Public Health Dorset

Agenda Item:

13

Joint Public Health Board

Bournemouth, Poole and Dorset councils working together to improve and protect health

Date of Meeting	20 July 2015
Officer	Director of Public Health
Subject of Report	**Performance Reporting 2014/15**
Executive Summary	This paper provides the Board with: • an annual update on outcomes • a quarterly update on progress against the agreed commissioning intentions by programme, and • a summary based on nationally produced Health Profiles, most recently published in June 2015.
Impact Assessment:	Equalities Impact Assessment: Equality and diversity implications were considered in developing and agreeing the commissioning intentions plan. There are no further equality or diversity implications arising from this report.
	Use of Evidence: Evidence was used to underpin the development of the agreed commissioning intentions. This report makes use of internal performance monitoring information as well as information derived from public consultations and provider engagement events to provide evidence of progress against these intentions.
	Budget: Budgetary implications were considered in developing and agreeing the commissioning intentions plan. There are no further budget implications identified as a result of this report.

	Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: **LOW** Residual Risk **LOW**
	Other Implications: Nil
Recommendation	That the Board **notes:** • the annual update • the progress against agreed milestones by programmes as per the updated workplan • the national Health Profiles summary.
Reason for Recommendation	Assurance of performance and progress for the Board
Appendices	Appendix 1. Appendix 2.
Background Papers	Attached
Report Originator and Contact	Name: Dr Jane Horne Tel: 01305 225872 Email: j.horne@dorsetcc.gov.uk

1. Background:

1.1 At the July 2014 Board members agreed that at each meeting they wished to receive an update on progress by programme against the commissioning intentions workplan, and that once a year they wished to see a more comprehensive report on overall performance.

1.2 The Health Profiles for each local authority area are produced nationally and were published on 2nd June. Public Health Dorset have also provided a narrative that provides a comparison over time, based on all the published Health Profiles since 2007.

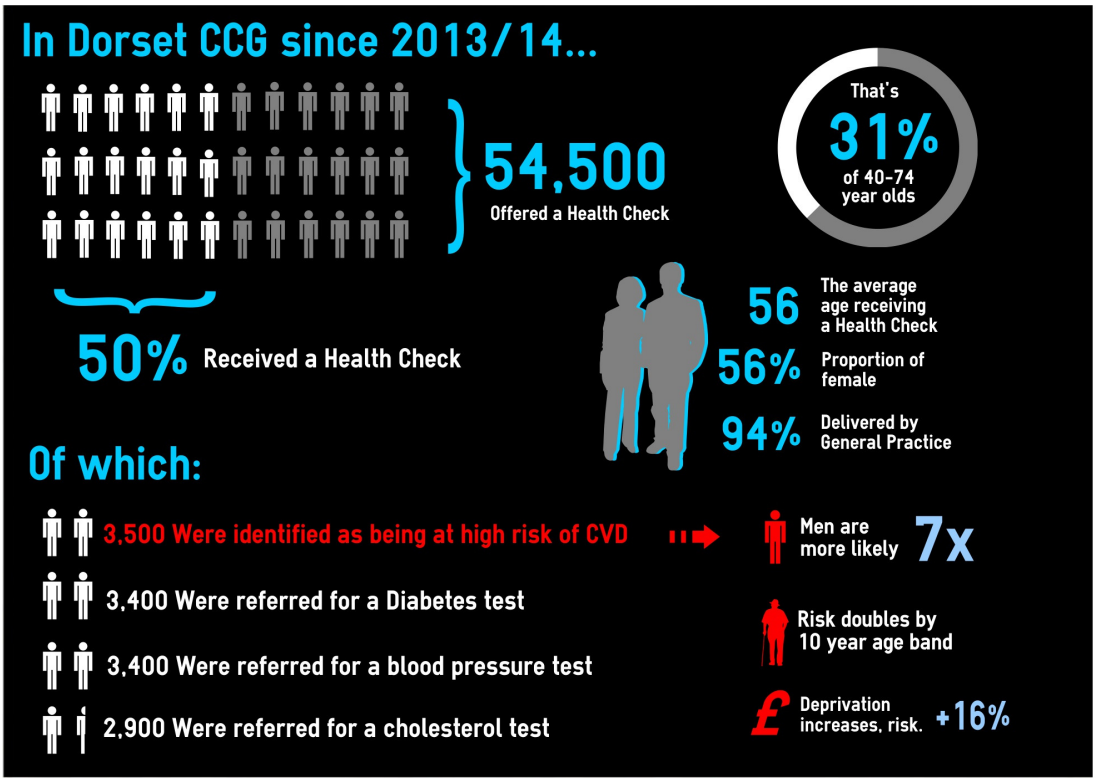
2. Performance Update

Health Checks

2.1 The Health Checks programme is a nationally mandated programme that aims to identify people who are at high risk of cardiovascular disease at an early stage; this then allows prevention through managing any identified risks. It focuses on specific risks such as high blood pressure and cholesterol, which then can be managed in primary care, and smoking, obesity, poor diet, physical inactivity and alcohol consumption, where lifestyle changes can reduce risk.

2.2 The legal duty on local authorities requires that every eligible 40-74 year old is offered a check once every five years, and that there is continual improvement in the take up of these checks. GPs have targets around managing patients who are known to have high blood pressure or have cardiovascular disease and high cholesterol. There are no national targets on the overall impact or outcomes from health checks.

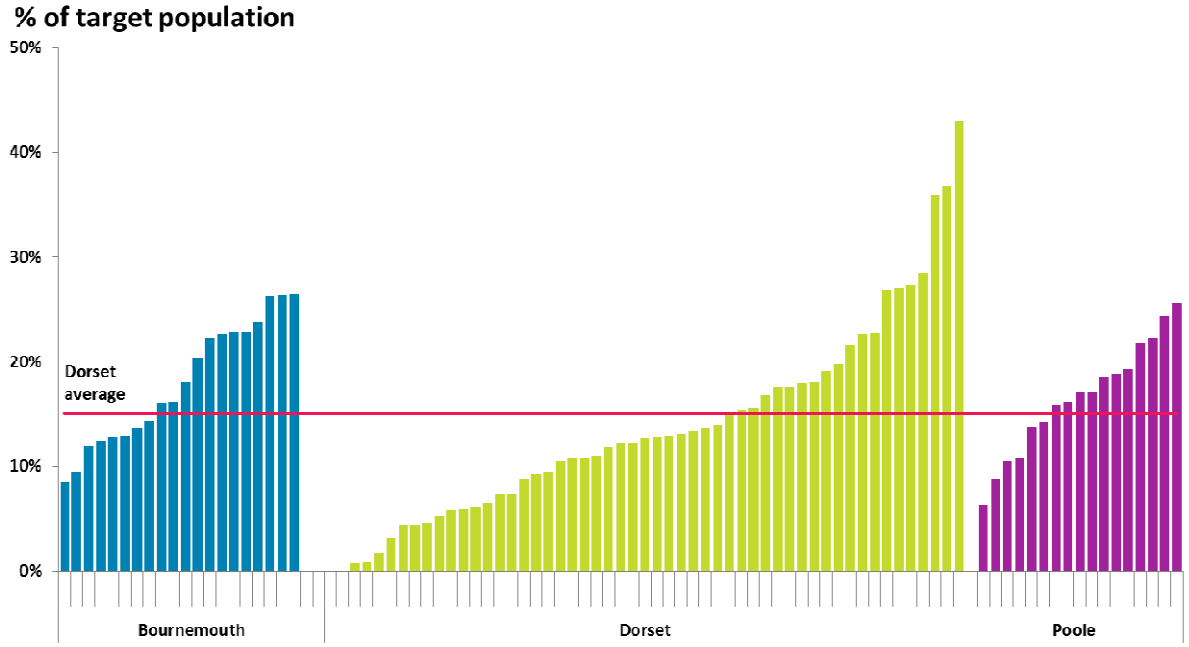
2.3 Locally we have worked to build a greater understanding of the effectiveness of our Health Checks programme in identifying and managing risk and this is summarised in the infographic below.



2.4 We still need to do more to understand the follow-up that happens after health checks. The new LiveWell Dorset service will help to develop this, as the referrals into the service following a Health Check are captured and outcomes followed through. In the first two months since the launch of the service, 3.5% of referrals to the LiveWell service followed a Health Check. More detail on the performance of the LiveWell service is included in a separate update to the Board.

