Appendix 1

People in Dorset are Healthy

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Acting Director of Public Health

Outcomes Focused Monitoring Report

March 2019

Dorset County Council

People in Dorset are

Healthy

Outcomes Focused Monitoring Report

Produced by Insight, Intelligence and Performance

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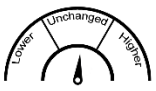
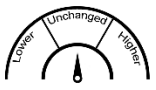
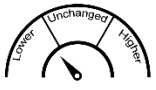
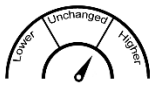
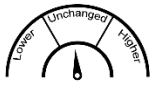
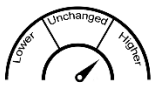
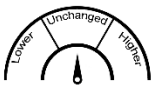
H01A Inequality in life expectancy between population groups - Male (Calendar year)	2016 6.0	2017 6.1	
H01B Inequality in life expectancy between population groups - Female (Calendar year)	2016 5.3	2017 5.3	
H02A Rate of hospital admissions for alcohol related conditions - Male (Financial year)	2016/17 689	2017/18 655	
H02B Rate of hospital admissions for alcohol related conditions - Female (Financial year)	2016/17 437	2017/18 440	
H03A Child excess weight (Academic year)	2016/17 21.1%	2017/18 20.9%	
H03B Adult excess weight (Financial year)	2015/16 59.2%	2016/17 61.8%	
H04 Depression recorded prevalence (QOF): % of practice register aged 18+ (Financial year)	2016/17 8.9%	2017/18 9.8%	
H05 Under 75 mortality rates from cardiovascular diseases (Calendar year)	2014-16 34.4 per 100,000	2015-17 35.6 per 100,000	
H06 Levels of physical activity in adults (Financial year)	2015/16 69.0%	2016/17 68.8%	

OVERVIEW: Areas for focus

As a council we still tend to look at performance as one figure for whole Dorset, rather than thinking through whether there are particular population groups that we may need to focus on more to ensure we are serving the whole population appropriately.

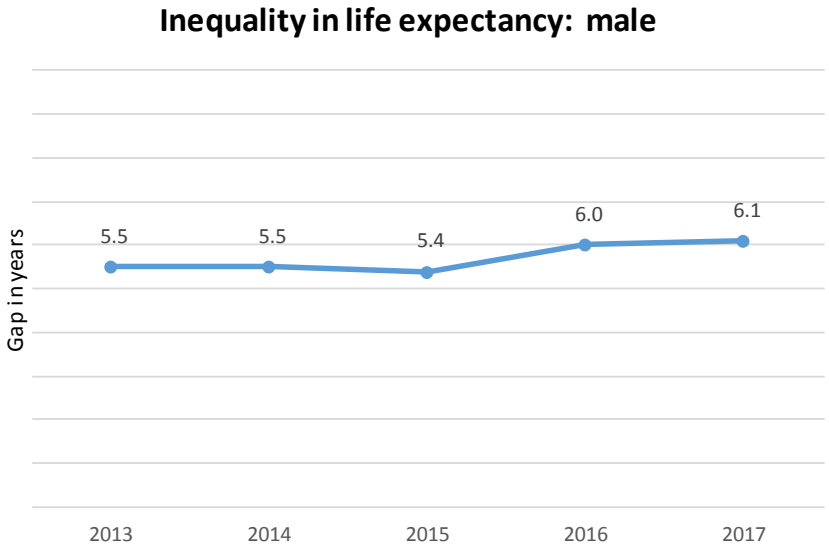
The opportunity of LGR could be used to ensure a greater focus on communities and understanding their specific needs and issues.

This would fit with the focus of the NHS through the Dorset Integrated Care System which is developing a population health management approach focusing on localities across Dorset.

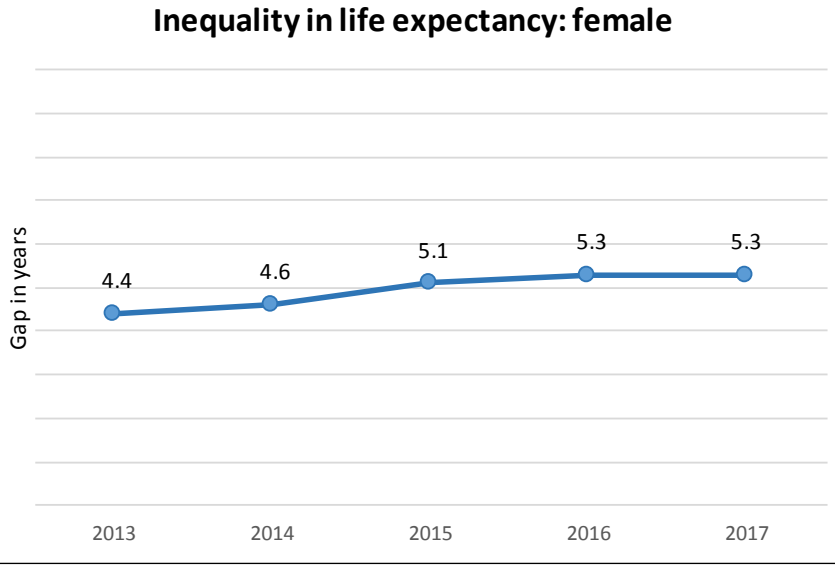
HEALTHY H01: Inequality in life expectancy between population groups

Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Lee Robertson

Trend: Change over year



Trend: Change over year



Benchmarking: There is no benchmark because the indicator is based on LSOAs and not calculated for England

What are the indicators/performance measures telling us?

