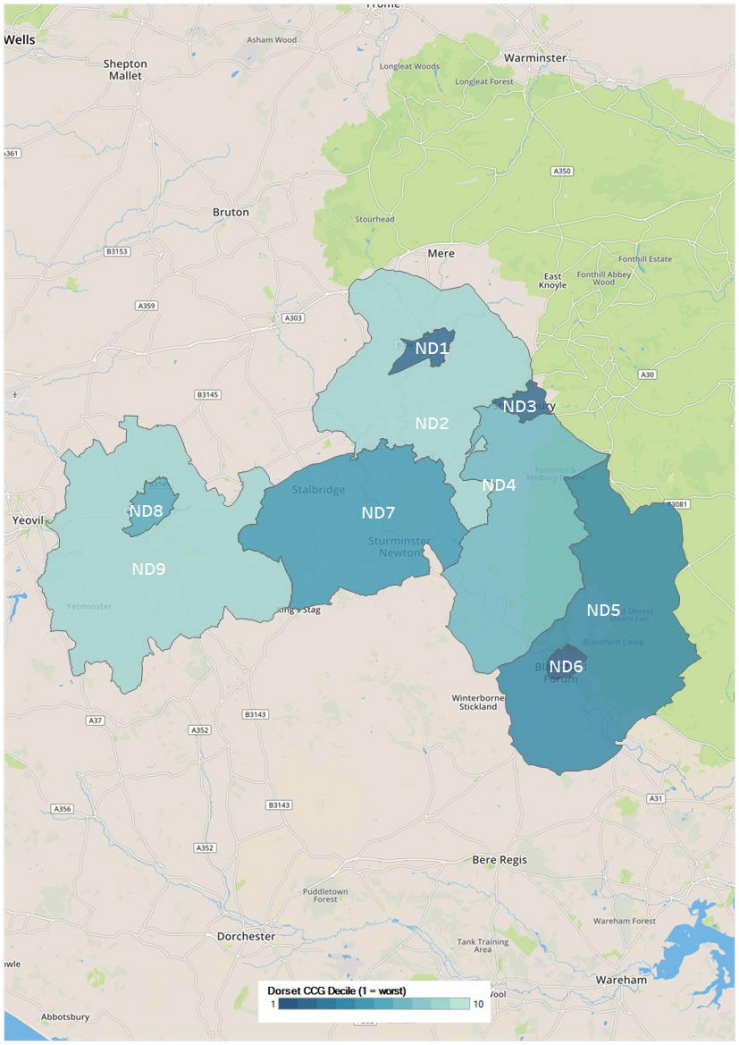


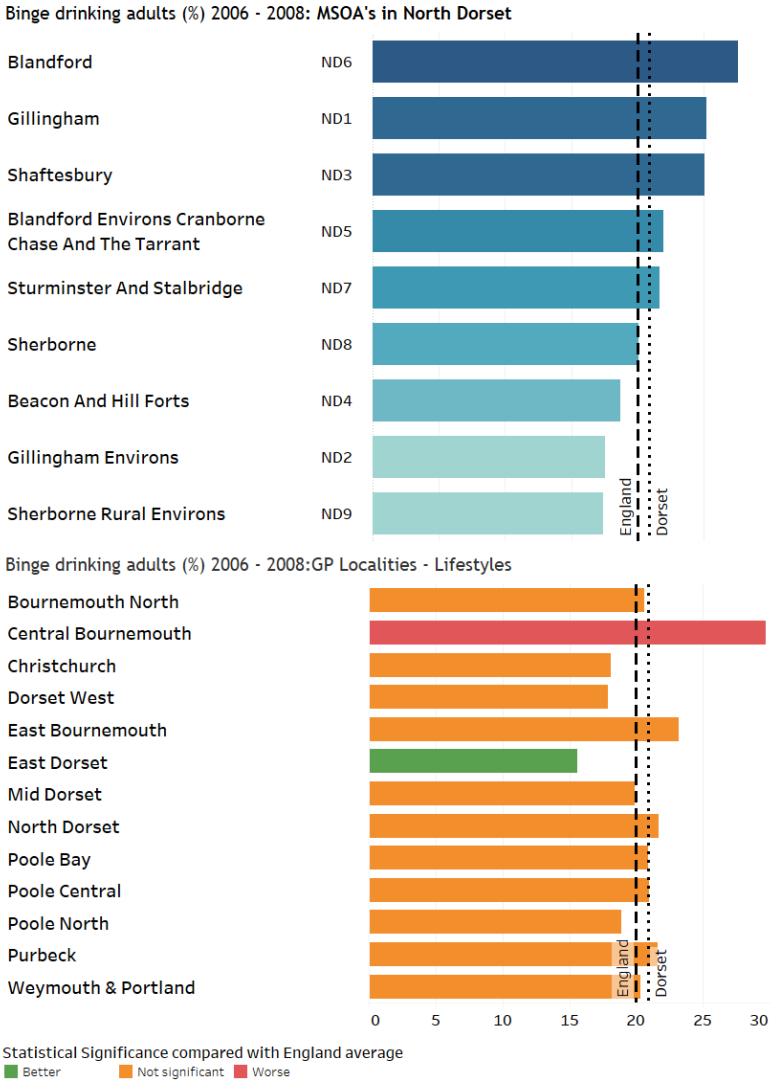


Source: 2011 Census, % of people who reported in the 2011 Census that their day to day activities were limited because of a health problem or disability which has lasted or is expected to last at least 12 months in general was bad or very bad (all ages).

Appendix Three: North Dorset Lifestyle Factors

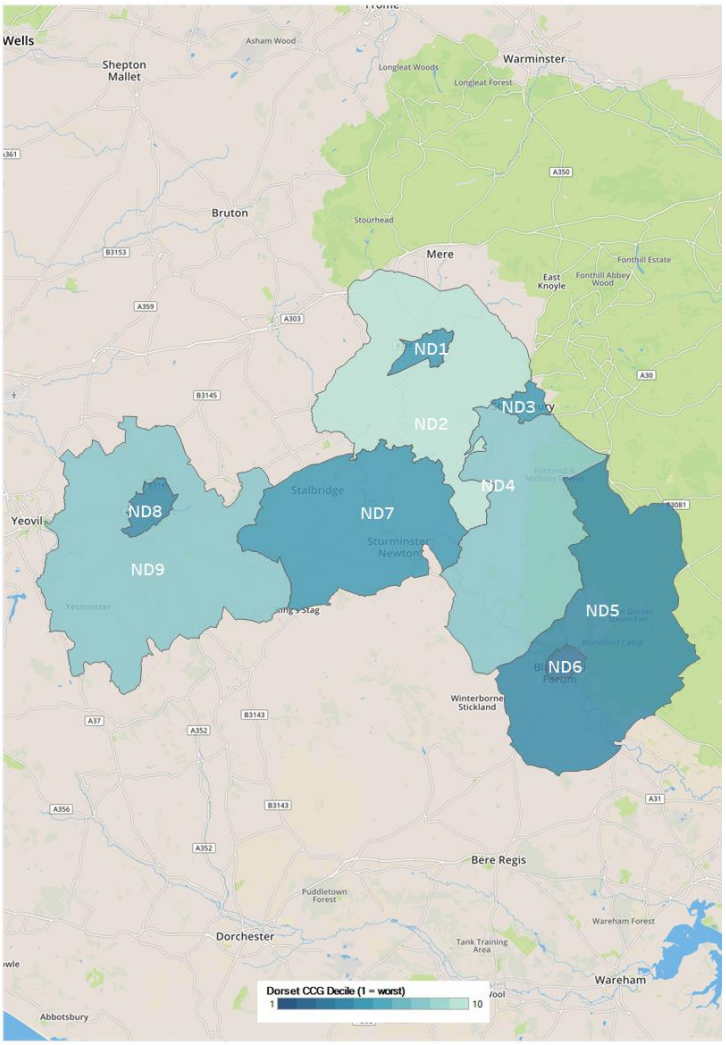
Binge Drinking Adults (%)

