

Poole Bay 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. 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. Poole Bay – Summary Findings

Poole Bay locality is largely urban with practices that cover a diverse population. There are a mix of neighbourhoods including those among the most affluent and most deprived in Dorset. Some of the highest levels of child poverty and income deprivation in Dorset are seen in Alderney and Newtown. There is a higher proportion of older people aged 65 and over living in Poole Bay compared to the national average. There is also a neighbourhood within the north of the locality that is home to a large settled Gypsy and Traveller community.

The population has many positive aspects to support health and wellbeing, including good quality green spaces and coastal environments and generally a high level of income.

- **Community factors for health and wellbeing:**
 - Isolation could be a strong feature in Poole Bay with a higher than average number of pensioners living alone and a higher proportion of people living with limiting long term illness and disability in the locality compared to the England average.
 - Those living with limiting long term illness and disability is highest in both the most affluent area of the locality (Canford Cliffs) and the most deprived (Alderney) with large numbers of unpaid carers also in the Alderney area.
 - The number of hospital stays for self harm are significantly higher than the England average
 - Unemployment rates are low across the locality when compared with England. Some of the highest levels for Dorset are seen in the areas of Westbourne and Westcliff where levels are comparable to those for England.

- **Lifestyles:**
 - Both emergency admissions and admissions for injury among the under 5's are higher than the England average with the highest rates for the locality being seen in Alderney.
 - Smoking rates vary across the locality but reach higher than the England average in half of the practice areas, particularly those in the North.
 - Obesity rates in children and adults are of concern
 - Binge drinking is feature across much of the locality. The highest levels in the locality are seen in Westbourne, Westcliff and Branksome East.

- **Health/Ill-health:**
 - There is a gap in life expectancy of over 8 years in men and over 4 years in women across the locality
 - Rates of early death from cancer and heart disease vary across the population with particularly high rates found in Alderney and Newtown.
 - The number of deaths from stroke also varies across Poole Bay. The highest rates for the locality are seen in Canford Cliffs and West Cliff.
 - GP practice data indicates that depression may be a particular issue in one practice population within Alderney.
 - Take up of MMR immunisations is variable in most areas, with many practices not reaching 95%. Breast screening coverage is below the "achievable" target of 80%.
 - A significantly higher proportion of diabetics than the England average are exception reported

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
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 and children centres to work with families at risk particularly in those areas where rates are highest?</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>
Lower levels of MMR uptake in some areas	Improve uptake of childhood immunisations.	<p>Is there work ongoing with NHSE and PHE to develop plans to address immunisation coverage?</p> <p>Is it possible for more targeted work to take place in some communities / practices to drive take up where it is lower?</p>
High emergency admissions and admissions for injury among the under 5's	Ensuring an effective single offer for 0-5's	<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?</p> <p>Is it a feature that is more prevalent in some communities? Is it a cultural issue around how acute services are used?</p> <p>What are the incidents and what prevention measures might be needed to reduce / address these high numbers?</p> <p>Is there a need to support health visitors and children centres to work with families around the risks of childhood injury and education around when to use emergency services?</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, binge drinking and obesity	<p>Increase use of LiveWell Dorset service, linking with targeted health checks.</p> <p>Marketing LWD to GP's</p>	<p>Could practices work more closely with LiveWell Dorset coaches as part of improved offer in primary care in selected areas? Look at options for outreach work in those communities experiencing higher prevalence levels</p> <p>There will be opportunities to explore behaviours more routinely using the new digital behaviour</p>

	LWD development of digital platform	change platform in general practice, linking with the GP public health fellow Emer Forde. Would practice staff benefit from additional training around motivational interviewing or healthy conversations to give them more confidence in tackling behaviour change with patients?
Binge drinking is a feature across much of the locality	Increase use of LiveWell Dorset service, linking with targeted health checks. Reduce alcohol related admissions to hospital	How can practices ensure that the audit C part of the core health check offer further supports those in need through brief intervention in primary care? Increase practice staff training opportunities around behaviour change and motivational interviewing in those practices serving the areas with higher rates.
Locality has a high proportion of adults who are obese	Implement a systematic approach to increasing physical activity – workforce training in brief interventions Increase use of the LiveWell Dorset service	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?
The number of hospital stays for self-harm are significantly higher than the England average	Training front line professionals	Would staff benefit from additional training around mental health and wellbeing to give them more confidence in talking to patients who may be suffering from poor mental health and low self-esteem?

Ageing well-the later working years and retirement

The local challenge	PAS project objective	Next steps-potential locality implementation
Exception reporting for Diabetes is generally higher than the England average across the locality which may indicate that management of diabetes is problematic due to complex health needs	Transform Diabetes pathway Lifestyle assessment for all planned care episodes	How could you working as part of a system to help more people achieve better control of their individual risks, including use of peer support approaches and improved access to LiveWell Dorset (LWD). How could practices look at working with LWD to engage hard to reach communities? Links to increasing community capacity project and new voluntary sector co-ordinator role.
There are high numbers, in some areas, of people living with long term illness or disability.	Frailty & loneliness	Is there more to be done to integrate a more prevention oriented approach to frailty and falls prevention?

There are high numbers of pensioners living alone		<p>Could work be done with the 3rd sector support work to combat isolation and loneliness to maintain good mental health?</p> <p>Is there an opportunity to develop more social prescribing services and to ensure practices have an awareness and a referral mechanism for these?</p>
Breast screening coverage is variable	Improve take up of screening	<p>Is there work ongoing with NHSE and PHE to develop plans to address screening coverage?</p> <p>Is it possible for more targeted work to take place in some communities / practices to drive take up where it is lower?</p>
Rates of early death from cancer and heart disease vary across the population	<p>Increase use of LiveWell Dorset service with targeted health checks.</p> <p>Reduce variation in secondary prevention of cardiovascular disease</p> <p>Alcohol screening and brief intervention across all secondary care</p> <p>Lifestyle assessment for all planned care episodes</p>	<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> <p>Increase practice staff training opportunities around behaviour change and motivational interviewing in those practices serving the areas with higher rates.</p> <p>How are people identified as at risk in secondary care joined up with services in the community?</p>

Healthy places-where we live, work and play

The local challenge	PAS project objective	Next steps-potential locality implementation
One of the locality neighbourhoods has a higher number of residents living in rented accommodation compared to other areas of Poole	Healthy Homes – increasing take up of insulation and other measures to reduce the number of vulnerable people living in cold and damp homes	<p>How can practices and partner organisations identify patients or residents who may benefit from support to improve insulation and heating?</p> <p>Is there a need to promote awareness of the Healthy Homes programme among front line workers?</p> <p>Are there opportunities to increase referrals from primary care to the Health Homes project.</p>
Whilst Poole Bay enjoys a generally good quality natural environment with plenty of green spaces and coastal features not all communities have good access or awareness.	Increase the accessibility and use of the natural environment/green spaces to encourage 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>

		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 Poole Bay 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 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: Poole Bay Community profile