2.5 We have also continued to invest time and effort in improving the reach of the offer and our uptake of NHS Health Checks, with 5,600 more checks offered and 2,800 more delivered this year than 2013/14. This increase is not seen everywhere, and there are continued equity issues, with substantial variation between different areas.

Health check uptake by practice showing variation across Dorset



Source: Public Health Dorset, 2015.
Cumulative percentage uptake for target population (aged 40-74) since 2012/13

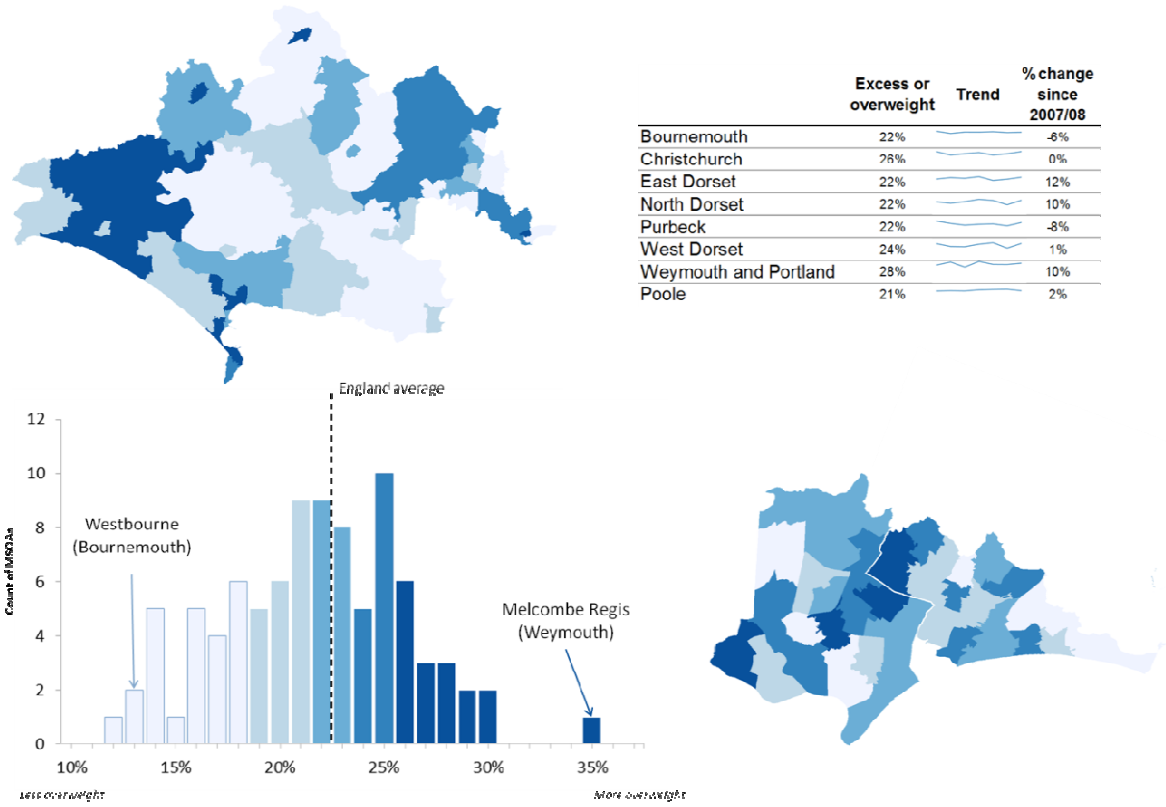
2.6 We have set up a dynamic purchasing system to commission services, including NHS Health Checks, from community providers. This has taken longer than hoped for to go live, but will enable us to commission additional Health Checks, if required, in areas of deprivation, or for other groups with higher risk.

NCMP

2.7 The National Child Measurement Programme is a nationally mandated programme that measures child weight at reception (age 5-6) and year 6 (age 10-11). This allows surveillance of childhood obesity rates which have been increasing nationally. Childhood obesity rates are also higher in areas of deprivation.

2.8 Local figures for 10-11 year olds have been the same or better than England since surveillance began, whilst for 4-5 year olds these have been the same as England, occasionally slightly better than or worse than (most recent figures show Dorset as worse than England). Regardless of how we compare to England, the figures are large, with between 21.2% and 23.9% of 4-5 year olds and between 28.6% and 30.2% of 10-11 year olds measured as having excess weight, and there is variation between areas.

Rates of excess weight or obesity in reception (age 5-6) (2013/14)



	Excess or overweight	Trend	% change since 2007/08
Bournemouth	22%		-6%
Christchurch	26%		0%
East Dorset	22%		12%
North Dorset	22%		10%
Purbeck	22%		-8%
West Dorset	24%		1%
Weymouth and Portland	28%		10%
Poole	21%		2%

Source: Derived from NCMP Local Authority Profiles, 2015, and Local Health mapping tool, 2015

2.9 Obese children are more likely to be ill, absent from school, and require more medical care than normal weight children. There are also long-term consequences of being overweight or obese as a child if it persists into adulthood, including obesity-related disorders such as diabetes and heart disease.

2.10 Support for those families where a child has been identified as overweight or obese has been trialled locally, however given the scale and impact of the problem, and the clear reluctance amongst families to access or engage with these services this is unlikely to be effective on its own in addressing the problem.

2.11 Broader approaches such as encouraging physical activity within all parts of the population and promoting a healthy diet could have a larger impact overall and the Obesity Task and Finish Group is exploring this area in more detail.

Sexual Health

2.12 Local authorities are mandated to ensure that comprehensive, open access, confidential sexual health services are available to all people in their area. This includes:

- Contraception over and above NHS GP contract;
- Testing and treatment of sexually transmitted infections (excluding HIV treatment);
- Sexual health advice, prevention and promotion.

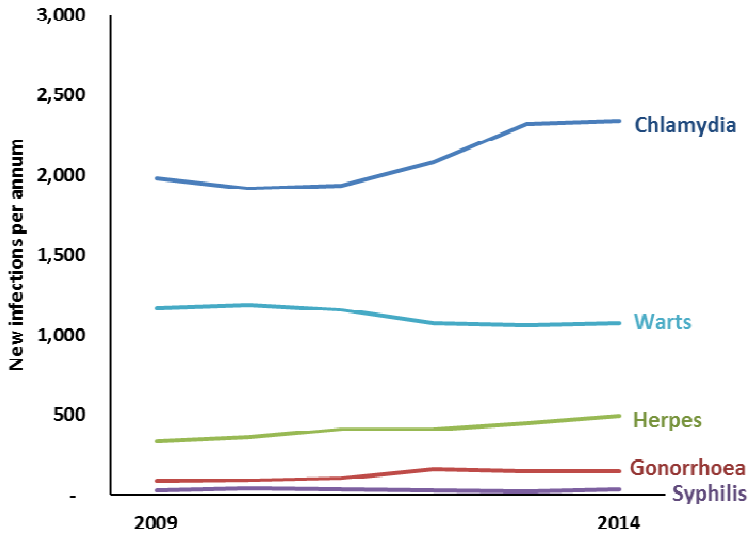
2.13 We measure three key outcomes:

- under 18 teenage conception rates;
- chlamydia detection rates in young people aged 15-24;
- late diagnosis of HIV.

2.14 Teenage pregnancy rates have declined locally and nationally, but there are areas of deprivation where numbers remain high, namely in Bournemouth, Poole, Weymouth and Portland.

2.15 Service models that embed education, awareness, behaviour change, whilst ensuring appropriate access to contraception are key to continuing to reduce these levels.

2.16 Chlamydia is the most commonly diagnosed Sexually Transmitted Infection. Chlamydia is often present without any symptoms, but can cause long term consequences. Opportunistic screening to find and treat this infection in those under 25 years prevents onward transmission and reduces these long term impacts.



2.17 The DH has set a target chlamydia detection rate of ≥ 2,300 chlamydia diagnoses per 100,000. We achieved this in Bournemouth in 2013, and were close in Poole, however Dorset still has a comparatively low detection rate. Focusing testing in settings were there are high rates of diagnoses will help to improve detection rates.

