



Dorset County Council



## POPULATION INDICATORS

## Data and Commentary



Report as at July 2017



## Dorset Outcomes Framework

People in Dorset are

# HEALTHY

## People in Dorset are HEALTHY



01: Inequality in Life expectancy at birth – male



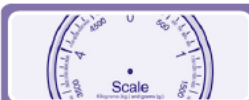
02: Inequality in Life expectancy at birth – female



03: Admission episodes for alcohol-related conditions – male



04: Admission episodes for alcohol-related conditions – female



05: Child excess weight - 4-5 years old



06: Excess weight in Adults



07: Long term mental health problems (GP patient survey) % of respondents



08: Under 75 mortality rate from cardiovascular diseases considered preventable - male



09: Under 75 mortality rate from cardiovascular diseases considered preventable - female



10: Physical activity in adults

# People in Dorset are **HEALTHY**



People in Dorset are  
**HEALTHY**

- Children and families know what it means to be happy and healthy
- People adopt healthy lifestyles
- People enjoy emotional and mental wellbeing
- People stay healthy as they grow older
- People live in healthy, accessible communities


## Our Values



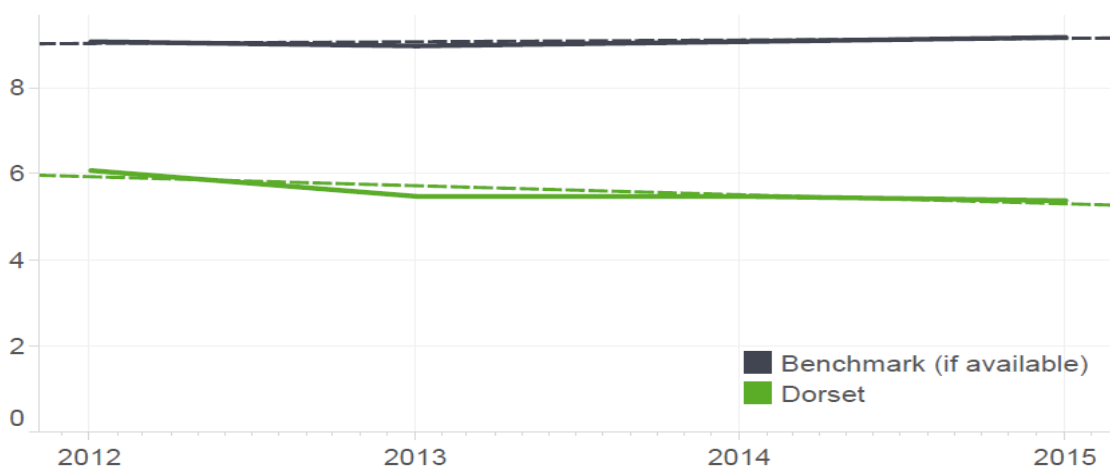
Please note that with regard to the graphs taken direct from the [Dorset Outcomes Tracker](#) the green line shows Dorset whilst the black line shows the available benchmark. The dotted line are trend lines showing the direction of travel if nothing changes.



01: Inequality in Life expectancy at birth – male

HEALTHY Outcome Sponsor			David Phillips		
Outcome Lead Officer			Jane Horne		
Population Indicator Lead Officer			David Lemon		
Latest (2015)	Male 5.4	Direction Of Travel	 <b>Improved</b>	Benchmark (England)	<b>BETTER (Male) 9.2 (Average)</b>

01: Inequality in Life expectancy at birth - male




**Story behind the baseline:** This is a high-level indicator that reflects general health inequalities within Dorset. Life expectancy at birth (LE) is a measure of the average number of years a person would expect to live based on contemporary mortality rates. If the slope index of inequality (SII) where 1 then the LE would be the same in most and least deprived communities. An SII greater than 1 indicates that those in the poorer areas have a lower LE than those in the most affluent areas in Dorset. The higher the SII the greater the LE disparity. This helps to set the context within which we can assess other indicators and priorities, identifying the drivers of LE, especially in areas where it is low. The SII in Dorset is lower than the England SII for both males and females. This is probably to be expected as the England values takes data from across the country where there is a greater variation in deprivation/affluence than found within Dorset. However, there has been little change in the SII for males for around the last 8 years. Although not yet statistically significant there has been a sustained increase the inequalities for women over the last 5 years. This could be because the health of women in poorer areas has worsened, or that it has improved only for women in the most affluent areas, or a combination of both.