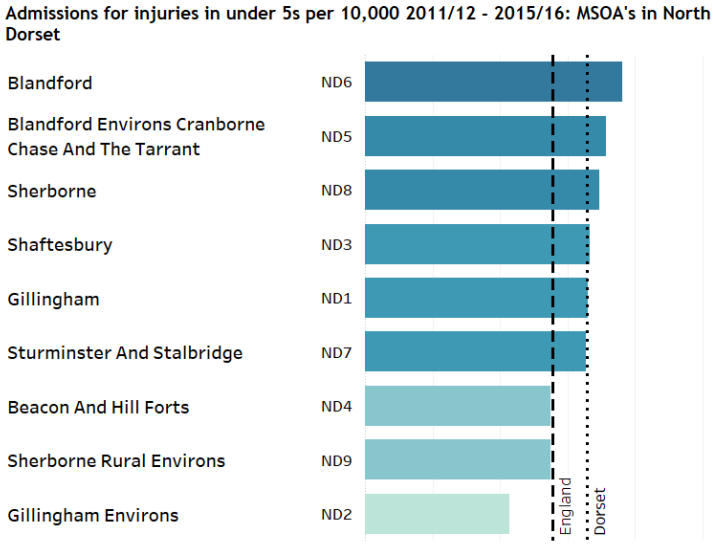


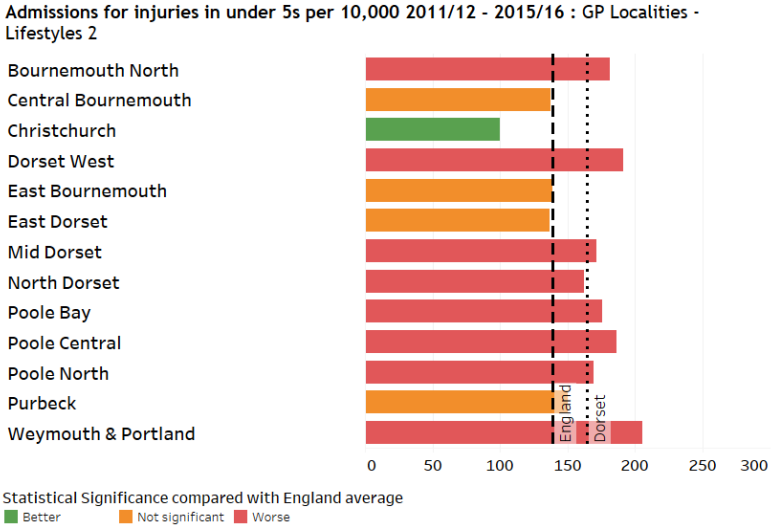


Source: Public Health England 2006 – 2008, The estimated percentage of the population that binge drink. Binge drinking is defined separately for men and women (16 and over)