2.18 For late HIV diagnosis, the national goal is for them to be less than 25% of new HIV diagnoses. This is not yet achieved locally or nationally, although we do achieve less than 50% in all areas. Crude numbers are small (9 in Dorset, 10 in Poole and 28 in Bournemouth, 2013) and also reflect overall HIV rates.

2.19 As well as our outcomes focus in these three areas, we have looked at efficiency of current services. Over a quarter of people attending our sexual health services go to services that could be delivered at lower cost elsewhere. As part of the sexual health services re-procurement these issues will be explicitly addressed.

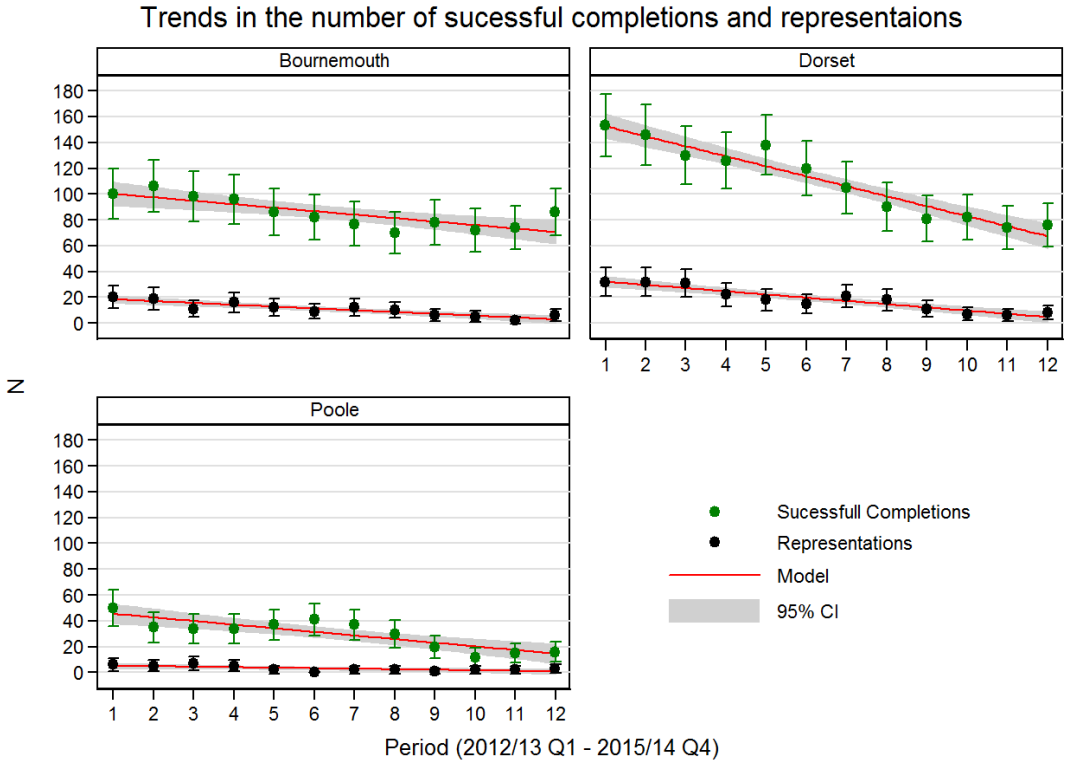
Drugs and Alcohol

2.20 At the individual level the problems of drug abuse are severe and accelerate quickly. However, when considering the population as a whole, it is the relatively "slow-burning" problem of alcohol misuse that has the highest drain on resources. Nationally, the costs of alcohol crime is comparable with drug related crime (£8.75 – £14.78bn for alcohol and £13.32bn for Drugs), however, the alcohol related health costs (£3bn) are much higher than those caused by Class A drugs (£0.5bn). Furthermore, around £7bn

is lost in productivity to alcohol. Investment in prevention and treatment services can reduce these costs.

2.21 Given the population impact of alcohol, brief interventions for alcohol have been included within the remit of the new LiveWell service to provide a low cost intervention with the potential for very broad reach. More detail on the performance of the LiveWell service is included in a separate update to the Board.

2.22 Whilst overall alcohol and drug treatment services generally perform well, there has been a gradual fall in drug treatment completion rates in Dorset and Poole, whilst Bournemouth, which has historically done less well, has seen some improvement. Work is ongoing to understand this in more detail, and is expanded on in a separate Drugs and Alcohol update to the Board.



Dorset 14/15

Public Health support to CCG

2.23 Public health support to the NHS is a mandated function of local authority public health teams. There is limited national guidance as to what this means, so locally at the point of transition from the NHS to the local authorities we agreed an MOU describing some core principles and a draft workplan and process for monitoring.

2.24 This initial workplan focused to a large extent on the Clinical Commissioning Programme perspective, however this has meant that there has been less capacity to focus on areas such as the Clinical Services Review and Better Care/Together. Public health advice to the CCG has also been handicapped by issues around access to data, both within public health and within the CCG.

2.25 We have therefore begun discussion about refocusing the workplan to focus more on locality profile information that can support the development of out of hospital models

as part of the CSR, and providing more input to support developments as part of Better Together.

Health Protection

2.26 Health protection seeks to prevent or reduce the harm caused by communicable diseases, and minimise the health impact from environmental hazards such as chemicals and radiation. As well as scrutiny of major programmes such as the national immunisation and screening programmes and the provision of health services to diagnose and treat infectious diseases, health protection involves planning, surveillance and response to incidents and outbreaks.

2.27 A Dorset Health Protection Network has been established and meeting regularly. This provides an opportunity for engagement across all organisations and professional groups, and is working well. This group has commissioned a health protection stocktake, now complete, and the Healthy Homes project which has now started. These are discussed in more detail in a separate paper to the Board.

2.28 Public Health Dorset are a member of the Local Health Resilience Partnership (LHRP) led by NHS England which provides assurance across Dorset, Bournemouth and Poole that appropriate systems are in place to address any threats to the health of the population of Dorset.

2.29 Another key strand of the Health Protection work is to look at violent assaults. Consistent data, based on the Cardiff Model is now being shared from all 3 hospital A&E departments and anonymised data is then being shared with Community Safety Partnerships, Police and licensing teams.

3. Progress update

3.1 The commissioning intentions plan has been updated to reflect the evolving work plan, as decisions are taken at the Joint Public Health Board. An overall report on progress is included at Appendix 1, with a red/amber/green status indicated against each area, with commentary on progress. Separate reports to the Board may also provide more detail on specific areas

3.2 As this sets out our 14/15 work plan the majority is now compete. The sexual health services procurement, school nurse review and plans for the Health Visitor contract transfer are still in progress and should be complete by the end of the year.

3.3 Two areas have seen delays. The first is the new Community Provider commissioning model. This is now open, with the first call-off contracts planned from September. Delays were due to a need for further engagement with GPs and pharmacies, our current providers, plus capacity within the team given other commissioning priorities.

3.4 The second area is in the implementation of revised Drugs and Alcohol commissioning arrangements. Further work was needed to agree the detailed scope of the changes; although this has now been agreed between Public Health Dorset, Dorset County Council and Borough of Poole, further details are awaited from Bournemouth, that mean the new commissioning arrangement cannot yet go ahead for Bournemouth.

4. Health Profiles

4.1 The Health Profiles for each local authority area are produced nationally and were published in 2015 on 2 June. Public Health Dorset have also provided a narrative that provides a comparison over time based on the published Health Profiles since 2007.

Bournemouth

4.2 The health indicators for Bournemouth have remained fairly stable during this period of comparison. Where there have been changes, these are often in line with changes to health indicators nationally.

4.3 The past progress on cardiovascular disease early deaths has not been maintained, and it is a concern that this now appears to be rising in males. This is more than likely affecting life expectancy, which is not rising as quickly in males as it was, compared with England. The gap in life expectancy particularly for males in Bournemouth is a concern as it is widening over this period.

4.4 Alcohol related harm remains an important population health issue, although there has been some improvement relative to England in the most recent Profile. This should remain a continued focus to ensure any improvement is sustained.

Poole

4.5 The health indicators for Poole have remained fairly stable during this period of comparison, and overall the picture is one of good health. Where there have been changes, these are often in line with changes to health indicators nationally.

4.6 Of concern is the change in early cancer deaths from better than England to the same as England, as this may indicate a levelling off of past progress in this area. Further work will be needed to understand this in more detail.

