

Dorset Council JSNA Summary

Updated November 2023



Purpose

In the Dorset Council area people are generally healthier and live for longer than England overall. The proportion of people in very good health increased to 49.2% since the 2021 Census.

However, not everyone has the same experience. This report focuses on some of the current and future strategic health and wellbeing issues for Dorset Local Authority.

It contains 3 sections

- **Thriving Communities** (Our population and wider determinants of health)
- **Healthy Lives** (Health conditions and behaviours, opportunities for prevention and early help)
- **Health and Care** (How services work together)

Evidence from key national and local data indicators, is combined with insights from local research and engagement and qualitative interviewing.

Links are available throughout to relevant content and further data resources. Thanks to business intelligence teams and partner organisations across our Integrated Care System for the research and insights referenced in this report.



Thriving Communities - Our Population

Dorset is home to just over **379,000 people**. Over the last 10 years the population has grown by 4% (14,431 more people). Dorset particularly sees growth from people moving from other areas of the UK.

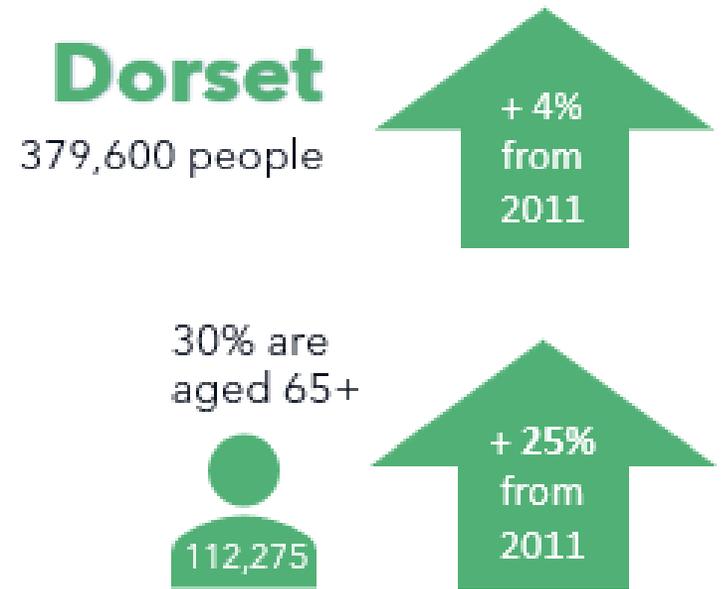
Between the last two census, the **average age of Dorset increased** by 4 years, to 51 years of age. Dorset has a much higher proportion of residents who are **aged over 65 years**. Around 112,300 residents are aged 65 and over. This is a growth of 25% since 2011. The proportion of **one person households aged 66+** increased to 17.6% from 16.2% in 2021.

The proportion of **disabled residents increased slightly** – from 17.1% to 17.6%. This is the opposite trend to England, which saw the proportion of disabled residents fall from 19.3% to 17.7%.

6.1%, around **23,000 people, identify as a minority ethnic group**, and this has increased from 4.4% in 2011. The largest minority ethnic group in the Dorset area is 'Other white' at 3% (approx. 12,000 people).

Dorset is home to both serving **military personnel and veterans**. Just over 22,900 residents aged 16+ have previously served in the UK armed forces (includes regular and reserve).

In 2021, 9.2% of Dorset residents reported providing **unpaid care**, a decrease from 11.7% in 2011. 2.6% of residents are providing 50 hours or more of unpaid care a week.



86% are satisfied with the local area and 75% feel they belong to their local community.

(Dorset residents survey 2021)

The local natural environment is greatly valued by residents and used to help support and improve their health and wellbeing.

(100 Conversations)



Thriving Communities - Inequalities

Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups.

In the Dorset area people are **generally healthier and live for longer** than England overall. Latest life expectancy data shows women to live approximately 84.6 years and men 80.6 years.

However, we have a **social gradient in life expectancy** between the most and least deprived areas in Dorset - 5.2 years for men and 4.6 years for women. The conditions contributing to this gap are;

Men: circulatory disease, cancer, deaths from external causes, respiratory

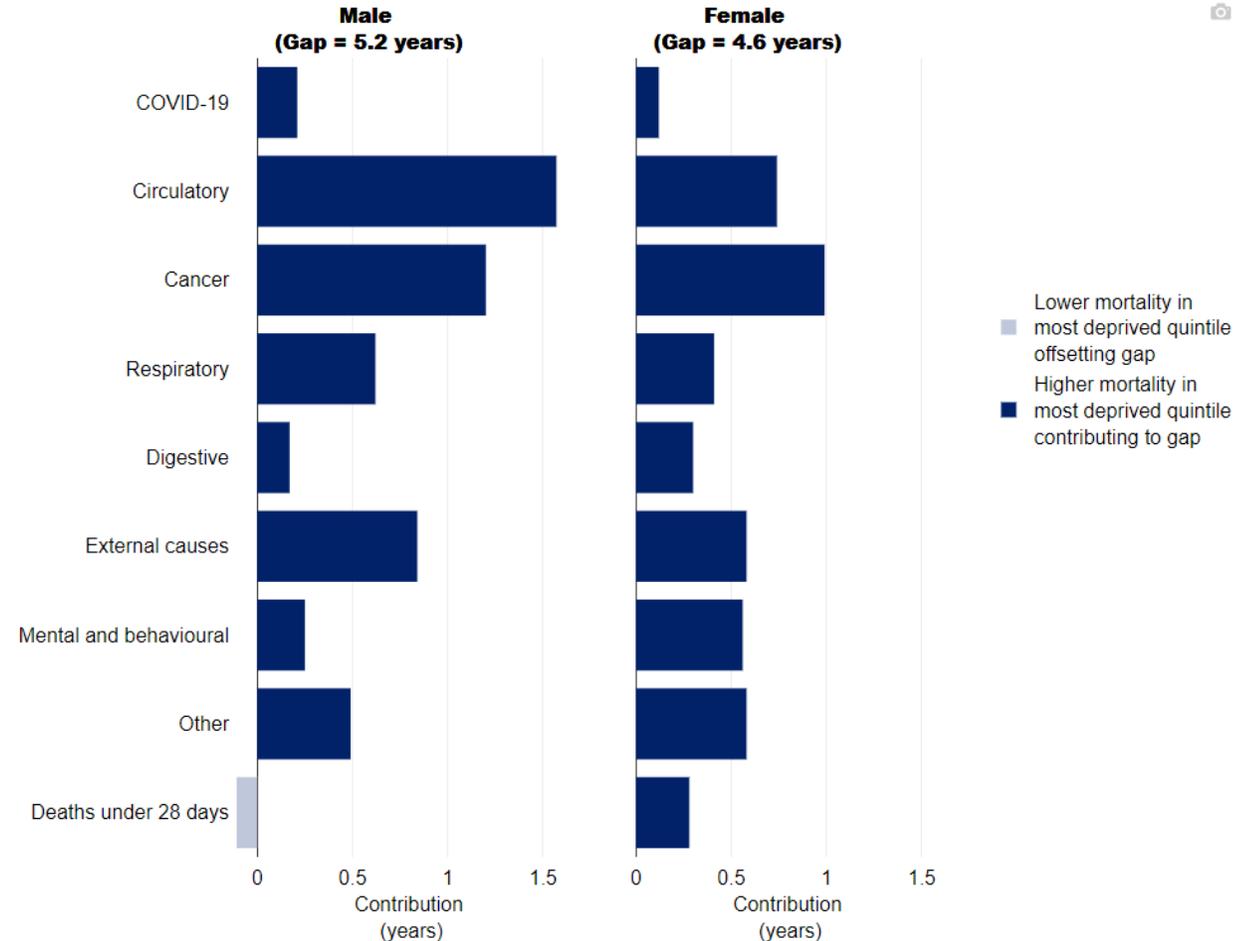
Women: cancer, circulatory disease, external causes, mental and behavioural causes (includes dementia and Alzheimer's)

Healthy life expectancy is another important measure of health and inequality. **Men in Dorset will spend around 18 years in poor health and females around 19 years.** We know from national data a social gradient is also seen in how long people will live in "good" health.

