



People in Dorset are **HEALTHY**



Prosperous Population Trend
Performance Benchmark
Dorset Outcomes Framework
Independent Safe Focus **HEALTHY**
Indicator Measure

Outcome Sponsor - **David Phillips**

Outcomes Focused Monitoring Report - October 2017

The following pages have been provided to summarise the current position against each outcome indicator and performance measure. This will help the council to identify and focus upon potential areas for further scrutiny. All risks are taken from the [Corporate Risk Register](#) and mapped against specific population indicators where relevant. Any further corporate risks that relate to the 'Healthy' outcome are also included to provide a full overview. Please note that information relating to outcomes and shared accountability can be found on the [Dorset Outcomes Tracker](#).

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Corporate Risks that feature within HEALTHY but are not assigned to a specific POPULATION INDICATOR (All risks are drawn from the Corporate Risk Register)		
07f – Failure to successfully implement the Dorset Care record (cost; time; quality) with partners	MEDIUM	UNCHANGED
11m – Structure of commissioning team does not align to future strategy	LOW	UNCHANGED

Legend		
Corporate Risks	HIGH	High level risk in the Corporate Risk Register and outside of the Council’s Risk Appetite
	MEDIUM	Medium level risk in the Corporate Risk Register
	LOW	Low level risk in the Corporate Risk Register
Trend	IMPROVING	Performance trend line has improved since previous data submission
	UNCHANGED	Performance trendline remains unchanged since previous data submission
	WORSENING	Performance trendline is worse than the previous data submission

Accountability for Indicators and Measures	
<p>Population Indicator – relates to ALL people in a given population</p> <p>Accountability - Partners and stakeholders working together</p> <p>Determining the ENDS <i>(Or where we want to be)</i></p>	<p>Performance Measure – relates to people in receipt of a service or intervention</p> <p>Accountability - Service providers (and commissioners)</p> <p>Delivering the MEANS <i>(Or how we get there)</i></p>

HEALTHY: 01 – Inequality in life expectancy between population groups (Outcome Lead Officer Jane Horne; Population Indicator Lead Officer David Lemon)

<p>DORSET</p> <p>Latest (March 2015)</p> <p>5.4 Male</p>	<p>DORSET</p> <p>Trend</p> <p>IMPROVING</p>	<p>COMPARATOR</p> <p>Benchmark (England)</p> <p>BETTER</p> <p>9.2 (Average)</p>	<p>01: Inequality in Life expectancy at birth - male</p>	<p>DORSET</p> <p>Latest (March 2015)</p> <p>5.0 Female</p>	<p>DORSET</p> <p>Trend</p> <p>WORSENING</p>	<p>COMPARATOR</p> <p>Benchmark (England)</p> <p>BETTER</p> <p>7 (Average)</p>	<p>02: Inequality in Life expectancy at birth - female</p>
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Partners with a significant role to play: Health & social care, and education services, as well as the voluntary sector and all key partners in this at both strategic and operational levels.

Corporate Risk	Score	Trend
No associated current corporate risk(s)		

Dorset County Council Performance Measures	
<p>50</p> <p>41.3%</p> <p>Proportion of people who use services who reported that they had as much social contact as they would like</p> <p>Q1 Q2 Q3 Q4 Q1</p>	<p>30</p> <p>26.2%</p> <p>Proportion of clients engaging with Live Well Dorset who are from the most deprived quintile</p> <p>Q1 Q2 Q3 Q4 Q1</p>
<p>50</p> <p>35.4%</p> <p>Proportion of carers who reported that they has as much social contact as they would like</p> <p>Q1 Q2 Q3 Q4 Q1</p>	<p>2</p> <p>% of vulnerable families receiving early help</p> <p>TO FOLLOW</p> <hr/> <p>2</p> <p>Inequality gap in level 2 qualification including E & M</p> <p>TO FOLLOW</p>

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) were 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 is has improved only for women in the most affluent areas, or a combination of both.