4.7 Hospital stays for self-harm is a particular issue and has worsened in the last few years compared with England.

Dorset

4.8 The health indicators for Dorset have remained fairly stable during this period of comparison, and overall the picture is one of good health. Where there have been changes, these are often in line with changes to health indicators nationally.

4.9 One particular area of concern is smoking in pregnancy; although figures look better, it is likely they are not a true reflection of Dorset's statistics.

4.10 Hospital stays for self-harm are also a particular issue and has worsened in the last few years compared with England.

5. Recommendation:

5.1 The Joint Public Health Board is asked to note:

- the annual update;
- the progress against agreed milestones by programmes as per the updated workplan;
- the national Health Profiles summary.

Dr Jane Horne
Consultant in Public Health
July 2014

Programme / activity	Key milestones	Progress	Comments
NHS HEALTH CHECKS			
Robust contracts with pharmacies and GPs	**Apr 2014:**	Complete	• Capacity for on-going contract management remains an issue.
Communications and marketing in selected geographical areas	**Feb 2014:**	Complete	• Effectiveness evaluated and used to build into future communications work plan
Outreach service for seldom heard groups and areas of high need	**Oct 2014:**Prior Information Notice **Nov/Dec 2014**: Supplier event	Complete	• Transparent way of bringing new suppliers into the market to deliver checks in new ways and in different settings. • Will be a key part of improving uptake in deprived areas.
	Jan 2015: Go to market with framework and contract **Apr 2015**: Go live with service	Now likely to be September 2015	• Our initial discussions with current providers about the commissioning model highlighted the potential risk of providers disengaging. We have therefore held further engagement events and taken time to ensure that providers remain engaged. • The system is live and it is proposed that this will be the first call-off contract in September.
Bring all current Health Checks provision under one framework	**Jan 2015:**Go to market with framework **Sep 2015 (latest):** Go to 'framework approved providers' with contract	Part of phased implementation of community provider framework May slip but needs to be in place by Mar 2016	• Current contracts extended have been for a year (to Mar 2016) to enable ongoing engagement and phased implementation.

Programme / activity	Key milestones	Progress	Comments
SMOKING CESSATION AND TOBACCO CONTROL			
Develop Tobacco Control Alliance annual workplan	**2014**: Agree annual work programme.	Complete	• This Multi-agency group will co-ordinate actions across Bournemouth, Dorset and Poole to reduce smoking prevalence, prioritising those most at risk of harm.
Commission more unified approach to smoking cessation	**Apr 2014**: New consistent contract, including requirement for 12-week monitoring.	Complete	• Capacity for ongoing contract management • Improve the efficiency and effectiveness of smoking cessation services, with more of a focus on cessation in the longer term.
Co-commission maternity services relating to smoking in pregnancy	**Oct 2014:** commence new service across all 3 Trusts	Service in place from March 2015.	• As these are co-commissioned these had to be contracted through the CCG process which works to national timetables, hence the delay in getting sign off. • Service has now commenced.
DRUGS AND ALCOHOL			
Review & re-procure inpatient detoxification services	**Apr 2015**: Go live with new service	Service now live	• Understanding of level of need and demand • improved efficiency and equity of existing service. • Support development of improved community detoxification system.
Review of shared care arrangements across Bournemouth, Dorset and Poole	**Sep-Dec 2014:** Consultation and engagement to inform future direction	Review complete.	• Following review decision has been taken to incorporate this within the wider drugs and alcohol services re-procurement planned for April 2017.

Programme / activity	Key milestones	Progress	Comments
Review of Drugs and Alcohol Commissioning Arrangements	**Oct 2014**:Review complete	Review complete	• Complex change management may be required • Efficiency and clarity of future arrangements
	Apr 2015: Implementation of preferred option	Delay as detailed arrangements of change needed further work	• Changes in Dorset and Poole agreed and will take effect 1 July. • Issues around dispensing costs risk still awaiting agreement in Bournemouth
WEIGHT AND PHYSICAL ACTIVITY – NOW INCORPORATED UNDER INTEGRATED HEALTH IMPROVEMENT SERVICES			
SEXUAL HEALTH			
Sexual Health Service Review	**Summer 2014:** Develop commissioning intentions **Autumn 2014**: Supplier events	Supplier engagement complete	• Provider co-operation and engagement with new model • Maintenance of service stability and quality • Greater integration across services • Increased value for money
	Winter 2015/16: Go live with new contract	Procurement currently live	• Tender evaluation 1-17 July
CHILDREN AND YOUNG PEOPLE			
Review of public health nursing offer to school age children	**Dec 2014**: Needs assessment **Feb 2015**: Draft report **Summer 2015:** Develop commissioning intentions and	Needs Assessment underway Multi-agency steering group established	• Interdependencies including role of the Health Visitor and 0-5 offer • Opportunity for development of efficient, equitable services to be developed pan Dorset with an integrated approach to commissioning, funding and outcomes

Programme / activity	Key milestones	Progress	Comments
	approach	Draft report in progress	
Preparation for return of Health Visitors from NHSE to local authorities	**Nov 2014**: Agree approach at JPHB **Nov 2014 – Apr 2015**: Work with NHSE and DHUFT on 15/16 contract	Approach agreed Regular Transition Steering Group led by NHSE	• Interdependencies including public health nursing offer for school age children and 0-5 offer • Comprehensive Healthy Child Programme Offer
	Oct 2015: Contract novates in line with agreed approach	Novation agreement signed to take effect Oct 2015.	• Risk identified regarding resident vs. registered population
INTEGRATED HEALTH IMPROVEMENT SERVICES			
Single point of access for all enquiries and referrals	**Oct 2014**: Start tender process **Apr 2015: Go live with new single point of access**	Service now live	• Separate paper to update Board.
Clear lifestyle offer for all residents	**Oct2014:** Brief interventions for healthy choices, smoking cessation, physical activity and alcohol in scope as part of integrated health improvement services **Apr 2015:** Go live - *phased* implementation of brief interventions	Service live Healthy Choices live Smoking Cessation live	• Separate paper to update Board
		Physical activity Alcohol brief intervention	• Separate paper to update Board

Programme / activity	Key milestones	Progress	Comments
Develop consumer insight	**Summer 2014**: Use results in preparing new service specification	Complete	• Insight used in developing service spec
Re-commission Healthy Choices hub to address need in Bournemouth and Poole	**Apr 2014:** New contract issued for one year to cover additional activity in Bournemouth and Poole	Complete	• For 2015/16 this will be incorporated into the plans for integrated health improvement service. • Hub will handle an additional 2,200 referrals of adults seeking help with their weight in Bournemouth and Poole for the first time.
Extend Healthy Choices to Bournemouth and Poole	**Apr 2014:** Successful tender for weight management providers to supply services in Bournemouth and Poole.	Complete	• Based on experience of the service in Dorset, we would expect 62% of adults to have lost a minimum 5% body weight by week 12 of the new programme.

Green – complete	Amber – in progress, on track	Red – behind schedule

Part Two: Health Profiles Indicators 2007-2015

1. Background

1.1 Health Profiles are published annually for each local authority by Public Health England. This section uses the Health Profiles data to look at:

- The main health and wellbeing issues in each local authority area
- Changes over time

1.2 When published, Health Profiles contain the most recent data in support of indicators. However, each Profile may include data covering different time periods due to the length of time before some data become available, and the same data may be repeated in subsequent years if there has not been an update. Timeliness has improved but even so, indicators in the 2015 Profile cover various time periods from 2010-12 to 2014.

1.3 Using Health Profile data provides some consistency in how health and wellbeing outcomes are measured over time, although some indicators have changed over the years, as either new indicators are added, some are taken out, or in some cases there are changes to how an indicator is measured or reported. Direct comparison is therefore not always possible across the whole time period. The ease with which data can be compared over time has improved with data now being published in an interactive tool that lets you look at trend data.

2. Bournemouth

2.1 Deprivation and inequality indicators

- There has been little change in the way that the population is classified using the Index of Multiple Deprivation during the time period. The distribution of areas classified as the fifth most deprived nationally has not changed at all, including parts of the wards of Central, Boscombe West, East Cliff and Springbourne, Kinson South and Wallisdown and Winton West. Of particular note in Bournemouth is that more than half of the population lives in areas classified as being in the 40% of most deprived areas in England (16% being in the most deprived national quintile).