[Dorset Health Inequalities Virtual Academy](#)

[OHID Segment Data Tool](#)

Breakdown of the life expectancy gap between the most and least deprived quintiles of Dorset by cause of death, 2020 to 2021



Source: Office for Health Improvement and Disparities based on ONS death registration data and 2020 mid year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019



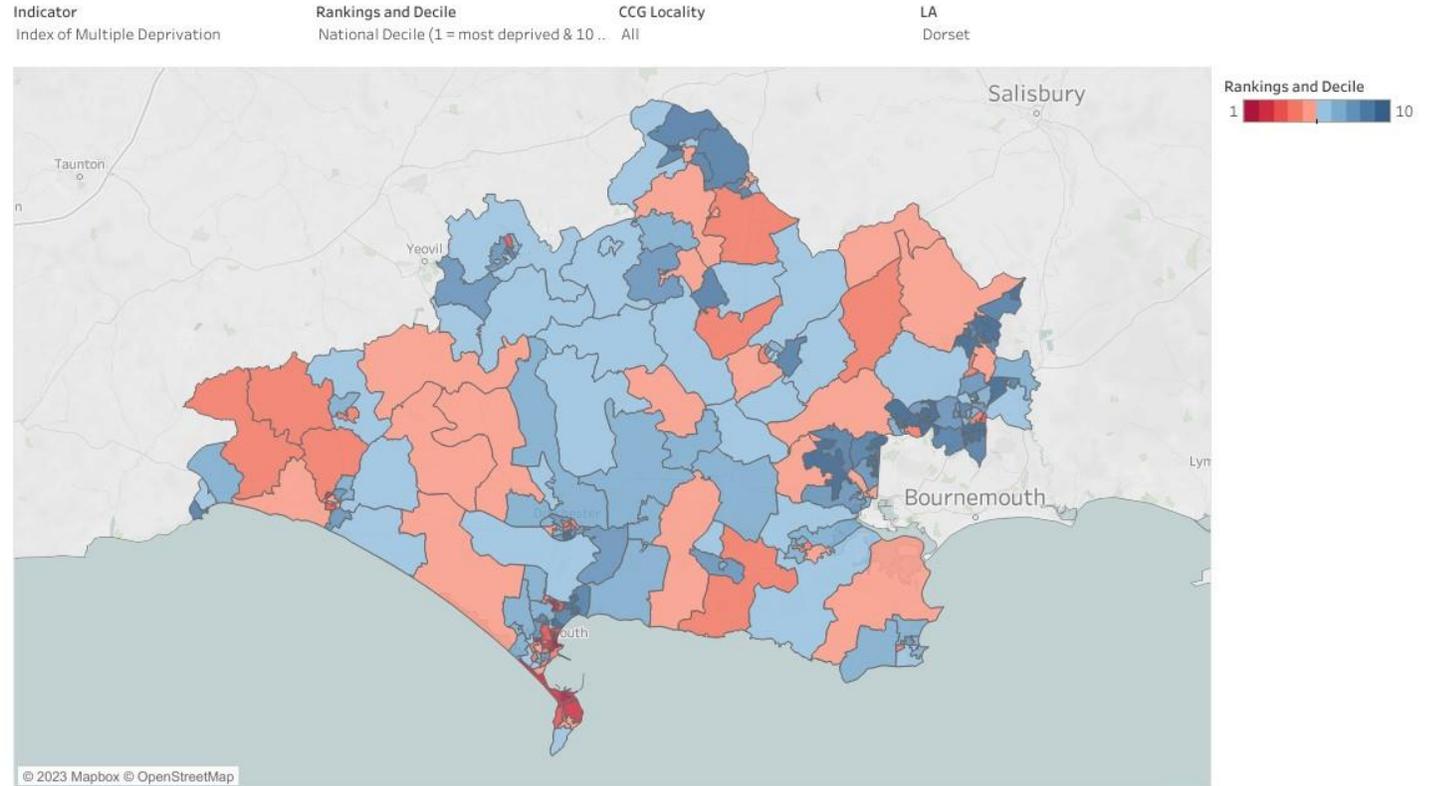
Thriving Communities - Deprivation

Whilst Dorset is generally an affluent there are areas experiencing deprivation across the area, particularly around Weymouth and Portland.

Deprivation is strongly linked with many health outcomes.

[Indices of deprivation](#)

Indices of Deprivation 2019 (IMD & Domains)



Created and maintained by the Public Health Dorset Intelligence Team
Last updated 12/11/2019