Indicators	Selection value	England value	Summary chart
Income deprivation - English Indices of Deprivation 2015 (%)	11.4	14.6	
Low Birth Weight of term babies (%)	3	2.8	
Child Poverty - English Indices of Deprivation 2015 (%)	16.6	19.9	
Child Development at age 5 (%)	N/A - Zero divide		
GCSE Achievement (5A*-C inc. Eng & Maths) (%)	N/A - Zero divide		
Unemployment (%)	1.3	1.8	
Long Term Unemployment (Rate/1,000 working age population)	1.7	3.7	
General Health - bad or very bad (%)	5.4	5.5	
General Health - very bad (%)	1.3	1.2	
Limiting long term illness or disability (%)	19	17.6	
Overcrowding (%)	8.7	8.7	
Provision of 1 hour or more unpaid care per week (%)	10.4	10.2	
Provision of 50 hours or more unpaid care per week (%)	2.3	2.4	
Pensioners living alone (%)	34.7	31.5	
Older People in Deprivation - English Indices of Deprivation 2015 (%)	14	16.2	
Deliveries to teenage mothers (%)	0.5	1.1	
Emergency admissions in under 5s (Crude rate per 1000)	193.3	149.2	
A&E attendances in under 5s (Crude rate per 1000)	365.2	551.6	
Admissions for injuries in under 5s (Crude rate per 10,000)	175.9	138.8	
Admissions for injuries in under 15s (Crude rate per 10,000)	133.4	108.3	
Admissions for injuries in 15 - 24 year olds (Crude rate per 10,000)	201.7	133.1	
Obese adults (%)	22.6	24.1	
Binge drinking adults (%)	20.9	20	
Healthy eating adults (%)	31.9	28.7	
Obese Children (Reception Year) (%)	7.8	9.3	
Children with excess weight (Reception Year) (%)	19.8	22.2	
Obese Children (Year 6) (%)	17.3	19.3	
Children with excess weight (Year 6) (%)	30	33.6	
Emergency hospital admissions for all causes (SAR)	100.6	100	
Emergency hospital admissions for CHD (SAR)	131	100	
Emergency hospital admissions for stroke (SAR)	121.5	100	
Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	123	100	
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)	75.8	100	
Incidence of all cancer (SIR)	100	100	
Incidence of breast cancer (SIR)	113.3	100	
Incidence of colorectal cancer (SIR)	96.1	100	
Incidence of lung cancer (SIR)	78.8	100	
Incidence of prostate cancer (SIR)	124.2	100	
Hospital stays for self harm (SAR)	147.7	100	
Hospital stays for alcohol related harm (SAR)	96.6	100	
Emergency hospital admissions for hip fracture in 65+ (SAR)	115.1	100	
Elective hospital admissions for hip replacement (SAR)	93.8	100	
Elective hospital admissions for knee replacement (SAR)	82.9	100	
Deaths from all causes, all ages (SMR)	93.8	100	
Deaths from all causes, under 65 years (SMR)	98.3	100	
Deaths from all causes, under 75 years (SMR)	92.1	100	
Deaths from all cancer, all ages (SMR)	92	100	
Deaths from all cancer, under 75 years (SMR)	91.2	100	
Deaths from circulatory disease, all ages (SMR)	89.9	100	
Deaths from circulatory disease, under 75 years (SMR)	81.1	100	
Deaths from coronary heart disease, all ages (SMR)	85.1	100	
Deaths from coronary heart disease, under 75 years (SMR)	79.1	100	
Deaths from stroke, all ages (SMR)	102.3	100	
Deaths from respiratory diseases, all ages (SMR)	76.2	100	

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

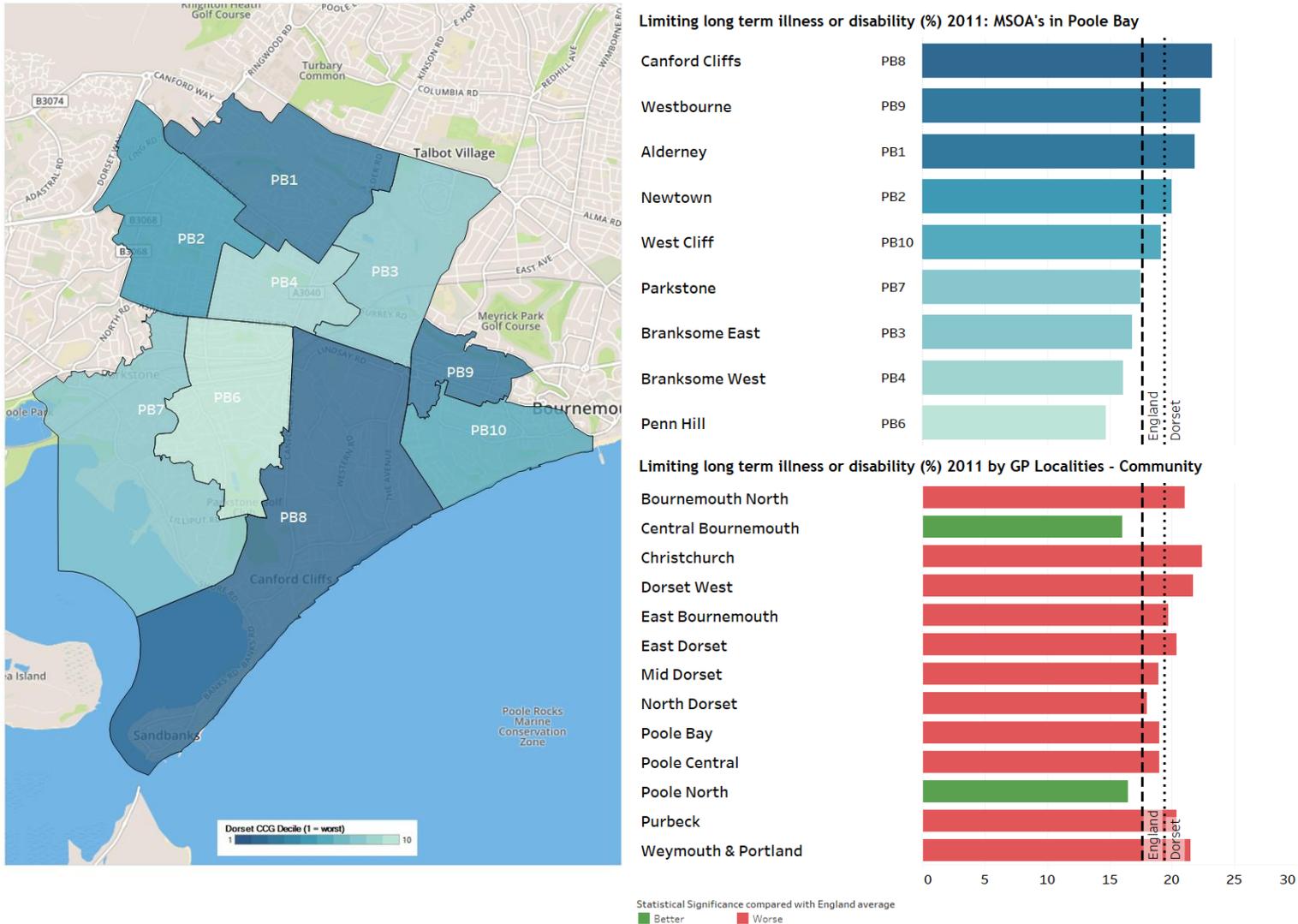
Source: Public Health England, Local Health Profile 2017

