Poole North 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 North – Summary Findings

Poole North locality has four practices that cover a population with higher numbers of older people, serving a largely urban area. The population has many positive aspects to support health and wellbeing, being, on average, one of the least deprived localities locally and nationally, with low levels of unemployment.

- **Community factors for health and wellbeing**:

    - Levels of child poverty are generally low but variation exists across the locality
    - Income deprivation is low overall when compared with England but it varies across Poole North
    - Levels of unpaid care are higher than the England average
    - Overall there is a low proportion of pensioners living alone but this varies across the locality

- **Lifestyles:**

    - Emergency admissions in <5s are higher than the National average
    - Admissions for injuries in <5s, <15s and 15-24 years are higher than England
    - Obesity rates in children and adults are of concern
    - Overall, binge drinking rates are similar to the England average but vary across neighbourhoods with Canford Heath and Corfe Mullen having the highest levels

- **Health/Ill-health**:

    - There is a difference in life expectancy of over 4 years for females and over 3 years for males across Poole North
    - Emergency admissions for heart disease, heart attack and stroke are all higher than the England average
    - Rates of early death from coronary heart disease and cancer are lower than the England average but high levels are seen in Canford Heath
    - Not all practices are reaching the MMR uptake target of 95%
    - High levels of exception reporting in diabetes are seen
    - Most practice are recording high levels of depression (18+)

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
Emergency admissions for injuries are high for children and young people	Ensure an effective, single 0-5 years offer Build community capacity to support	Are there new ways to support health visitors and Early Years services to work with families at risk?

	children and young people to THRIVE Building whole school approaches to health and wellbeing	What improvements can be made to support parents and carers of under 15s around injury prevention? 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?
Childhood obesity	Improve Health Visiting/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?
Variable MMR uptake	Improve uptake of childhood immunisations	Is there work ongoing with NHSE and PHE to develop plans to address immunisation coverage?

Living well-the adult and working years

The local challenge	PAS project objective	Next steps-potential locality implementation
Higher rates of early death from coronary heart disease and cancer in Canford Heath	Increase use of LiveWell Dorset service, linking with targeted health checks for those at higher risk	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.
Exception reporting for Diabetes is generally higher than the England average across the locality	Transform Diabetes pathway Lifestyle assessment for all planned care episodes	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 (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
Locality has a high proportion of adults who are obese	Implement a systematic approach to increasing physical activity – 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?
Recorded levels of depression are high	Implement systematic approach to improving mental wellbeing	Could specialist services for people experiencing both mental health problems and financial difficulty be better integrated with other services, such as housing or welfare advice? How can we protect the mental health of people with long-term physical health problems better and how can we protect the physical health of people with mental health conditions better?

Ageing well-the later working years and retirement

The local challenge	PAS project objective	Next steps-potential locality implementation
Higher rates of early death from coronary heart disease and cancer in Canford Heath	Increase use of LiveWell Dorset service, linking with targeted health checks for those at higher risk	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.
The provision of unpaid care is higher than the National average	Systematic approach to community led support	What can be done to support the valuable work that carers contribute unpaid to the care of those with long-term illness? Could carers be linked in with voluntary and community groups?
Some areas of the locality have a high percentage of pensioners living alone	Frailty and loneliness	Could work be done with the 3rd sector support work to combat isolation and loneliness to maintain and improve good mental health?

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. 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 Poole North which may benefit from limiting the 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 North Community profile

Indicators	Selection value	England value	Summary chart
Income deprivation - English Indices of Deprivation 2015 (%)	7.4	14.6	
Low Birth Weight of term babies (%)	2.7	2.8	
Child Poverty - English Indices of Deprivation 2015 (%)	10.1	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)	0.6	3.7	
General Health - bad or very bad (%)	4.1	5.5	
General Health - very bad (%)	0.9	1.2	
Limiting long term illness or disability (%)	16.5	17.6	
Overcrowding (%)	3.5	8.7	
Provision of 1 hour or more unpaid care per week (%)	11.8	10.2	
Provision of 50 hours or more unpaid care per week (%)	2.4	2.4	
Pensioners living alone (%)	26.9	31.5	
Older People in Deprivation - English Indices of Deprivation 2015 (%)	9.1	16.2	
Deliveries to teenage mothers (%)	0	1.1	
Emergency admissions in under 5s (Crude rate per 1000)	180.1	149.2	
A&E attendances in under 5s (Crude rate per 1000)	346.7	551.6	
Admissions for injuries in under 5s (Crude rate per 10,000)	169.3	138.8	
Admissions for injuries in under 15s (Crude rate per 10,000)	123	108.3	
Admissions for injuries in 15 - 24 year olds (Crude rate per 10,000)	156.9	133.1	
Obese adults (%)	24.6	24.1	
Binge drinking adults (%)	18.9	20	
Healthy eating adults (%)	30	28.7	
Obese Children (Reception Year) (%)	7.4	9.3	
Children with excess weight (Reception Year) (%)	18.8	22.2	
Obese Children (Year 6) (%)	14.6	19.3	
Children with excess weight (Year 6) (%)	27.9	33.6	
Emergency hospital admissions for all causes (SAR)	89.8	100	
Emergency hospital admissions for CHD (SAR)	134.3	100	
Emergency hospital admissions for stroke (SAR)	114.3	100	
Emergency hospital admissions for Myocardial Infarction (heart attack) (SAR)	126.4	100	
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) (SAR)	66.7	100	
Incidence of all cancer (SIR)	101.4	100	
Incidence of breast cancer (SIR)	107.1	100	
Incidence of colorectal cancer (SIR)	92.9	100	
Incidence of lung cancer (SIR)	63.9	100	
Incidence of prostate cancer (SIR)	134.3	100	
Hospital stays for self harm (SAR)	88.6	100	
Hospital stays for alcohol related harm (SAR)	72	100	
Emergency hospital admissions for hip fracture in 65+ (SAR)	99	100	
Elective hospital admissions for hip replacement (SAR)	99.7	100	
Elective hospital admissions for knee replacement (SAR)	89.8	100	
Deaths from all causes, all ages (SMR)	83	100	
Deaths from all causes, under 65 years (SMR)	62.8	100	
Deaths from all causes, under 75 years (SMR)	69.2	100	
Deaths from all cancer, all ages (SMR)	88	100	
Deaths from all cancer, under 75 years (SMR)	78.2	100	
Deaths from circulatory disease, all ages (SMR)	74.7	100	
Deaths from circulatory disease, under 75 years (SMR)	51.9	100	
Deaths from coronary heart disease, all ages (SMR)	76.6	100	
Deaths from coronary heart disease, under 75 years (SMR)	43.3	100	
Deaths from stroke, all ages (SMR)	80.5	100	
Deaths from respiratory diseases, all ages (SMR)	77.5	100	

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

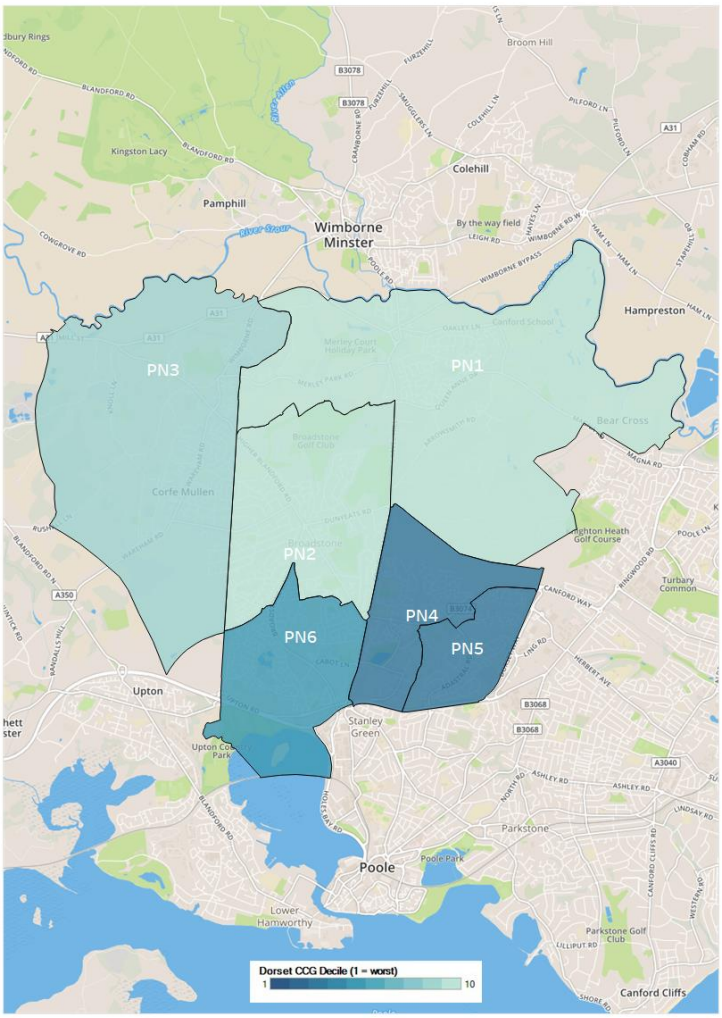
Source: Public Health England, Local Health Profile 2017