www.publichealthdorset.org.uk

[@HealthyDorset](https://twitter.com/HealthyDorset)
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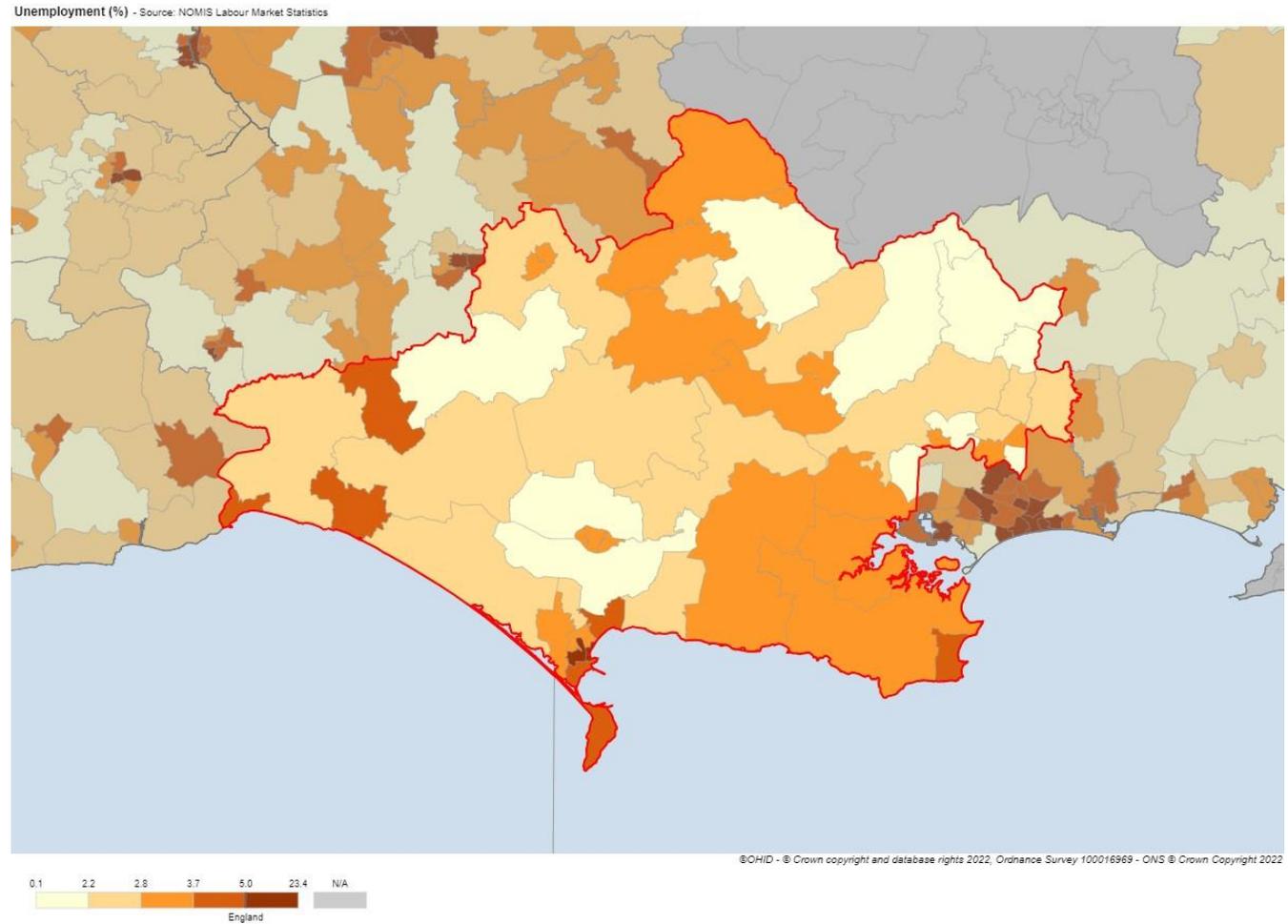
Thriving Communities – Economy & Cost of Living

In 2021/2, 3.2% of the working age population in Dorset were **unemployed, lower than England overall**. Unemployment has generally been declining nationally, with a slight increase in 2020/21 due to the impact of the pandemic.

In contrast, the economic inactivity rate has been increasing nationally since 2019/20 (currently 21.2%). In Dorset it has also increased, with **22.9% of the working age population economically inactive** – this includes people who are temporarily or long-term sick, or away from the workforce for other reasons.

[Dorset Economy Data](#)

[Impact of winter pressures in England](#)



Thriving Communities – Housing

There are 169,261 households in Dorset and this has increased by 7% over the last 10 years (in line with national increases). Dorset has a **higher proportion of single older person households** (18% compared to 13% in England)

Housing affordability is an issue in the area – Dorset is in the 2nd worst quintile for England for affordability of home ownership.

An estimated **11.5% of households were experiencing fuel poverty** in 2020. Although this is better than the England average (13.1%) the proportion has been increasing in Dorset, and this data pre-dates the cost-of-living crisis where energy prices have risen. We also see variation across the area.

National research found that households facing fuel poverty rationed energy and used alternative heating strategies, and health and wellbeing suffered as a result as well as increasing the risk of damp.

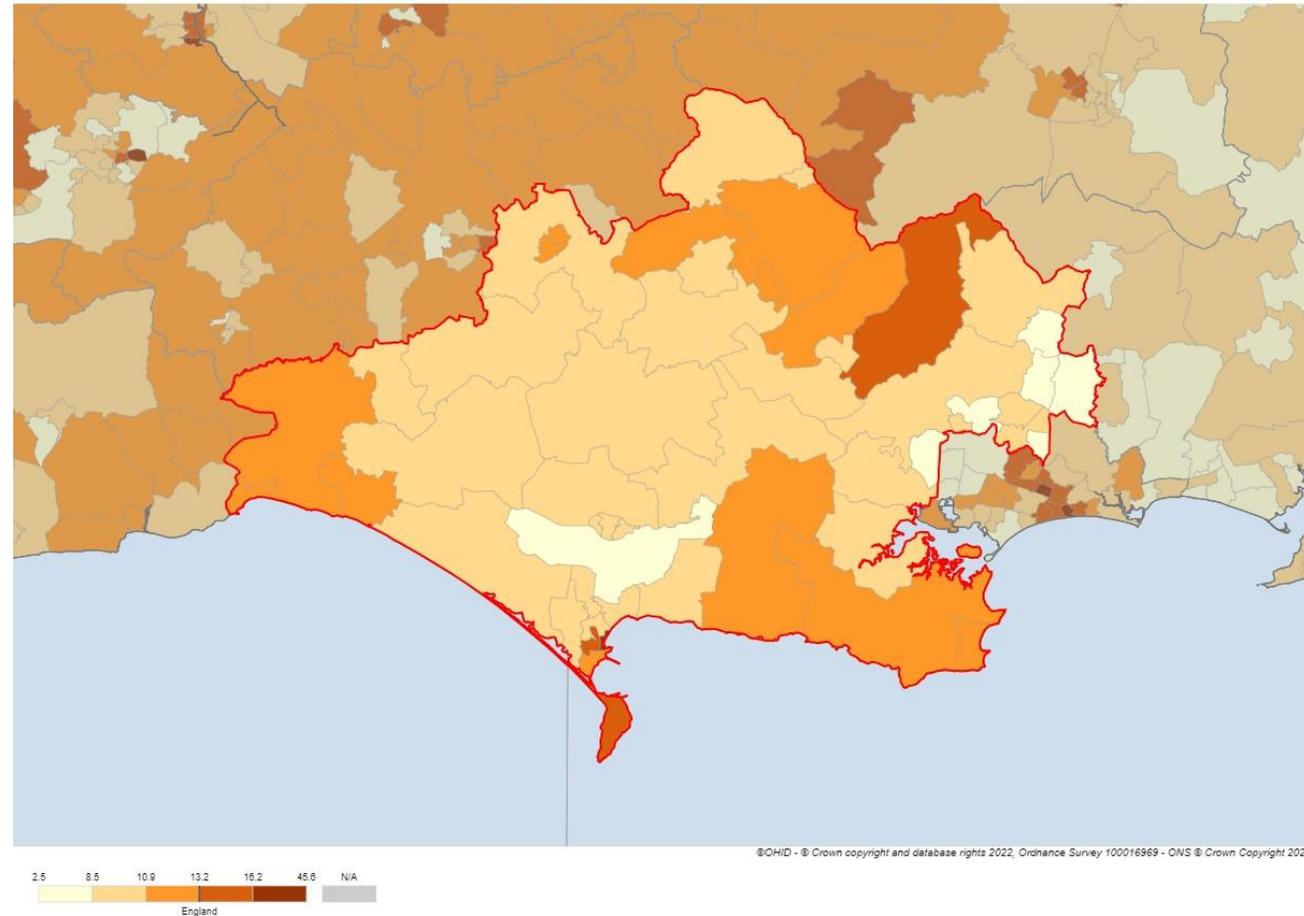
Barriers to housing and essential services are significant in Dorset reflecting **rurality** and distance from services. 66 Dorset neighbourhoods fall in the 20% most deprived nationally for this measure: in the former council areas, 21 in North Dorset and 19 are in West Dorset.