Appendix Two: Poole Bay 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:

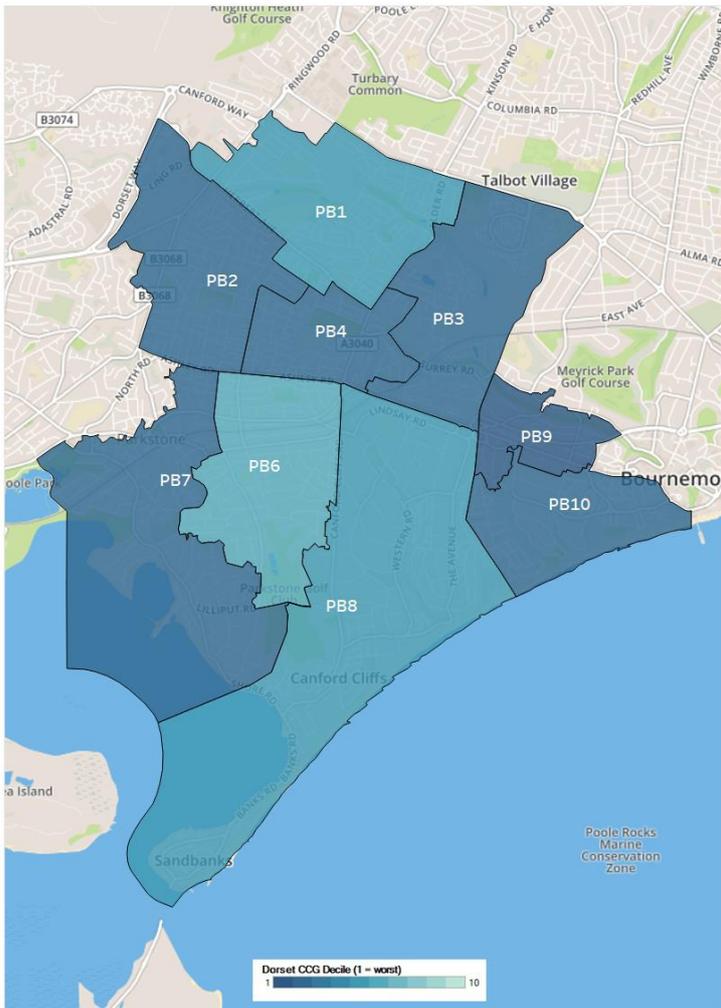
<https://public.tableau.com/profile/public.health.dorset#!/>

Limiting Long Term Illness or Disability (%)

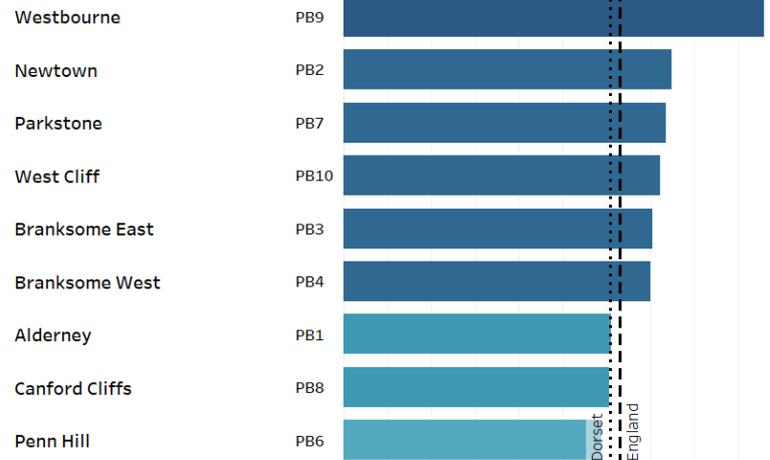


Source: 2011 Census, % of people who reported in the 2011 Census that their day to day activities were limited because of a health problem or disability which has lasted or is expected to last at least 12 months in general was bad or very bad (all ages).

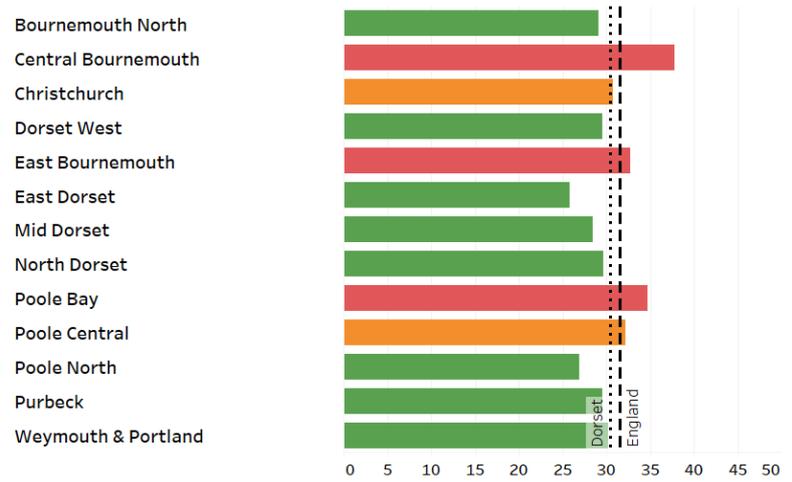
Pensioners Living Alone (%)



Pensioners living alone (%) 2011: MSOA's in Poole Bay



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

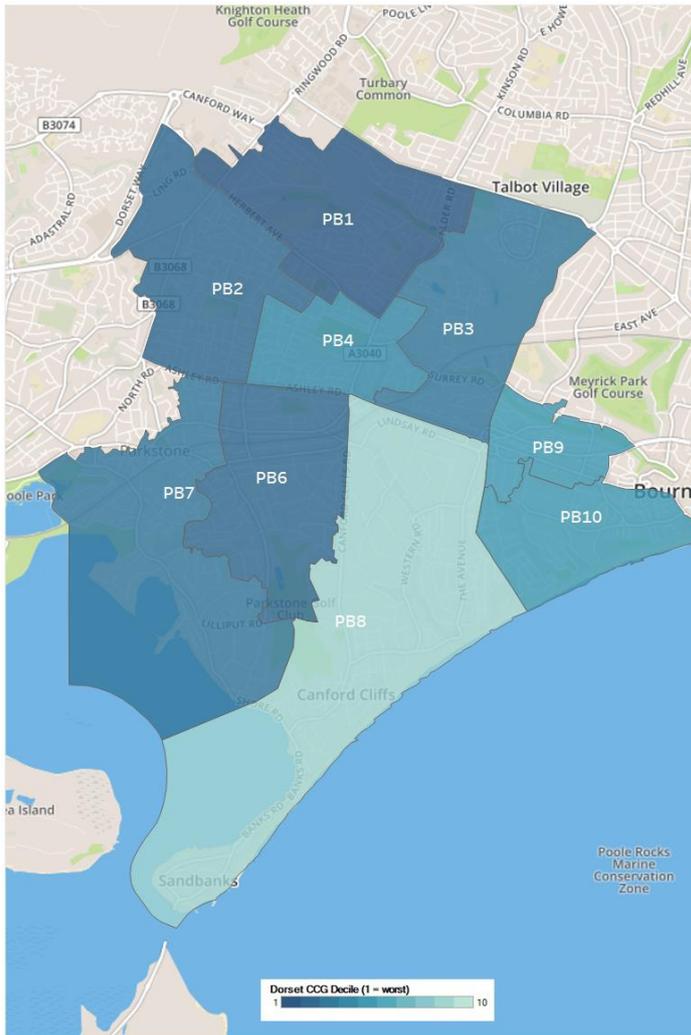


Statistical Significance compared with England average
 Better (Green) | Not significant (Orange) | Worse (Red)