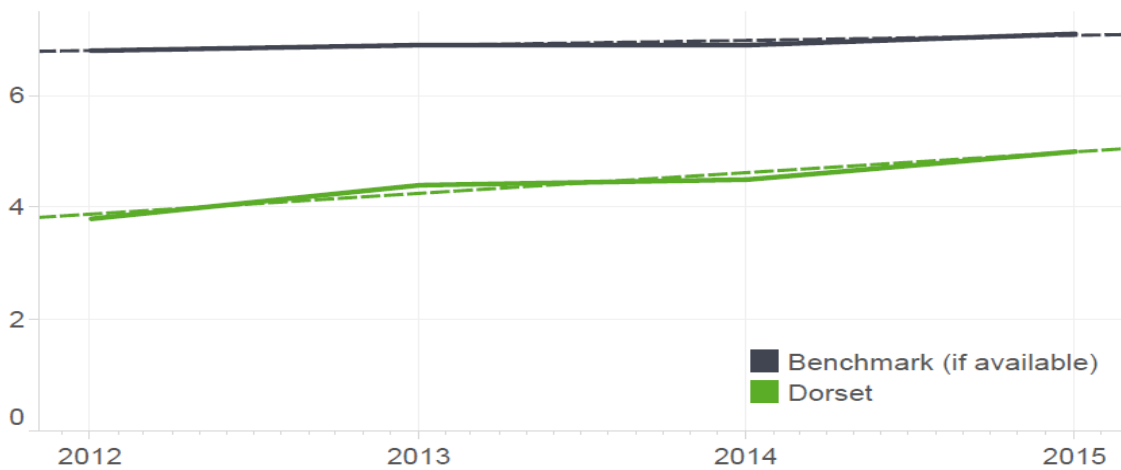
**Partners with a significant role to play:** Health and social care, and education services, as well as the voluntary sector all key partners in this at both strategic and operational levels.



02: Inequality in Life expectancy at birth – female

HEALTHY Outcome Sponsor			David Phillips		
Outcome Lead Officer			Jane Horne		
Population Indicator Lead Officer			David Lemon		
Latest (2015)	Female 5.0	Direction Of Travel	 <b>Worse</b>	Benchmark (England)	<b>BETTER (Female)</b> <b>7 (Average)</b>

02: Inequality in Life expectancy at birth - female



**Story behind the baseline:** This is a high-level indicator that reflects general health inequalities within Dorset. Life expectancy at birth (LE) is a measure of the average number of years a person would expect to live based on contemporary mortality rates. If the slope index of inequality (SII) where 1 then the LE would be the same in most and least deprived communities. An SII greater than 1 indicates that those in the poorer areas have a lower LE than those in the most affluent areas in Dorset. The higher the SII the greater the LE disparity. This helps to set the context within which we can assess other indicators and priorities, identifying the drivers of LE, especially in areas where it is low.


The SII in Dorset is lower than the England SII for both males and females. This is probably to be expected as the England values takes data from across the country where there is a greater variation in deprivation/affluence than found within Dorset. However, there has been little change in the SII for males for around the last 8 years. Although not yet statistically significant there has been a sustained increase the inequalities for women over the last 5 years.

This could be because the health of women in poorer areas has worsened, or that it has improved only for women in the most affluent areas, or a combination of both.

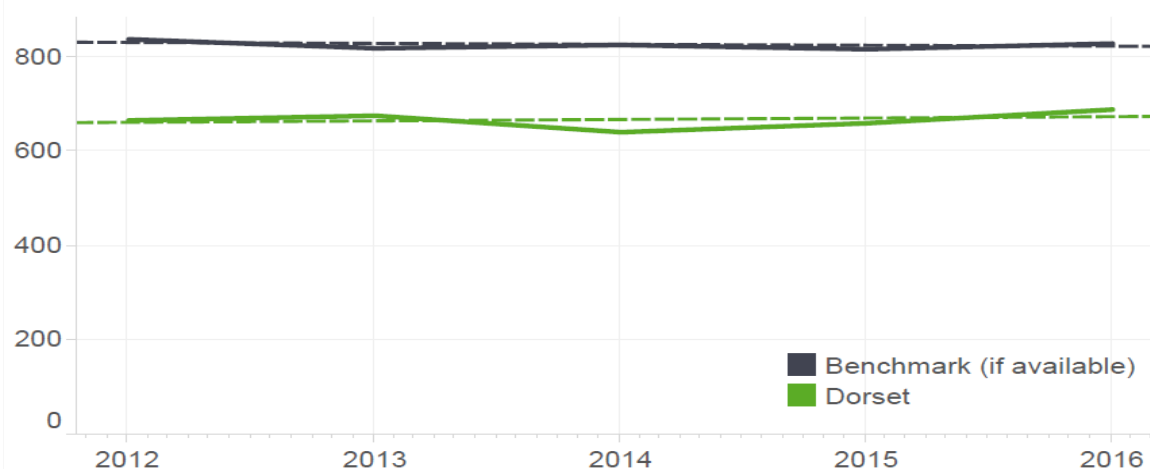
**Partners with a significant role to play:** Health & social care, and education services, as well as the voluntary sector all key partners in this at both strategic and operational levels.