People in Dorset generally live longer lives compared to the average for England, however there are differences in life expectancy between the most and least deprived communities in Dorset. The slope index of inequality (SII) is a high-level indicator that reflects this disparity; a value of greater than 1 indicates that those in the poorer areas have a lower life expectancy than those in the most affluent areas in Dorset, with the higher the value the greater the gap. Life expectancy is 6.1 years lower for men and 5.3 years lower for women in the most deprived areas of Dorset than in the least deprived areas.

What has changed and why?

For women, there has been a sustained increase in inequalities over the last 5 years, whilst for men we have seen an increase in 2016. This could be because the health of people in poorer areas has worsened, that is has improved only for people in the most affluent areas, or a combination of the two. Neither change is yet statistically significant, however as a council we have a statutory duty to address these inequalities and deliver a fair and equitable service to all our residents.

What are the issues and how can we address them?

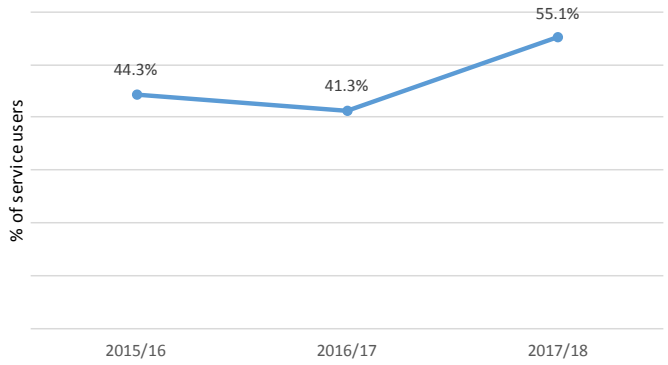
Differences in opportunities, including education and employment; in access to or take up of services; and in health outcomes along the life course all contribute to these inequalities in life expectancy. For example, those in poorer areas may find it more

difficult to access or engage with traditional services. We have recognised this in some areas and offer additional support or a different model - the LiveWell Dorset indicator shows that the service has a higher uptake in more deprived areas (26% of service users coming from the 20% most –deprived areas in Dorset), and the free school meal (FSM) indicator [which has replaced the previous 'Inequality gap in level 2 qualification' indicator due to KS4 regrading], shows that achievements in those receiving free school meals are holding steady, but does not show how this compares to the rest of the Dorset population.

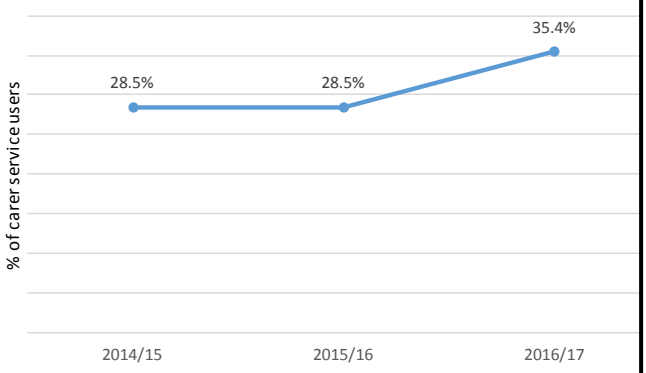
Loneliness and social isolation also affect more people in deprived areas. The service user and carer indicators show the impact on those we work with across Dorset; figures are improving, but these national indicator figures don't show how this is reflected in different areas of Dorset and whether this improvement is therefore helping to close the gap or widen it.

Performance Measure(s) – Trend Lines

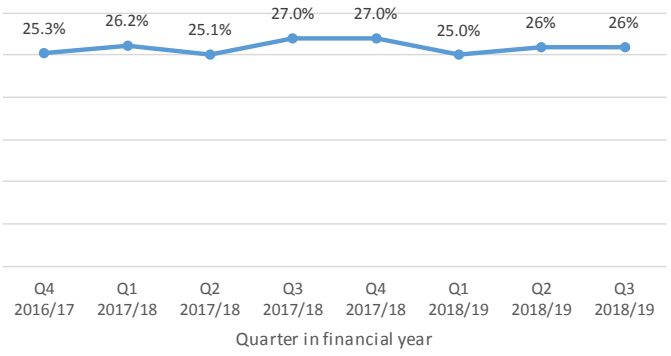
Service users with as much social contact as they would like



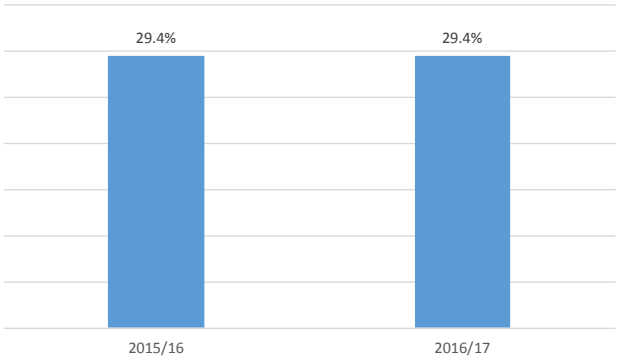
Carer service users with as much social contact as they would like