Admissions for injuries in <5s



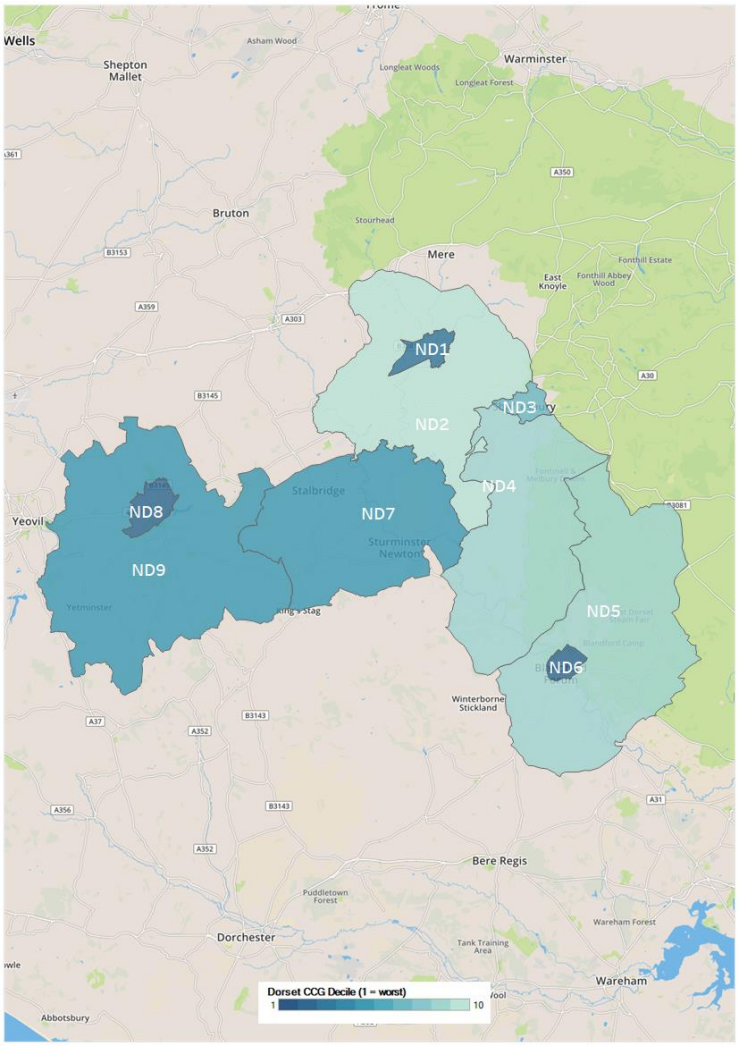


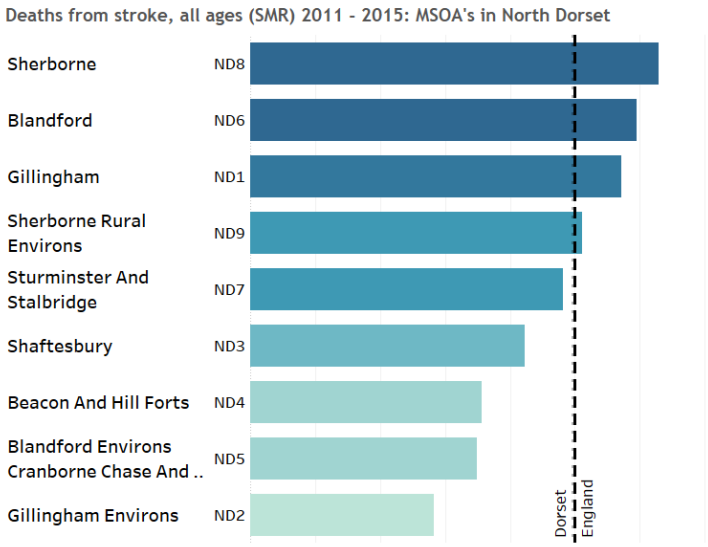


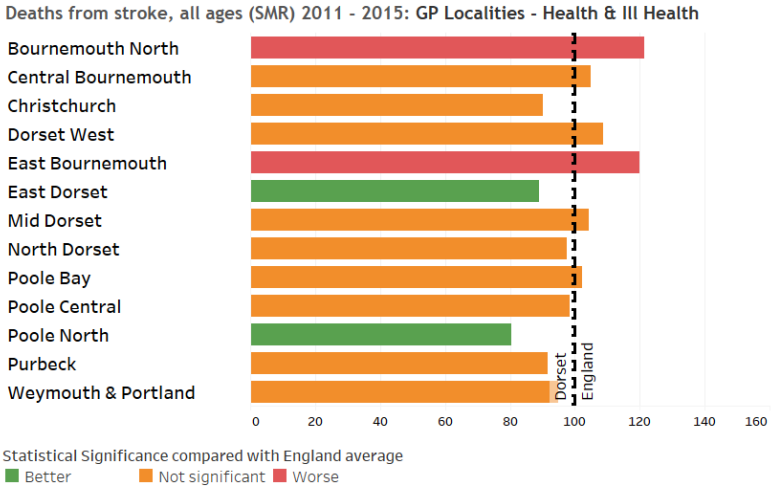
Source: Hospital Episode Statistics 2013/14-2015/16, Crude rate of hospital admissions caused by unintentional and deliberate injuries in