03: Admission episodes for alcohol-related conditions – male

<b>HEALTHY</b> Outcome Sponsor			David Philips		
Outcome Lead Officer			Nicky Cleave		
Population Indicator Lead Officer			<b>Will Haydock</b>		
Latest (2015-16)	Male 690	Direction Of Travel	 <b>Worse</b>	Benchmark (England)	<b>BETTER (Male) 827 (Average)</b>

03: Admission episodes for alcohol-related conditions - male




**Story behind the baseline:** Rates of hospital admissions related to alcohol are considerably higher than 30-40 years ago, resulting from higher levels of alcohol consumption and improved data recording. Gender: Admission rates remain much higher for men than women, but the rate among women appears to be rising while the rate amongst men is largely static. This relates to the fact that average rates of drinking have risen amongst women faster than amongst men in the past 30 years. Age: Admission rates are highest amongst those aged 40-64, but this is not necessarily an indication that this group should be the target of interventions. Patterns of drinking are often established earlier in the life course, and there is evidence that enables predictions of future harm from alcohol. Deprivation: Health harm related to alcohol is not perfectly correlated with overall levels of consumption, as other mediating factors such as diet, physical activity, smoking, and pattern of consumption all play a role in how harmful consumption is likely to be. Individuals from lower socio-economic groups are disproportionately likely to suffer harm from alcohol, despite average lower rates of consumption than other socio-economic groups. There is a pan-Dorset strategy for alcohol and drugs (2016-2020) that covers three themes: prevention, treatment and safety – all of which should reduce the harm related to alcohol experienced by Dorset residents.

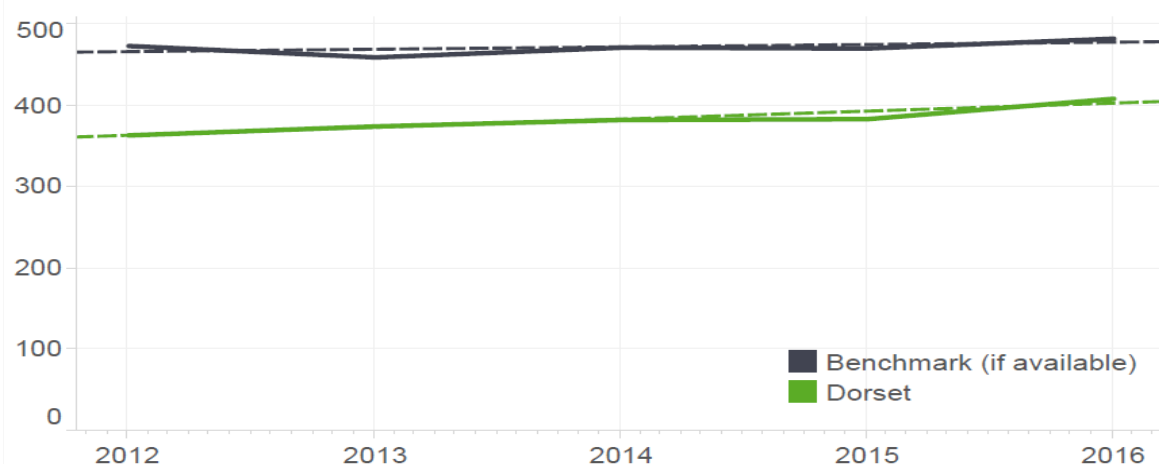
**Partners with a significant role to play:** Dorset Clinical Commissioning Group (CCG), Dorset Healthcare University Foundation Trust (providers of treatment services and health visiting / school nursing), Dorset County Hospital, Poole Hospital, The Royal Bournemouth and Christchurch Hospital, Schools and colleges, GP practices, Voluntary and Community Sector providers and Live-Well Dorset.