[Understanding the challenges faced by fuel poor households \(publishing.service.gov.uk\)](#)

[Dorset Census 2021 – Households](#)

[State of Dorset report 2021 \(dorsetcouncil.gov.uk\)](#)

Households in fuel poverty (%) - Source: Department for Business, Energy and Industrial Strategy (BEIS)



Thriving Communities - Education, Skills and Learning

Disparities in child development are recognizable in the second year of life and have an impact by the time children enter school. In Dorset, the % of children **achieving a good level of development** at 2.5 years is above the England average. However, within the skills measured there are needs **fine motor skills** and **personal social skills** which fall below the England average. Communication skills are like England.

School readiness of children with free school meal status is lower than national average and one of the lowest area in the South West, with 41.4% achieving a good level of development at the end of Reception (2021/22).

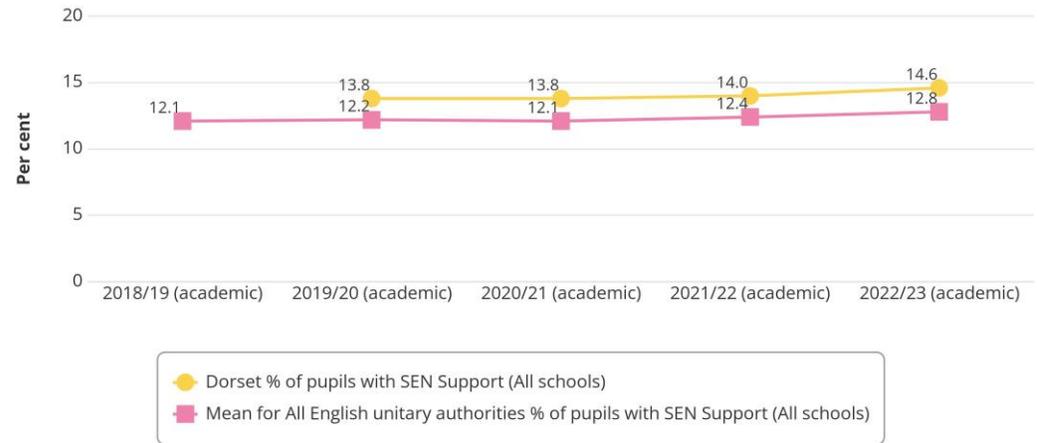
The Average Attainment 8 Score measures the achievement of pupils across 8 qualifications at the end of Key Stage 4. In Dorset, the average attainment score is 47.9, similar to England 48.7 but lower than BCP at 52.1. However, the average **attainment of Children in Care is much lower** at 14.6, among the lowest areas in the South West. The attainment 8 score for **pupils with statements of SEN or EHC plans** was 12.2, and 31.9 for pupils on SEN support (2022/23).

Pupil absence has increased, following national trends. Nearly 30% of **secondary school age children were persistently absent** in 2021/22. This is worse than the England average and has significantly increased from 2020/21 (13.8% persistently absent). **Absence is higher in pupils with statements or plans**, where 40.4% were persistent absentees, compared to 37.2% in England (2021/22)

In Dorset 19.5% of pupils have a statutory plan of **Special Educational Needs (SEN)** or are receiving SEN Support (2022/23). This compares to an average of 17% across England. 43.2% of **Looked after children** who are pupils have statements of SEN or an EHC plan compared to 31.4 % across England (2021/22).

At primary school age the primary needs are **speech, language and communication** (40%), social emotional and mental health (16.7%) and specific learning difficulty (15.1%). At secondary school primary needs are **specific learning difficulty** (27.8%), **social emotional and mental health** (20.5%) and autistic spectrum disorder (14.9%).

% of pupils with SEN Support in all schools (from 2018/19 (academic) to 2022/23 (academic))



Source:

Metric ID: 2214, Department for Education, Special Educational Needs in England, Data updated: 23 Jun 2023

Powered by LG Inform



Thriving Communities - Other Resources Available

[State of Dorset 2021 \(dorsetcouncil.gov.uk\)](https://dorsetcouncil.gov.uk)

[2021 Resident's Survey - Dorset Council](#)

[Thriving Places Index | Centre for Thriving Places](#)

[Economy Topic Data - Dorset Council](#)

[Area Profiles - Dorset Council](#)

[Greenspace Accessibility Model](#)

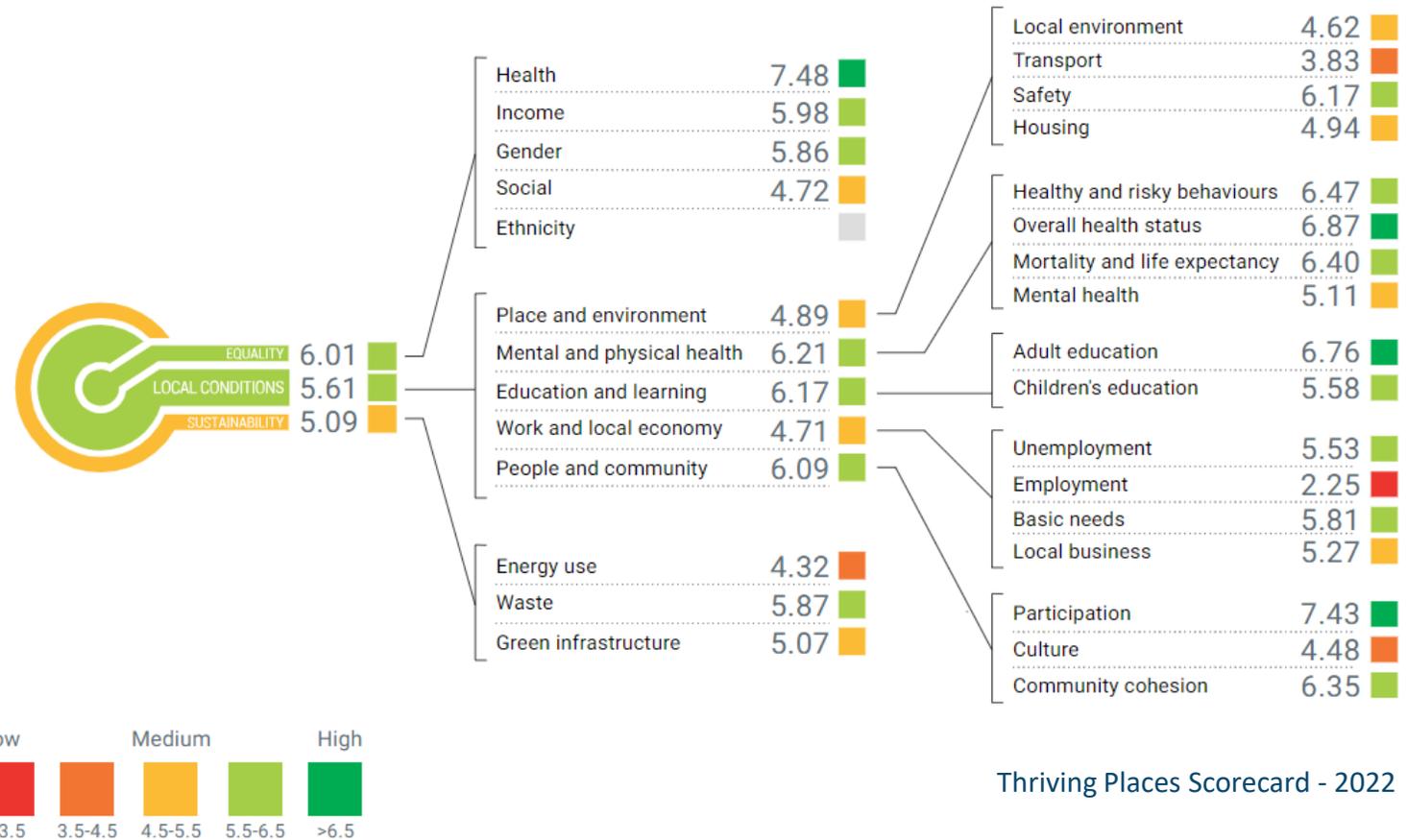
[Wider determinants of health - fingertips.phe.org.uk](https://fingertips.phe.org.uk)