- Life expectancy in the 2007 profile in Bournemouth was above the average for England for men and women. In the 2015 Profile life expectancy for men in Bournemouth was lower than the England average while life expectancy for women was similar to the England average.

- Between the 2007 and 2015 Profiles, the gap in life expectancy for the best and worst areas for men appeared to rise from around 8 years to 11 years, whilst the gap in life expectancy for women remained largely unchanged.

2.2 Trends in rates of early deaths from heart disease and cancer

- There has been consistent measurement of changes in rates of early deaths (under 75s) due to the two biggest causes of death in populations – cardiovascular disease and cancer.

- The 2007 Profile showed a consistent fall in early deaths from cardiovascular disease (heart disease and stroke), matching the national fall to that point. The under-75 death rate for heart disease and stroke was significantly better than the rate for England at 71 deaths per 100,000 population (England, 91 deaths per 100,000).

- This trend has now changed in Bournemouth. Data covering 2002 to 2013 shows a fall at first, then a flattening and an apparent rise from 2008-10 onwards. Where Bournemouth was previously doing better than England it is now doing only as well as England.

- The 2007 Profile also showed that the trend in early deaths from cancer in Bournemouth mirrored the national fall in this indicator, and was consistently below the rate for England.

- This overall trend has continued up to the 2015 profile (2011-13 data), remaining below the rate for England. However, the Bournemouth rate is now not significantly different from the national rate (138 per 100,000 in Bournemouth compared with 144 per 100,000 nationally).

2.3 **Community indicators**

- Between the 2007 and 2015 Profiles there was little change in the overall picture for those indicators summarising some of the wider determinants of health in Bournemouth relative to England. All of these indicators apart from the rate of violent crime show that Bournemouth is doing well compared to England. The rate of violent crime in Bournemouth has been consistently higher than the average for England for the whole period, but a change in the way the data is calculated means this cannot be directly compared with previous years. The most recent data suggests that the rate of violent crimes is falling in Bournemouth, but the 2013/14 rate of 12.6 per 1,000 remains higher than England at 11.1 per 1,000 population.

- The proportion of Bournemouth children living in poverty was the same as England for most of the period since 2007, however the 2015 Profile shows the proportion in Bournemouth (18.4%) is now significantly less than the England average (19.2%), the second year it has been better than England.

- The proportion of children attaining 5 A* to C grades at GCSE has also improved relative to England, so that for the first time in 2015 the proportion achieving this standard locally was higher than the England average (61.1% v. 56.8%).

2.4 **Children and young people's health**

- From 2008 the profiles included a number of indicators specifically focused on children and young people's health.

- Smoking in pregnancy in Bournemouth was similar to England in both 2008 (15.5% v 16.1%) and 2015 (12.3% v. 12%, 2013/14 data). However, due to a change in how the data is calculated, figures are not directly comparable with 2012/13 and previous years.

- The 2008 Profile reported on the proportion of Reception Year children who were obese; in Bournemouth this was similar to the proportion for England at about 10%. The 2015 profile reported obesity data for Year 6 pupils rather than

Reception Year pupils. However, other sources show that there has been no consistent change in either Reception Year or Year 6 obesity rates in Bournemouth since 2007. The latest available data (for 2013/14) show local and national rates are similar for Reception Year. However, in 2013/14, the Year 6 obesity rate in Bournemouth was lower than the rate for England as a whole.

- Teenage pregnancy rates in Bournemouth in the 2008 profile were lower than the England average. Since then rates have fallen, but have mostly been similar to England.

2.5 **Adult lifestyle indicators**

- These indicators are based on modelled estimates from national surveys. The 2015 profile reports estimates from 2013 for adult smoking and physical activity and for 2012 for adult obesity. These three indicators have been included in each Health Profile since 2007.

- The estimated proportion of adults smoking was 29% in the 2007 profile, higher than England at 26%. By the 2015 Profile this had fallen to 16.6% in Bournemouth, slightly lower than the England average (18.4%), but not statistically significant.

- Adults in Bournemouth appeared to be more physically active than the average for England in 2007, but not statistically significant so the same pattern was seen in the 2015 profile, with no statistical difference in the estimated percentage of physically active adults in Bournemouth (57.3%) compared to England (56%).

- The proportion of adults estimated to be obese in Bournemouth in 2007 was lower than for England (18% v. 22%). However, by the time the 2015 profile was published, the estimated local and national rates were similar (21% v. 23%). Changes in the way this indicator was calculated mean no direct comparison can be made with previous years.

2.6 **Disease and poor health**

- Over time, a number of changes have been made to some of the indicators included in the Health Profiles that look at disease and poor health. As a result, it may not be possible to identify trends between the two time periods. However, the performance of a local indicator relative to the national average may be identified.

- For example, in 2007, data for claimants of benefits/allowances for mental or behavioural disorders were used as an indicator of mental health and wellbeing whereas, in 2015, hospital stays for self-harm were used as an indicator. In both 2007 and 2015, the indicators used show that mental health and wellbeing was significantly worse in Bournemouth than in England as a whole.

- The definition of the indicator relating to alcohol misuse has also changed significantly since 2007 so no direct comparison can be made between the 2007 and 2015 profiles. However, every Profile until 2015 has shown the rate of hospital stays for alcohol related harm was significantly higher than the national average. The 2015 Profile suggests a slight fall in the rate so that Bournemouth is now similar to England,

- Similarly, drug misuse has remained a problem in Bournemouth between 2007 and 2015, with the rate of drug misuse being significantly higher in Bournemouth than in England as a whole. For example, data for 2011/12 data for the prevalence of crack and/or opiate misuse (used in the 2015 profiles) show that, in that year, the rate in Bournemouth was 15.2 per 1,000 people aged 15-64 compared with 8.4 per 1,000 nationally.

- Another indicator that was significantly worse locally than in England as a whole in both 2007 and 2015 was the rate of hip fracture in people aged 65 and over. In addition, although an indicator for sexual health was not included until the 2012 Profile, the rate of sexually transmitted infections has shown a consistently high level of diagnoses in Bournemouth compared to England since then.

2.7 Life expectancy and causes of death

- Trends in life expectancy and the major causes of death were dealt with earlier in this Annex. However, it is worth noting two additional indicators – infant mortality and road injuries and deaths.

- Figures for infant mortality have been below the average for England since 2007, although for most periods this has not reached statistical significance.

- The rate of road injuries and deaths in Bournemouth was significantly lower than the England average in 2007. However, although the rate had fallen in Bournemouth by 2015, the fall was not as marked as in England. As a result, the local rate is now higher than the England average (45.2 v. 39.7 per 100,000, 2011-13 data).