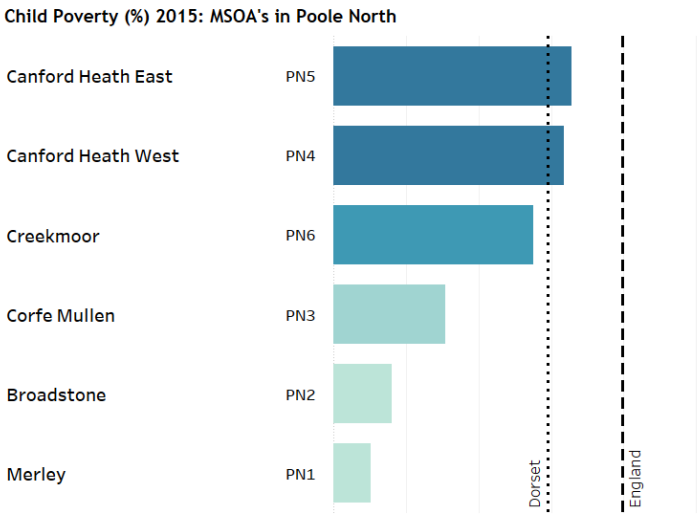
Appendix Two: Poole North Community Factors for Health & Wellbeing

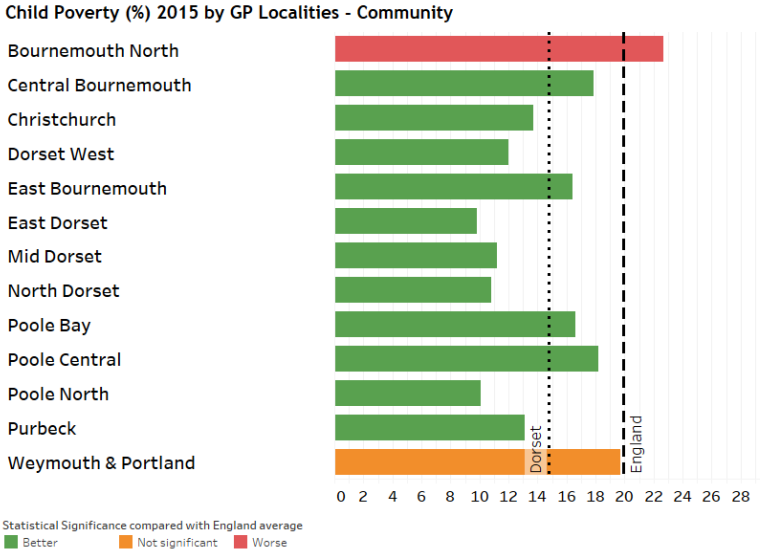
We have included some examples of the data that has been used in producing this locality profile. The full range of data can be found at:

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

Child Poverty (%)

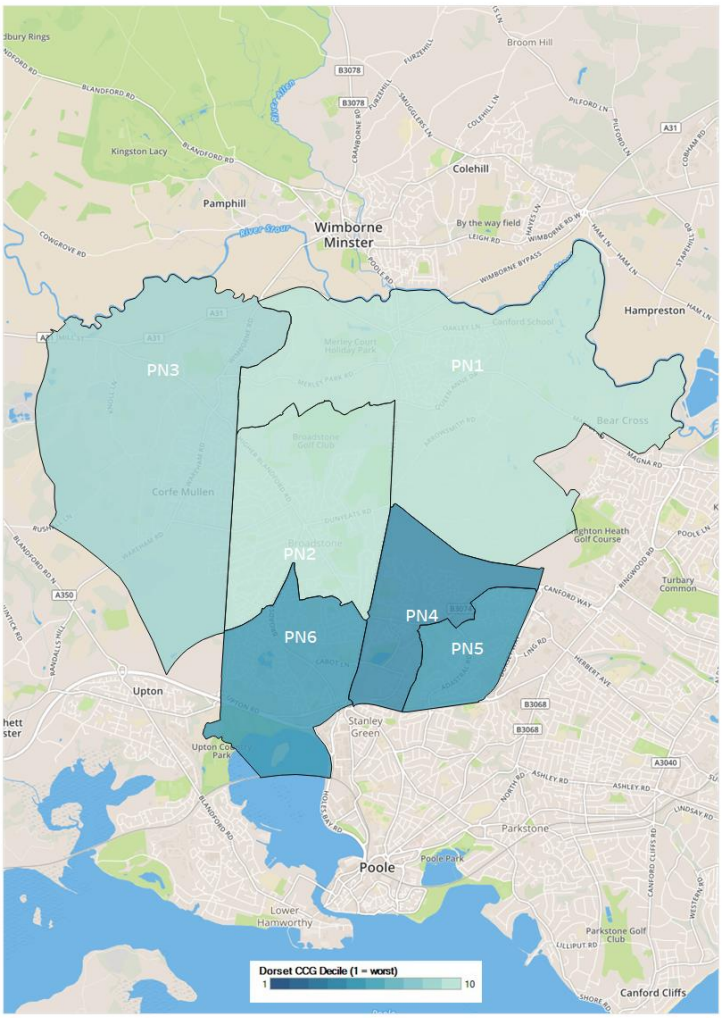


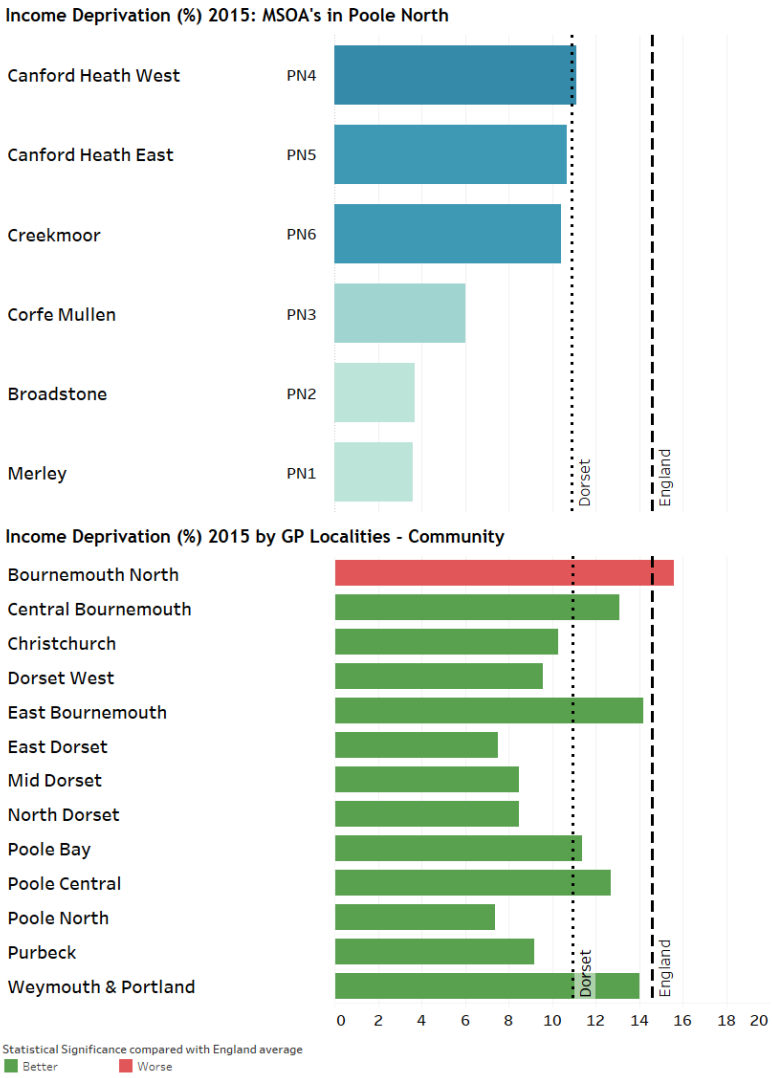




Source: Department of Communities and Local Government 2015, Child Poverty percentage – Income Deprivation Affecting Children Index (0-15 years old)