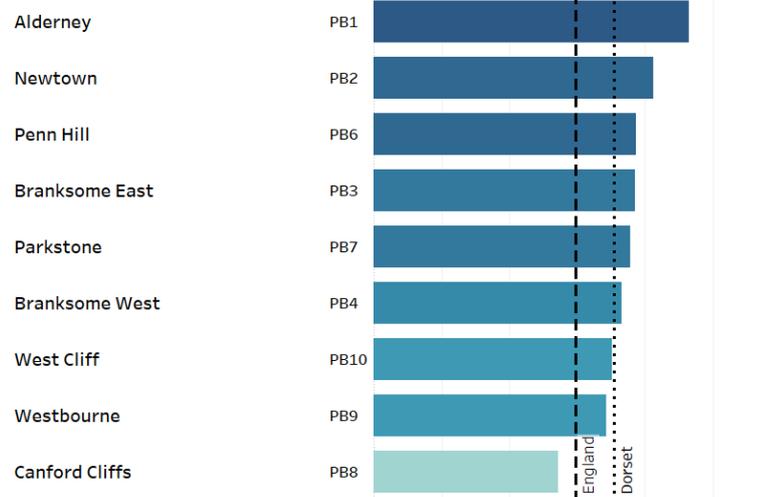
Source: 2011 Census, % of people aged 65 and over living alone as reported in the 2011 Census (people aged 65 and over)

Appendix Three: Poole Bay Lifestyle Factors

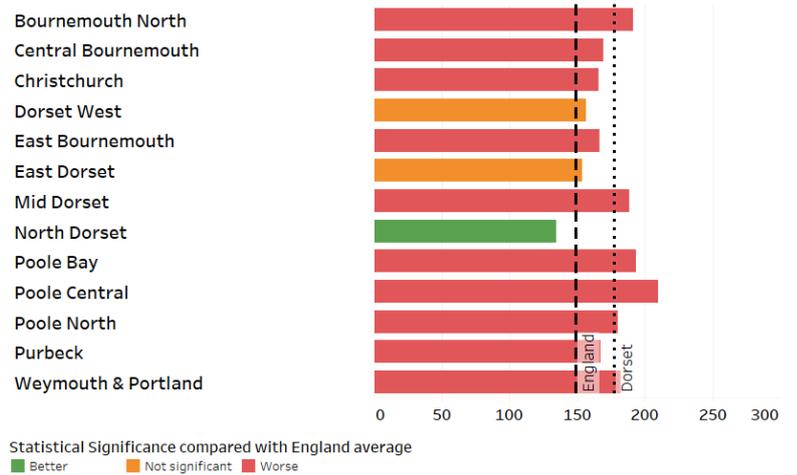
Emergency admissions in <5s



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

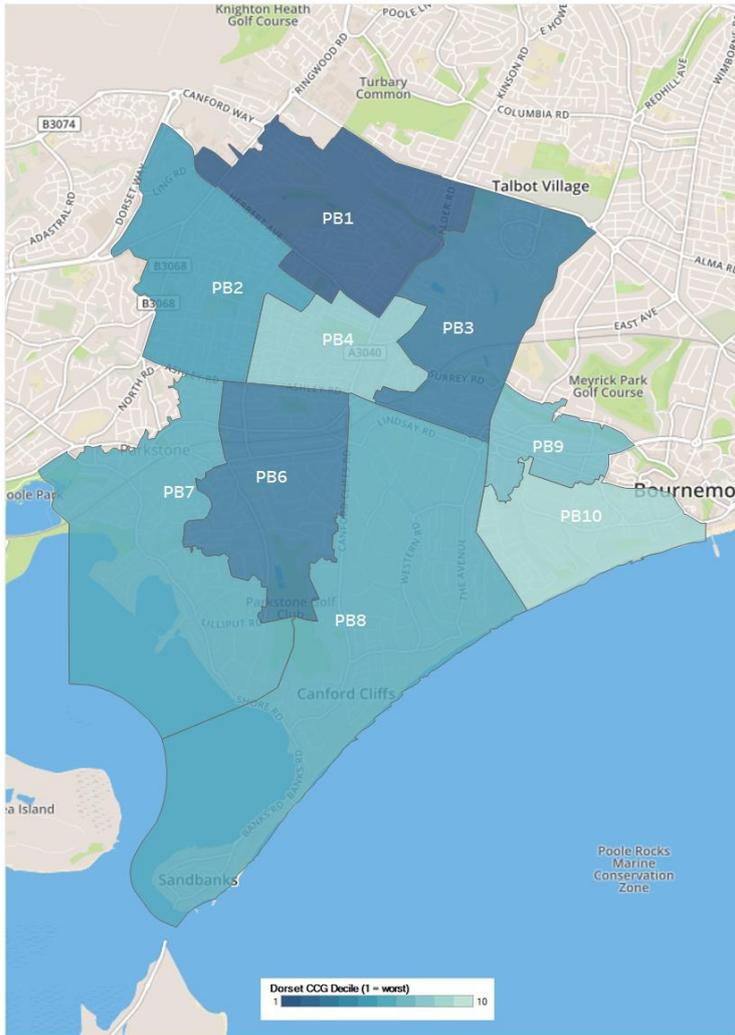


Emergency admissions in under 5s per 1,000 2011/12 - 2015/16 : GP Localities - Lifestyles 2

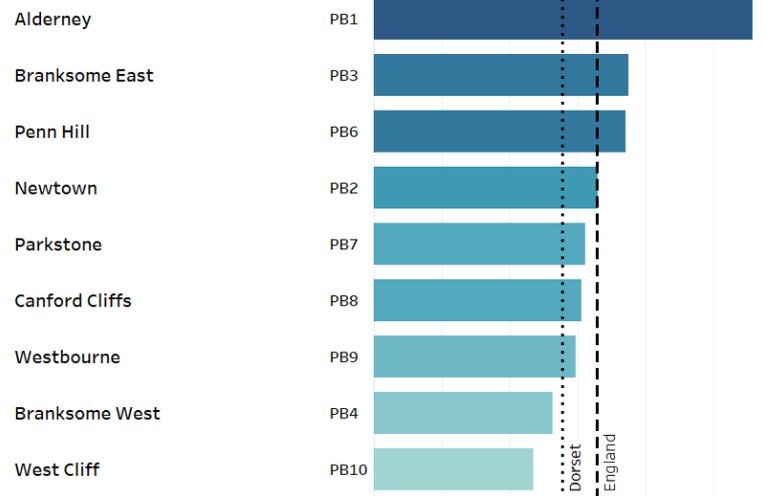


Source: Hospital Episode Statistics 2013/14-2015/16, Crude rate of emergency hospital admissions for children aged under 5 years per 1,000 resident population.