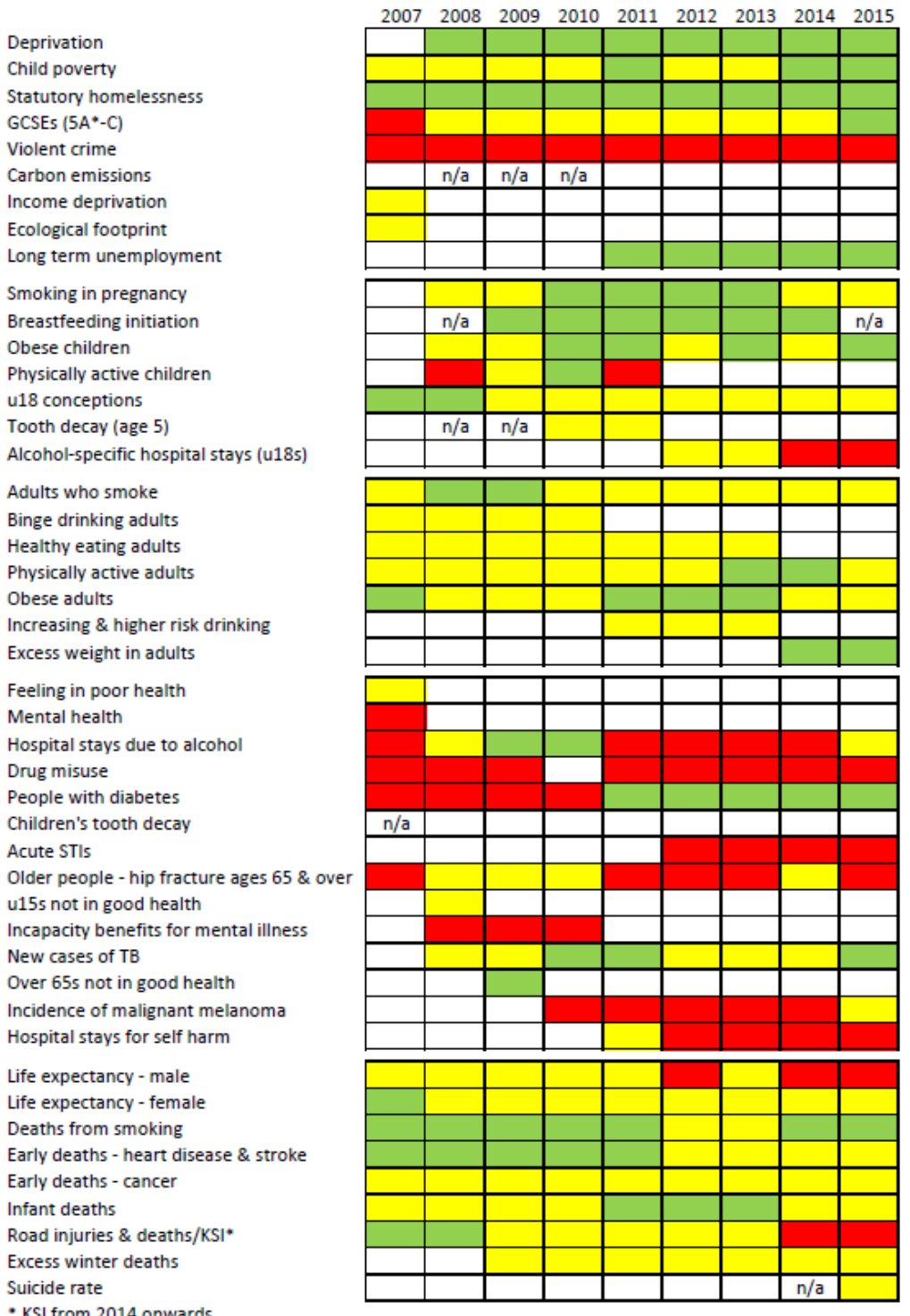
2.8 Summary

- The health indicators for Bournemouth have remained fairly stable during this period of comparison. Where there have been changes, these are often in line with changes to health indicators nationally.

- The past progress on cardiovascular disease early deaths has not been maintained, and it is a concern that this now appears to be rising in males. This is more than likely affecting life expectancy, which is not rising as quickly in males as it was compared with England. The gap in life expectancy particularly for males in Bournemouth is a concern as it is widening over this period.

- Alcohol related harm remains an important population health issue, although there has been some improvement relative to England in the most recent Profile. This should remain a continued focus to ensure any improvement is sustained.

Figure 16: Bournemouth health profile indicators



* KSI from 2014 onwards

where cell is blank, indicator not included that year
n/a entered where no national comparison made that year

RAG relates to comparison against England
Red (dark grey) = worse
Amber (light grey) = similar
Green (mid grey) = better

3. Poole

3.1 Deprivation and inequality indicators

- In 2010, five (out of 91) LSOAs in Poole were amongst the 20% most deprived in England (one more than in 2007). These LSOAs are located in the wards of Hamworthy West, Poole Town, Alderney and Newtown. However, overall, Poole is not an authority suffering from widespread deprivation. Just under 28% of the population lives in areas classified as being in the 40% of most deprived areas in England (just under 4.5% being in the most deprived national quintile).

- Life expectancy in the 2007 profile in Poole was above the average for England for both men and women. It remained above the national average in 2015. The gap in life expectancy between least and most deprived communities was largely unchanged between the 2007 and 2015 Profiles, at between 7 and 8 years for men and 6 and 7 years for women.

3.2 Trends in rates of early deaths from heart disease and cancer

- There has been consistent measurement of changes in rates of early deaths due to the two biggest causes of death in populations – cardiovascular disease and cancer.

- The 2015 profile showed that early deaths (under 75 years) from heart disease and stroke have fallen continuously in Poole for ten years (2002-04 to 2011-13), matching the national trend. Moreover, over the period, the local under-75 cardiovascular disease mortality rate has stayed below the England rate.

- The rate of early deaths from cancer has also been below the national rate and falling in line with the national trend, however in the 2015 Profile it appears this trend may be changing, with an apparent rise in 2011-13 to 134 per 100,000, which is comparable to the England average.

3.3 Community indicators

- Between the 2007 and 2015 Profiles there was little change in the overall picture for those indicators summarising some of the wider determinants of health in Poole relative to England. Each of the child poverty, statutory homelessness, violent crime and long term unemployment indicators has shown Poole to do consistently better than the figures for England. Changes in the way most of these indicators have been measured across the whole period mean that it is not possible to compare figures published in 2007 with those in the 2015 Profiles, although the limited trend data that is available suggests rates are continuing to improve.

- However, one indicator where Poole has seen a change between 2007 and 2015 in its performance relative to England is in the proportion of children attaining 5 A* to C grades at GCSE. Between the 2007 and 2010 Profiles, the local figure was significantly better than the national figure. However, from 2011 onwards it was similar to the national average. The 2015 profile showed that the proportion of children attaining 5 A* to C grades at GCSE in Poole was the same as in England as a whole (both 56.8%, 2013/14 data). Again, due to a change in the way the data is calculated, the 2013/14 figures are not directly comparable with earlier years.

3.4 Children and Young People's health

- From 2008 the profiles included a number of indicators specifically focused on children and young people's health.

- Smoking in pregnancy in Bournemouth was similar to England in both 2008 (15.5% v 16.1%) and 2015 (12.3% v. 12%, 2013/14 data). However, due to a change in how the data is calculated, figures are not directly comparable with 2012/13 and previous years.

- The 2008 Profile showed that the proportion of Reception Year children who were obese in Poole was similar to the proportion for England at about 10%. The 2015 profile reported obesity data for Year 6 pupils rather than Reception Year pupils. However, other sources show that there has been no statistically significant change in either Reception Year or Year 6 obesity rates in Poole since 2007. The latest available data (2013/14) for Reception Year pupils show local and national rates are similar. However, the obesity rate for Year 6 pupils in Poole is lower than the national average.

- Teenage pregnancy rates in Poole in the 2008 profile were significantly lower than the England average. Since then rates have fallen, but have mostly been similar to England.

3.5 Adult lifestyle indicators

- These indicators are based on modelled estimates from national surveys. The 2015 profile reports estimates from 2013 for adult smoking and physical activity and for 2012 for adult obesity. These three indicators have been included in each Health Profile since 2007.

- In the 2007 profile the estimated proportion of adults smoking was 24%, lower than England at 26%. By the 2015 Profile this had fallen to 20.2% in Poole, slightly higher than the England average (18.4%), but again this was not statistically significant.

- Adults in Poole appeared to be more likely to be physically active than the average for England in 2007. But was not statistically significant, and this continued until the 2015 Profile. For 2015 the Profile showed higher levels of physical activity in Poole (62% v. 56%).

- The proportion of adults estimated to be obese in Poole in 2007 was lower than for England (19% v. 22%). However, by the time the 2015 profile was published, the estimated local and national rates were similar (20% v. 23%). Changes in the way this indicator was calculated mean no direct comparison can be made with previous years.

3.6 Disease and poor health

- Over time, a number of changes have been made to some of the indicators included in the Health Profiles that look at disease and poor health. As a result, it may not be possible to identify trends between the two time periods. However, the performance of a local indicator relative to the national average may be identified.

- For example, in 2007, data for claimants of benefits/allowances for mental or behavioural disorders were used as an indicator of mental health and wellbeing whereas, for the 2010 to 2015 profiles, hospital stays for self-harm were used as an indicator. Between 2007 and 2012, the indicators used show that mental health and wellbeing was significantly better in Poole than in England as a whole. However, by 2015, it was significantly worse than the national average.

- The definition of the indicator relating to alcohol misuse has also changed significantly since 2007 so no direct comparison can be made between the 2007 and 2015 profiles. However, the level of alcohol misuse in Poole relative to England as a whole has improved since 2007 – in 2007 it was significantly worse than the national average but from 2009 onwards it was significantly better than England.