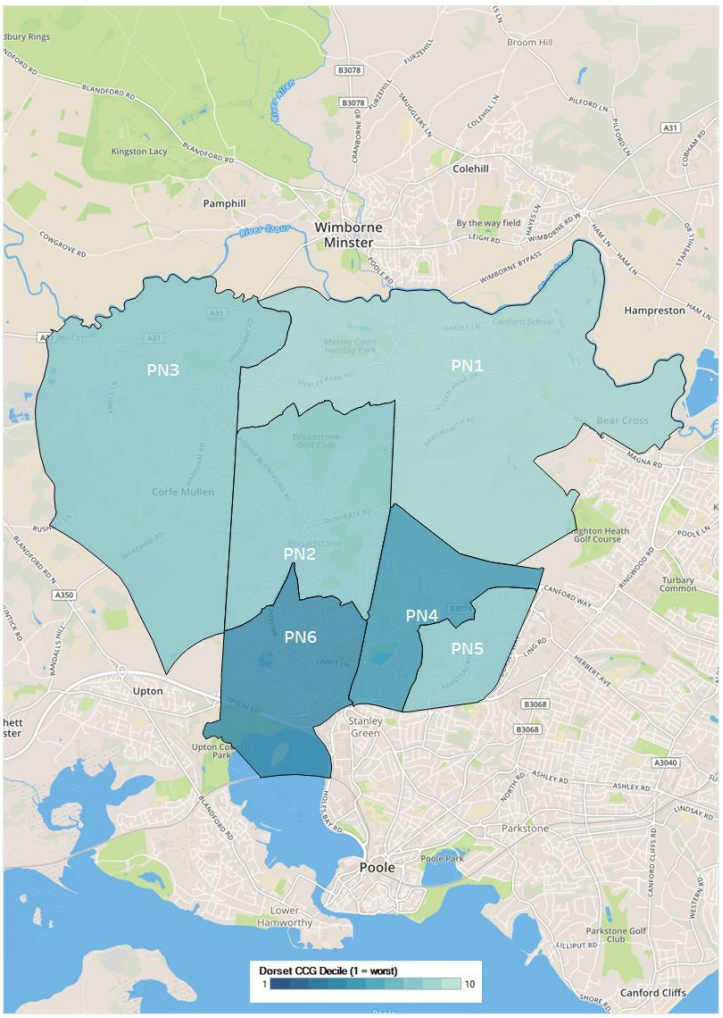
Income deprivation (%)

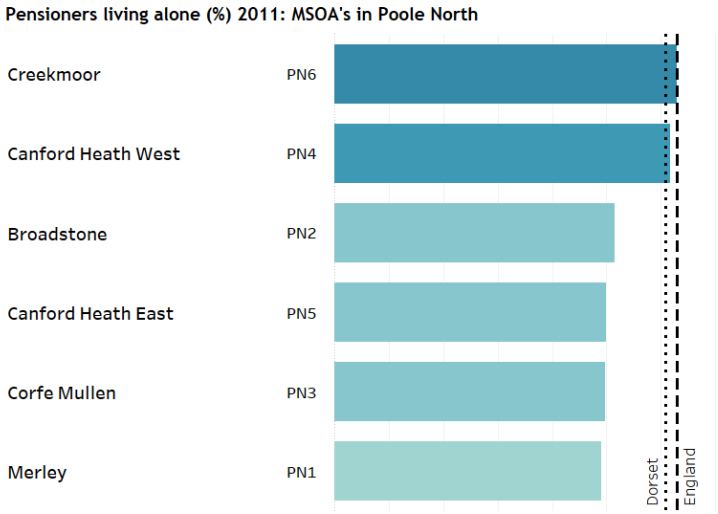


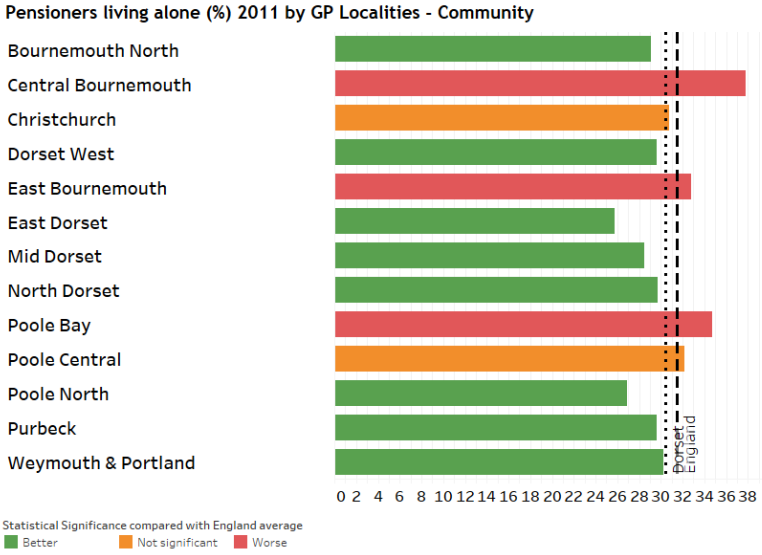


Source: Department of Communities and Local Government 2015, Percentage living in income deprived households reliant on means tested benefit, Income domain score from the Indices of Deprivation (all ages)

Pensioners Living Alone (%)