[Local Health - Rural Urban Classification Map](#)

[SEN and Disability report for Dorset | LG Inform](#)

[2021 Census Profile - Dorset](#)

Dorset



Thriving Places Scorecard - 2022



Healthy Lives - Childhood Health

Comparing local indicators with England averages shows the health and wellbeing of our children and young people is mixed.

Babies born with a low birth weight is like England rates. The percentage of babies being breastfed in Dorset is also similar to England – in Q2 23/24 54.7% of babies were being breastfed at 6-8 weeks. A&E attendances in under 5's is better than average, as is the Infant mortality rate.

Levels of **childhood obesity** are better than England – however almost a third of Year 6 pupils were overweight or obese in Dorset and we see variation across the Local Authority.

The **mental health and emotional wellbeing** of children is a priority – the rate of hospital admissions for self-harm are worse than England for both 10-14 and 15-19 year olds (513.8 admissions per 100,000 and 947.2 per 100,000 respectively).

In terms of physical health;

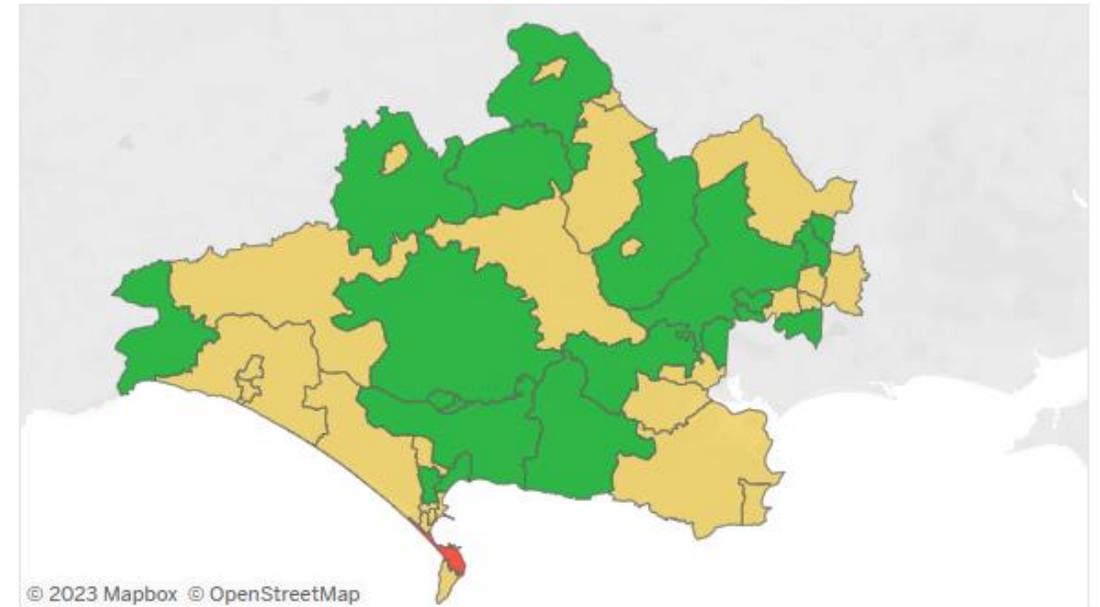
- Admissions for **alcohol specific conditions** in under 18's is higher than England average
- Admissions for unintentional and deliberate **injuries** is higher than England for both 0-14 year olds and 15-24 year olds

[Child Health Profiles \(phe.org.uk\)](https://www.phe.org.uk)

[Children and Young People's Public Health Services](#)

[LGA Inform: Children's Health and Wellbeing in Dorset](#)

Year 6: Prevalence of overweight (including obesity), 3-years data combined



Indicator
Year 6: Prevalence of obesity (including severe obesity), 3-ye...

Compared to England (value or percentiles)

- Better
- Similar
- Not compared *
- Worse

* Not Compared - this is where we have not been able to make comparisons to England or LA areas. This could be due to small sample size, disclosure control or data quality reasons.



Healthy Lives – Mental Health

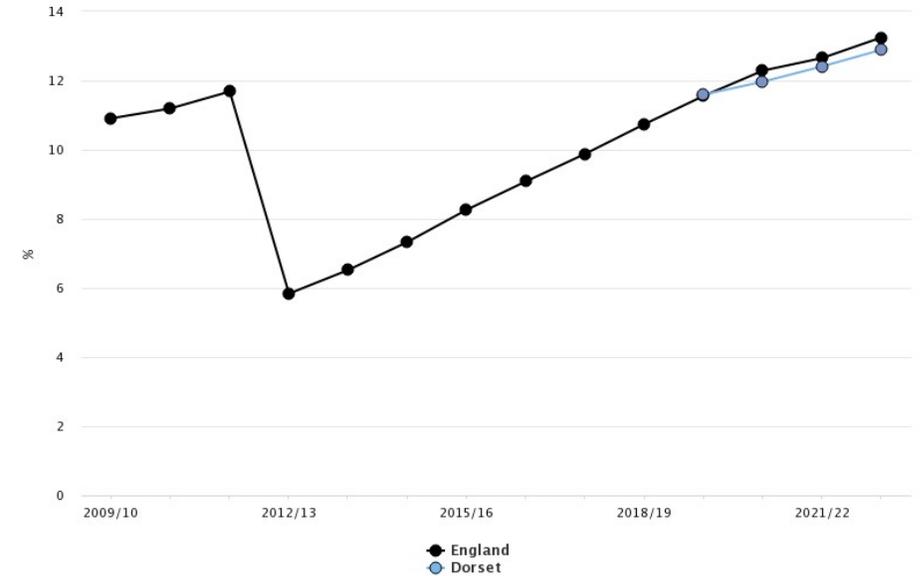
The [2014 survey of Mental Health and Wellbeing in England](#) found that 1 in 6 people aged 16+ had experienced symptoms of a **common mental health problem**, such as depression or anxiety, in the past week. People with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

The prevalence of **depression** in adults is currently 12.9% in Dorset – similar to England. This has been increasing, in line with national trends. In the most recent annual population survey, around 1 in 5 adults had a high **anxiety** score. England saw a decrease from 2020/21 (likely impacted by the pandemic) whilst the proportion remained similar in Dorset.