Live Well Dorset clients from most deprived quintile



FSM of those achieving 9-4 in English & maths

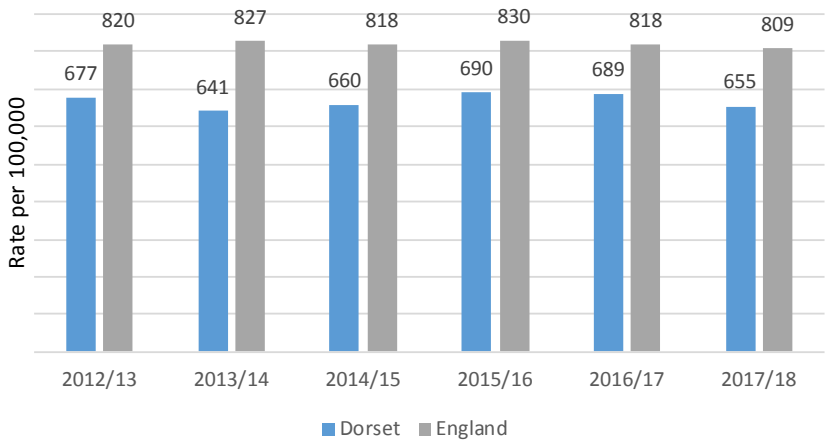


Corporate Risk	Score	Trend
No associated current corporate risk(s)		

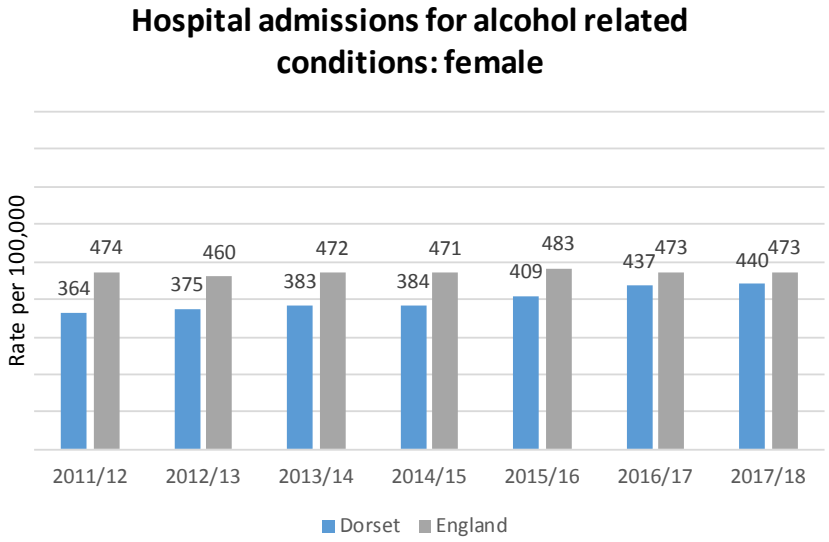
HEALTHY H02: Rate of hospital admissions for alcohol-related conditions

Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Lee Robertson

Trend: change over financial year



Trend: change over financial year



Benchmarking: The comparator is England (818 males per 100,000, 473 females per 100,000). Dorset is lower than England for both males and females.

What are the indicators/performance measures telling us?

Hospital admissions for alcohol-related conditions is a directly age standardised (which allows comparison nationally that takes account of local age profiles) rate per 100,000 population. For both males and females, Dorset does better than England. Admission rates are higher for men than women, but whilst the rate for men has fallen after being static for a few years, the rate among women appears to be rising.

What has changed and why?

Over the last 30-40 years, rates of hospital admissions related to alcohol have risen due to a combination of higher levels of alcohol consumption and improved data recording. Rates in women continue to rise. The average rate of drinking in women has risen faster than for men in the past 30 years.

Our LiveWell Dorset service supports clients who want to reduce how much they drink, through brief interventions and behavioural change coaching. It is not to be confused with commissioned alcohol treatment services for dependent drinkers. The temporary drop in performance coincided with bringing the service back in–house to Public Health Dorset.

The decline in completion rates of adults going through alcohol treatment service for dependent drinkers appears to be the result of changes in the quality of data recording whilst services were going through recommissioning of services. This has now

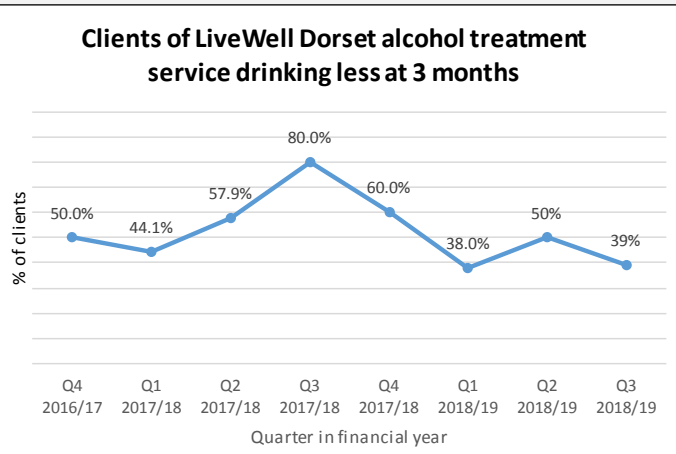
picked up and we would expect this to stabilise again in 2019-2020. However, in the meantime we are investigating whether other factors may also be affecting success rates.

