

# Annual Report Director of Public Health Dorset 2017



# Welcome

Welcome to my report on the population of Dorset for 2017.

The focus of my 2016 report was on the introduction of our prevention strategy “Prevention at Scale”, as part of Dorset’s Sustainability and Transformation Plan. I explained our need for a comprehensive strategy as our current prevention activities were not delivered widely or quickly enough to significantly reduce the amount of preventable disease, early death or disability in our society.

During the past twelve months, we have been working hard with local partners to embed the Prevention at Scale strategy within all our work. I am pleased to report that we have made good progress and many projects are up and running as part of the Sustainability and Transformation Plan.

My report this year focuses on how we make the prevention at scale activities best meet local needs by looking at three areas and how these communities have implemented activities in response to variations in health and wellbeing outcomes. They demonstrate how effective and timely preventative action, including the Prevention at Scale programme, can make a difference.

The three areas are: Weymouth and Portland, Bournemouth East and Poole Bay. These communities have big differences in outcomes and, as mentioned, interesting stories about approaches to prevention within their populations.

By comparing their stories, we see why it is important to have a clear understand of local realities when thinking about what to do, in the context of prevention.

We then look briefly at how the Prevention at Scale programme might best function in these areas to support existing work and get the best mix of activities.

Thank you for reading this, as a member of our local community, you have a vital role in making prevention part of our everyday life. If you would like to discuss your involvement further, please contact Clare Hancock at Public Health Dorset on 01305 224 400 or [Clare.hancock@dorsetcc.gov.uk](mailto:Clare.hancock@dorsetcc.gov.uk)

If you wish to look at more information on these three areas or any other parts of Dorset there is a wealth of information on our website at

<http://www.publichealthdorset.org.uk/home/intelligence/locality-working>

Best wishes

Dr David Phillips  
Director of Public Health Dorset

# Introduction

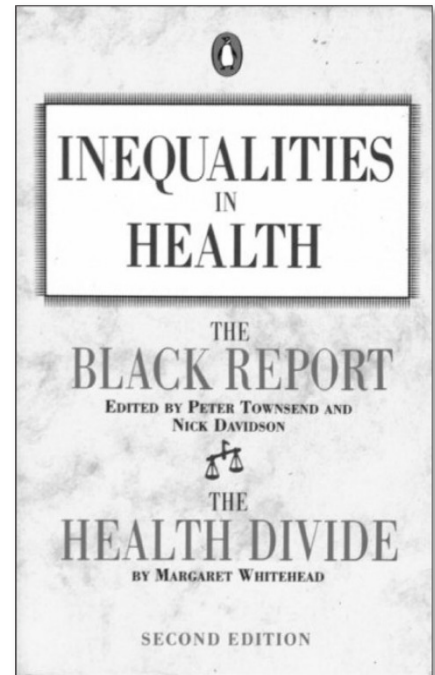
Large differences in health outcomes in populations have been recognized for many years, in recent times they were highlighted by the findings in 1980 of the 'Black Report'.

Our understanding of the reasons for this have grown over the years, more recently, in 2010 Sir Michael Marmot looking at the 'cost' of health inequalities in England, in addition to the costs to individuals and families, estimated the wider costs as:

- Productivity losses of £32 billion/year
- Lost taxes and higher welfare payments of £20 – 32 billion/year
- Additional NHS healthcare costs in excess of £5.5 billion/year

He identified a series of six policy objectives to address inequalities:

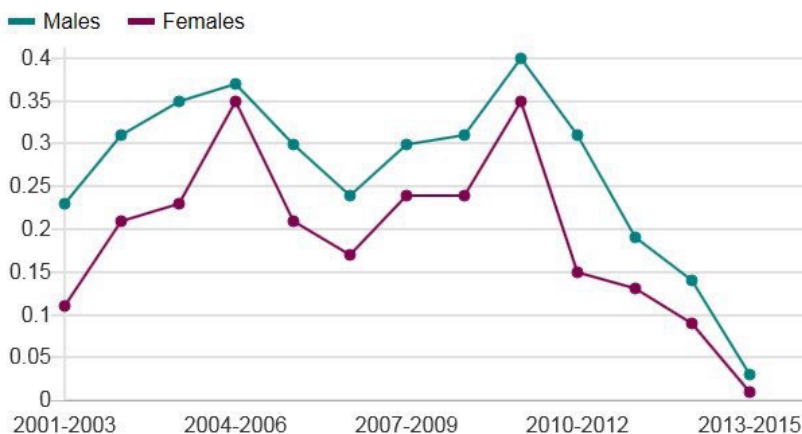
- Early child development
- Education
- Employment and work conditions
- Minimum income for healthy living
- A sustainable environment
- A social determinants approach to prevention