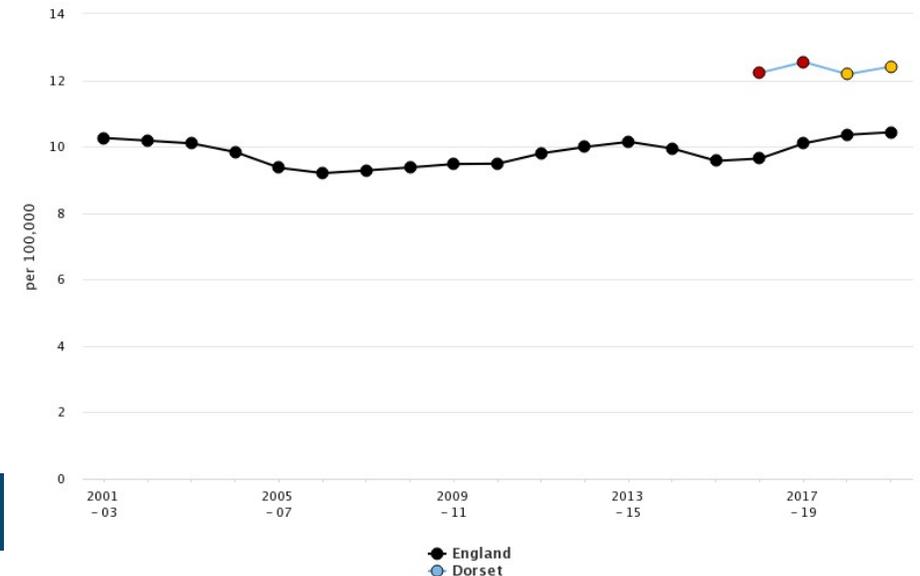
We can all feel lonely at times for many different reasons. **Social isolation** refers to availability of support networks and social contacts – we might be socially isolated but not feel lonely and vice versa. National research links loneliness and isolation to detrimental effects on our physical and mental wellbeing.

Although data tends to reflect the experiences of older people, loneliness and isolation can affect us at any age. 35.3% of **adult social care users** said they had as much **social contact** as they would like to, lower than England (40.6%). This decreased in older age Dorset social care users (65+) to 27.3%.

Depression: QOF prevalence (18+ yrs) for Dorset



Suicide rate for Dorset



Healthy Lives – Healthy Lifestyles

The percentage of **adults who are overweight or obese** in Dorset is similar to England. However, at 64.9% of adults this is still high and has changed little over time. Having excess weight or obesity has significant implications for both physical and mental health. Excess weight increases the risk of several conditions such as heart disease, Type-II diabetes and some cancers, which in turn increases the likelihood of premature death.

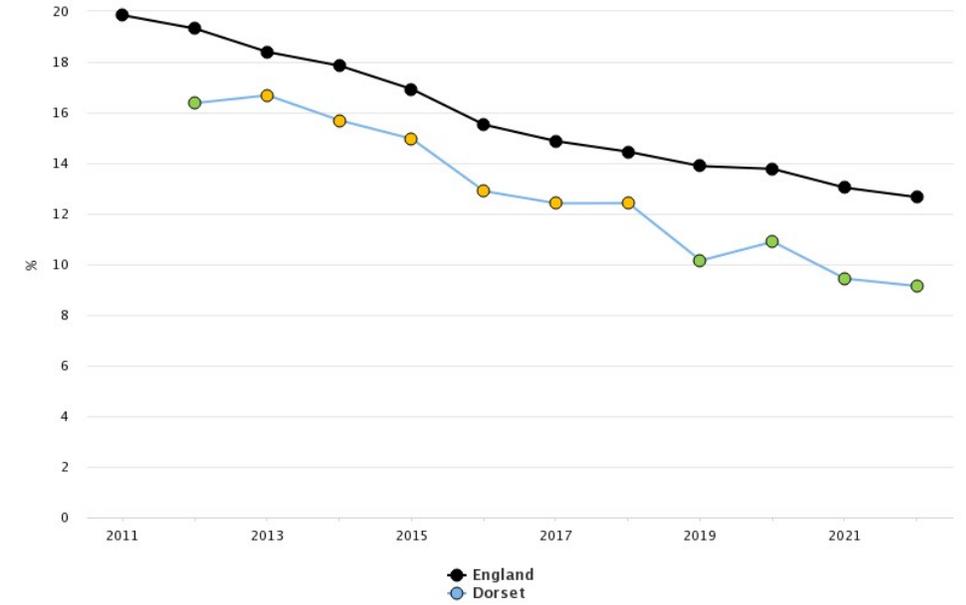
Smoking is one of the main causes of health inequalities in England, with the harm concentrated in disadvantaged communities and groups. Smoking prevalence has been reducing in Dorset – currently 9.1%, better than England. Being a smoker at the time of delivering a baby has also continued to reduce locally (9%). However, prevalence is higher among adults in routine and manual occupations (13.9%) adults with a long-term mental health condition (23.9%) and adults admitted to treatment for substance misuse.

Sixteen percent of adults in Dorset are **physically inactive** – doing less than 30 minutes moderate intensity activity a week, which is better than the England average. The Active Dorset Active Lives Survey found whilst activity levels have improved since the pandemic, 49% of children and young people across Dorset are not meeting recommended guidelines of 60 minutes activity per day.

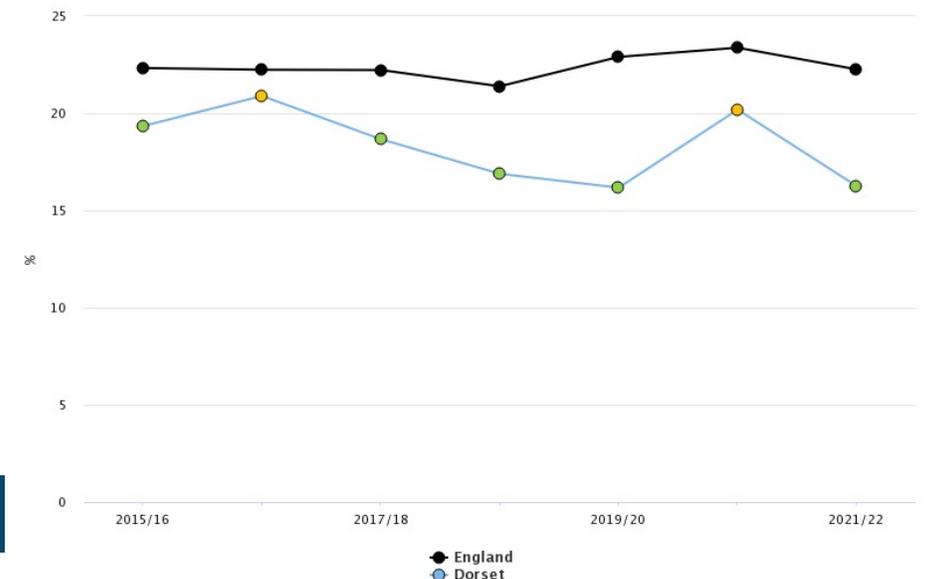
Admissions to hospital for alcohol related conditions are generally better than England in Dorset. Data on alcohol consumption is also similar to England, with an estimated quarter of **adults drinking over 14 units of alcohol a week** (2015-2018 data).