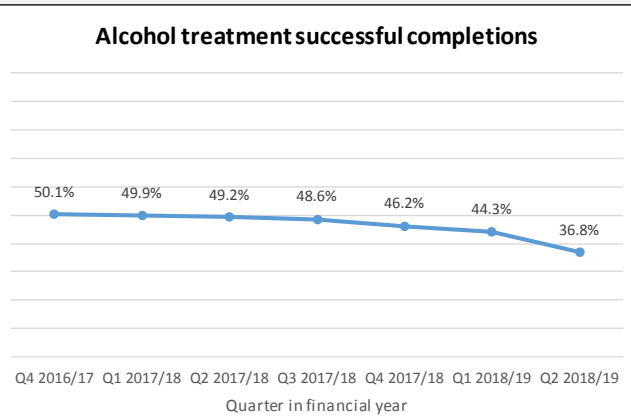
After a similar drop in completion rates for young people there has been a data cleansing exercise within the new contract and the latest figure represents an increase as data stabilises.

What are the issues and how can we address them?
Admission rates are highest amongst those aged 40-64. While this age group suffers the most health impacts, patterns of drinking are usually established earlier in the life course. 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 the pattern of consumption all play a role. Individuals from lower socio-economic groups are more likely to suffer harm from alcohol, despite average lower rates of consumption.

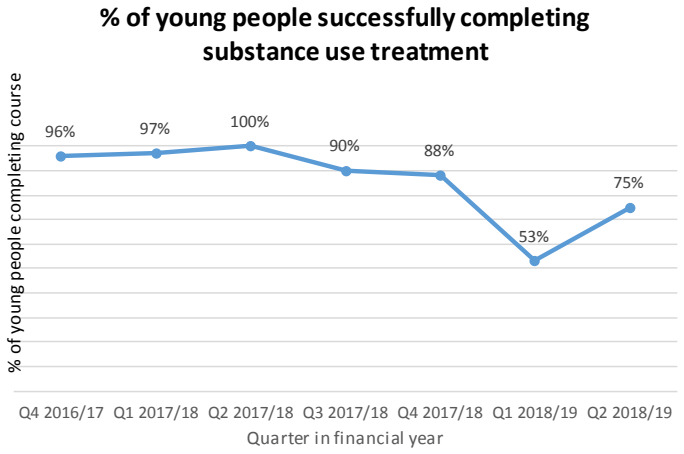
The pan-Dorset strategy for alcohol and drugs (2016-2020) covers three themes: prevention, treatment and safety. The LiveWell Dorset service supports people to reduce the amount of alcohol they drink, and our alcohol treatment services (HALO data) support those who are dependent on alcohol. Across Dorset the PAS work has a focus on alcohol, improving the identification of people at risk of future harm from alcohol and increasing the number of people connected to LiveWell for support. All of which should reduce the harm related to alcohol experienced by Dorset residents. Public Health England indicates there is a social return of £4 for every £1 invested in drug treatment and £3 for every £1 invested in alcohol treatment.

Performance Measure(s) – Trend Lines





Performance Measure(s) – Trend Lines

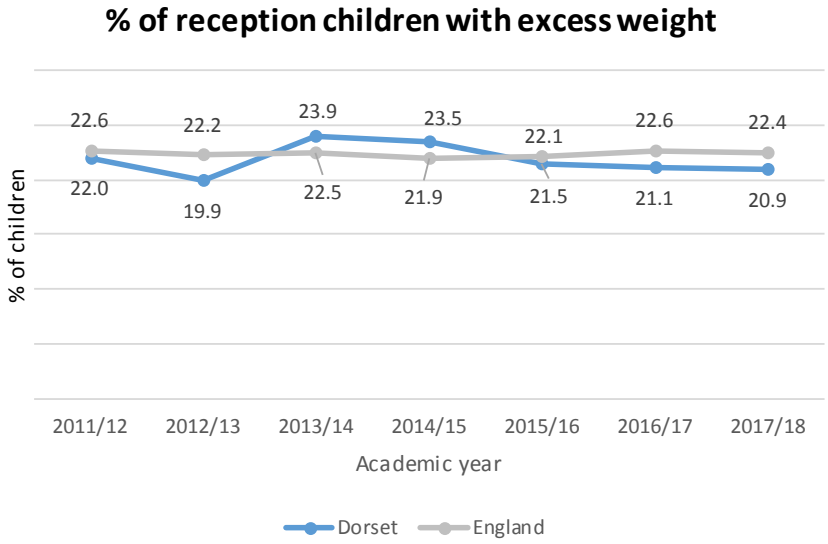


Corporate Risk	Score	Trend
No associated current corporate risk(s)		

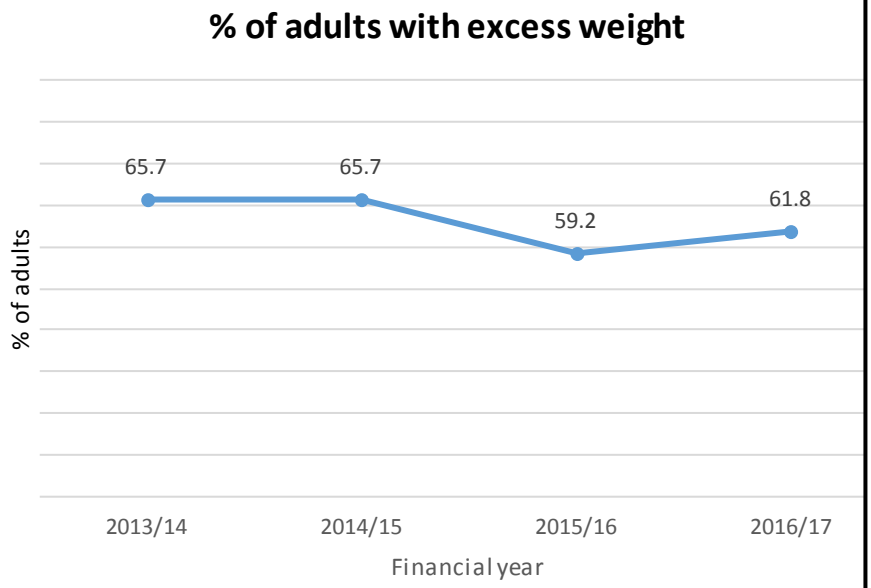
HEALTHY H03: Percentage of Children and Adults with excess weight

Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Lee Robertson

Trend: change over academic year



Trend: change over financial year



Benchmarking: The benchmark for reception children is England (22.4%). Dorset is lower than England. For adults, there is no significant difference to the England average (61.3%) – no update to the adult data in this quarter.