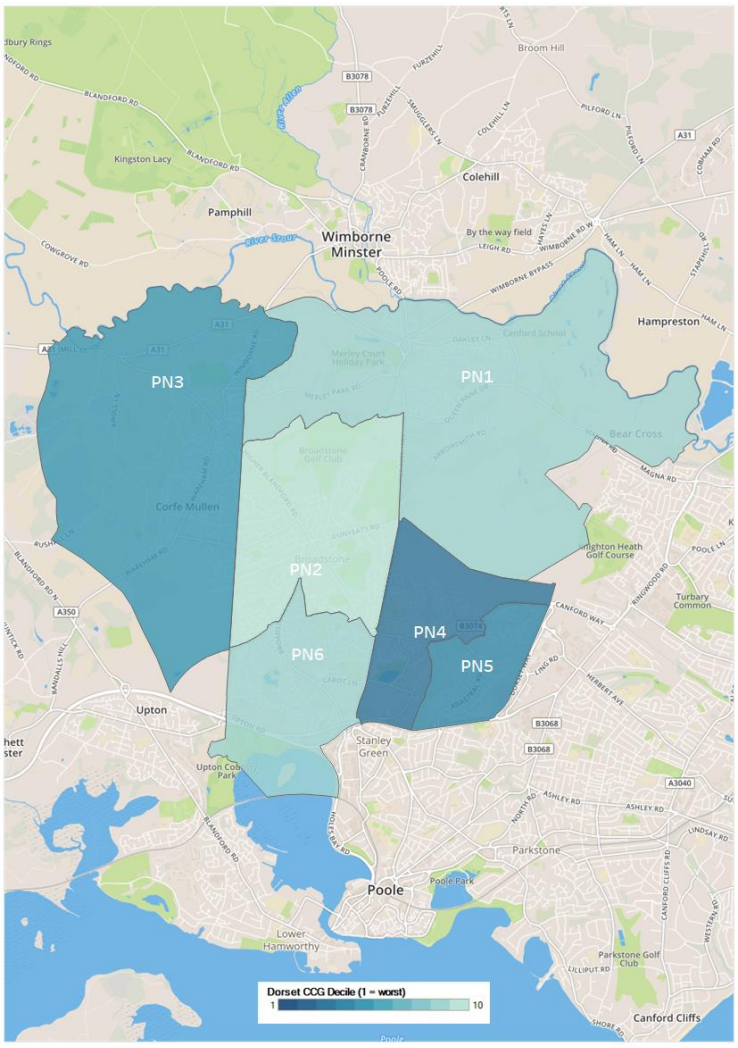


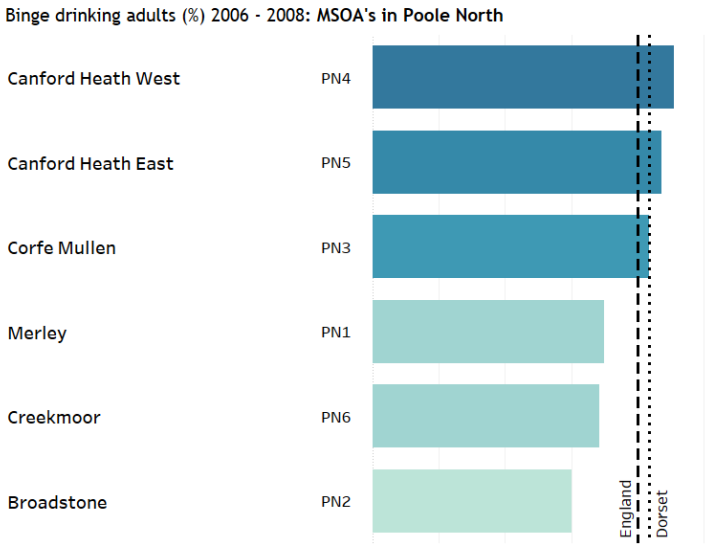


Source: 2011 Census, % of people aged 65 and over living alone as reported in the 2011 Census (people aged 65 and over)

Appendix Three: Poole North Lifestyle Factors

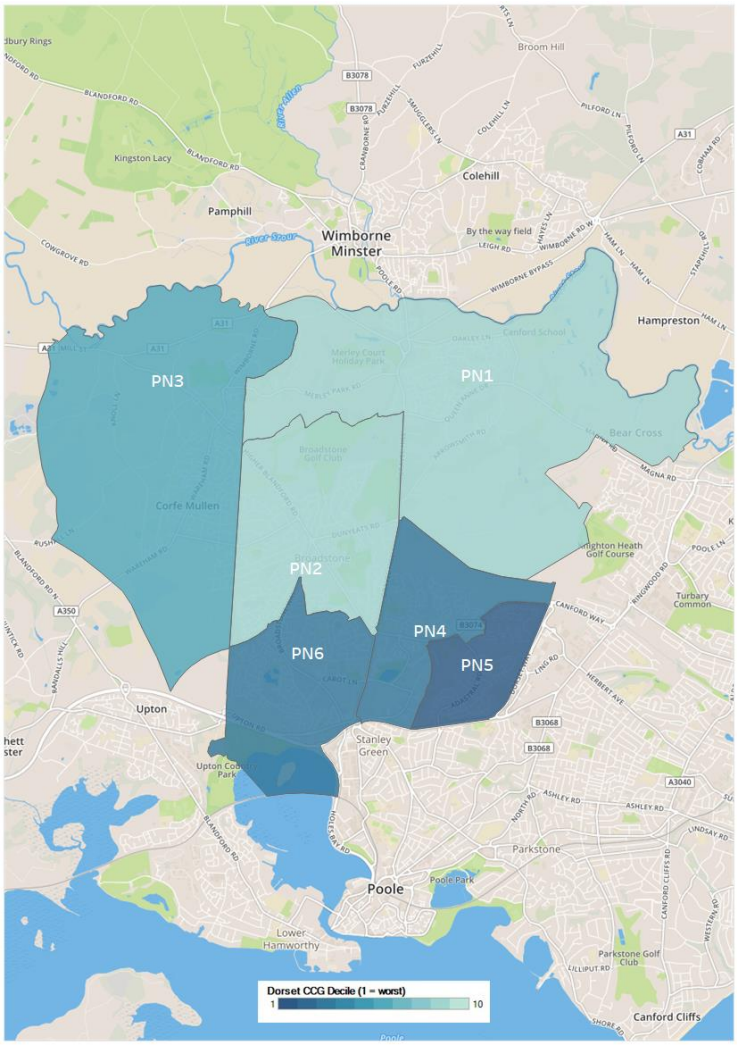
Binge Drinking Adults (%)

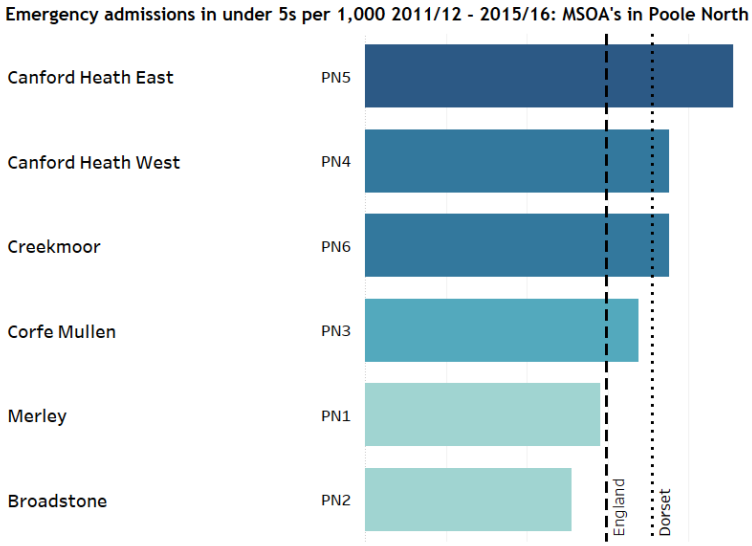


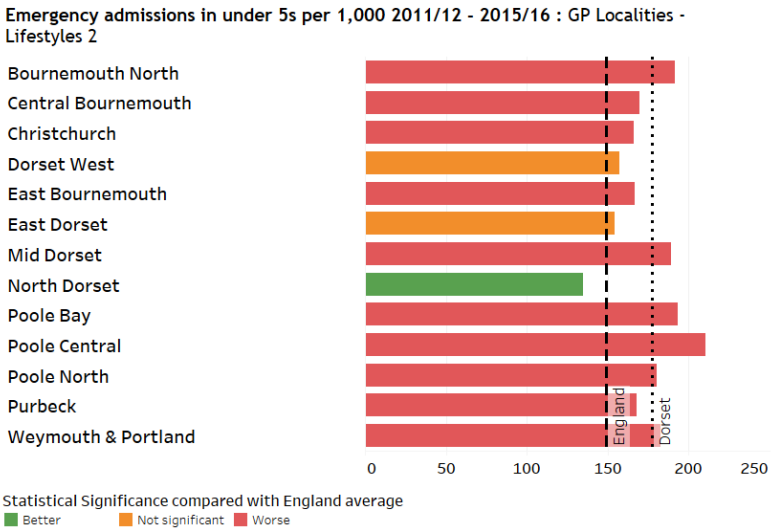


Source: Public Health England 2006 – 2008, estimated percentage of the population that binge drink. Binge drinking in adults is defined separately for men and women (16 years and over).