Deaths from **drug misuse** are also similar to England (4.6 per 100,000 compared to 5.0 in England). Nationally the rate of drug poisoning deaths continues to increase and is elevated among those born in the 1970's ([Deaths related to drug poisoning in England and Wales - Office for National Statistics \(ons.gov.uk\)](#))

Smoking Prevalence in adults (18+) – current smokers (APS) for Dorset



Percentage of physically inactive adults for Dorset



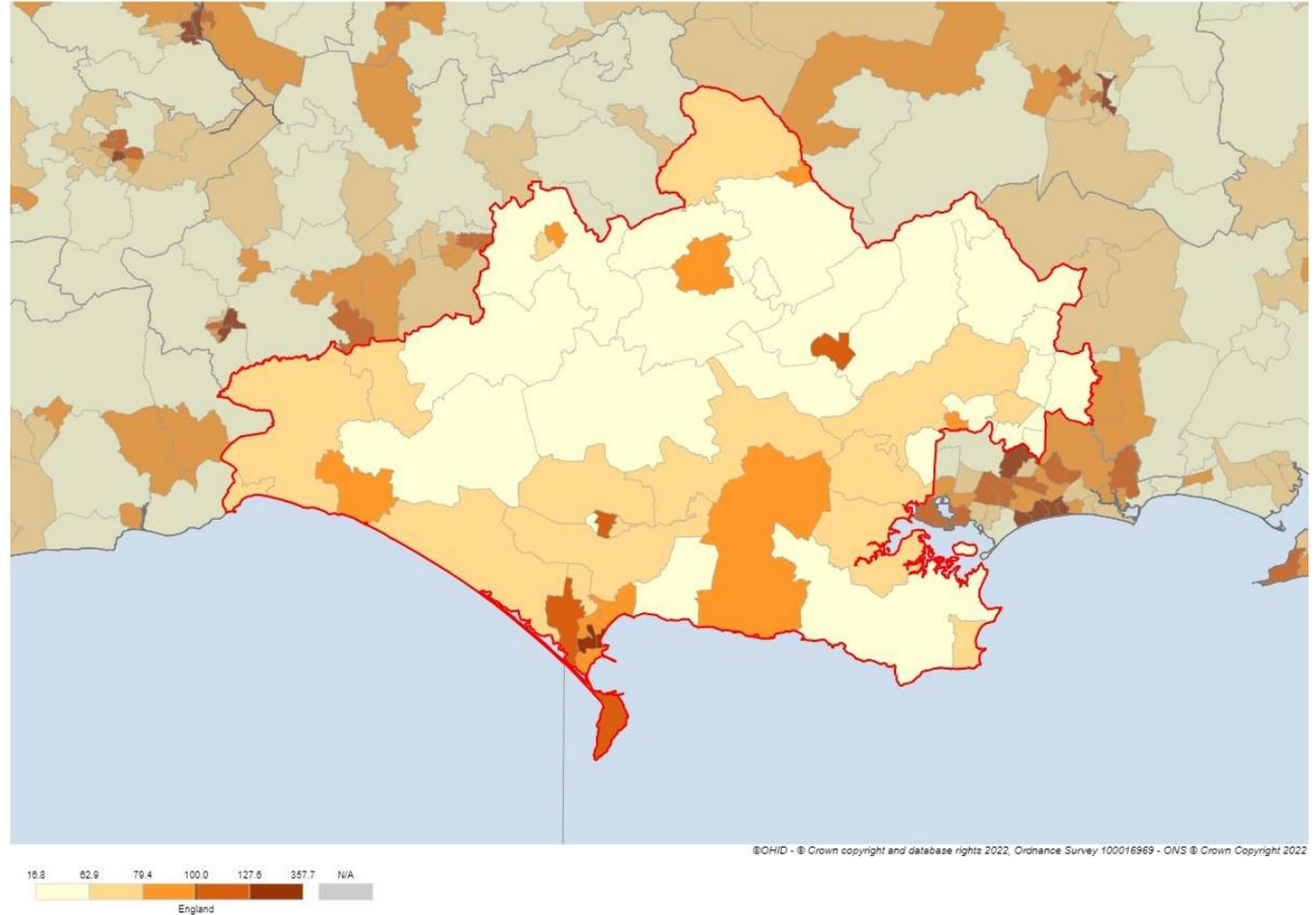
Healthy Lives – Major health conditions

Generally, our mortality rates are better than England however it is important to consider **variation** by geography and in **deaths considered preventable**. Generally emergency hospital admissions for conditions like hip fractures, COPD and heart disease are also better than average. – but again, we see **variation** suggesting there could be opportunities to encourage **prevention, early help and support people to manage their health**, especially when someone has multiple long-term conditions.

As of November 2023, just over 19% of registered patients in Dorset have **hypertension** recorded – a population of around 72,000. Many of these patients have **co-morbidities** such as depression (22.5%), Diabetes (21%) and Chronic Kidney Disease (20.6%) and 35% have a **BMI over 30**.

One in 5 people aged 16 and over report a **long-term musculoskeletal** problem in Dorset, worse than England (either arthritis or an ongoing problem with back or joints). The percentage who report **at least two long-term conditions, one of which is MSK**, is also higher than England. National research shows among people living with multiple conditions, MSK conditions have been reported to cause the greatest impact on wellness, independence and quality of life due to increased pain and mobility limitations.

Deaths from causes considered preventable, under 75 years (Standardised mortality ratio (SMR)) - Source: Office for Health Improvement and Disparities, produced from ONS data