Despite this knowledge the most recent information suggests differences in many health outcomes are widening in many places and the drops in early death rates and life expectancy that have been the norm for many years are changing rapidly as is shown in the figure below.

## Rise in life expectancy in England

Annual increase in years



Source: Institute of Health Equity

BBC

Looking at quantity of life, i.e. how long we live, three diseases make a huge difference locally:

- Heart disease,
- Stroke and
- Cancer.

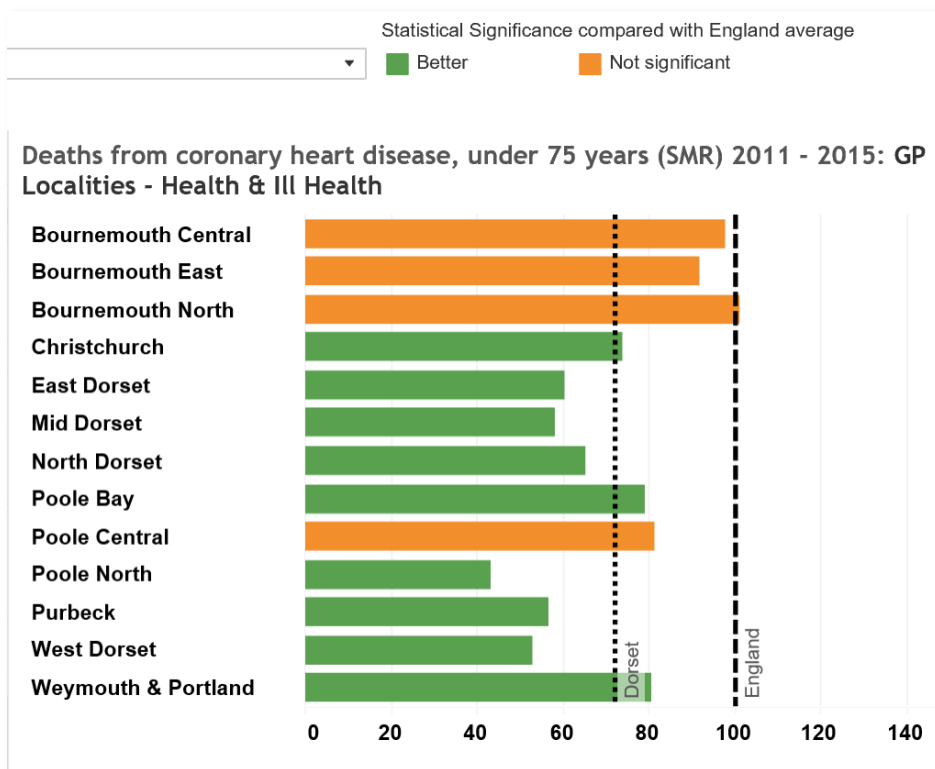


Figure 1. Variation in coronary heart disease across localities in Dorset

Here in Dorset the charts show how early death rates from heart disease vary across our localities in Dorset (Figure 1).

The early death rate from heart disease in Bournemouth North is twice what it is in Poole North, even more striking are the differences within localities – for example in the wards of Preston and Melcombe Regis in Weymouth & Portland locality there is a four times

difference in early death rates (see Figure 2, below right).