04: Admission episodes for alcohol-related conditions – female

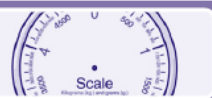
<b>HEALTHY</b> Outcome Sponsor			David Philips		
Outcome Lead Officer			Nicky Cleave		
Population Indicator Lead Officer			<b>Will Haydock</b>		
Latest (2015-16)	Female 409	Direction Of Travel	 <b>Worse</b>	Benchmark (England)	<b>BETTER</b> <b>(Female)</b> <b>474</b> <b>(Average)</b>

04: Admission episodes for alcohol-related conditions - female




**Story behind the baseline:** Rates of hospital admissions related to alcohol are considerably higher than 30-40 years ago, resulting from higher levels of alcohol consumption and improved data recording. Gender: Admission rates remain much higher for men than women, but the rate among women appears to be rising while the rate amongst men is largely static. This relates to the fact that average rates of drinking have risen amongst women faster than amongst men in the past 30 years. Age: Admission rates are highest amongst those aged 40-64, but this is not necessarily an indication that this group should be the target of interventions. Patterns of drinking are often established earlier in the life course, and there is evidence that enables predictions of future harm from alcohol. Deprivation: Health harm related to alcohol is not perfectly correlated with overall levels of consumption, as other mediating factors such as diet, physical activity, smoking, and pattern of consumption all play a role in how harmful consumption is likely to be. Individuals from lower socio-economic groups are disproportionately likely to suffer harm from alcohol, despite average lower rates of consumption than other socio-economic groups. There is a pan-Dorset strategy for alcohol and drugs (2016-2020) that covers three themes: prevention, treatment and safety – all of which should reduce the harm related to alcohol experienced by Dorset residents.

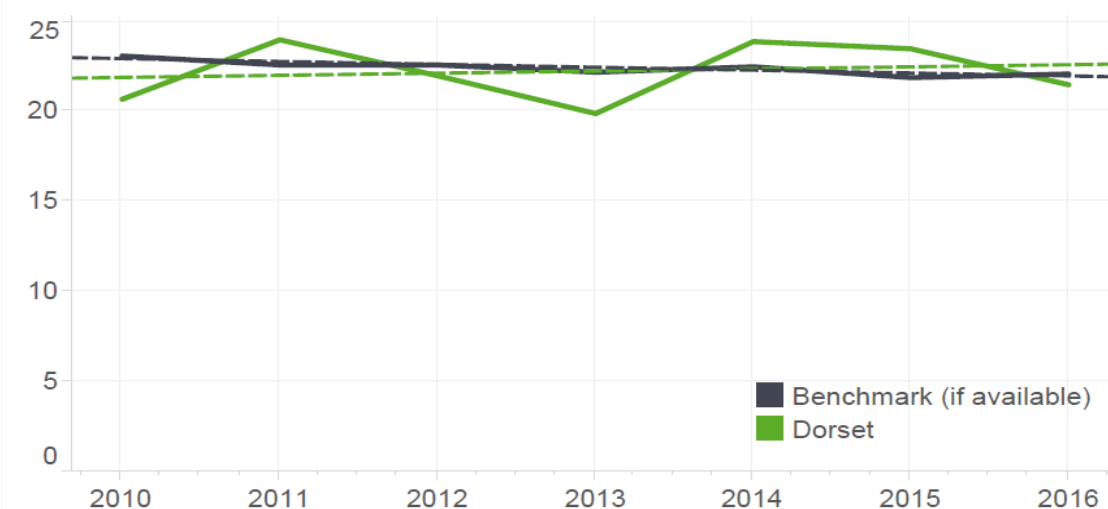
**Partners with a significant role to play:** Dorset Clinical Commissioning Group (CCG), Dorset Healthcare University Foundation Trust (providers of treatment services and health visiting / school nursing), Dorset County Hospital, Poole Hospital, The Royal Bournemouth and Christchurch Hospital, Schools and colleges, GP practices, Voluntary and Community Sector providers and Live-Well Dorset.