children aged under 5 years per 10,000 resident population .

Appendix Four: North Dorset Health & Ill Health

Deaths from Stroke, all ages



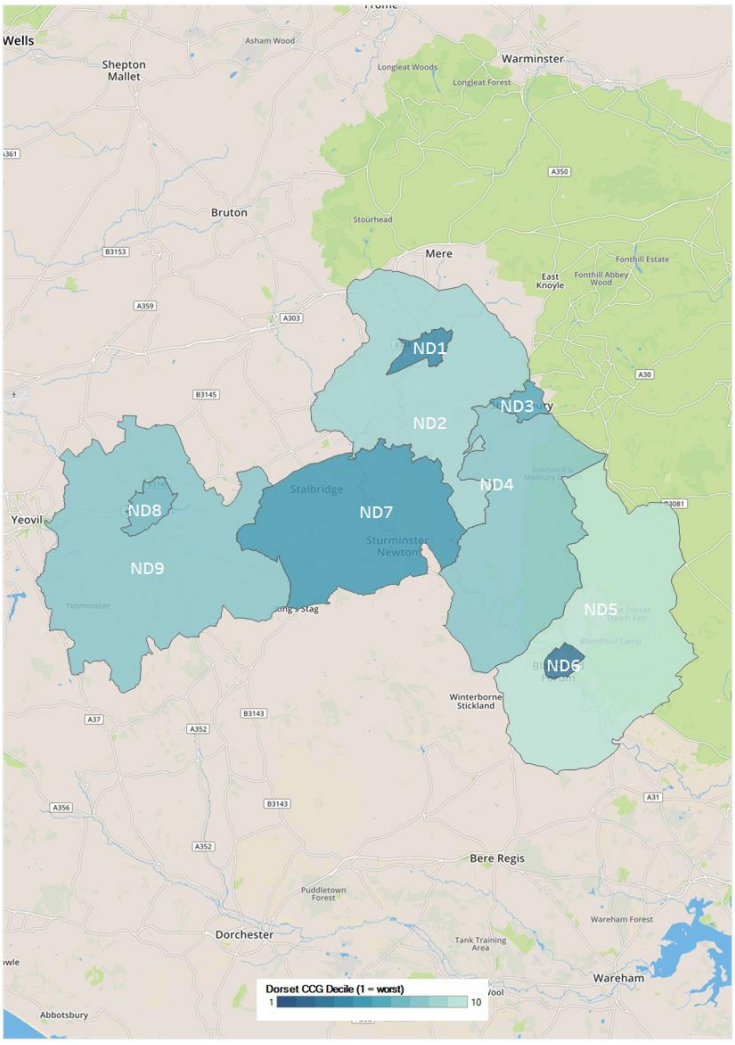




Source: Public Health England 2011-2015, Standardised mortality ratio for all deaths from stroke (all ages)