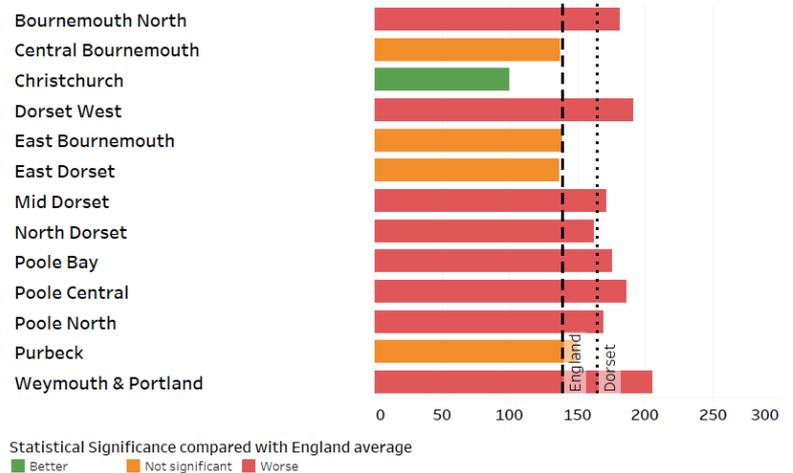
Admissions for injuries in <5s



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



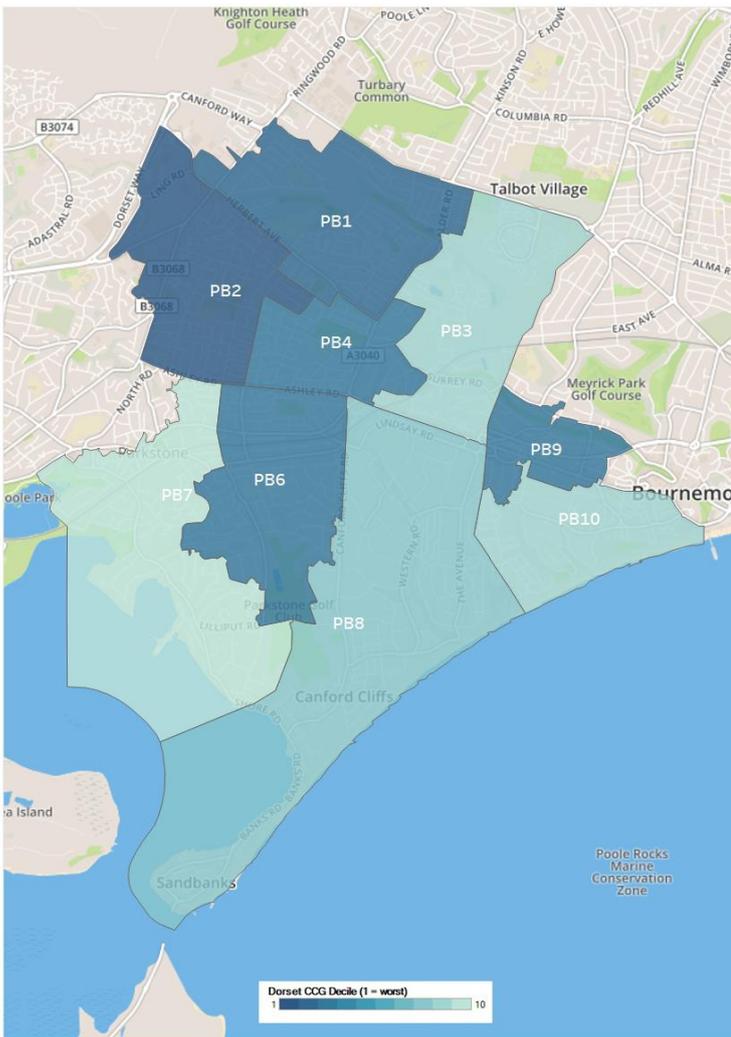
Admissions for injuries in under 5s per 10,000 2011/12 - 2015/16: GP Localities - Lifestyles 2



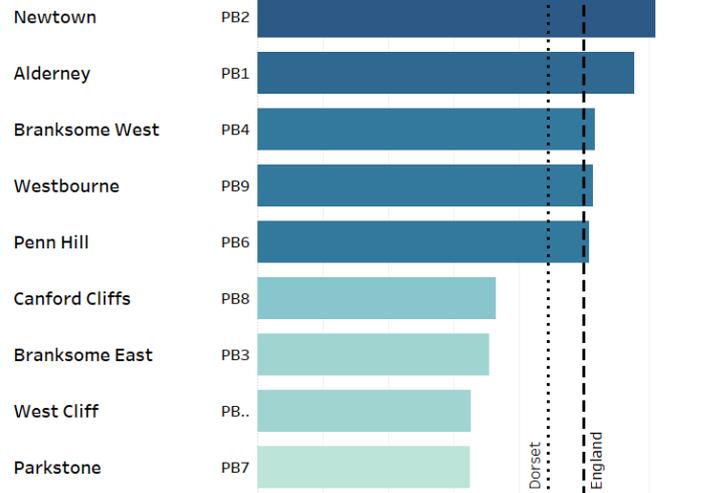
Source: Hospital Episode Statistics 2013/14-2015/16, Crude rate of hospital admissions caused by unintentional and deliberate injuries in children aged under 5 years per 10,000 resident population.