<p>What we propose to do? (Key Actions)</p> <ul style="list-style-type: none"> Influence spatial and transport planning to create healthier, more sustainable communities Improve physical access to services which support health and wellbeing through transport planning and provision 	<ul style="list-style-type: none"> Improve the health of the environment to support wellbeing and target improvements at areas of greatest need Support active, outdoor lifestyles through provision of infrastructure to encourage walking and cycling Improve access to the Rights of Way and footpath network for people of all ages and abilities
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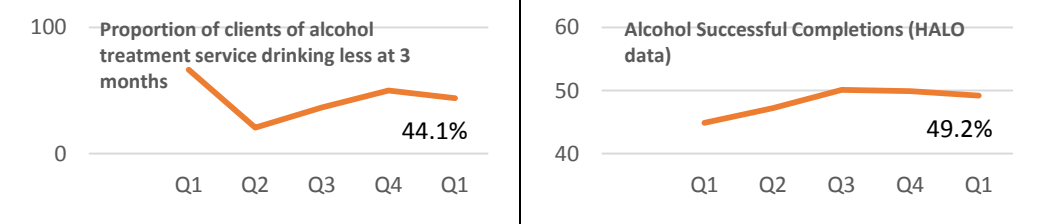
HEALTHY: 02 - Rate of hospital admissions for alcohol-related conditions (Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Will Haydock)

<p>DORSET</p> <p>Latest (2015-16)</p> <p>690 Male</p>	<p>DORSET</p> <p>Trend</p> <p>WORSENING</p>	<p>COMPARATOR</p> <p>Benchmark (England)</p> <p>BETTER</p> <p>827 (Average)</p>	<p>03: Admission episodes for alcohol-related conditions - male</p>	<p>DORSET</p> <p>Latest (2015-16)</p> <p>409 Female</p>	<p>DORSET</p> <p>Trend</p> <p>WORSENING</p>	<p>COMPARATOR</p> <p>Benchmark (England)</p> <p>BETTER</p> <p>474 (Average)</p>	<p>04: Admission episodes for alcohol-related conditions - female</p>
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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.

Corporate Risk	Score	Trend
No associated current corporate risk(s)		

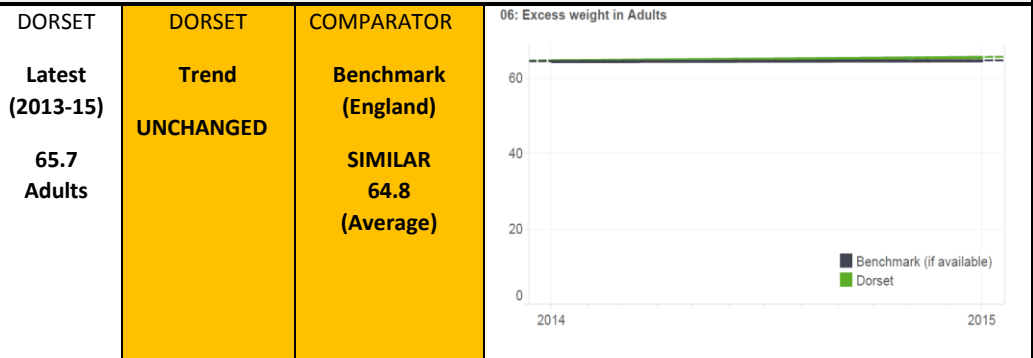
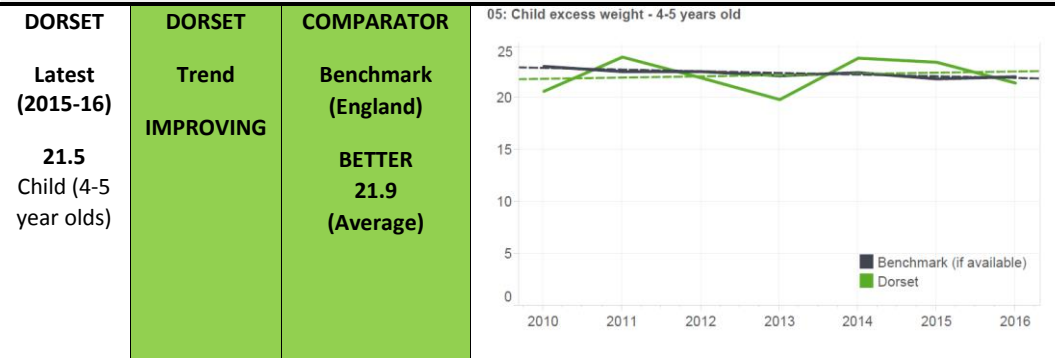
Dorset County Council Performance Measures



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.