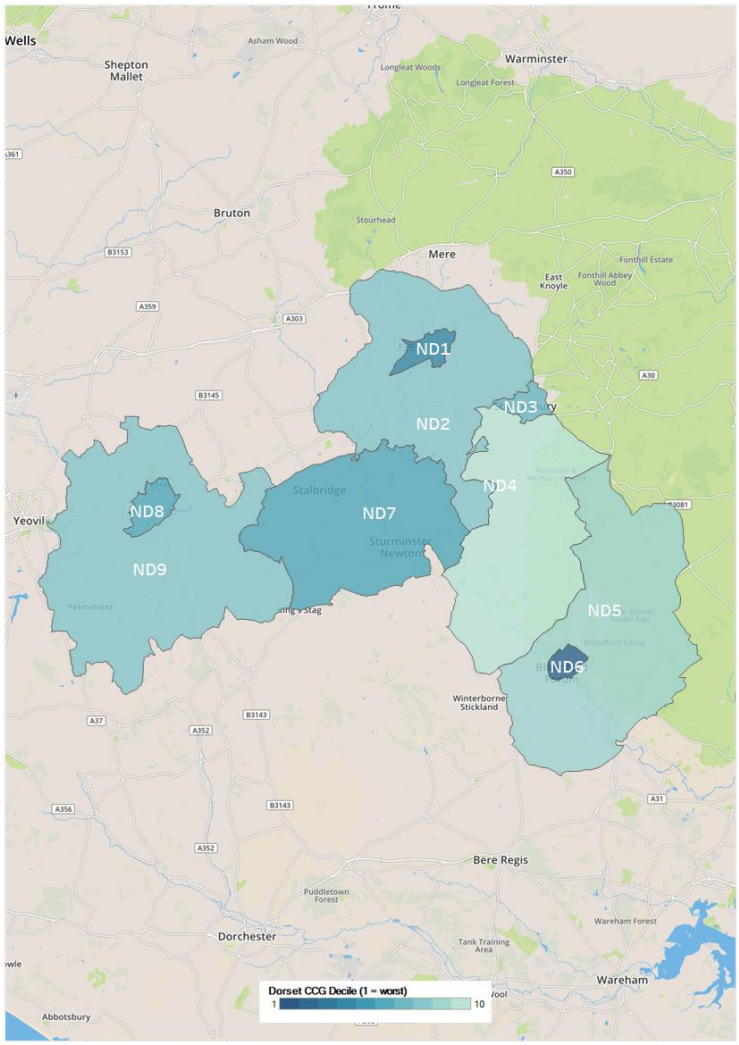
Appendix Five: North Dorset Health & Ill Health: Life Expectancy

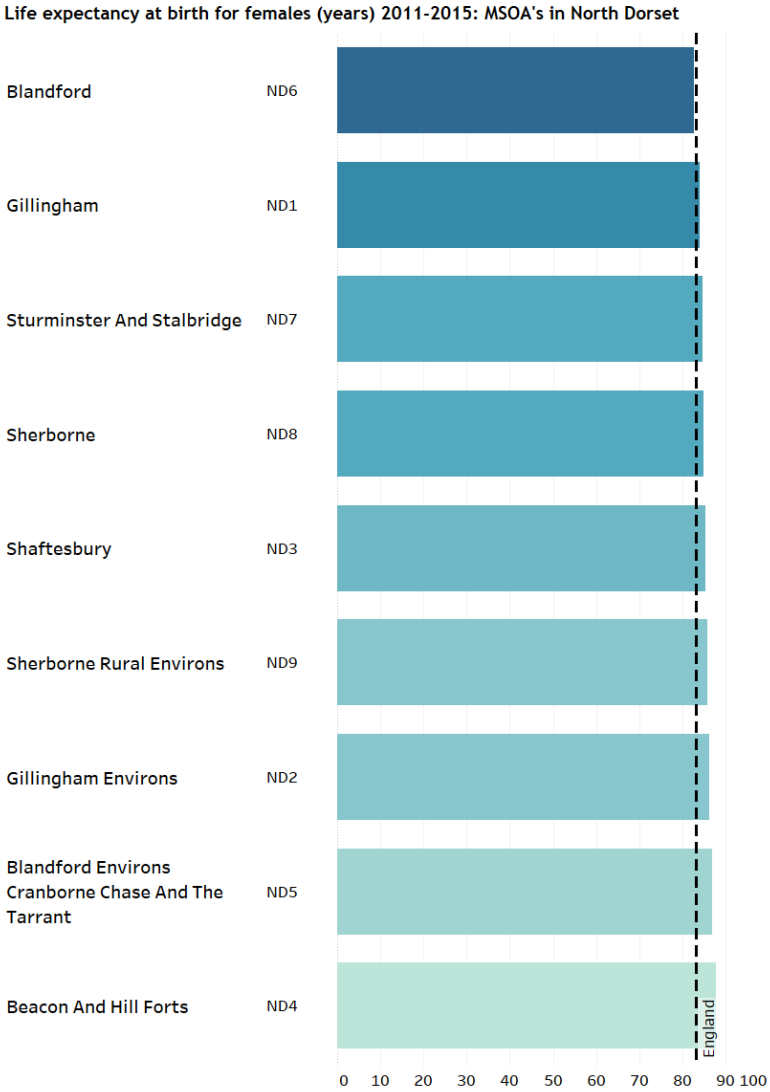
Life expectancy at birth: Males



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: North Dorset GP practice data