What are the indicators/performance measures telling us?

Since the 1990s, 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, 21.1% of children aged 4-5 are categorised as having excess weight, 28.2% of children aged 10-11, and 61.8% of adults. The figures for children are both statistically significantly better than the England average while the figure for adults is not statistically significantly different.

What has changed and why?

Whilst some data suggests that the increase may now 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, whilst children with parents who are overweight or obese are more likely to be so themselves.

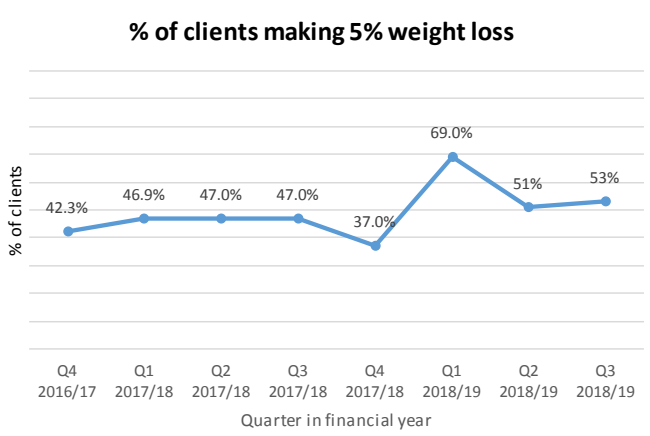
The LiveWell service has been brought in-house and we are in the first few quarters of trialling new reporting practices and systems. This has meant the performance figures have been up and down because the number of clients entering the LiveWell service is down on the last two quarters compared to the previous year. Note: there is no update in this quarter for the adult dataset.

What are the issues and how can we address them?

Obesity is associated with a range of problems. Excess weight in pregnancy increases the risk of miscarriage, stillbirth and gestational diabetes. Obese children are more likely to suffer stigmatisation because of their obesity, and adults may have significant mental ill health brought about because of obesity. Physically, there are links between obesity and type 2 diabetes, cardiovascular disease and several cancers, with a growing burden on public sector resources. For example, NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, and wider costs to society estimated to reach £49.9 billion per year (Foresight 2007). Locally we may see more house-bound individuals needing care, or special equipment being needed in school rooms and gyms

Obesity is a complex multi-faceted disorder, connected with most of the other population indicators in this section, and it requires an integrated approach to tackle. It is one of the four key lifestyle issues that the LiveWell Dorset service supports people to change. As part of the Prevention at Scale portfolio of the Sustainability and Transformation Plan, overseen by the Dorset Health and Wellbeing Board, there is a focus on increasing the number of people connected to LiveWell for support, with referrals from partners across the system.

Performance Measure(s) – Trend



Corporate Risk	Score	Trend
No associated current corporate risks		

HEALTHY H04: Depression recorded prevalence (Quality and Outcomes Framework): % of practice register aged 18+

Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Lee Robertson

Trend: change over financial year

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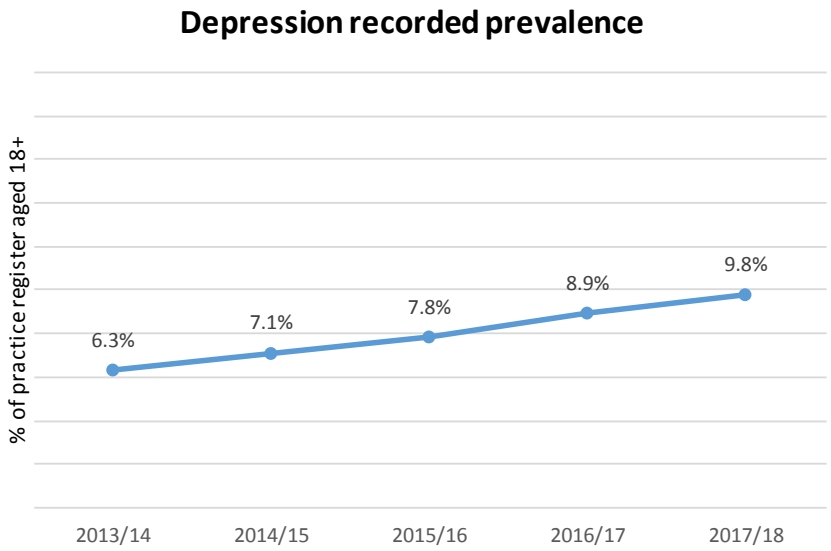
Benchmarking: The comparator is England (9.9%). Dorset is lower than England. No update in this quarter.



What are the indicators/performance measures telling us?