Emergency admissions <5s

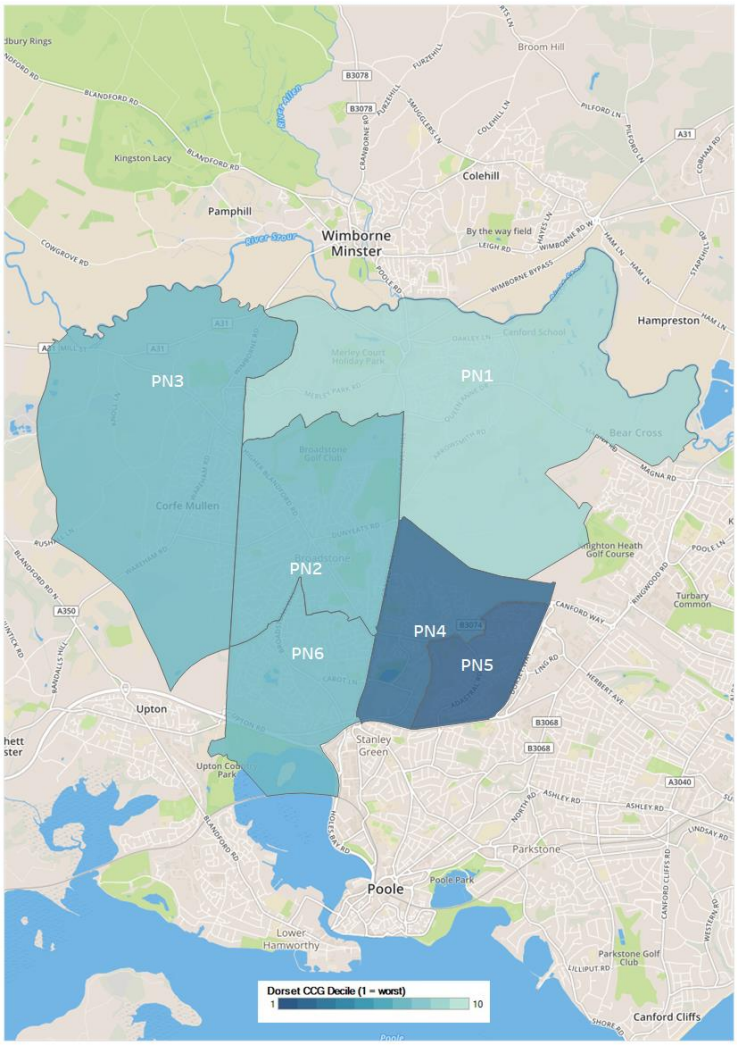


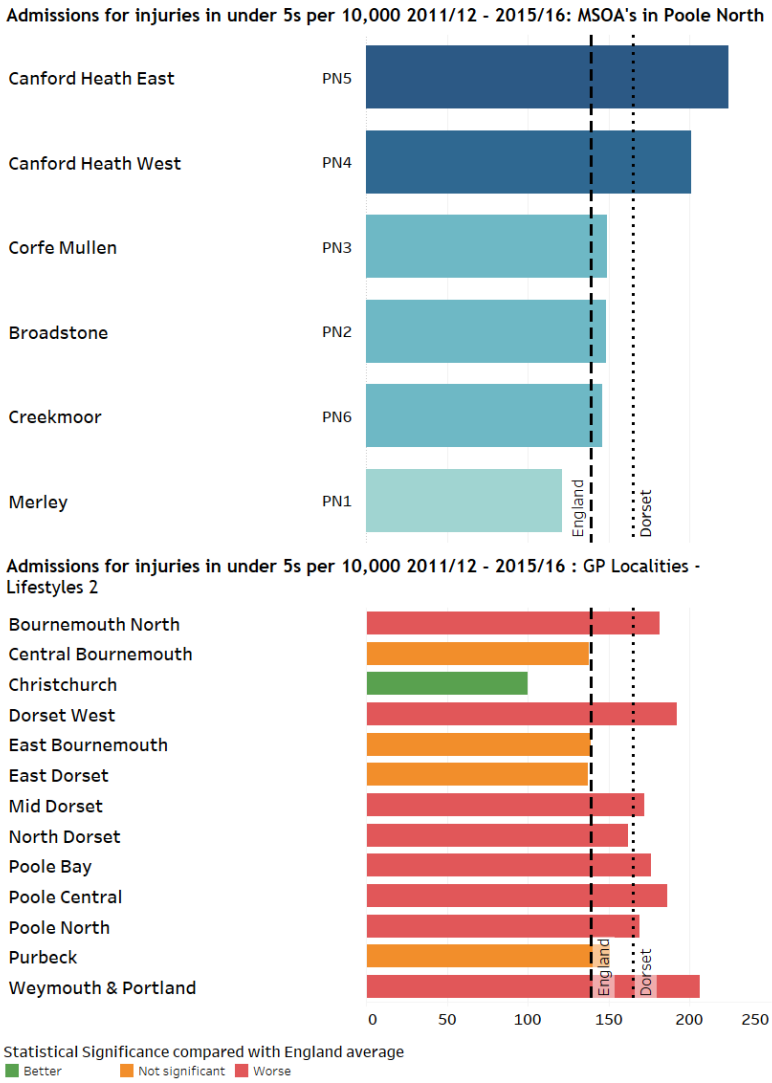




Source: Hospital Episode Statistics 2013/14-2015/16, Crude rate of emergency hospital admissions for children aged under 5 years per 1,000 resident population.