Appendix Four: Poole Bay Health & Ill Health

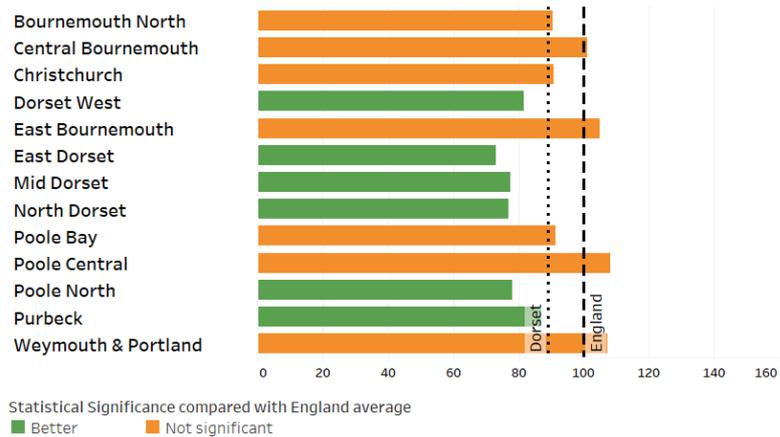
Deaths from all Cancer, under 75 years



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

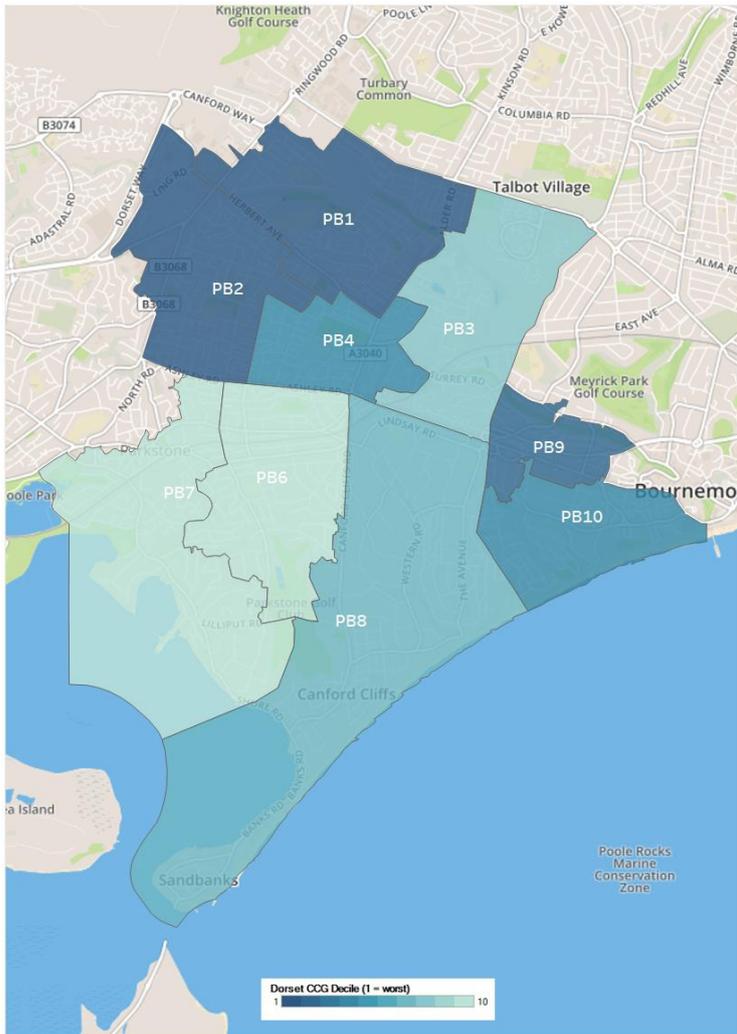


Deaths from all cancer, under 75 years (SMR) 2011 - 2015: GP Localities - Health & Ill Health

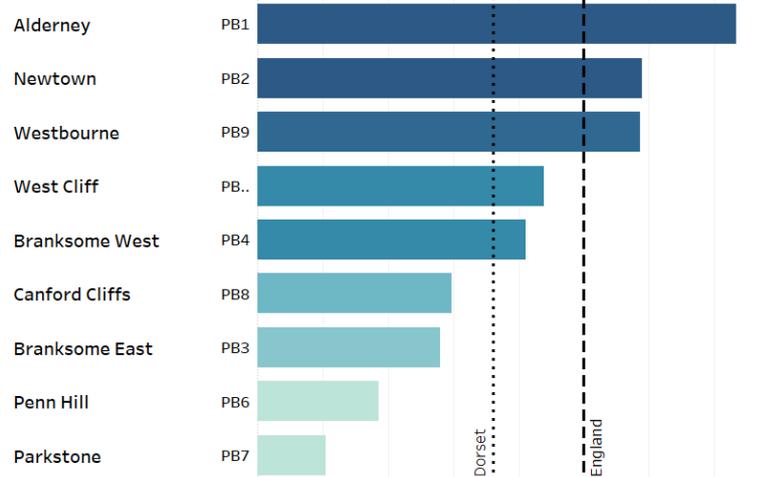


Source: Public Health England 2011- 2015, Standardised mortality ratio for all deaths from all cancer (aged under 75)

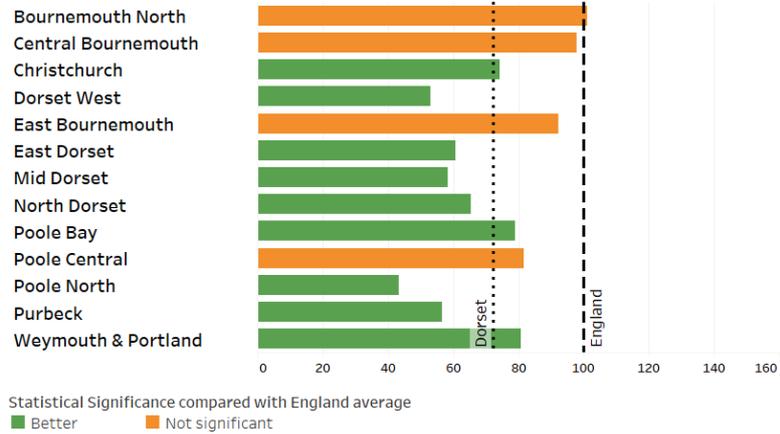
Deaths from Coronary Heart Disease, under 75 years