HEALTHY: 03 Child and adult excess weight (Outcome Lead Officer Jane Horne; Population Indicator Lead Officer David Lemon)



Story behind the baseline: Since the 1990's, rates of excess weight (overweight and obesity) have 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 on 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.

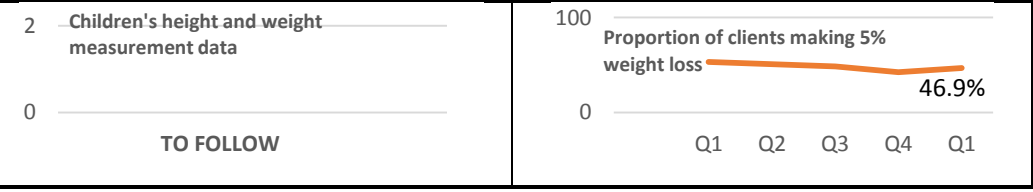
Story behind the baseline: Since the 1990's, rates of excess weight (overweight and obesity) have risen across England, so much so that England now has one of the highest rates of obesity in Europe. In Dorset, income social deprivation and ethnicity all influence obesity. Rates of excess weight are often 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. Excess weight in pregnancy can have serious consequences such as an increased risk of miscarriage, stillbirth and gestational diabetes. There can also be significant mental ill health brought about as a result of obesity. There is also a gaining burden on local public sector resources, 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 services including transport and education, District Council services including planning, leisure and environmental health, Dorset CCG and GPs, Acute hospital trusts, Community hospitals across Dorset, Active Dorset / Sport England and Dorset Community Action.

Corporate Risk	Score	Trend
No associated current risk(s)		

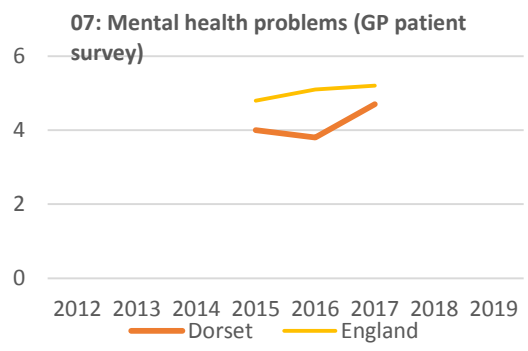
Dorset County Council Performance Measures

- What we propose to do? (Key Actions)**
- Promote active travel opportunities
 - Develop and market programmes and events which encourage active lifestyles



HEALTHY: 04 Prevalence of mental health conditions (Outcome Lead Officer Jane Horne; Population Indicator Lead Officer David Lemon)

DORSET	DORSET	COMPARATOR
Latest (2015-16)	Trend WORSENING	Benchmark (England) BETTER 5.2% (Average)
4.7%		



Corporate Risk	Score	Trend
No associated current corporate risk(s)		