Admissions for injuries in <5s

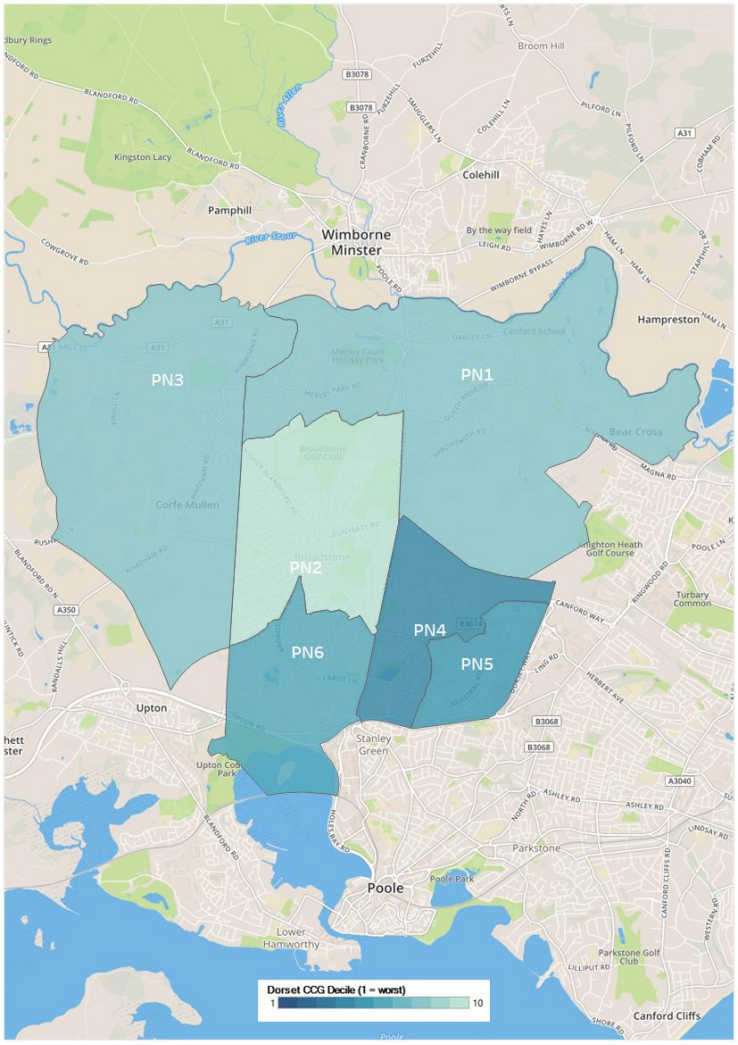


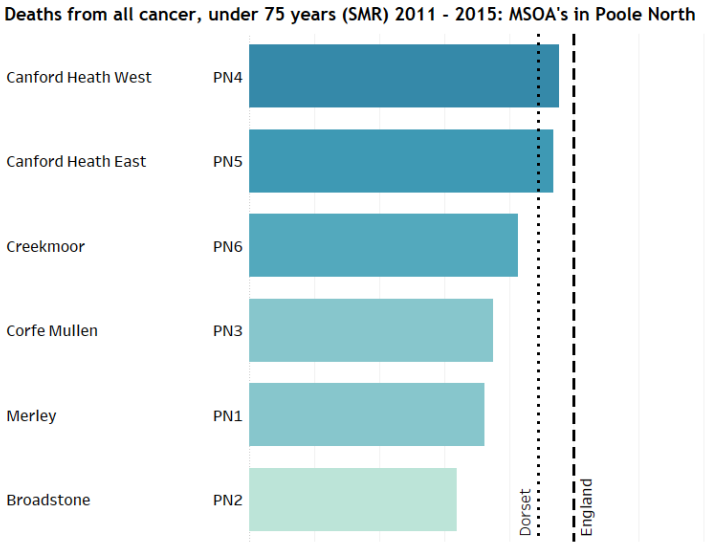


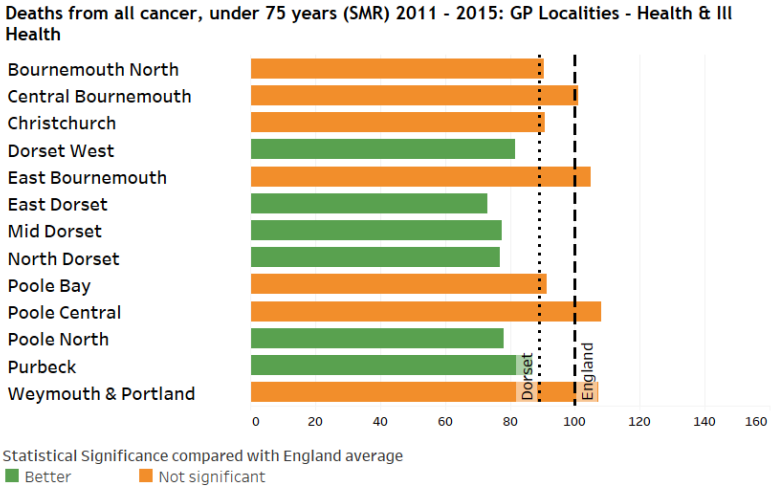
Source: Hospital Episode Statistics 2013/14-2015/16, Crude rate of hospital admissions caused by unintentional and deliberate injuries in children aged under 5 years per 10,000 resident population.

Appendix Four: Poole North Health & Ill Health

Deaths from all Cancer, under 75 years

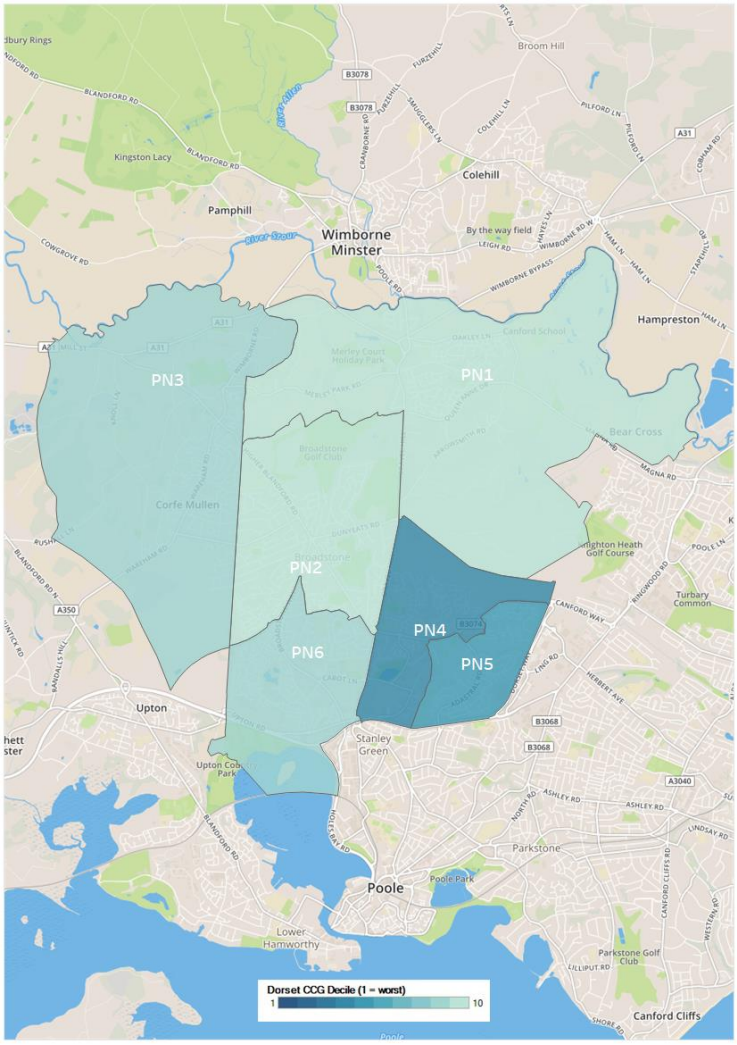


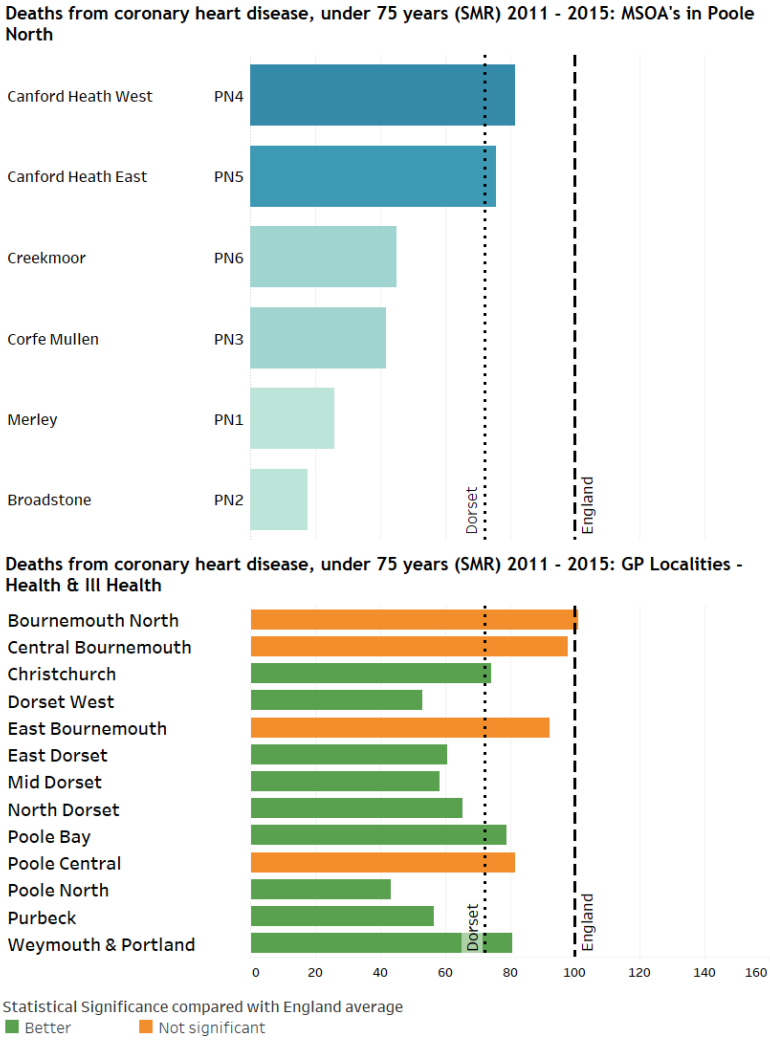




Source: Public Health England 2011- 2015, Standardised mortality ration for all deaths from all cancer (aged under 75)

