

# Public Health Dorset Director of Public Health Annual Report 2016







## What does Public Health Dorset do?

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We work with our three councils and the local NHS to improve people's health and wellbeing.

We commission public health services, such as LiveWell Dorset, drug and alcohol services, sexual health services, and children's health visitors, from central government grants.

We advise and support partners locally to improve health and wellbeing through education, housing, planning and transport.

We create healthy places by supporting organisations to build healthier communities.

We work with national partners, such as Public Health England, to protect local population health.

We collaborate with partners in education to better understand the impact of prevention.

## Introduction

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Prevention is better than cure. It's obvious, right? Behind this seemingly simple statement lies a pressing and complex challenge.

Successful prevention means longer, healthier lives that place fewer demands on our health and care services and families. Failure means that we will struggle to cope with the increasing demands of more people living in poor health with chronic, but potentially preventable diseases, like heart disease and diabetes.

My report last year focused on the importance of cardiovascular disease – stroke, heart disease and diabetes – because our death rates are starting to rise after decades of decline. My other concerns in that report were the differences in death rates between poor and wealthy parts of the county, and differences in the quality of care.

This year, I have looked at what the health and care system in Dorset can do to address these pressing health and wellbeing challenges, especially cardiovascular disease and diabetes.

Health and wellbeing varies considerably across Bournemouth, Poole and Dorset. But, compared with most areas of the country, we are mostly healthier and, on average, live for longer. But this is not true for all of us. Health inequality is most visible in Bournemouth, where men living in the poorest areas live on average 10 years less than men in the most affluent areas.

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*“The NHS and councils in Dorset are committed to closing this health and wellbeing gap. As the chief executive of the NHS Simon Stevens states, unless the NHS and partners take prevention seriously health and care services will be unaffordable.”*

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This report explains our prevention strategy; it describes how we can improve the health and wellbeing of people and free up much needed resources for use elsewhere.

I challenge our health and care system in Dorset to take prevention seriously by implementing a range of measures at scale and pace. This includes individual action, like taking more exercise and losing weight. It includes actions for organisations, for example, ensuring the NHS supports people to live healthier lives. And actions for places: councils and communities working together to ensure that we all live in healthier environments.

This means decent, warm and safe housing. This means transport plans that promote walking and cycling over car use, where practical. This means continuing the excellent work on ensuring access to high quality outdoors space, especially green space, for all.



Dr David Phillips  
Director of Public Health Dorset

## The prevention challenge in Dorset

About one in every six people who died in Bournemouth, Poole and Dorset between 2012 and 2014 did so from conditions that are considered preventable. This is about 4,000 people.

Heart disease, some cancers, and respiratory disease are among the leading causes of these preventable deaths.

It is not just the avoidable deaths that are important. It is the impact on our families, communities, and health care system. Our system is struggling to find enough money, time and people to cope with the demands being placed on it.

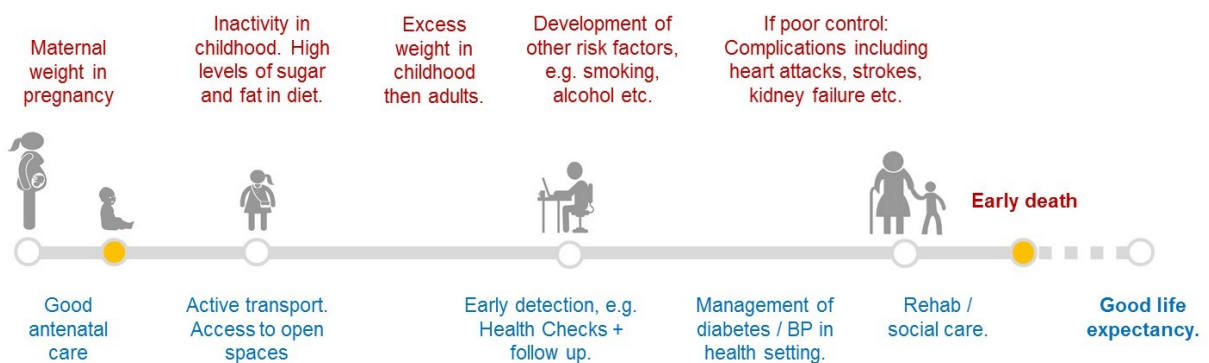
Preventable conditions contribute to this pressure. Dorset spends much more money each year treating people with cardiovascular conditions than areas with similar populations. In total, our additional cost has been estimated at more than £8 million, compared with areas with similar populations.

Preventing more people developing cardiovascular diseases in the first place will reduce the burden on the health system.