Figure 2. Variation in coronary heart disease within a single locality, compared with childhood obesity

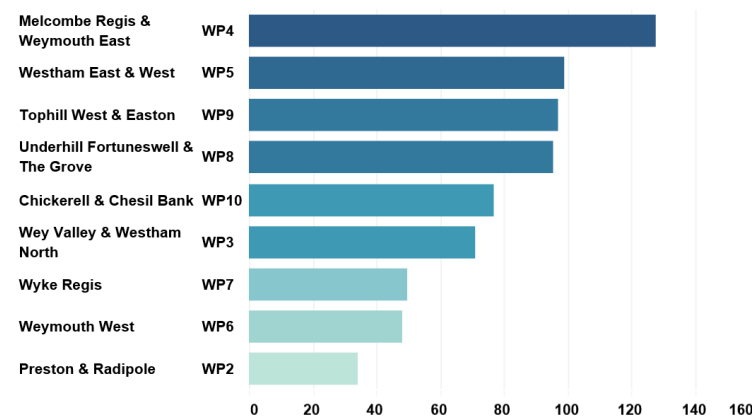
Looking ahead, we know many of the risk factors for people developing heart disease and diabetes start early in life and being overweight in childhood is one of these. The charts on page 5 show how the difference in rates of early death for heart disease in Weymouth and Portland are mirrored in the rates of overweight children. This tells us these differences are going to get worse unless we do something different.

Taking the six objectives from Marmot in the context of our local information and discussion, and translating them into a focus on prevention throughout the life of an individual we would focus on:

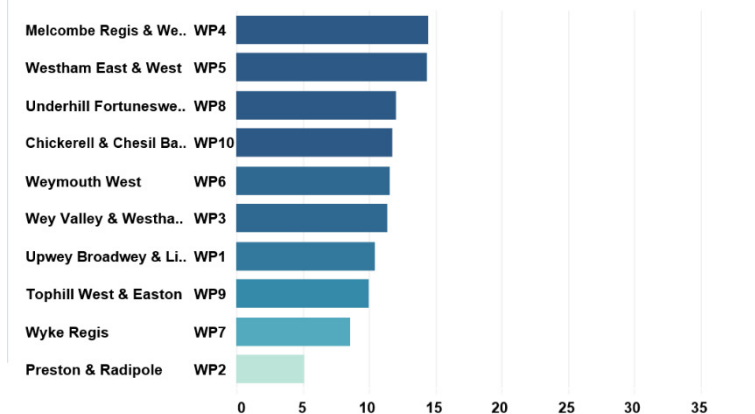
- Where we live, work and play.
- How we live.
- Access to advice/services [health, transport etc.]

This is illustrated on page 6 overleaf in the context of preventing heart disease.

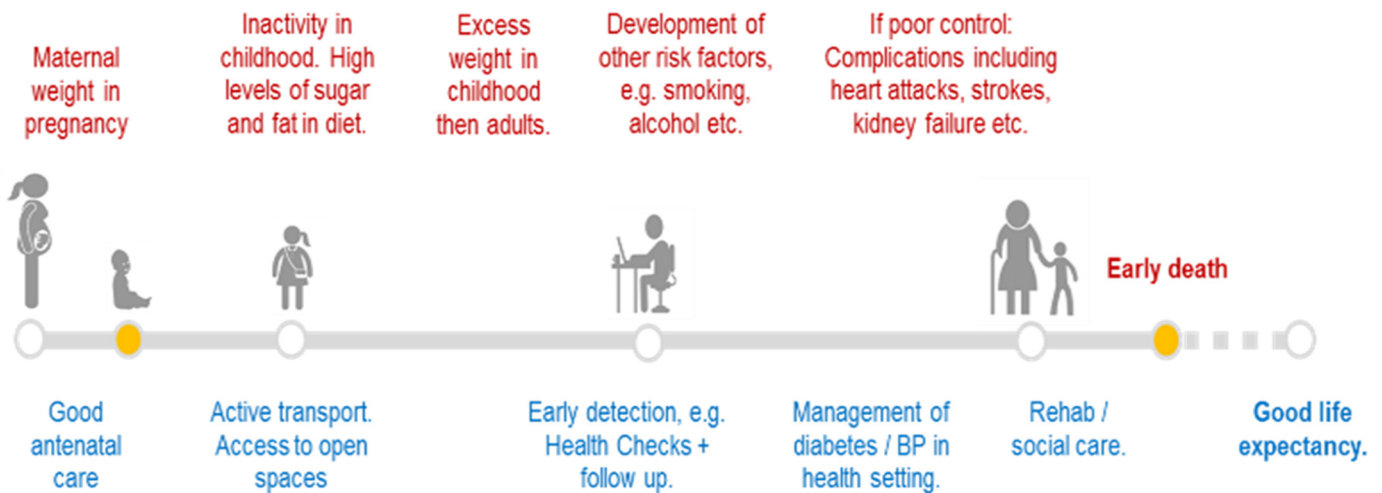
Deaths from coronary heart disease, under 75 years (SMR) 2011 - 2015: MSOA's in Weymouth & Portland