This indicator provides a measure of the number of people living with depression, which, as widely reported, is on the increase. The indicator shows the prevalence of depression as recorded on GP practice registers. Mental health is one of the two main causes of sickness absence in the working age population, at an estimated cost of around £8 billion per year in the UK. Our childhood has a profound effect on our adult lives, and many mental health conditions in adulthood show their first signs in childhood.

For the emotional and behavioural health of looked after children indicator, the Strengths and Difficulties Questionnaire should be completed for every child looked after for at least 12 months and aged 5 to 16 years-old as at the end of March. A score of: 0 to 13 is considered normal; 14 to 16 is borderline; and 17 to 40 is a cause for concern.

The findings of Dorset County Council's 2018/19 loneliness survey are now available. There were more than 400 residents responding from across the County, with the greatest proportion aged 45 to 84 and with females outnumbering males. Most respondents had high levels of loneliness.

The data highlighted degrees and types of loneliness with younger age respondents showing acute levels of loneliness. Male respondents on average showed greater levels of loneliness as did Bisexual and Gay/Lesbian women. Levels of loneliness were higher for Carers compared to Non-Carers and for Internet users, although Non-internet users were more likely to be emotionally lonely[1].

The distribution of respondents to the survey shows a higher proportion from West Dorset and Weymouth & Portland and the lowest from Purbeck. At a smaller geographic level, the report highlights areas that have higher respondents with Severe or Very Severe Loneliness.

The results of the loneliness survey provide empirical evidence for the County Council and partner organisations to help target initiatives to different groups and places that need them most.

What has changed and why?

There is no update in this quarter. The Global Burden of Disease study identified mild depression as a significant burden of ill health. Additionally, this falls primarily on working age adults and is therefore potentially an important indicator of workforce health. Mental health problems tend to be concentrated in those without sufficient social or financial resources to take control over their own lives.

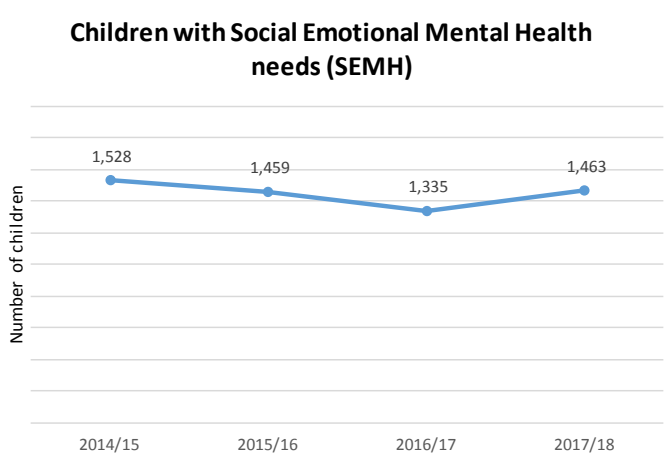
[1] Missing an intimate relationship rather than a social network

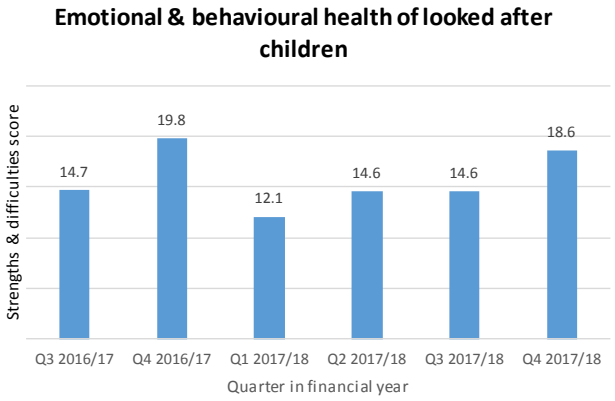
The prevalence of people living with depression in Dorset remains below the rate for England. Over the past five years, Dorset has reported a similar trend increase to England. Compared to the previous year, the prevalence rate for Dorset is higher.

What are the issues and how can we address them?
Schools are the key universal service promoting young people's emotional health and wellbeing. Our Emotional Health and Wellbeing strategy and a key strand of the Prevention at Scale work, connected closely with the Children's Alliance for Dorset, is a focus on developing improved pathways and support to improve child mental health and wellbeing, including risk taking behaviour, using the THRIVE model[2] across the whole system.

Key actions for adults with mental health issues include ensuring parity of esteem within services for people with physical and mental health issues. This has led to extensive work locally to reform acute mental health pathways with more of a focus on avoiding admission to hospital. New models of care in communities being developed by Dorset Integrated Care System are exploring how better to support adults living with mental health issues through greater use of recovery champions.