Management of Diabetes

Management of diabetes for North 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)
Apples Medical Centre	5.8	6.9	85.3	61.0
Blackmore Vale Partnership	6.2	14.6	66.6	61.2
Bute House Surgery	5.1	6.4	67.2	67.7
Eagle House Practice	6.3	7.8	79.5	69.0
Gillingham Medical Practice	7.6	10.3	81.0	64.5
New Land Surgery	6.5	7.2	68.2	60.7
Stalbridge Surgery	7.2	4.6	82.7	67.9
Whitecliff Group Practice	6.0	10.5	86.3	62.1
Yetminster Health Centre	6.6	10.3	55.0	59.4
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

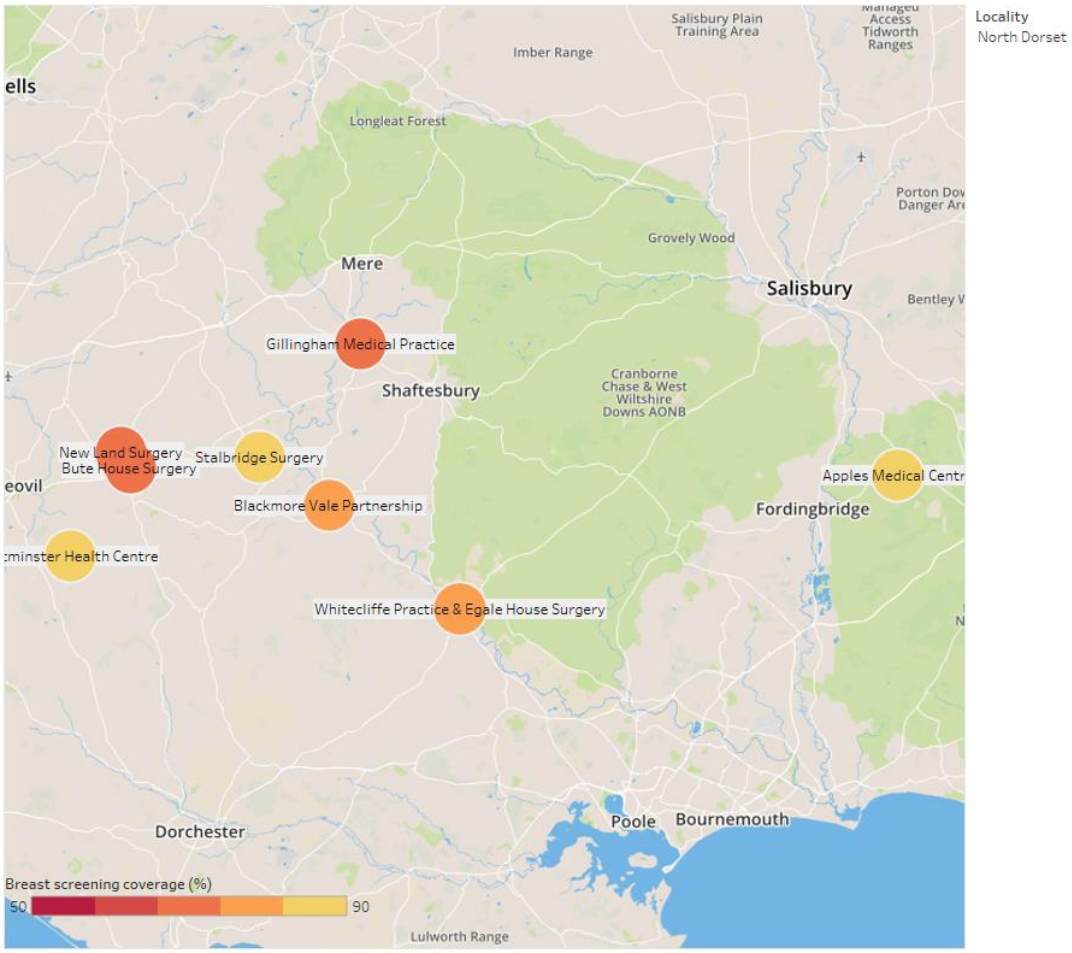
Source: Public Health England 2015/16, % of patients aged 17 years and over with diabetes mellitus, as recorded on practice disease registers.