Deaths from Coronary Heart Disease, under 75 years

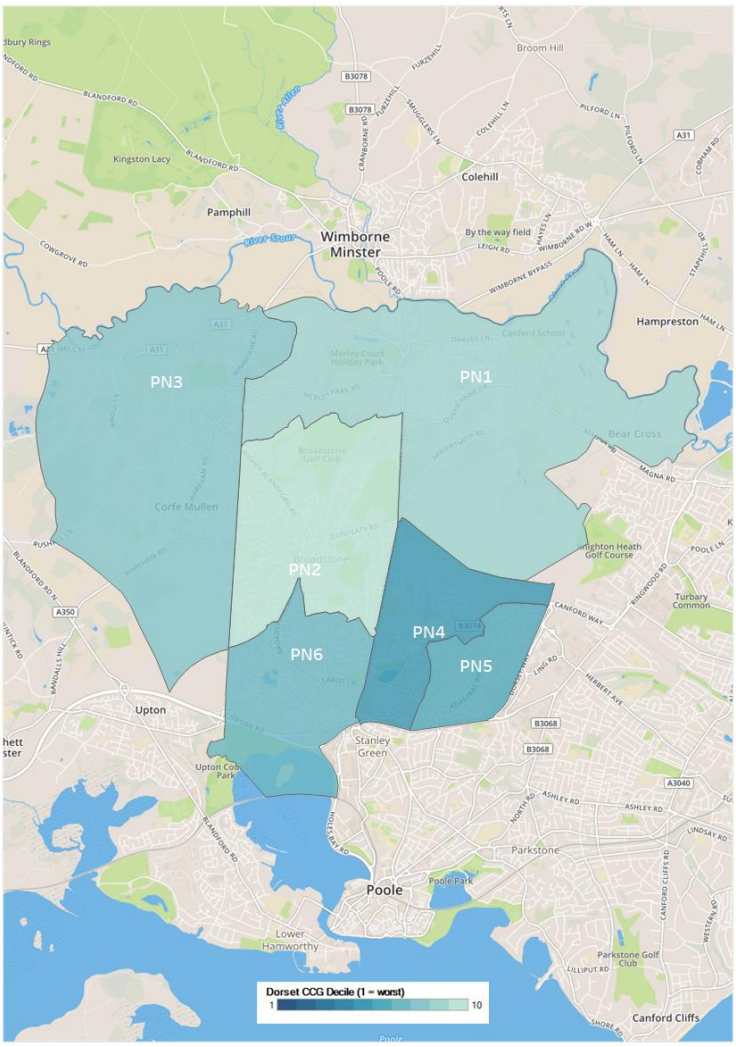


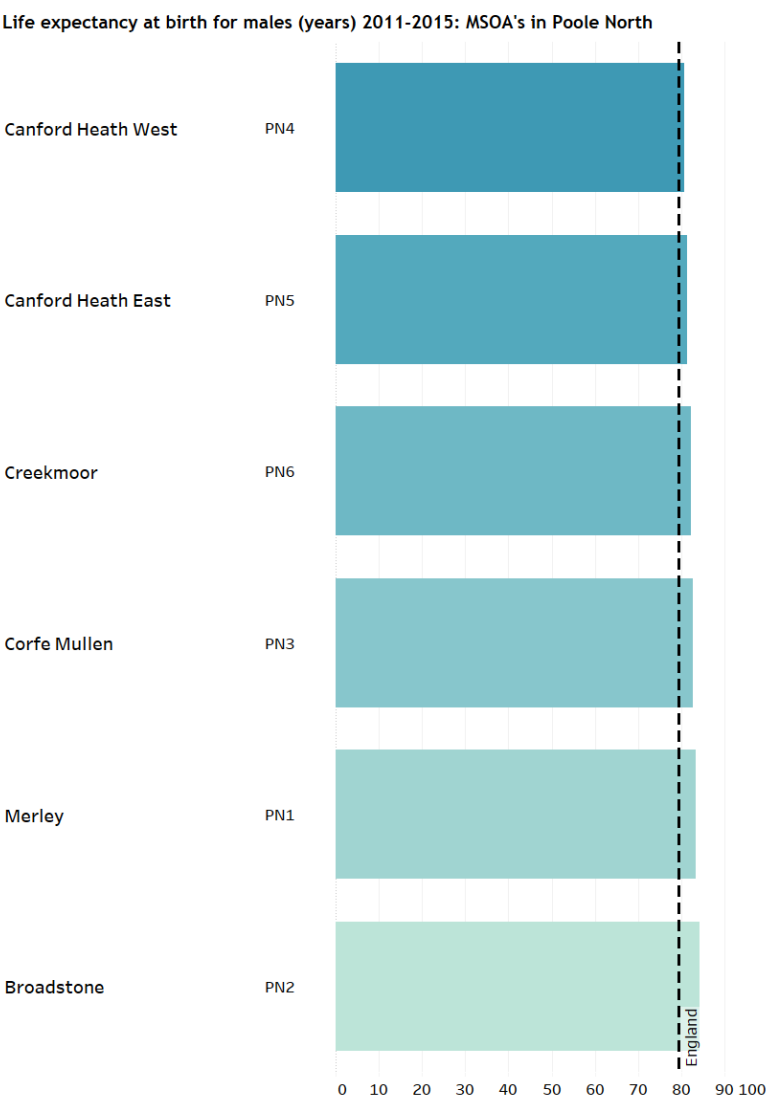


Source: Public Health England 2011 – 2015, Standardised mortality ratio for all deaths from all coronary heart disease (aged under 75)

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

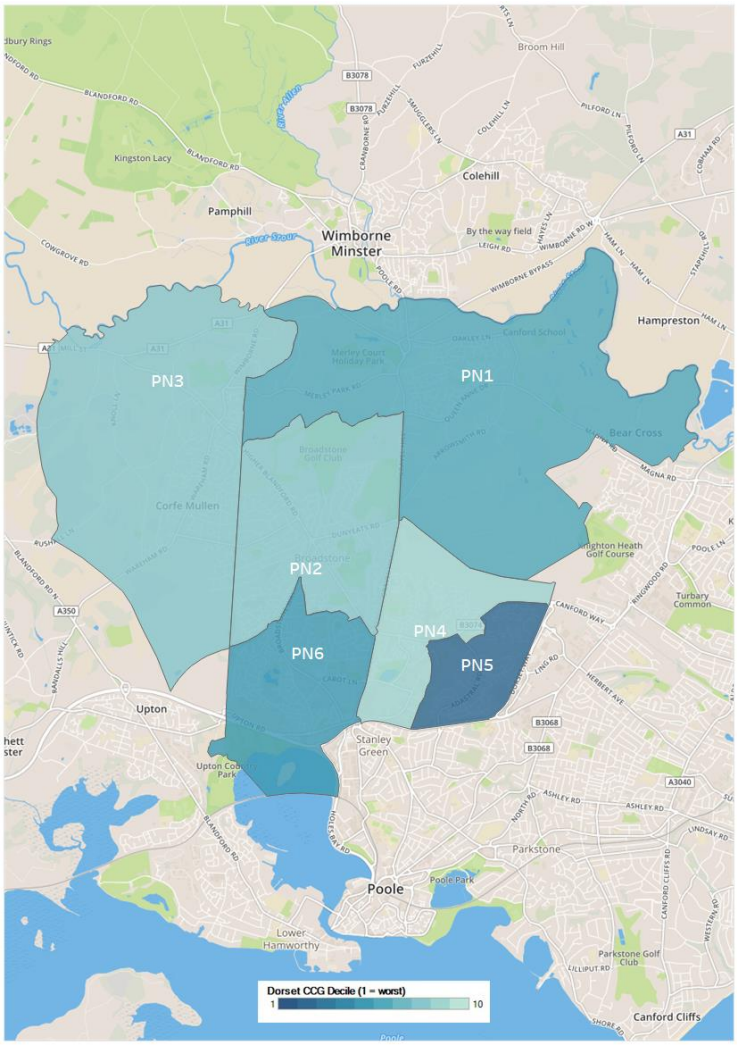
Life expectancy at birth: males

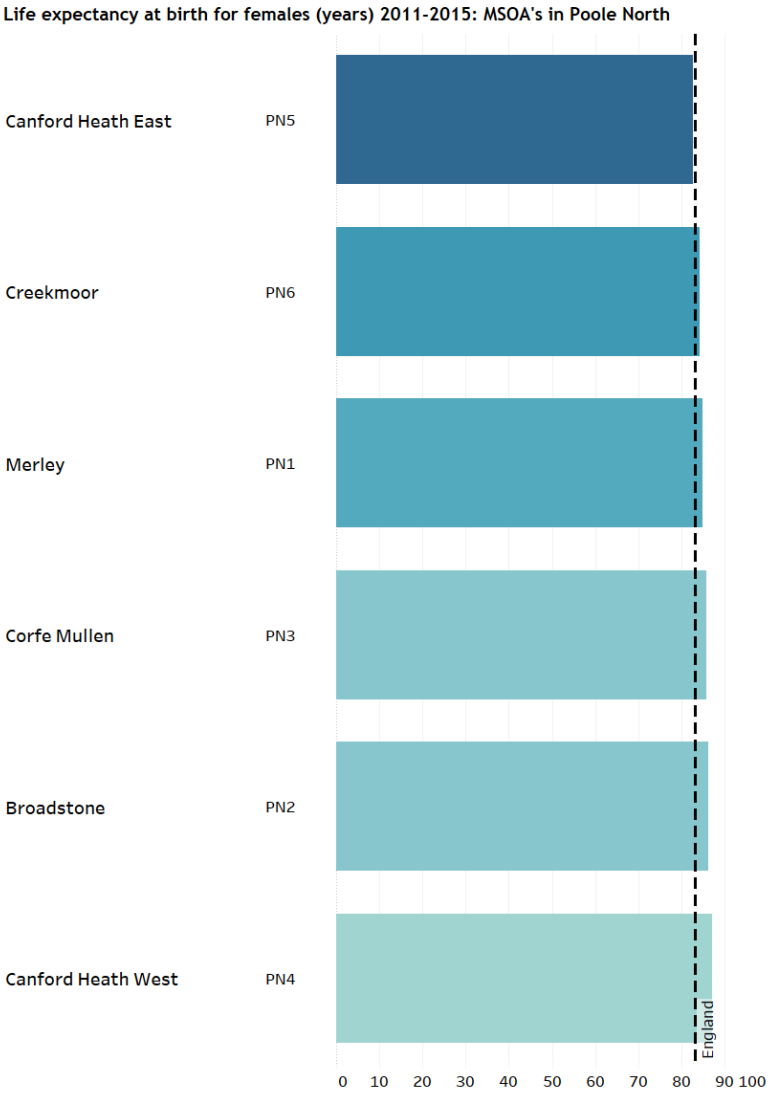




Source: Office of National Statistics, 2011-2015, Life expectancy at birth for males in years (all ages). Period life expectancy is the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average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