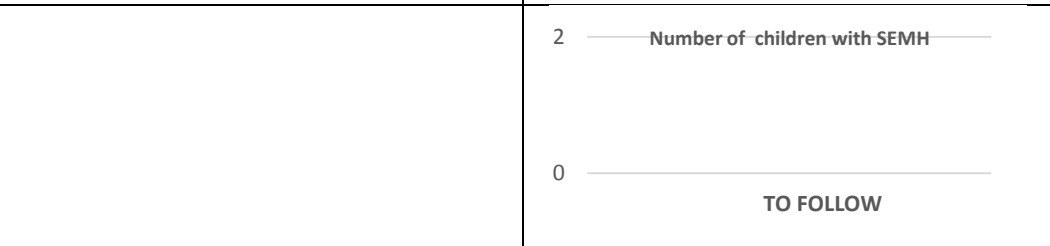
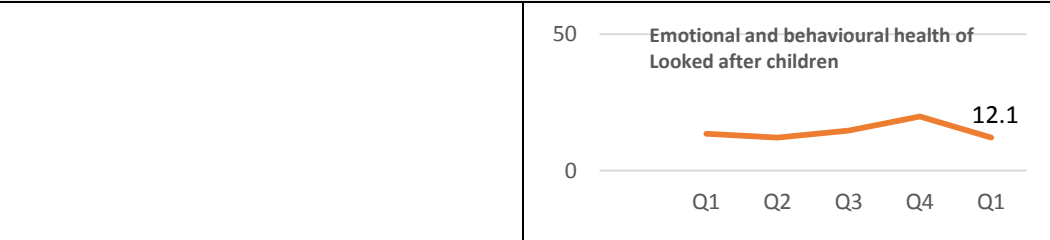
Story behind the baseline

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.

Dorset County Council Performance Measures



What we propose to do? (Key Actions)

- Ensure skills agenda and employment initiatives reflect mental health issues (for example, mindful employers)
- Provide welfare benefits advice to help people better manage their financial affairs
- Promote mental health benefits of access to nature and greenspace
- Promote increased levels of volunteering
- Continue to develop libraries as safe and neutral places welcoming all, through a range of community based activities and services
- Target the greenspace service offer at areas and groups who stand to benefit most

HEALTHY: 05 Under 75 mortality rate from cardiovascular diseases (Outcome Lead Officer Jane Horne; Population Indicator Lead Officer David Lemon)

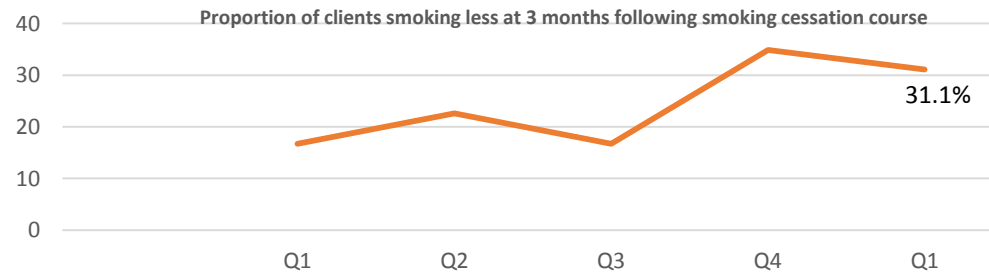
<p>DORSET</p> <p>Latest (2013-15)</p> <p>55.1 Male</p>	<p>DORSET</p> <p>Trend</p> <p>WORSENING</p>	<p>COMPARATOR</p> <p>Benchmark (England)</p> <p>BETTER</p> <p>76.7 (Average)</p>	<p>08: Under 75 mortality rate from cardiovascular diseases considered preventable - male</p>	<p>DORSET</p> <p>Latest (2013-15)</p> <p>14 Female</p>	<p>DORSET</p> <p>Trend</p> <p>IMPROVING</p>	<p>COMPARATOR</p> <p>Benchmark (England)</p> <p>BETTER</p> <p>26.5 (Average)</p>	<p>09: Under 75 mortality rate from cardiovascular diseases considered preventable - Female</p>
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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.