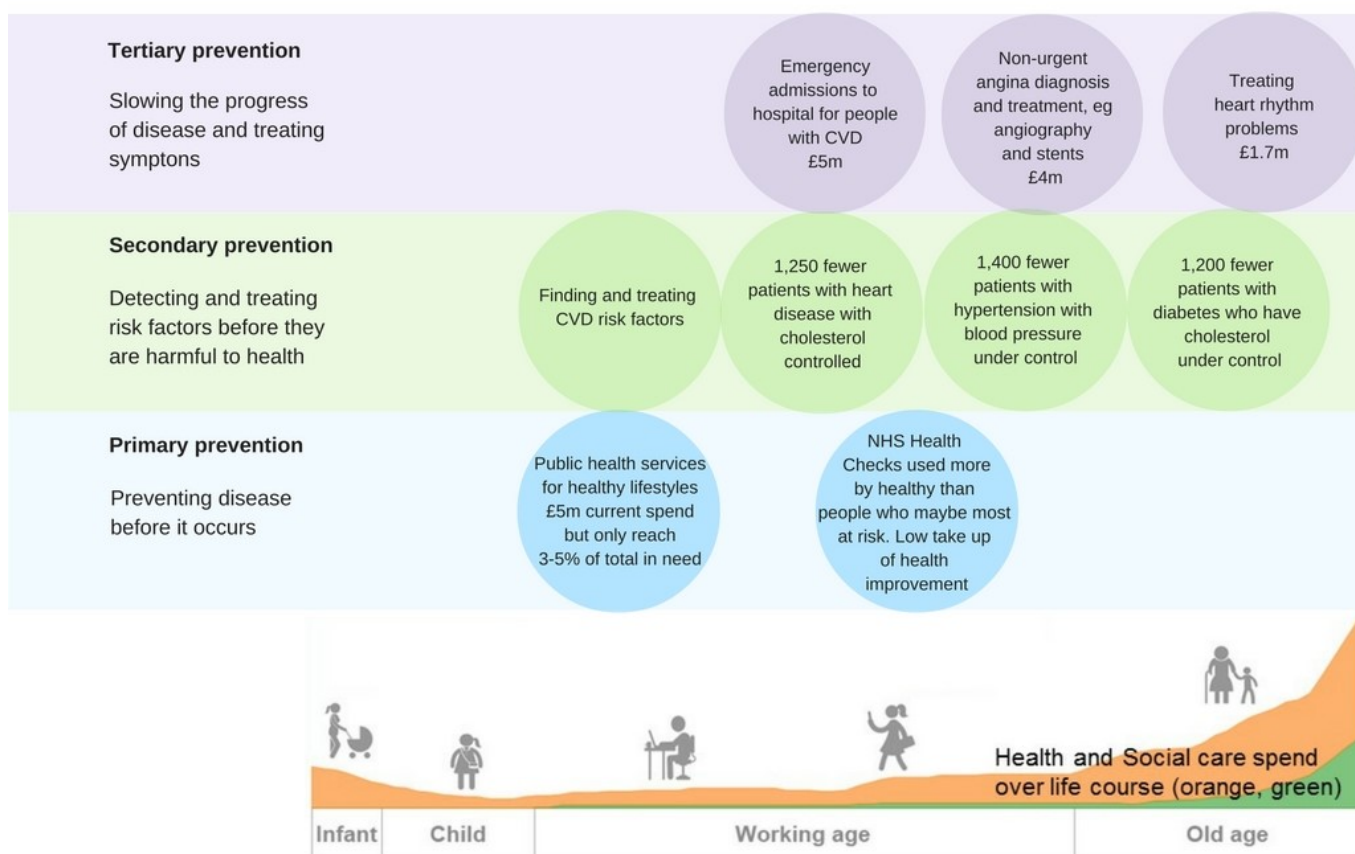
The diagram below shows selected risk factors, by life stage, for cardiovascular disease, along with some important protective factors.

On page four, selected costs and opportunities are highlighted for improving prevention in cardiovascular disease.

### Risk factors...



### Protective factors...



Selected costs and opportunities for improved prevention in cardiovascular disease. Source: NHS Right Care Commissioning for Value Focus Pack April 2016 / Public Health Dorset

## Taking action throughout the lifecourse

Our first challenge is to identify the risk factors we should focus prevention activities upon. Which risk factors most contribute to the development of these preventable conditions? How can we make the biggest impact?