Obese Children (Reception Year) (%) 2013/14 - 2015/16: MSOA's in Weymouth & Portland



## Risk factors...



## Protective factors...

Figure 3. Schematic to show prevention of heart disease across life stages

In terms of quality of life, i.e. how well we live, two conditions make a major contribution:

- Mental health and
- Bone and joint problems, particularly back problems.

As individuals we respond to ill-health in various ways including seeking advice from many places; friends, internet, GPs etc. Some advice we act on, some we don't, the reasons for this vary from individual to individual, as do the reasons for many of our illness, so, when planning prevention be it for an individual or a group of people it is vital to remember one size does not fit all.

Equally, just focusing on the individual and 'how we live' and forgetting the 'where we live and work' can miss opportunities to make a difference for a lot of people.

This report looks at these issues in respect of three different localities, Weymouth and Portland, Bournemouth East and Poole Bay to try and see how different places respond differently and what we might learn from this for future work.

The tables presented with each of the localities link some of the current issues in the locality with projects within the Prevention at Scale workstreams. The final column of each table explores what we might do as part of a wider system view.

# Bournemouth East

The Bournemouth East locality has a diverse population, including both poor and wealthy neighborhoods, especially in the east.

The area has a higher proportion of people living with long-term illness or disability. This is reflected in many of the indicators of health (See Table 1 and also on our website referenced earlier) for more detailed information).

Much of the housing in poorer areas is all that is affordable for people with long term ill health, people with addiction and mental health conditions. There is a lot of private rented accommodation, much of it single units in houses of multiple occupancy (“bedsits”).

As many of these challenges are complex, the council and partners established a regeneration partnership board in one of the areas of greatest need, to focus efforts to improve housing, education, crime, employment, environment and health.

The Boscombe Commitment document provides further detail on the actions being carried out to improve health and wellbeing in the area.

Since the regeneration partnership began five years ago, the area has seen a considerable fall in very early deaths (occurring under age 65 years). While it is hard to separate out what has directly led to these improvements, a combination of change in housing type and tenure, improvements to schools and the environment, growing the local economy and improving access to health and wellbeing services may all have contributed.

The work to improve housing and the environment will continue to be shaped by the Boscombe and Pokesdown Neighbourhood Plan. This community-led plan ensures that future developments in the area are through a planning framework fit for the area & its people.

The plan aims to tackle overcrowding, poor quality and ramshackle shops, loss of important heritage features in the local buildings, and identify appropriate sites for building affordable housing. Discussions are also underway to identify a suitable site for a health and wellbeing centre, with a view to improving access to services for the local population.

## Achievements and approach

- Under 65 deaths have fallen from 500 deaths per 100,000 population to 300
- Our health improvement service has been heavily promoted in the area, with 28% of all referrals now coming from these most deprived areas
- Regeneration has made a big difference in a short time in outcomes for very young children (readiness for school at age 5), which should set them in good store for life
- A playground outside a large primary school was redeveloped to improve the quality of outdoor play space and it is now much busier, and people stay longer



**Table 1: East Bournemouth**

<b>Prevention at Scale Workstream</b>	<b>Locality-specific challenges</b>	<b>Prevention at Scale Objective</b>	<b>Who could have an influence on these indicators? Could you?</b>
<b>Starting well</b>	High rates of childhood obesity in some areas	Better early years nutrition support  Better school nutrition  Increasing physical activity	Schools: Mile a day, free school meals, water fountains, sales of soft drinks  Health visitors & childrens centres: support & advice to mothers  Local authorities: Active transport; Limiting fast food outlets
<b>Living well</b>	High rates of cancer diagnosis	Improving identification of & changing lifestyle risk factors  Increasing uptake of national cancer screening programmes	Primary care: Health Checks and cancer screening programmes.  LiveWell Dorset: Behaviour change service  Voluntary services: Park Run etc
<b>Ageing well</b>	High rates of hip fractures in older people	Preventing Frailty  Preventing Falls	NHS: Identifying people at risk early, e.g frail elderly  Fire service: 'safe and well' programme  Active ageing programme  Voluntary Sector: 'Handyman' and like home support
<b>Healthy Places</b>	Poor quality housing especially for people with long standing ill health  Poor access for physical activity	Increasing uptake of measures to reduce cold homes for vulnerable people  Improving access to green space	NHS: 'social prescribing'  Local authorities: warmer homes programme  Fire service: 'safe and well' programme