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.

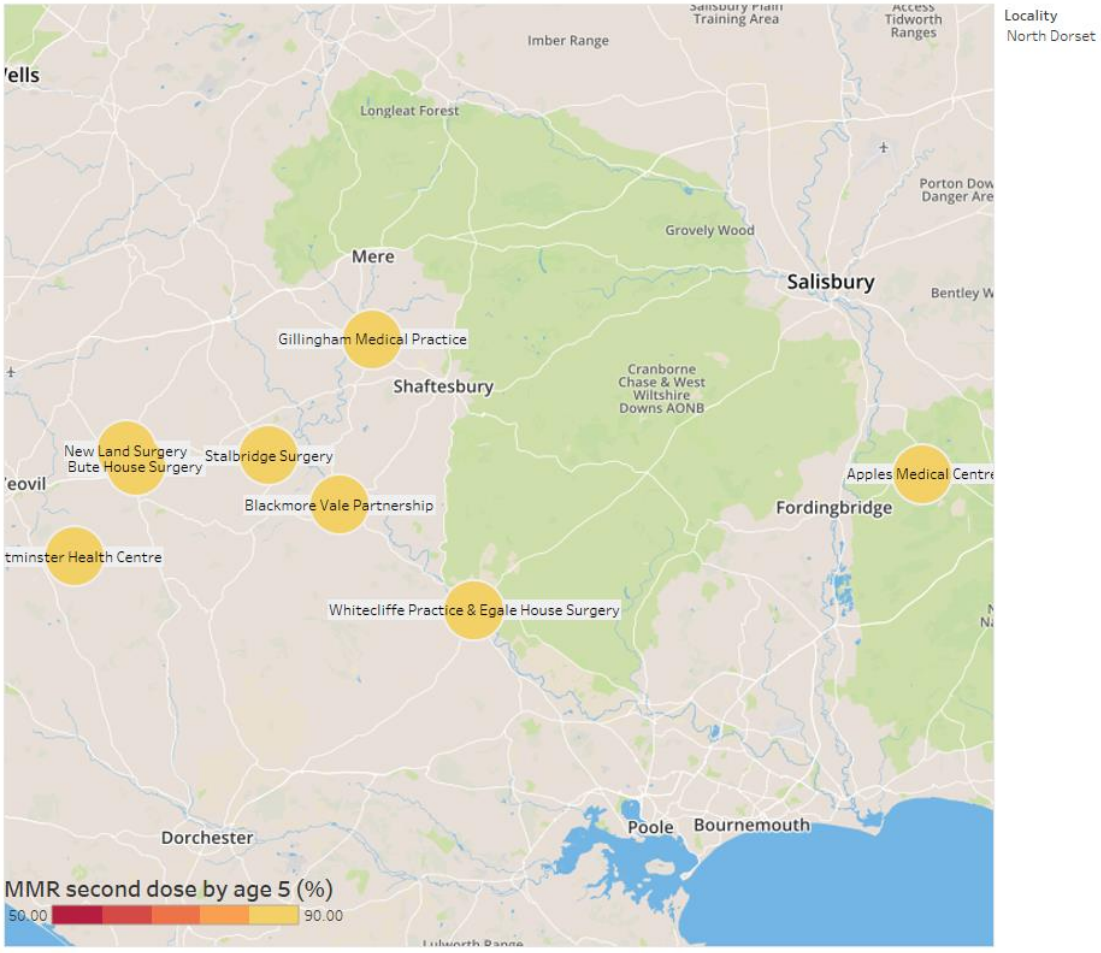
Source: Public Health England 2015/16, The percentage of patients with diabetes in whom the latest IFCC-HbA1c is 59 mmol/mol or less in the preceding 12 months.

Breast Screening Coverage (%)