05: Child excess weight - 4-5 years old

<b>HEALTHY</b> Outcome Sponsor			David Philips		
Outcome Lead Officer			Jane Horne		
Population Indicator Lead Officer			<b>Dave Lemon</b>		
Latest (2015-16)	21.5	Direction of Travel	 <b>Improved</b>	Benchmark (England)	<b>BETTER</b> <b>21.9</b> <b>(Average)</b>

05: Child excess weight - 4-5 years old




**Story behind the baseline:** Since the 1990's, rates of excess weight (overweight and obesity) has risen across England, so much so that England now has one of the highest rates of obesity in Europe. In Dorset, levels of excess weight are now 23.5% for children ages 4-5, 27.3% for children aged 10-11. Whilst some data suggests that the year or year increase in excess weight seen in the population may be plateauing, the absolute figures for overweight and obesity remain too high. Rates of excess weight are often higher in more deprived communities, and amongst ethnic minority groups. Children with parents who are overweight or obese are also more likely to be so themselves. Obese children are also more likely to suffer stigmatisation as a result of their obesity. The resulting NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year (Foresight 2007). There is also a growing burden on local public sector resources, particularly in social care. It is widely acknowledged that obesity is a complex multi-faceted disorder, which requires an integrated approach to tackle.

**Partners with a significant role to play:** Schools – academies and local authority run, Children's centres, Dorset county council departments including transport and education, District council departments including planning, leisure services and environmental health, Dorset CCG and GP's, Acute hospital trust, Community hospitals across Dorset, Active Dorset / Sport England and Dorset Community Action.

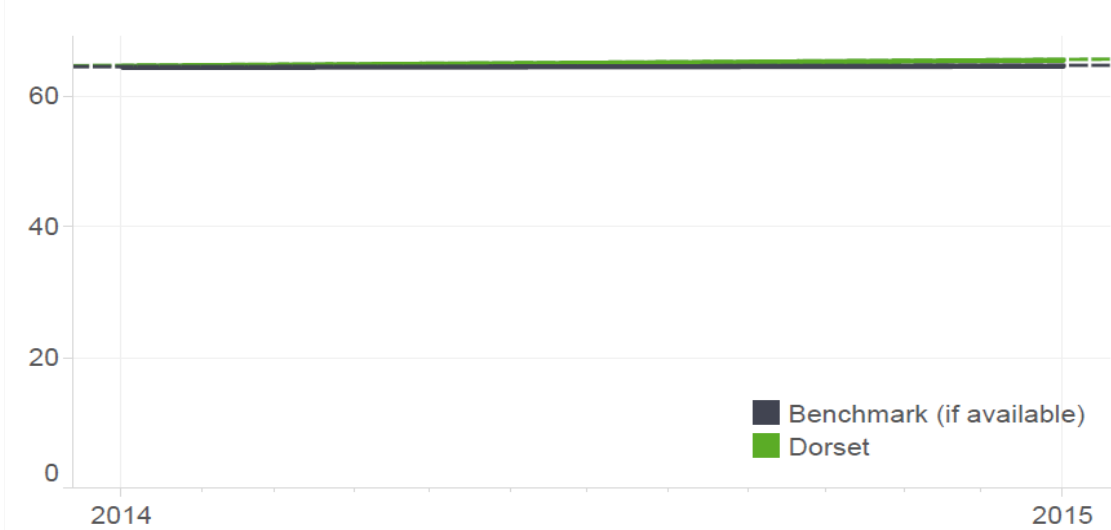




## 06: Excess weight in Adults

<b>HEALTHY</b> Outcome Sponsor			David Philips		
Outcome Lead Officer			Jane Horne		
Population Indicator Lead Officer			<b>Dave Lemon</b>		
Latest (2013-15)	65.7	Direction of Travel	 <b>No change</b>	Benchmark (England)	<b>SIMILAR</b> <b>64.8</b> <b>(Average)</b>

06: Excess weight in Adults




**Story behind the baseline:** Since the 1990's, rates of excess weight (overweight and obesity) has risen across England, so much so that England now has one of the highest rates of obesity in Europe. In Dorset, levels of excess weight are now 65.7% for adults. Income, social deprivation and ethnicity all influence obesity. Rates of excess weight are often higher in more deprived communities, and amongst ethnic minority groups. Obesity is associated with a range of health problems. Physically, there are links between obesity and type 2 diabetes, cardiovascular disease and a number of cancers. Furthermore, excess weight in pregnancy can have serious consequences such as an increased risk of miscarriage, stillbirth and gestational diabetes and pre-eclampsia. There can also be significant mental ill health brought about as a result of obesity including a greater likelihood of being diagnosed with anxiety or depression. The resulting NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year (Foresight 2007). There is also a growing burden on local public sector resources, particularly in social care. For example, the cost of caring for more house-bound individuals suffering from ill health as a consequence of obesity or special equipment being needed in school rooms and gyms. These factors combine to make the prevention of obesity a major public health challenge.