Management of Diabetes

Management of diabetes for Poole North

	% of population registered as diabetic	% of whom are exception reported for diabetes	Blood pressure control (% in whom <140/80 mm Hg)	Effective sugar control (% in whom Hba1c <59mmol/mol)
Birchwood Medical Centre	6.1	18.6	72.7	61.9
Canford Heath Group Practice	6.5	15.9	75.0	53.8
Hadleigh Practice	6.2	17.6	65.9	57.8
Harvey Practice	6.4	13.8	77.9	59.1
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 Same

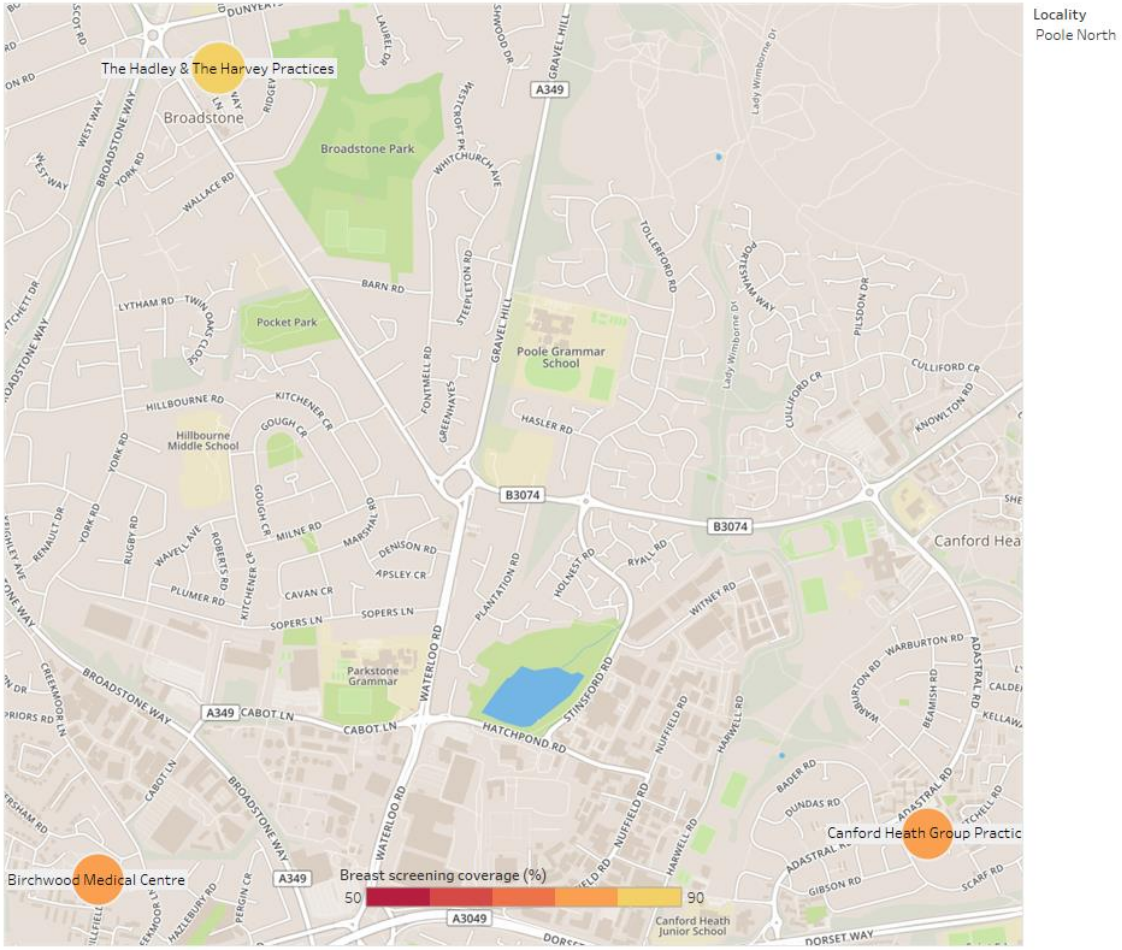
Source: Public Health England 2015/16, % of patients aged 17 years and over with diabetes mellitus, as recorded on practice disease registers.

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 (%)

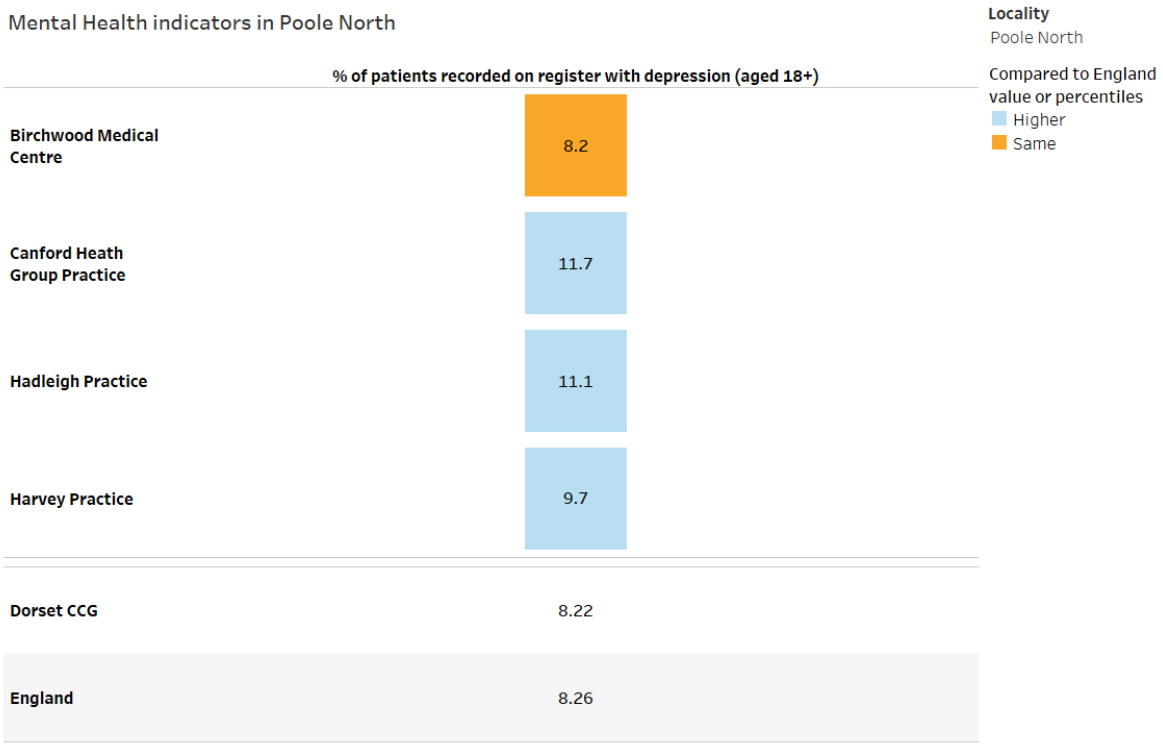


Source: NHS England 2016/17, % of females aged 50-70 screened for breast cancer in last 36 months (3 year coverage)

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).

Prevalence of depression (18+)



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