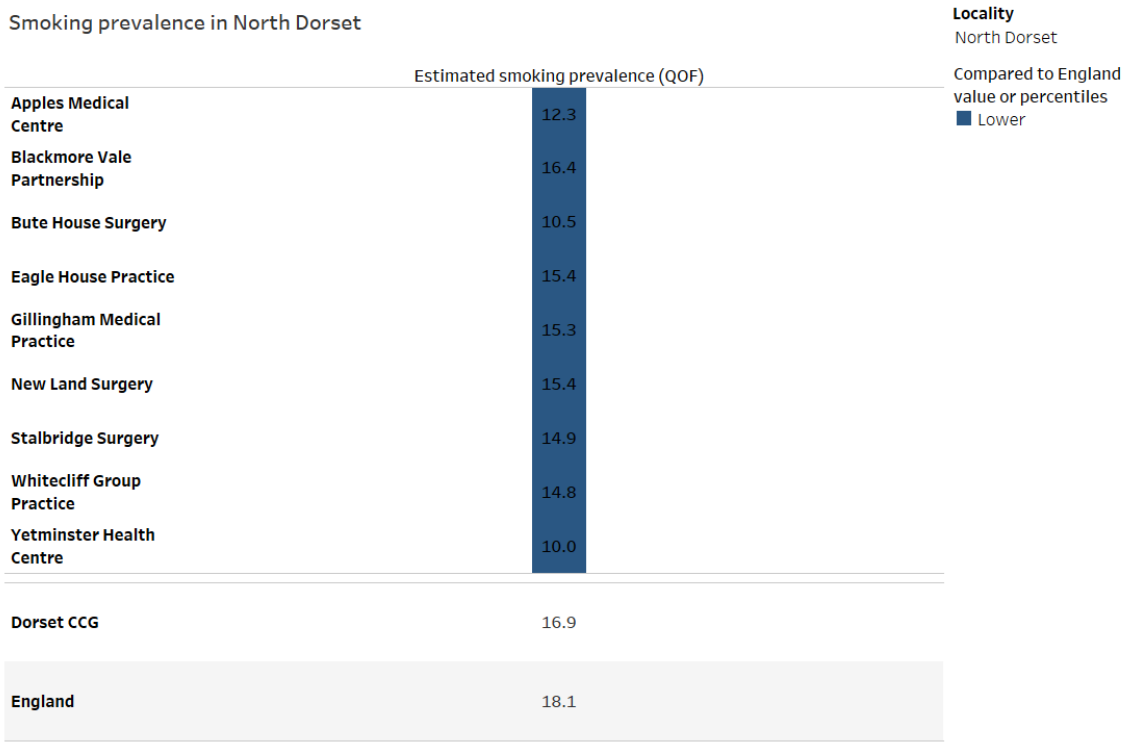
Source: NHS England 2016/17, % of females aged 50-70 screened for breast cancer in last 36 months (3 year coverage)

MMR Second Dose by Age 5 (%)



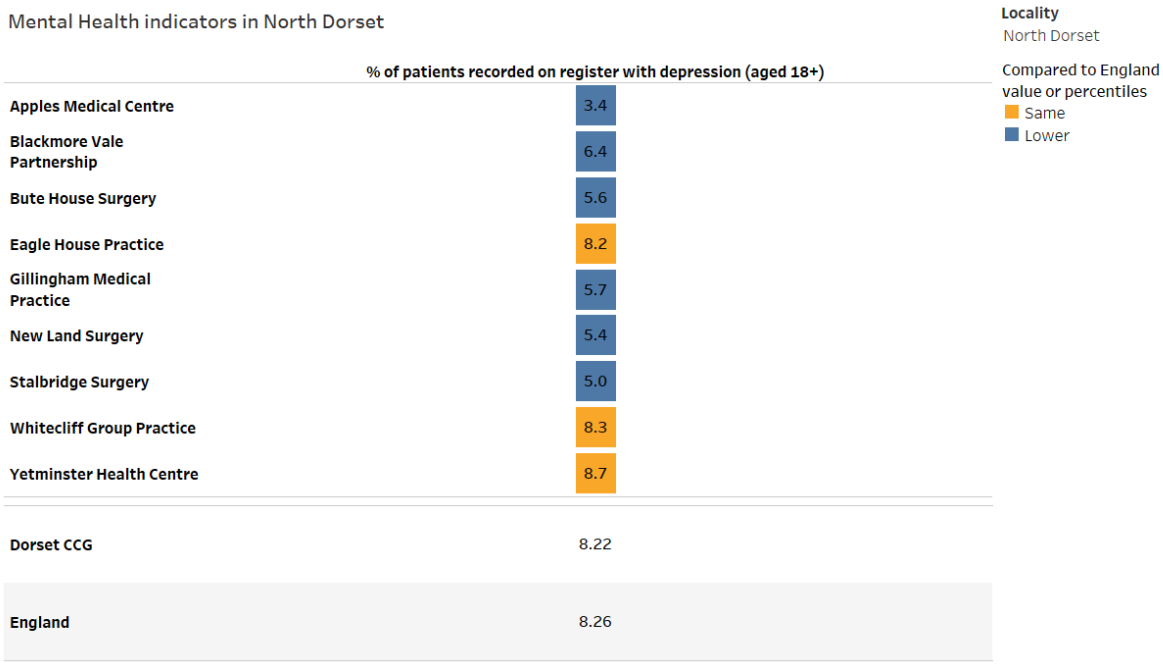
Source: NHS England 2016/17, percentage of children who received 2 doses of MMR vaccine by their fifth birthday (where the first dose was given on or after their first birthday).

Adult smoking (15+)



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

Prevalence of depression



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