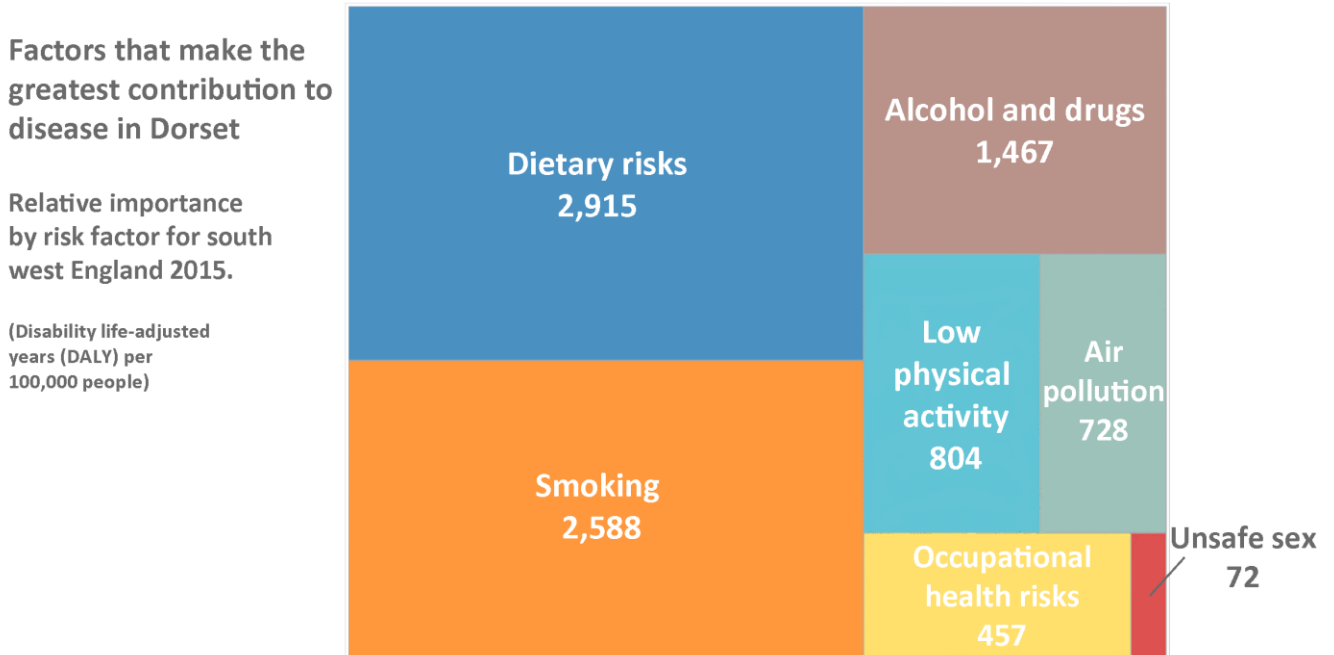
Behavioural or 'lifestyle' risks affect the people the most. They include diet, lack of physical activity, being overweight, smoking, or misusing alcohol or other drugs. Underlying these behaviour risk factors, there are more complex environmental or 'place based' risk factors that may affect entire communities.

These include access to green space, quality housing, good jobs, a decent income, good education, physically safe environments, and healthy social engagement with your community.

Conversely, we want to limit exposure to poor air quality, overcrowding, crime and violence, or other harmful substances, such as those that are toxic or pathogenic.

These risks accumulate throughout your life. They affect your chance of an early death from heart disease or diabetes. These same behaviour risks are responsible for a large amount of the ill-health people experience, often starting in middle age.

This means we must take action in all stages of life, but the earlier the better, to improve the health and wellbeing of the population. And ultimately reduce the amount of preventable disease, death and disability.



Source: Global Burden of Disease Study 2015

This report started with a proposition. There are actions we can take now, some of which are currently underway, which will improve local people’s health and wellbeing.

But currently these interventions are not delivered widely or quickly enough to significantly reduce the burden of preventable disease, early death and disability.

We have set out a menu of actions at three important life stages that we believe should form the core of a prevention strategy.

They are not comprehensive, but designed to start the debate. We also need to change the way that organisations support people to reduce their risks, or in the case of places, improve health and wellbeing through other approaches like better housing, transport, jobs, or education.

Overall, our actions are designed to help people **move more, eat better, quit smoking and drink less alcohol.**

Some actions, in the earliest phase of life, are aimed at creating the best foundation for health, including being more resilient, and having good mental health.