Performance Measure(s) – Trend Lines





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

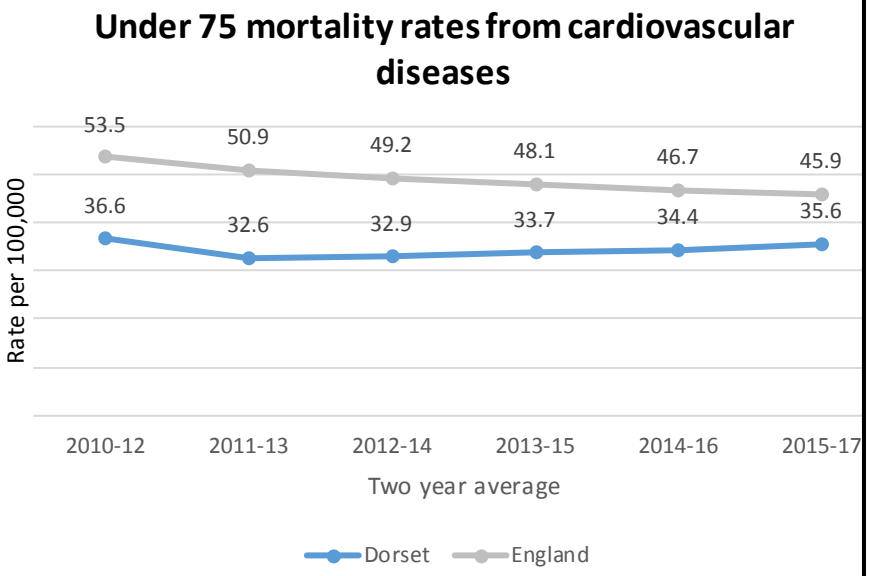
[2] The THRIVE Framework provides a set of principles for creating coherent and resource-efficient communities of mental health support for children, young people and families. It aims to talk about mental health and mental health support in a common language that everyone understands. THRIVE

HEALTHY H05: Under 75 mortality rates from cardiovascular diseases

Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Lee Robertson

Trend: change over 2 calendar year average

Benchmarking: The comparator is England (45.9). Dorset is lower than England. No update in this quarter.



What are the indicators/performance measures telling us?

This indicator is an Age-standardised rate of mortality considered preventable from all cardiovascular diseases (incl. heart disease) in those aged <75 per 100,000 population. The rate for Dorset is statistically significantly better than both the England and South West average.

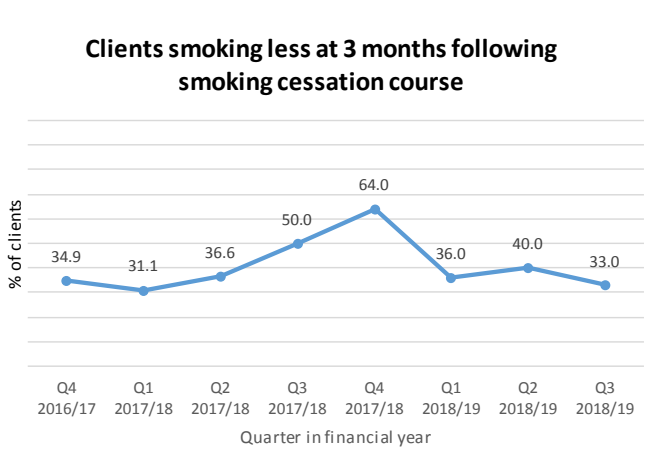
What has changed and why?

There is no update in this quarter. The rate of mortality considered preventable is higher compared to the previous year, but it remains statistically significantly better compared to the England average.

Whilst rates of premature mortality from cardiovascular disease (CVD) nationally have been falling significantly over the last five decades, this remains the second biggest cause of death nationally after cancer. The dramatic reductions in deaths have been due to reductions in smoking, better management of cholesterol and hypertension, and improved treatments following a heart attack or stroke. However, the decline in deaths has flattened out in more recent years as improvements in these factors have been increasingly offset by increases in obesity and diabetes and reductions in physical activity. Although rates in Dorset overall are significantly lower than the England average, there is significant variation between and within districts, with rates from GP practices in the most deprived communities being 3-4 times that in the least deprived communities. CVD is the biggest contributor to inequalities in life expectancy.

What are the issues and how can we address them?

Many of the actions we take to prevent CVD need to start early, in pregnancy or childhood, and link with the other population indicators in this section. Healthy behaviours in childhood and the teenage years also set patterns for later life. The LiveWell Dorset service supports people to change four key lifestyle issues: stopping smoking, reducing alcohol intake, increasing physical activity and healthy weight. A key focus of the PAS STP work overseen by the DHWB, is to increase the number of people connected to LiveWell for support, with referrals from partners across the system.

Performance Measure(s) – Trend


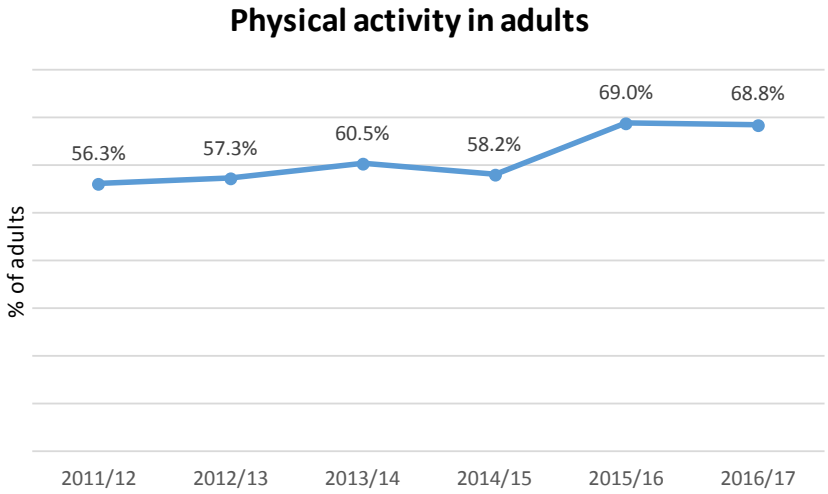
Corporate Risk	Score	Trend
No associated current corporate risk(s)		

HEALTHY H06: Levels of physical activity in adults

Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Lee Robertson

Trend: change over financial year

Benchmarking: The comparator is England (66%). Dorset is higher than England. No update in this quarter.



What are the indicators/performance measures telling us?