- Similarly, the level of drug misuse in Poole relative to England as a whole has improved since 2007 – in 2007 it was no different from the national average but from 2009 onwards Poole has seen better levels than England. In the 2015 Profile the prevalence of crack and/or opiate misuse in Poole was 5.7 per 1,000 people aged 15-64 (England 8.4 per 1,000, 2011/12 data).

- In addition, the level of recorded diabetes in Poole relative to England as a whole has improved since 2007 – from 2007 to 2013 it was significantly worse than the national average but from 2014 it was similar to the England average.

3.6 **Life expectancy and causes of death**

- Trends in life expectancy and the major causes of death were dealt with earlier in this Annex. However, it is worth noting two additional indicators – infant mortality and road injuries and deaths.

- Figures for infant mortality have mostly been below the average for England since 2007, although statistically it remains similar to England.

- The rate of road injuries and deaths in Poole was significantly lower than the England average in 2007. However, although the rate had fallen in Poole by 2015, the fall was not as marked as in England. As a result, the local rate is similar to England (42.2 v. 39.7 per 100,000, based on 2011-13 data).

3.7 **Summary**

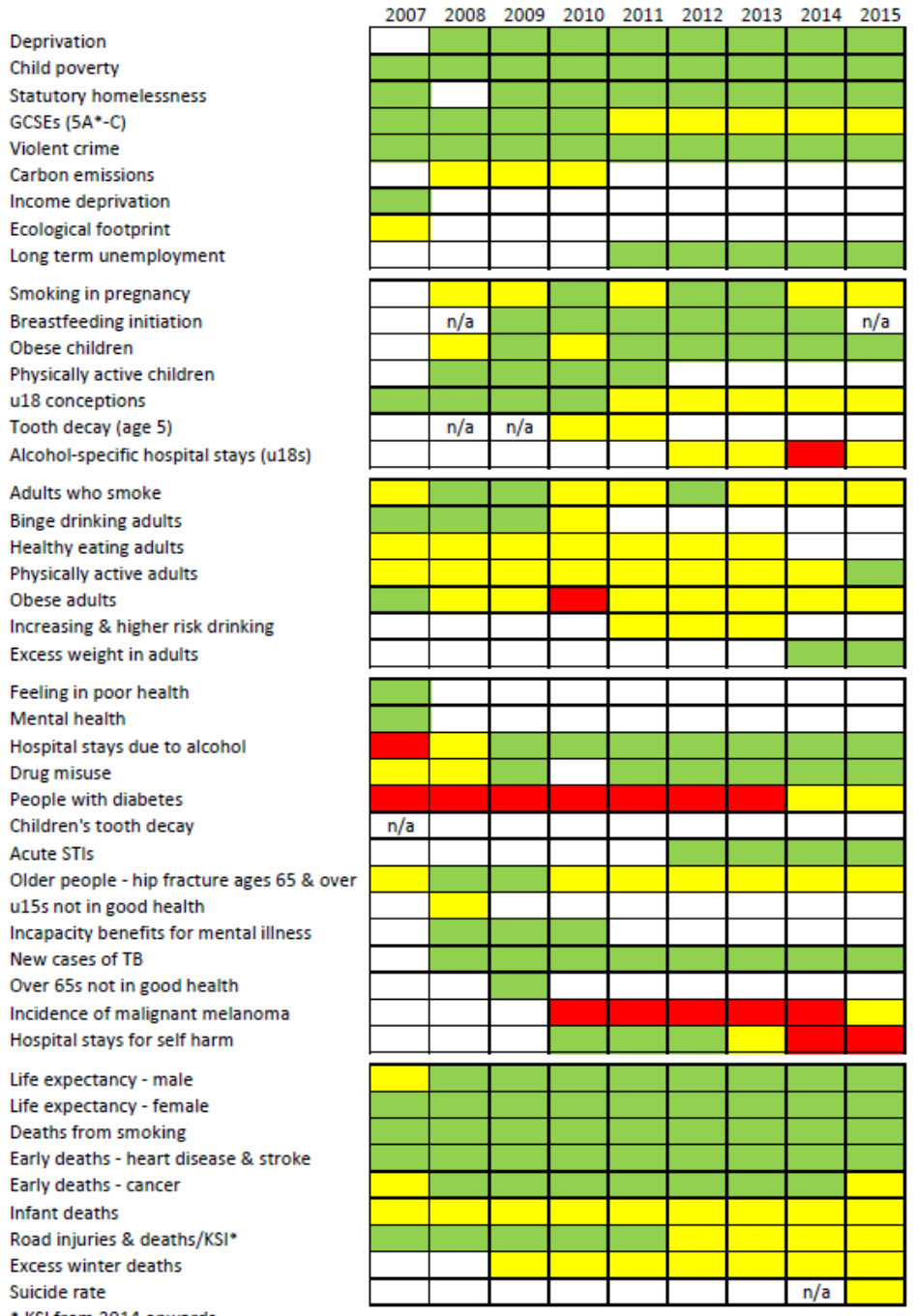
- The health indicators for Poole have remained fairly stable during this period of comparison, and overall the picture is one of good health. Where there have been changes, these are often in line with changes to health indicators nationally.

- Of concern is the change in early cancer deaths from better than England to the same as England, as this may indicate a levelling off past progress in this area. Further work will be needed to understand this in more detail.

- Hospital stays for self-harm is a particular issue and has worsened in the last few years compared with England.

Figure 17: Poole health profile indicators

APPENDIX 2



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where cell is blank, indicator not included that year
n/a entered where no national comparison made that year

RAG relates to comparison against England
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4. Dorset

4.1 Deprivation and inequality indicators

- Overall, Dorset is not an authority suffering from widespread deprivation. In 2010, only 5% of lower super output areas (LSOAs) (13 out of 247) in Dorset were amongst the 20% most deprived in England (three more than in 2007). Of these, 10 were in Weymouth & Portland, two were in West Dorset and one was in Christchurch. In contrast, 61 LSOAs (25% of the total) were amongst the 20% least deprived in England. Of these, the largest number (35) was in East Dorset.

- Life expectancy in the 2007 profile in Dorset was above the average for England for both men and women. It remained above the national average in the 2015 Profile. The gap in male life expectancy between the least and most deprived communities within Dorset was largely unchanged between the 2007 and 2015 Profiles at 6 years. For women the gap appears to have risen from 4 to 6 years.

4.2 Trends in rates of early deaths from heart disease and cancer

- There has been consistent measurement of changes in rates of early deaths due to the two biggest causes of death in populations – cardiovascular disease (heart disease and stroke) and cancer.

- The 2015 Profile shows that early deaths (under 75 years) from cardiovascular disease has fallen continuously in Dorset for ten years, matching the national trend. Moreover, throughout that period, the Dorset rate was consistently below the rate for England.

- The 2015 Profile shows a similar picture for early deaths due to cancer in Dorset, with a downward trend over ten years, mirroring the national fall, whilst remaining consistently below the rate for England.

4.3 Community indicators

- Between 2007 and 2015 there was little change in the local performance of indicators that summarise some of the wider determinants of health when compared with England. All the indicators reported in 2015 (including child poverty, statutory homelessness, violent crime and long term unemployment) were significantly better than the national average, and all but the proportion of children attaining 5 A* to C grades at GCSE have been consistently better than England throughout the whole period.

- Changes in the way many of these indicators have been measured across the whole period mean that it is not always possible to compare figures published in 2007 with those in the 2015 Profiles. For the proportion of children attaining 5 A* to C grades at GCSE the 2015 profile figures cannot be compared to figures reported in the 2013 or 2014 profiles when the proportion in Dorset was low compared to England. However the latest Profile once again shows Dorset performing better than the England average (58.7% compared with 56.8%).

4.4 Children and Young People's health

- From 2008 the profiles included a number of indicators specifically focused on children and young people's health.

- Smoking in pregnancy in Dorset was similar to England in both the 2008 (17% v 16.1%) and 2015 profiles (12.3% v. 12%, 2013/14 data). In between Dorset has consistently been higher than England, with 12/13 figure of 16.7% compared to 12.7% for England. A change in how the data is calculated means that the 2012/13 and 2013/14 figures are not directly comparable, and the 2013/14 figures may not fully reflect the local picture.