# Poole Bay

Poole Bay locality is largely urban with a mix of poorer and very affluent neighborhoods. There is a higher than average proportion of older people. Lifestyles and behaviours such as eating habits, smoking and alcohol consumption do vary across the area (see Table 2 and our website).

In the North of the locality, Alderney has the most significant need with 30% of children living in poverty, long-term unemployment & low-income rates are also among the highest in Poole. There is also a large settled Gypsy and Traveller community residing in Bourne Valley.

Much of the housing is rented and a quarter of adults have no formal qualifications. This area has high hospital admission rates for hip fractures, heart attacks and strokes as well as for emergency admissions in the under 5s.

Poole Bay enjoys a good quality environment with heathland and open spaces, but not all communities are aware or have access to such spaces.

Many of these challenges are complex and often linked, so the Council made a commitment to improve outcomes in Bourne Valley, and established a Local Executive Group, which has helped drive improvements in health and wellbeing in the area which have included:

Local schools and children services for those aged 0-5 are working together to help improve skills and reading for parents and children. This has led to successful adult literacy programmes, mental health support for mothers and improved school exam performance, with less school absenteeism.

Other services are working with local shops to help reduce the number of takeaways, improve healthy eating choices in the area & tackling sales of alcohol to young people under 18.

## Achievements and approach

- Our health improvement services have been accessible to those most in need with the result that 53% of Poole Bay referrals are from the two areas with the greatest health need
- Last year's exam results for disadvantaged students improved significantly.
- Work on adult literacy has improved not only their own opportunities, but has also improved their children's achievement at school entry
- Engagement with local retailers has shown an impact with sales of alcohol to under 18s having gone down.





**Table 2: Poole Bay**

<b>Prevention at Scale Workstream</b>	<b>Locality-specific challenges</b>	<b>Prevention at Scale Objective</b>	<b>Who could make a difference? Could you?</b>
<b>Starting well</b>	Some children are not developing as well as others	<p>Ensuring an effective, single early years and school nursing service</p> <p>Building whole school approaches to health and wellbeing</p>	<p>Schools: emotional health &amp; wellbeing programmes, school nursing</p> <p>Health visitors &amp; childrens centres: healthy child programme</p>
<b>Living well</b>	Smoking rates in some areas are particularly high	<p>Ensure health checks reach those who most need them.</p> <p>Ensure support to people wanting to quit smoking is effective &amp; easy to access</p>	<p>Livewell Dorset: behavior change service</p> <p>Primary Care: screenign for smoking status &amp; referral</p> <p>LAs: trading standards – unde age sales.</p>
<b>Ageing well</b>	High early death rates from heart disease & cancer	<p>Better mangement of risks, e.g. high blood pressure, diabetes</p> <p>Improve uptake of national screening programmes for cancer</p>	<p>NHS &amp; Public Health England: national awareness campaigns</p> <p>Primary care: better management of risks e.g high blood pressure &amp; active promotion of screening services.</p> <p>Voluntary sector: local awareness campaigns</p>
<b>Healthy Places</b>	<p>Poor quality housing especially for people with long standing ill health</p> <p>Easy access for physical activity</p>	<p>increasing uptake of measures to reduce cold homes for vulnerable people</p> <p>Improving access to green space</p>	<p>NHS: social prescribing</p> <p>Warmer homes programme</p> <p>Voluntary organisations</p> <p>Fire service: 'safe and well' programme</p>

# Weymouth and Portland

The population of Weymouth and Portland is relatively diverse and young. It is a popular tourist destination with a striking harbor environment, including beaches and accessible coast paths, cycle networks and urban parks. While the tourism industry is a significant asset for the local economy, with low unemployment levels, a significant proportion of the local employment opportunities are seasonal and relatively low paid (see Table 3 and our website).