This indicator tells us the percentage of adults (aged 19+) that meet CMO recommendations for physical activity (150+ moderate intensity equivalent minutes per week).

Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults, physical activity is associated with increased functional capacities.

What has changed and why?

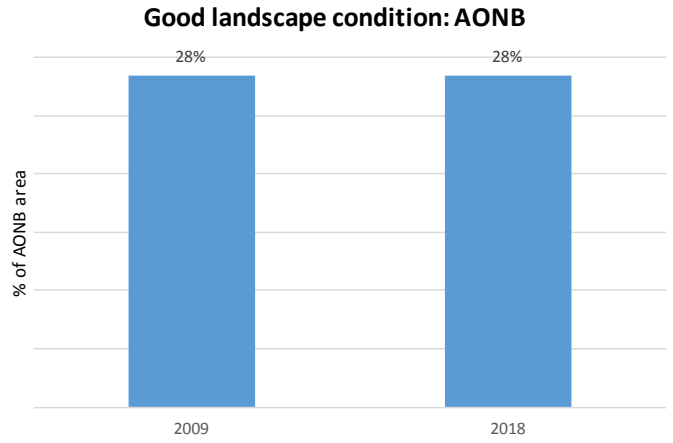
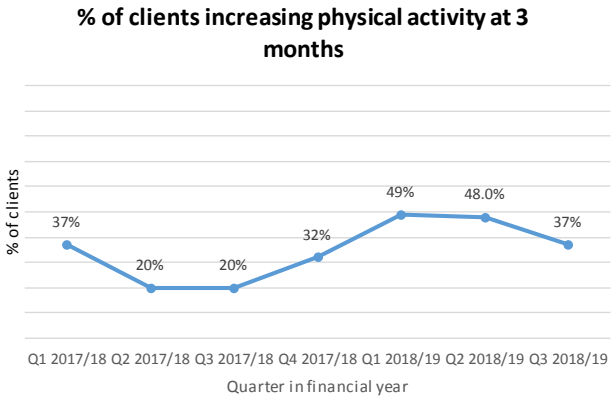
There is no update in this quarter. The percentage of adults that are physically active is slightly lower compared to the previous year. It is statistically significantly better compared to the England average.

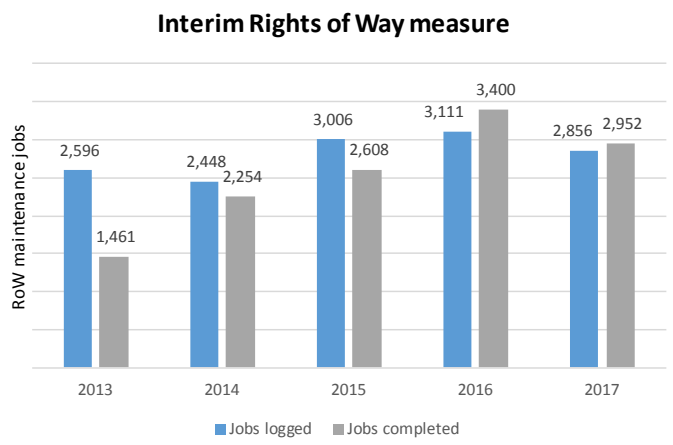
In May 2016, Sport England published 'Sport England: Towards an Active Nation Strategy 2016-2021'. Notable parts of this include physical activity, focussing more money and resources in tackling inactivity and investing in children and young people from the age of five outside the school curriculum. 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 Dorset Joint Health and Wellbeing Strategy, PAS and the STP all have a focus on increasing physical activity. Benefits of increased physical activity include reduced risk from CVD, diabetes, many musculoskeletal conditions and improved mental wellbeing, so there is a link with many of the other population indicators in this section. Keeping our countryside, including our AONBs, accessible and in good condition facilitates physical activity. Ideally, we would like to survey AONB condition every 5 years, but this has not been possible in recent years due to diminished resources. However, the pace of change on a landscape scale is slow. In terms of Rights of Way maintenance, despite significant reduction in overall funding across the Countryside services, the outputs for RoW jobs have doubled over the last 5 years and for the first time we now complete more jobs than there are new jobs coming in, so we are able to start working through the back log – which is highly beneficial for helping people to access the RoW network and therefore be more physically active.

What are the issues and how can we address them?

This is one of the lifestyle issues that the LiveWell Dorset service supports people to change, and there is work with partners across the system to recognise the many opportunities available to people, including using local rights of way and green space.

This is a key part of the Healthy Places work stream of PAS, which also refers to active travel. DHWB oversees the PAS portfolio and brings together partners across Dorset to work collectively on these issues. This includes launching a new Acting Ageing Programme working with Sport England to recruit more than 20,000 inactive adults aged 55-65 years to improve their activity levels.

Performance Measure(s) – Trend Lines	
	

Performance Measure(s) – Trend


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

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
10m - The services are not sufficiently outward facing, and the skills of the voluntary sector are not realised	**MEDIUM**	UNCHANGED
09f - failure to adapt services and communities to the impacts of a changing climate	**MEDIUM**	UNCHANGED
12b - Lack of public support or legal challenge to a major change in policy (arising from the Care Act)	**LOW**	UNCHANGED

Key to risk assessments	
Corporate Risk(s)	
High level risk in the Corporate Risk Register and **outside of the Council's Risk Appetite**	**HIGH**
Medium level risk in the Corporate Risk Register	**MEDIUM**
Low level risk in the Corporate Risk Register	**LOW**

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