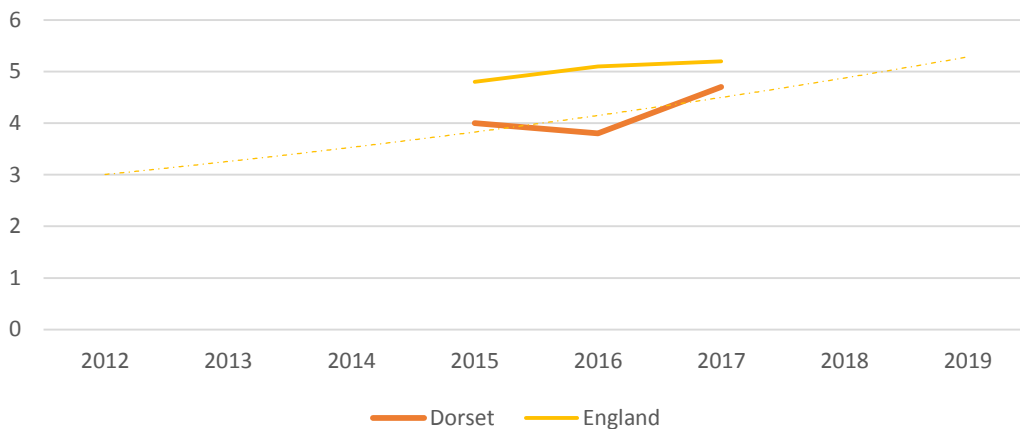
**Partners with a significant role to play:** Schools – academies and local authority run, Children's centres, Dorset county council departments including transport and education, District council departments including planning, leisure services and environmental health, Dorset CCG and GP's, Acute hospital trust, Community hospitals across Dorset, Active Dorset / Sport England and Dorset Community Action.



07: Long term mental health problems (GP patient survey) % of respondents

HEALTHY Outcome Sponsor			David Philips		
Outcome Lead Officer			Peter Moore		
Population Indicator Lead Officer			Claire Shiels/Nicky Cleave		
Latest (2015-16)	4.7%	Direction of Travel	 <b>Improved</b>	Benchmark (England)	<b>WORSE 5.2% (Average)</b>

07: Mental health problems (GP patient survey)




**Story behind the baseline:** Knowledge of how many people state that they have a long-term mental health problem contributes to building up the local picture of prevalence. It may also highlight gaps between diagnosed and undiagnosed prevalence in a local area. The data is taken from the question in the GP Patient Survey "Which, if any, of the following medical conditions do you have?" who answered "Long-term mental health problem". Because there have historically been issues recording mental health conditions, any increasing trends may not necessarily indicate a decrease in population mental health, but rather improved recording.

Source: Mental Health JSNA profile <https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna>

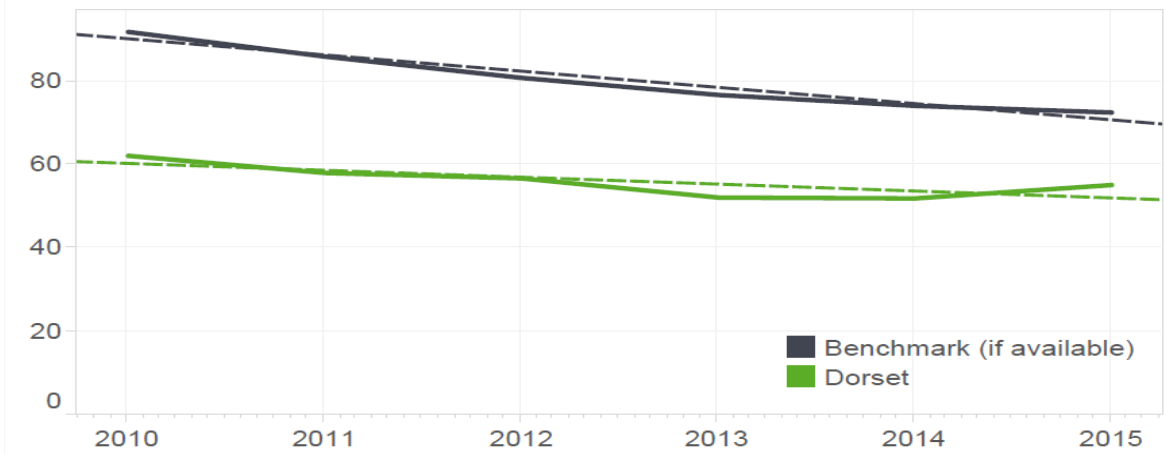
**Partners with a significant role to play:** Dorset Clinical Commissioning Group (CCG), Dorset Healthcare University Foundation Trust (providers of treatment services and health visiting / school nursing), Dorset County Hospital, Poole Hospital, The Royal Bournemouth and Christchurch Hospital, Schools and colleges, GP practices, Voluntary and Community Sector providers and Live-Well Dorset.