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



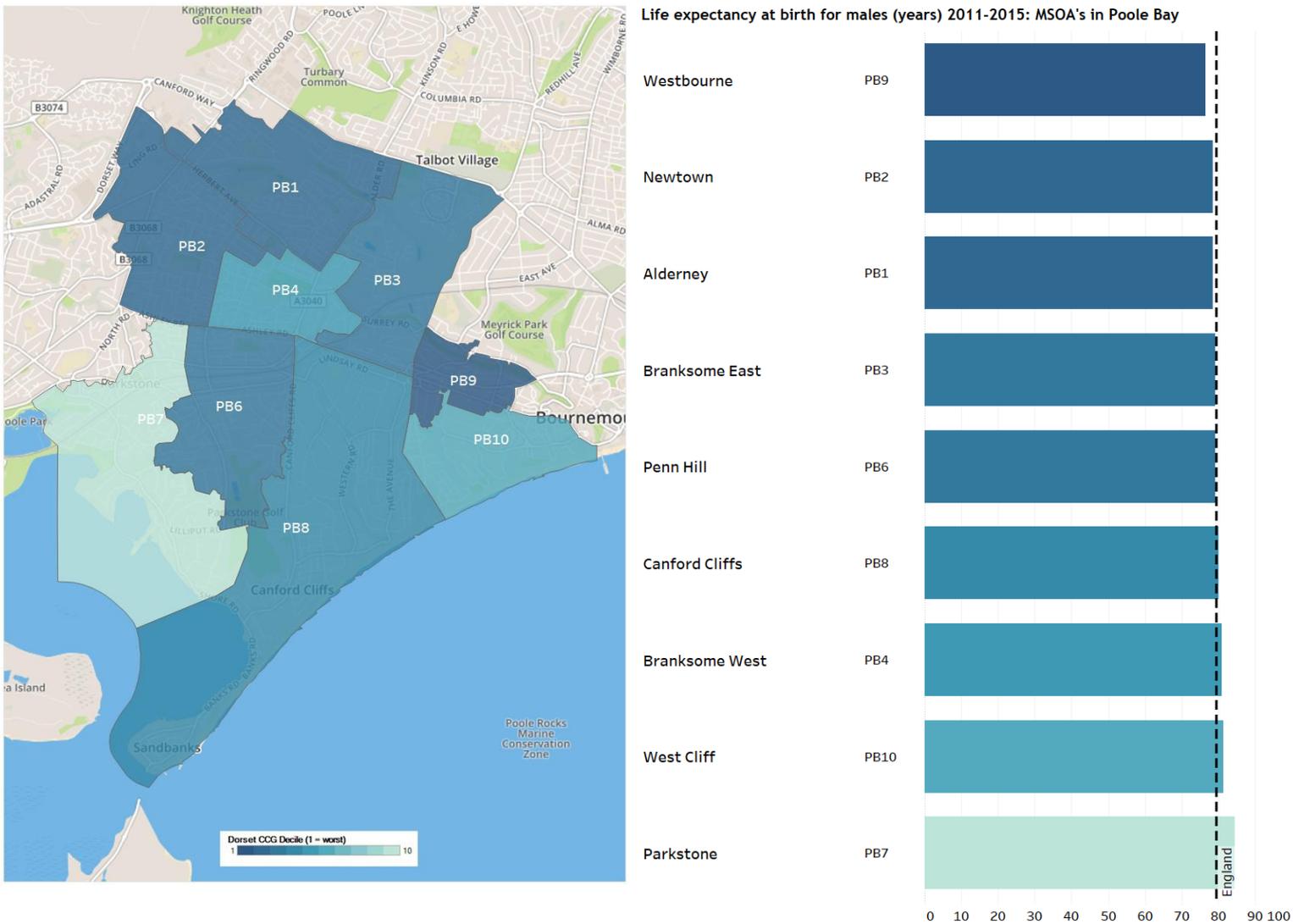
Deaths from coronary heart disease, under 75 years (SMR) 2011 - 2015: GP Localities - Health & Ill Health



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

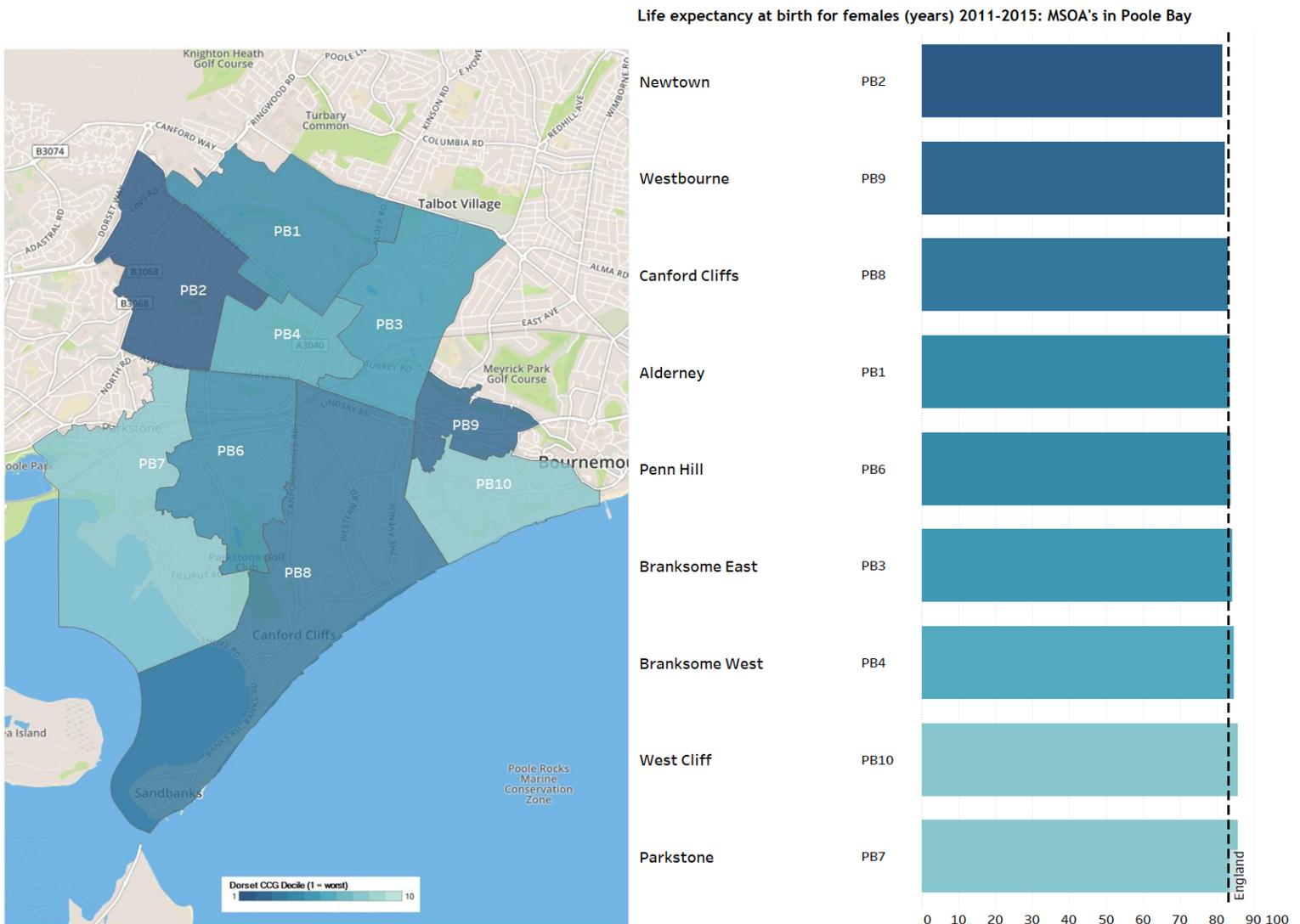
Appendix Five: Poole Bay Health & Ill Health: Life Expectancy

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: Poole Bay GP practice data

Management of Diabetes

Management of diabetes for Poole Bay

	% 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)
Heatherview Medical Centre	6.2	12.5	73.5	57.4
Herbert Avenue Surgery	7.4	25.9	50.0	50.5
Lilliput Surgery	4.8	19.1	73.1	55.6
Madeira Medical Centre	7.2	21.1	61.5	57.7
Parkstone Health Centre	5.3	20.5	66.6	55.4
Poole Road Medical Centre	4.6	21.0	68.0	60.4
Wessex Road Surgery	5.5	20.7	64.3	57.9
Westbourne Medical Centre	5.3	31.2	49.5	51.0
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