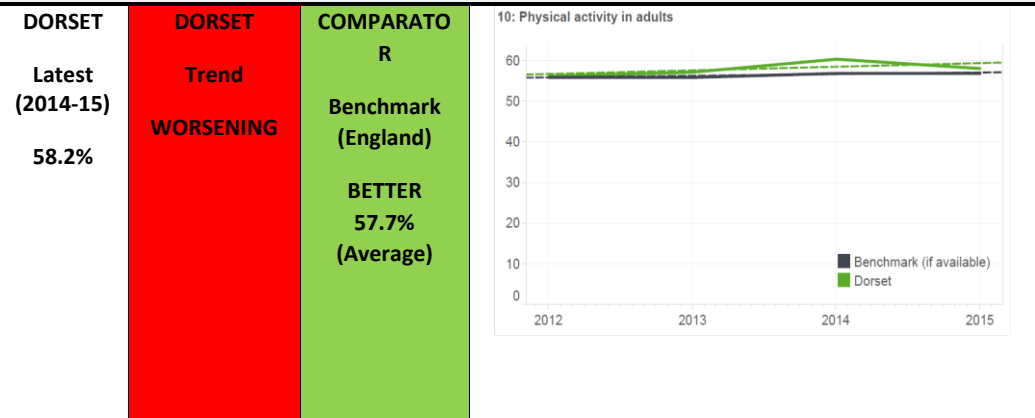
Partners with a significant role to play: In order to influence the factors identified as contributory to premature deaths from diabetes and CVD we have identified a wide range of key partners and stakeholders we need to work with including Dorset CCG, Dorset County Hospital, Poole Hospital, Royal Bournemouth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

Corporate Risk	Score	Trend
No associated current corporate risk(s)		

Dorset County Council Performance Measures



HEALTHY: 06 Levels of physical activity in adults (Outcome Lead Officer Jane Horne; Population Indicator Lead Officer David Lemon)



Corporate Risk	Score	Trend
No associated current corporate risk(s)		

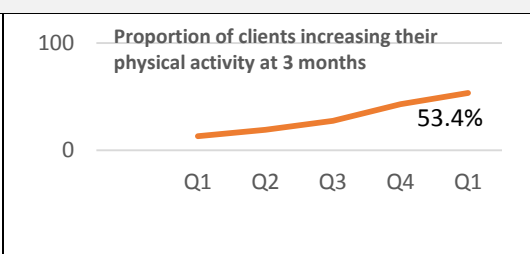
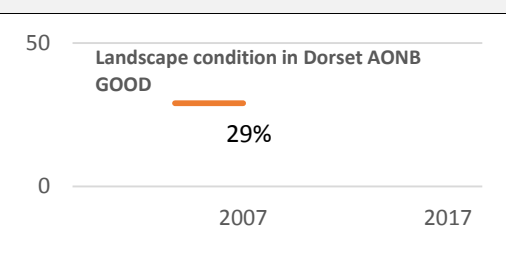
Story behind the baseline

In May 2016 Sport England published 'Sport England: Towards an 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.

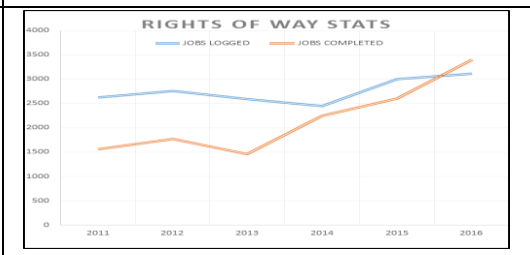
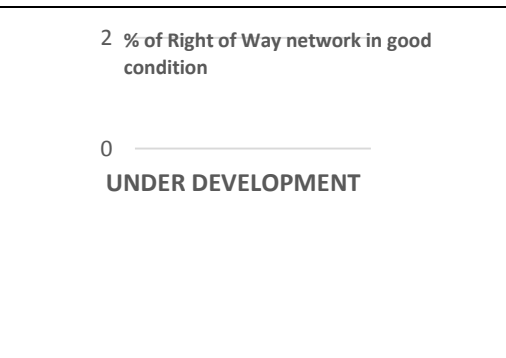
Partners with a significant role to play: Partners with a significant role to play: Dorset Clinical Commissioning Group (CCG), Dorset Healthcare University Foundation Trust (health visiting/school nursing), Schools and colleges, GP practices, Voluntary and Community Sector providers and Live-Well Dorset.

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.

Dorset County Council Performance Measures



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.



Interim Rights of Way measure (2016 Jobs Logged = 3111; Jobs Completed = 3400)

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).