## Supporting prevention at scale

	Starting well	Living well	Ageing well
<b>People</b>	<p>Reduce the number of people smoking in pregnancy in the most deprived areas by ensuring the right support is available to refer to stop smoking services</p> <p>Develop clearer healthy lifestyles support for families and children, by encouraging closer working between LiveWell Dorset and the new integrated 0-5 services</p> <p>Implement the emotional health and wellbeing strategy. Better support for mental health and resilience interventions to reduce risky behaviours</p>	<p>Aim for a change in proportion of people supported by LiveWell Dorset following an NHS Health Check – from 3% to 15%</p> <p>Evaluate COM-B based coaching to see if it results in long term behaviour change</p> <p>Develop more sophisticated behaviour change campaigns working with PHE and local partners</p>	<p>Personalised support planning for people with long term conditions using House of Care model</p> <p>Monitor percent of health checks that identify people at high risk to ensure they are reaching communities most in need</p> <p>Support development of peer support for people living with cardiovascular disease and diabetes, such as the Health Helpers</p>
<b>Organisations</b>	<p>Improve early food habits by rolling out Food for Life programme for all early years settings and schools</p> <p>Train more teachers in behaviour change skills</p> <p>Challenge schools to boost the amount of time allowed for physical activity and get more children walking and cycling to school</p>	<p>Provide alcohol brief interventions in hospitals and primary care, not just in the community</p> <p>Provide more brief interventions for physical activity in primary care, working with LiveWell Dorset</p> <p>Continue to build capacity and expertise in behaviour change for frontline NHS and public sector staff. Implement NHS England All Our Health/Making Every Contact Count</p> <p>Establish lifestyle clinics for planned elective care to reduce smoking and increase physical activity</p>	<p>Reduce observed variation in proportions of people living with cardiovascular disease and diabetes adequately treated</p> <p>Extend expertise of LiveWell Dorset’s behavioural coaching into other services for people living with long term conditions, such as My Health My Way and rehabilitation for cardiac and respiratory diseases</p>
<b>Places</b>	<p>Ensure free funded nursery places for two year olds in the most deprived areas are fully taken up</p> <p>Invest in quality play areas, green spaces, and encourage more walking and cycling</p> <p>Support resident-led play schemes similar to ones in Bristol and London (Playing out, Play Streets)</p> <p>Consider using planning notices to limit fast food outlets near schools</p> <p>Commission physical activity schemes such as Beat the Street and deliver at scale</p>	<p>Ensure transport and planning support active travel (walking and cycling) over car use where practical</p> <p>Establish health and wellbeing objectives in local and neighbourhood planning frameworks as a clear objective</p> <p>Extend initiatives that support people to access high quality green space – the Natural Health Service</p>	<p>Healthy homes – increase numbers of people living with cardiovascular disease and respiratory conditions supported to have a warm and safe home</p> <p>Develop community-led and population-based approaches to chronic disease management, using peer support such as the Health Helpers</p> <p>Ensure integrated community services plans take a place-based approach, working with primary care at scale</p>

## Join our Dorset prevention challenge

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This report has shown that there are real opportunities in Dorset to prevent the development of major killers like cardiovascular disease by helping people and communities improve their health and wellbeing.

By getting more people moving, eating better, having fewer unhealthy habits, such as smoking and drinking too much, and looking after our mental health, fewer people will develop the risks that over time lead to the development of these conditions.

This is not only good for people, families and places, but will help our health and care system be more affordable in the longer term.

### **Act now for the future**

We have identified actions, by organisation, place and individuals, at important stages of life.

Taken together, these could form the basis of a comprehensive, ambitious programme to deliver prevention at scale and pace in Dorset.

We now need local partners in the health and care system in Dorset to come together and identify which of these make most sense, and could be implemented quickly and at scale to make a difference.

The two Health and Wellbeing Boards in Dorset will jointly lead this work, as a core aim of their Joint Health and Wellbeing Strategies.

However, it is not the sole responsibility of the boards – and while they will provide the local leadership for prevention, the action rests with us all.

During the autumn of 2016, the boards will host Prevention at Scale workshops. At these, partner organisations across the Dorset health and care system will be asked to identify the interventions and approaches that make most sense for Dorset, and their organisation.

This will be used to develop the final delivery plan for prevention at scale, guided by the aims of the Joint Health and Wellbeing Strategies, and Sustainability and Transformation Plan, Our Dorset.

Join us on this challenge. Together, we can make a difference.

This means healthier lives, communities, thriving places, and securing the future for our health and care system in Bournemouth, Poole and Dorset.



## Glossary

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Health inequality (also known as the 'health and wellbeing gap')	The measurable differences in health and wellbeing between communities and groups in any area, such as the 10 year life expectancy difference for men in Bournemouth.
Cardiovascular disease	Diseases such as heart disease, stroke, diabetes and chronic kidney disease
Sustainability and Transformation Plan (STP)	A local plan for health and care that sets out the actions required to make services sustainable and affordable, while reducing health inequality. It sets out how the NHS and councils will work together to achieve this, including carrying out plans for prevention.
Place-based approach to health	Takes a 'place' or community as the starting point for protecting and improving people's health, and asks what helps keep people healthy. This is in contrast to the traditional disease-based or health provider-centred approach.
Prevention at scale	Interventions that aim to reduce the risk of developing disease and ill health, rather than limit the effects of disease once it has already developed. There are good examples in Dorset of these interventions, but much of this activity is not yet deployed at scale by the NHS or partners.
Lifecourse	The different stages of life, throughout which different risk factors affect the chance of a person staying healthy in the future and avoiding the development of preventable diseases
DALY (Disability Adjusted Life Year)	A way of measuring the impact of a disease on a population. It combines numbers of years spent living with disability, with number of years lost to early deaths from the condition.