08: Under 75 mortality rate from cardiovascular diseases considered preventable - male

HEALTHY Outcome Sponsor			David Philips		
Outcome Lead Officer			Jane Horne		
Population Indicator Lead Officer			Dave Lemon		
Latest (2013-15)	Male 55.1	Direction Of Travel	 <b>Worse</b>	Benchmark (England)	<b>BETTER</b> <b>(Male)</b> <b>76.7</b> <b>(Average)</b>

08: Under 75 mortality rate from cardiovascular diseases considered preventable - male




**Story behind the baseline:** Whilst rates of premature mortality from CVD nationally have been falling significantly over the last five decades, this remains the second biggest cause of death nationally after cancer. The decline in deaths has flattened out in more recent years. The dramatic reductions in deaths are due to reductions in smoking, better management of cholesterol and hypertension, and improved treatments following a heart attack or stroke. The improvements seen in these factors, are somewhat offset however by the increase in obesity and diabetes, and reductions in physical activity. The rates in Dorset overall are significantly lower than the England average, but there is a significant difference in rates between district areas with rates in Weymouth and Portland being similar to the England average. These figures disguise a significant variation in mortality within districts, with rates from GP practices in the most deprived communities being 3-4 times that in the least deprived communities.

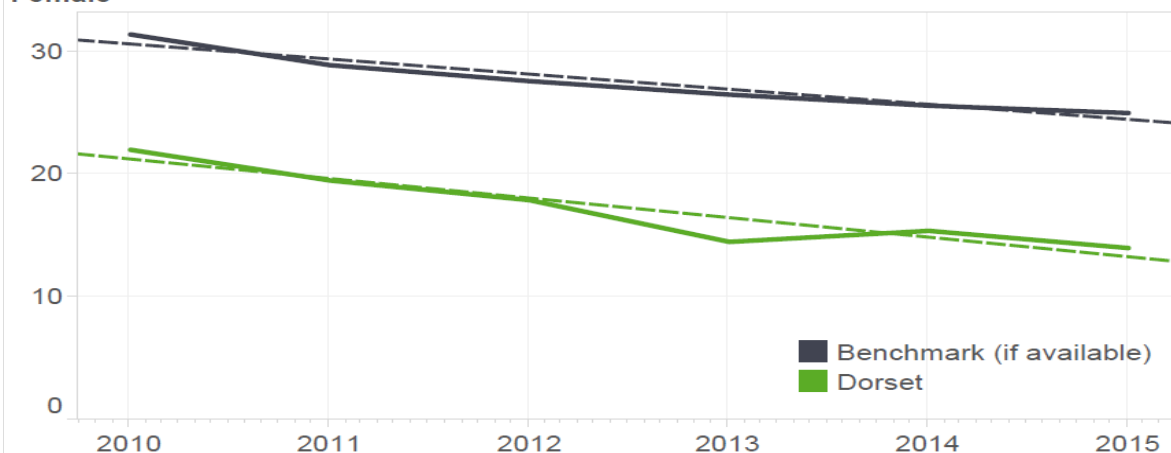
**Partners with a significant role to play:** In order to influence the factors identified as contributory to premature deaths from diabetes and CVD we have identified a wide range of key partners and stakeholders we need to work with including Dorset CCG, Dorset County Hospital, Poole Hospital, Royal Bournemouth Hospital, GP practices, Smoking cessation services, Live-Well Dorset, Schools and colleges, Voluntary sector, Local planning authorities and Employers.