- The 2008 Profile reported on the proportion of Reception Year children who were obese; in Dorset this was lower than the proportion for England at about 9% compared with 10%. The 2015 profile reported obesity data for Year 6 pupils rather than Reception Year pupils. However, other sources show that there has been no consistent change in Reception Year obesity rates in Dorset since 2007, and although there is an apparent increase in Year 6 obesity, mirroring the national trend, this has not yet reached statistical significance. The latest available data (2013/14) for Reception Year pupils show local and national rates are similar. However, the obesity rate for Year 6 pupils in Dorset is, and has consistently been, lower than the national average.

- Teenage pregnancy rates in Dorset were not published in the 2008 profile. Rates since then have fallen, but the rate of improvement appears to be less than England in the last few years. Despite this Dorset rates remain lower than for England.

4.5 **Adult lifestyle indicators**

- These indicators are based on modelled estimates from national surveys. The 2015 profile reports estimates from 2013 for adult smoking and physical activity and for 2012 for adult obesity. These three indicators have been included in each Health Profile since 2007.

- Between 2007 and 2015, the estimated proportion of adults smoking in Dorset was consistently lower than the England average. In the 2007 profile the estimated proportion of adults smoking was 18%, (England 26%). By 2015 this was estimated as 14.3% in Dorset, below the England average of 18.4%.

- In 2007 estimated numbers of adults in Dorset who are physically active were higher than for England, and this pattern continued up to the 2012 Profile. From 2013 onwards there was a change in the way this indicator was calculated so that the last two years of data cannot be compared directly with earlier years. Figures in these last two years show no statistical difference in the estimated percentage of physically active adults in Dorset (57.3%) compared to England (56%).

- The proportion of adults estimated to be obese in Dorset was below that for England in both 2007 and 2015, albeit not significantly (18% v. 22% and 21.5% v. 23% respectively).

4.6 **Disease and poor health**

- Over time, a number of changes have been made to some of the indicators included in the Health Profiles that look at disease and poor health. As a result, it

may not be possible to identify trends between the two time periods. However, the performance of a local indicator relative to the national average may be identified.

- For example, in 2007, data for claimants of benefits/allowances for mental or behavioural disorders were used as an indicator of mental health and wellbeing whereas, for the 2011 to 2015 profiles, hospital stays for self-harm were used as an indicator. Between 2007 and 2012, the indicators used show that mental health and wellbeing was significantly better in Dorset than in England as a whole. However, by 2015, it was significantly worse than the national average.

- For alcohol misuse the definition of the indicator has also changed significantly since 2007 so no direct comparison can be made between the 2007 and 2015 profiles. However, over the period, alcohol misuse in Dorset has remained significantly lower than in England as a whole.

- The level of drug misuse in Dorset relative to England as a whole has improved since 2007 – in 2007 it was no different from the national average but from 2009 onwards it was better than England. In the 2015 Profile the prevalence of crack and/or opiate misuse in Dorset was 5.6 per 1,000 people aged 15-64 compared with 8.4 per 1,000 nationally.

- In addition, the level of recorded diabetes in Dorset relative to England as a whole has improved since 2007 – from 2007 to 2010 it was significantly worse than the national average but from 2011 it was similar to the England average.

- An indicator for sexual health was not included until the 2012 Profile. Initially Dorset was showing a lower rate than England, however, in the 2015 Profile the rate of new STI diagnoses was worse than the England rate (888 v. 832 per 100,000, based on 2013 data).

4.7 **Life expectancy and causes of death**

- Trends in life expectancy and the major causes of death were dealt with earlier in this Annex. However, it is worth noting two additional indicators – infant mortality and road injuries and deaths.

- Figures for infant mortality have been below the average for England since 2007, although statistically it remains similar to England.

- The rate of road injuries and deaths in Dorset has fallen between the 2007 and 2015 profiles (from 70.4 per 100,000 to 51.7). Despite this fall Dorset has consistently been higher than the England average in every profile.

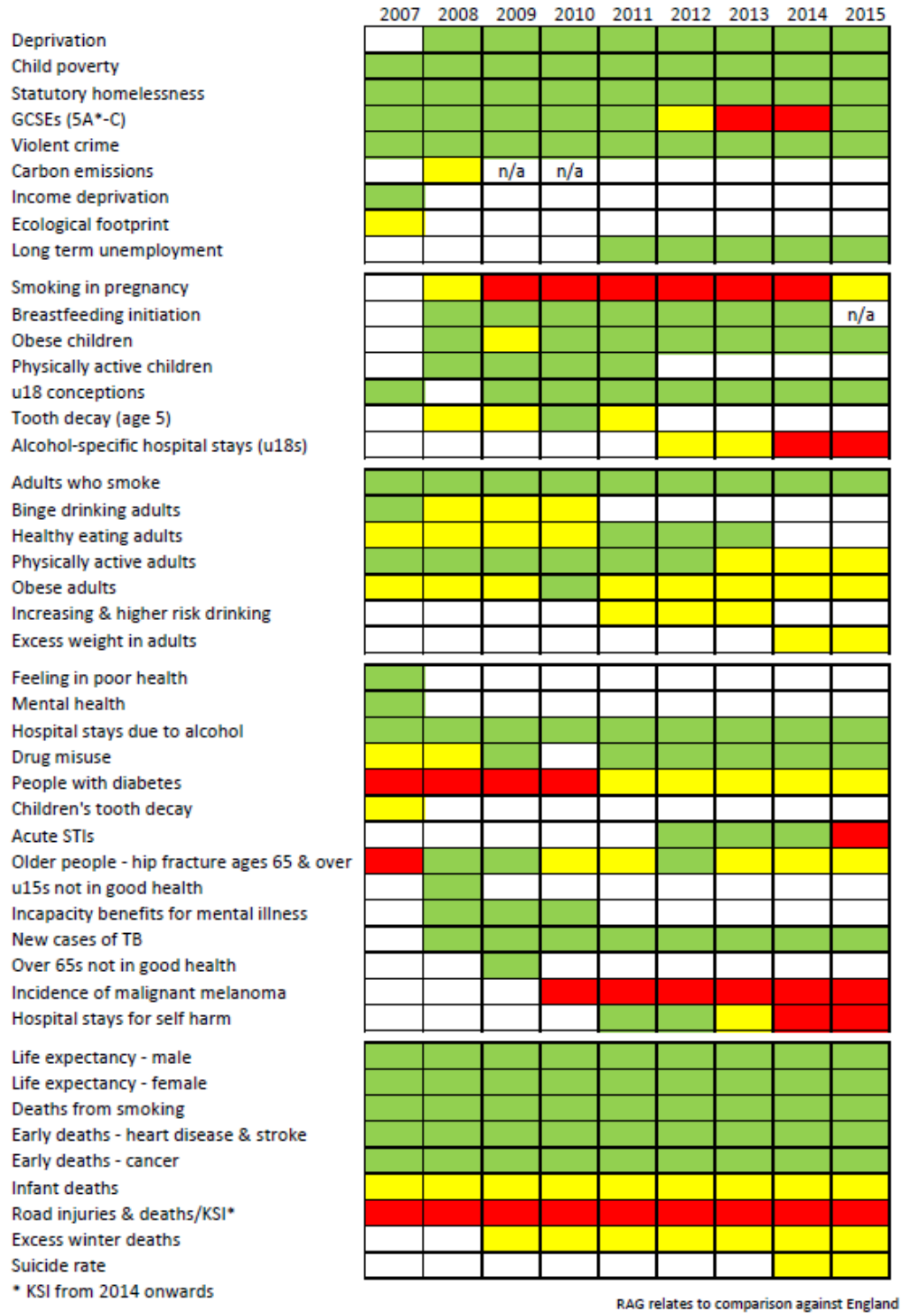
4.8 **Summary**

- The health indicators for Dorset have remained fairly stable during this period of comparison, and overall the picture is one of good health. Where there have been changes, these are often in line with changes to health indicators nationally.

- One particular area of concern is smoking in pregnancy; although figures look better it is likely they are not a true reflection of Dorset's figures.

- Hospital stays for self-harm is also a particular issue and has worsened in the last few years compared with England.

Figure 18: Dorset health profile indicators



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