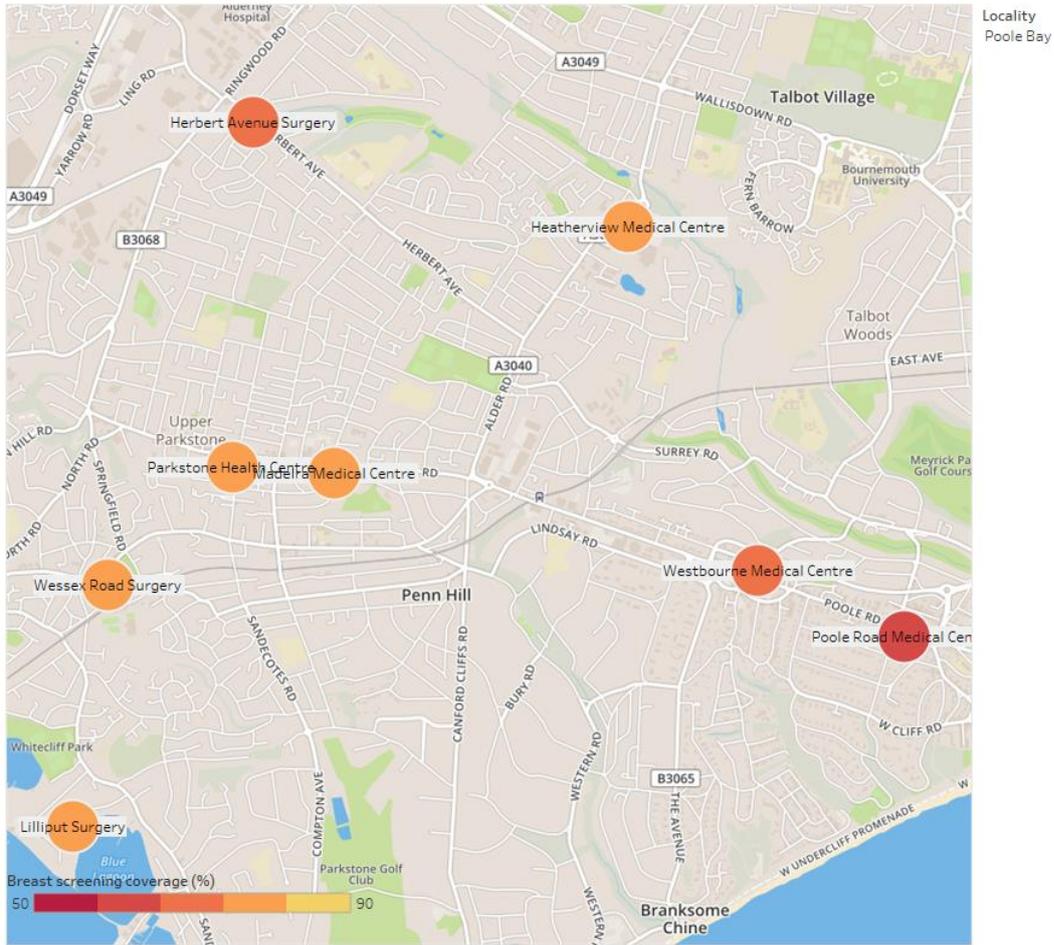
Source: Public Health England 2015/16, % of patients aged 17 years and over with diabetes mellitus, as recorded on practice disease registers.

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.

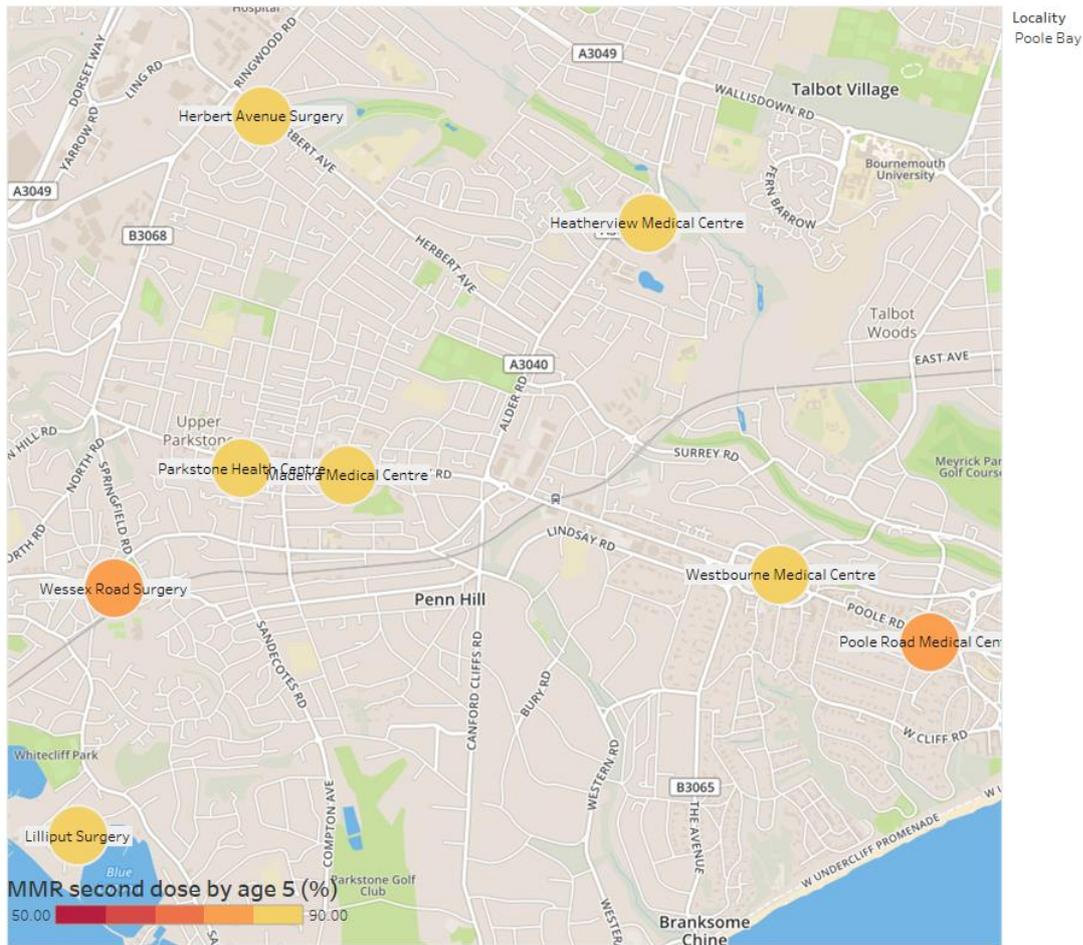
Source: Public Health England 2015/16, The percentage of patients with diabetes in whom the latest IFCC-HbA1c is 59 mmol/mol or less in the preceding 12 months.

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+)

Smoking prevalence in Poole Bay

	Estimated smoking prevalence (QOF)	Locality	Compared to England value or percentiles
Heatherview Medical Centre	19.1	Poole Bay	Higher
Herbert Avenue Surgery	28.9	Poole Bay	Higher
Lilliput Surgery	7.7	Poole Bay	Lower
Madeira Medical Centre	22.0	Poole Bay	Higher
Parkstone Health Centre	19.7	Poole Bay	Higher
Poole Road Medical Centre	22.1	Poole Bay	Higher
Wessex Road Surgery	10.9	Poole Bay	Lower
Westbourne Medical Centre	15.6	Poole Bay	Lower
Dorset CCG	16.9		
England	18.1		

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