09: Under 75 mortality rate from cardiovascular diseases considered preventable - female

<b>HEALTHY</b> Outcome Sponsor			David Philips		
Outcome Lead Officer			Jane Horne		
Population Indicator Lead Officer			<b>Dave Lemon</b>		
Latest (2013-15)	Female 14	Direction Of Travel	 <b>Improved</b>	Benchmark (England)	<b>BETTER (Female)</b> <b>26.5 (Average)</b>

09: Under 75 mortality rate from cardiovascular diseases considered preventable - Female




**Story behind the baseline:** Whilst rates of premature mortality from CVD nationally have been falling significantly over the last five decades, this remains the second biggest cause of death nationally after cancer. The decline in deaths has flattened out in more recent years. The dramatic reductions in deaths are due to reductions in smoking, better management of cholesterol and hypertension, and improved treatments following a heart attack or stroke. The improvements seen in these factors, are somewhat offset however by the increase in obesity and diabetes, and reductions in physical activity. The rates in Dorset overall are significantly lower than the England average, but there is a significant difference in rates between district areas with rates in Weymouth and Portland being similar to the England average. These figures disguise a significant variation in mortality within districts, with rates from GP practices in the most deprived communities being 3-4 times that in the least deprived communities.

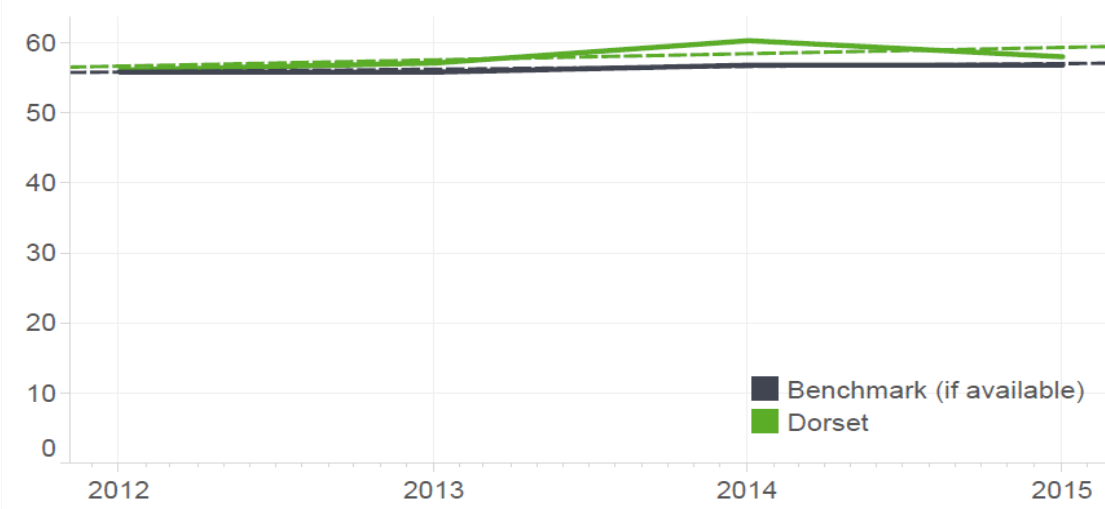
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I0: Physical activity in adults

<b>HEALTHY</b> Outcome Sponsor			David Philips		
Outcome Lead Officer			Paul Leivers		
Population Indicator Lead Officer			<b>David Lemon</b>		
Latest (14-15)	58.2%	Direction of Travel	 <b>Worse</b>	Benchmark (England)	<b>BETTER</b> <b>57%</b> <b>(Average)</b>

10: Physical activity in adults



**Story behind the baseline:** In May 2016 Sport England published 'Sport England: Towards and Active Nation Strategy 2016-2021'. Notable parts of this include physical activity, focussing more money and resources in tackling inactivity and investing in children and young people from the age of five outside the school curriculum. Active Dorset has tendered for a Sport and Leisure facilities Assessment and Strategy covering the six Dorset district councils. The County Council has supported this as it will provide a useful analysis at both district and county level. The Health and Wellbeing Strategy has been drafted which include priorities on reducing inequalities, promoting healthy lifestyles and preventing ill health. It refers to active travel and promoting exercise. Work has been undertaken by Dorset County Council on how physical activity relates to the life course. Increasing physical activity could have a strong beneficial impact on the majority of the population whether young or old and could make a significant impact on health outcomes from cardiovascular disease, diabetes, many musculoskeletal conditions as well as improved mental wellbeing. We are seeking to bring together at a strategic level the organisations and officers who can help shape the approach and focus that Dorset will look to embed in our services and will form the basis for this area of work within the Sustainability and Transformation Plan (STP).

**Partners with a significant role to play:** Dorset Clinical Commissioning Group (CCG), Dorset Healthcare University Foundation Trust (health visiting/school nursing), Schools and colleges, GP practices, Voluntary and Community Sector providers and Live-Well Dorset.