There are some areas of Weymouth and Portland that experience significantly high levels of lifestyle risk factors and high levels of limiting long-term illness or disability and early death which are above the England average. Within areas of deprivation there are some important differences in the uptake of preventive actions, e.g. immunization, with lessons for the wider Dorset community.

Similarly, Weymouth has been one of the leaders in the evolution of primary care and has developed a primary care hub at Westhaven hospital. Significant changes to the way the community hospital in Weymouth works makes it easier for local people to access all sorts of hospital diagnostic and treatment services. This has made a real difference to getting quick and early support to people, close to home, and thus avoiding hospital admissions.

Key public services are working closely together to try to support the residents of Weymouth and Portland to improve health and wellbeing, particularly in areas of greatest need. The borough council has been leading a programme of work including community development activity in areas including Littlemoor & Underhill.

In recognition of the particularly complex underlying factors affecting the health outcomes of Melcombe Regis residents, a multiagency board has been set up to improve the area in and around the Weymouth town centre. The board focuses on key issues, such as good quality housing, community development and improvements in the physical environment.

## Achievements and approach

- General practitioners in Weymouth & Portland have come together to better use their expertise and community beds to manage people closer to home – the evidence suggests they are successful in this
- Changes to the way services are provided in Weymouth hospital have made a big difference to the ease with which local people can access diagnostic and treatment services
- Practices in Weymouth have been successful in maintaining high levels of coverage of preventive services, e.g. cancer screening, immunization coverage even in populations where levels have traditionally been low.



**Table 3: Weymouth and Portland**

Prevention at Scale Workstream	Locality-specific challenges	Prevention at Scale Objective	Who can make a difference? Could you?
<b>Starting well</b>	High levels of emergency admissions in young children  High rates of smoking in pregnancy some areas	Better early years service  Better prevention focus in antenatal services	Midwives: specific resources for midwives for smoking quitting  Health visitors & childrens centres: focus on areas of greatest need
<b>Living well</b>	High rates of many lifestyle factors for heart disease and cancer	Ensure stop smoking support is effective & easy to access  Ensure health checks reach those who most need them.  Improve takeup of preventive programmes e.g. HPV programme	Primary Care: better management of risks e.g high blood pressure  Livewell Dorset: behaviour change service  Local authorities: trading standards, under age sales of tobacco and alcohol
<b>Ageing well</b>	Very high early death rates from cancer and heart disease	Better identification & management of risks, e.g. high blood pressure, diabetes  Improve uptake of national screening programmes for cancer	NHS & Public Health England: national awareness campaigns  Primary care: better management of risks e.g high blood pressure & active promotion of screening services.  Voluntary sector: local awareness campaigns
<b>Healthy Places</b>	Poor-quality housing especially for people with long standing ill health  Easy access for physical activity	increasing uptake of measures to reduce cold homes for vulnerable people  Improving access to green space	NHS: social prescribing  Warmer homes programme  Voluntary organisations: & handyman programmes.  Fire service: 'safe and well' programme

# Final Thoughts

The above three stories show:

- The huge amount of change and potential for positive change that exist within most communities.
- How differing times and issues offer the opportunity for creative solutions be they about how you live, where you live or access to services.

The solutions to problems in health and care in 2017 are very different from those of only 20 years ago and in many ways, they are far more difficult to achieve. As society changes, so too must its organisations and our approaches to health and wellbeing.

Building hospitals and clinics is an important contribution to improving health, but once a disease has become well established in an individual or population, as is the case for many of today's chronic diseases, e.g. diabetes, new buildings and technology alone are not enough.

Preventing these diseases in the first place makes absolute sense in every way, and tackling these issues relies not just on national action (e.g. legislation for smoke free public places), but, as the stories in this report show, how local knowledge and an understanding of people and place, makes a real difference to what you do and how you do it.

Public Health Dorset is committed to support localities on their transformation journey. The locality profiles that have been developed to support this journey are available to view on the Public Health Dorset website [www.publichealthdorset.org.uk](http://www.publichealthdorset.org.uk)

Increasingly, we look to work more as a part of wider health and care system, to improve the lives of people living in Dorset. This will need leadership that goes beyond organisations and joins up work across all parts of the public service e.g. police, fire, NHS, local authorities and the private and voluntary sectors. We are all leaders in this endeavor.