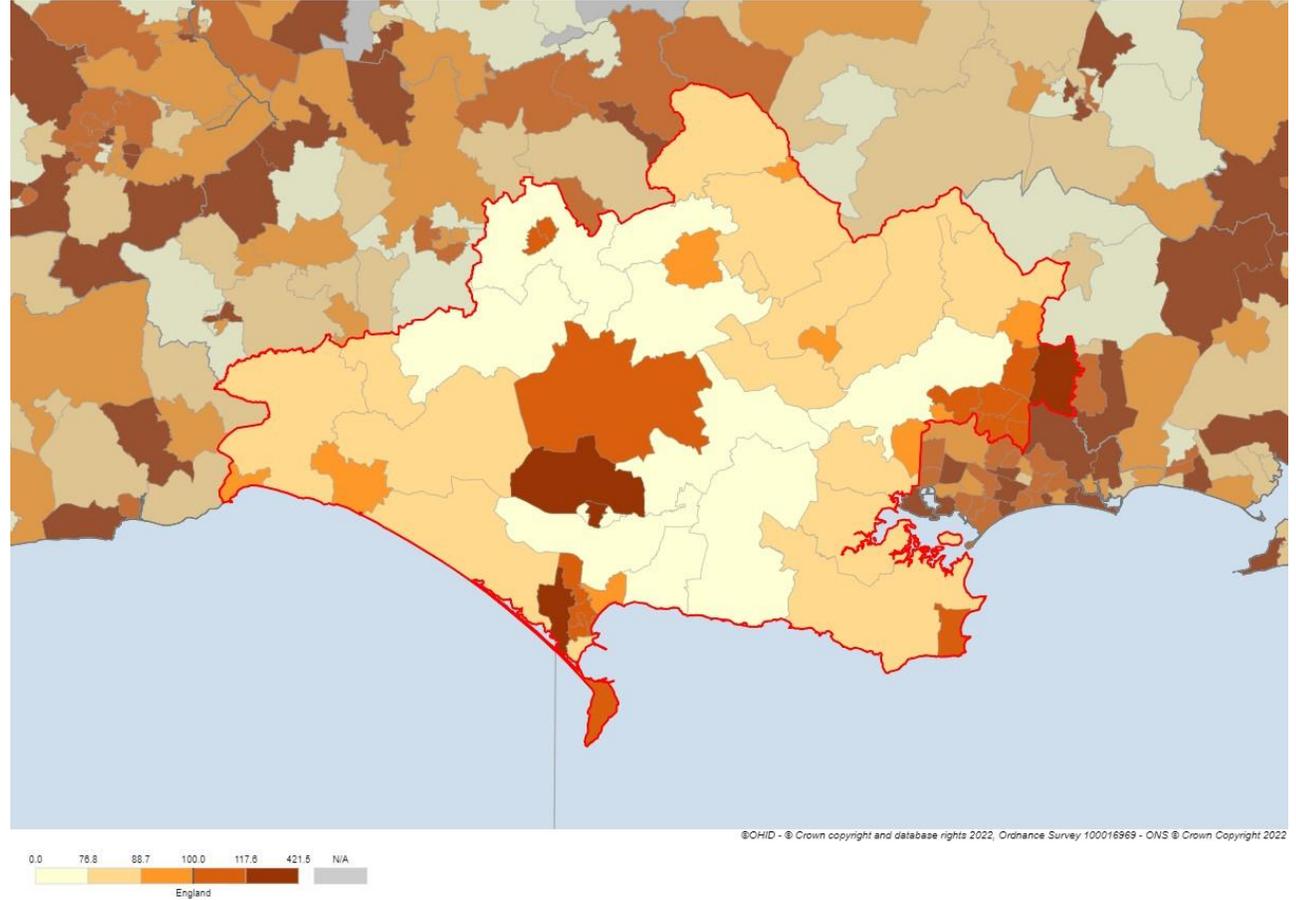


Healthy Lives – Major health conditions

In Dorset 7% of the patient population are **frail**, and just over 40,000 of these people are classed as ‘mild’ on the frailty index. These patients experience symptoms that limit activities but are not dependent on others for daily help or might need help with transportation or heavy housework. As frailty progresses, they will need more support in and outside the home, so may benefit from support to maintain their mobility. 64% of people with **mild frailty have 3 or more long-term conditions** such as respiratory illness or hypertension. Having health conditions, multiple medications and frailty may increase risk of falls.

In Dorset, as of November 2023 just over 4,000 patients were on the **Dementia** register, 1% of Dorset patients. The population varies from 1.1% of the patients in our most deprived to 9.8% in our least deprived areas. This may be reflecting diagnosis rather than prevalence. It is estimated that 50.6% of over 65’s who may have dementia have a recorded diagnosis in Dorset – significantly below the national target of 66.7%.

Emergency hospital admissions for hip fractures, persons aged 65 years and over (SAR) - Source: Hospital Episode Statistics (HES) NHS Digital



Healthy Lives - Other Resources Available

[Local Area Health Profile](#)

[Local Health data for small areas](#)

[Child Health Profiles \(phe.org.uk\)](#)

[Children and Young People's Public Health Services](#)

[Health Watch – Young People's views of mental health services](#)

[Active Lives Survey](#)

[A Movement for movement – Physical Activity Strategy](#)

[National Drug Treatment Monitoring Services](#)

[Parental substance misuse data pack 2019-2020](#)

[Productive Health Ageing Profile](#)

Indicator	Period	Dorset			England				
		Recent Trend	Count	Value	Value	Worst	Range	Best	
E01 - Infant mortality rate	2019 - 21	–	20	2.5	3.9	7.5			
E02 - Percentage of 5 year olds with experience of visually obvious dental decay	2021/22	–	-	*	23.7%	46.0%			
E03 - Under 75 mortality rate from causes considered preventable	2021	–	546	130.1	183.2	334.2		8	
E04a - Under 75 mortality rate from all cardiovascular diseases	2021	–	237	53.2	76.0	133.9			
E04b - Under 75 mortality rate from cardiovascular diseases considered preventable	2021	–	92	20.0	30.2	54.3		8.9	
E05a - Under 75 mortality rate from cancer	2021	–	482	107.0	121.5	189.8			
E05b - Under 75 mortality rate from cancer considered preventable	2021	–	177	37.7	50.1	100.7		4.5	
E06a - Under 75 mortality rate from liver disease	2021	–	57	14.2	21.2	52.4		8.4	
E06b - Under 75 mortality rate from liver disease considered preventable	2021	–	51	12.8	18.9	47.7		7.9	
E07a - Under 75 mortality rate from respiratory disease	2021	–	91	18.6	26.5	63.1		9.8	
E07b - Under 75 mortality rate from respiratory disease considered preventable	2021	–	44	8.9	15.6	40.1		5.3	
E08 - Mortality rate from a range of specified communicable diseases, including influenza	2021	–	46	8.0	9.4	21.6		5.4	
E09a - Premature mortality in adults with severe mental illness (SMI)	2018 - 20	–	-	71.0	103.6	212.4		52.2	
E09b - Excess under 75 mortality rate in adults with severe mental illness (SMI)	2018 - 20	–	-	370.2%	389.9%	615.1%			
E10 - Suicide rate	2019 - 21	–	119	12.4	10.4	19.8		8	
E11 - Emergency readmissions within 30 days of discharge from hospital	2020/21	–	-	14.2%	15.5%	20.0%			
E12a - Preventable sight loss: age related macular degeneration (AMD)	2021/22	–	98	86.7	103.8	185.9			
E12b - Preventable sight loss: glaucoma	2021/22	–	33	13.8	12.6	29.5			
E12c - Preventable sight loss: diabetic eye disease	2021/22	–	10	2.94	2.76	-	Insufficient number of values for a spine chart		
E12d - Preventable sight loss: sight loss certifications	2021/22	–	192	50.4	39.9	80.3			
E13 - Hip fractures in people aged 65 and over	2021/22	–	660	539	551	741			
E13 - Hip fractures in people aged 65 to 79	2021/22	–	170	205	236	371			
E13 - Hip fractures in people aged 80 and over	2021/22	–	485	1,506	1,466	1,897			
E14 - Winter mortality index	Aug 2020 - Jul 2021	–	410	28.0%	36.2%	104.8%		5.5%	
E14 - Winter mortality index (age 85 plus)	Aug 2020 - Jul 2021	–	250	36.0%	42.8%	103.6%			
E15 - Estimated dementia diagnosis rate (aged 65 and older)	2023	→	3,774	50.6%	63.0%	47.7%			

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)



Health and Care – Working Better Together

Whilst the appreciation for NHS services was evident from participants of the **100 conversations** project, there was concern that healthcare services are stretched and do not have the time or capacity to listen to patients' concerns.

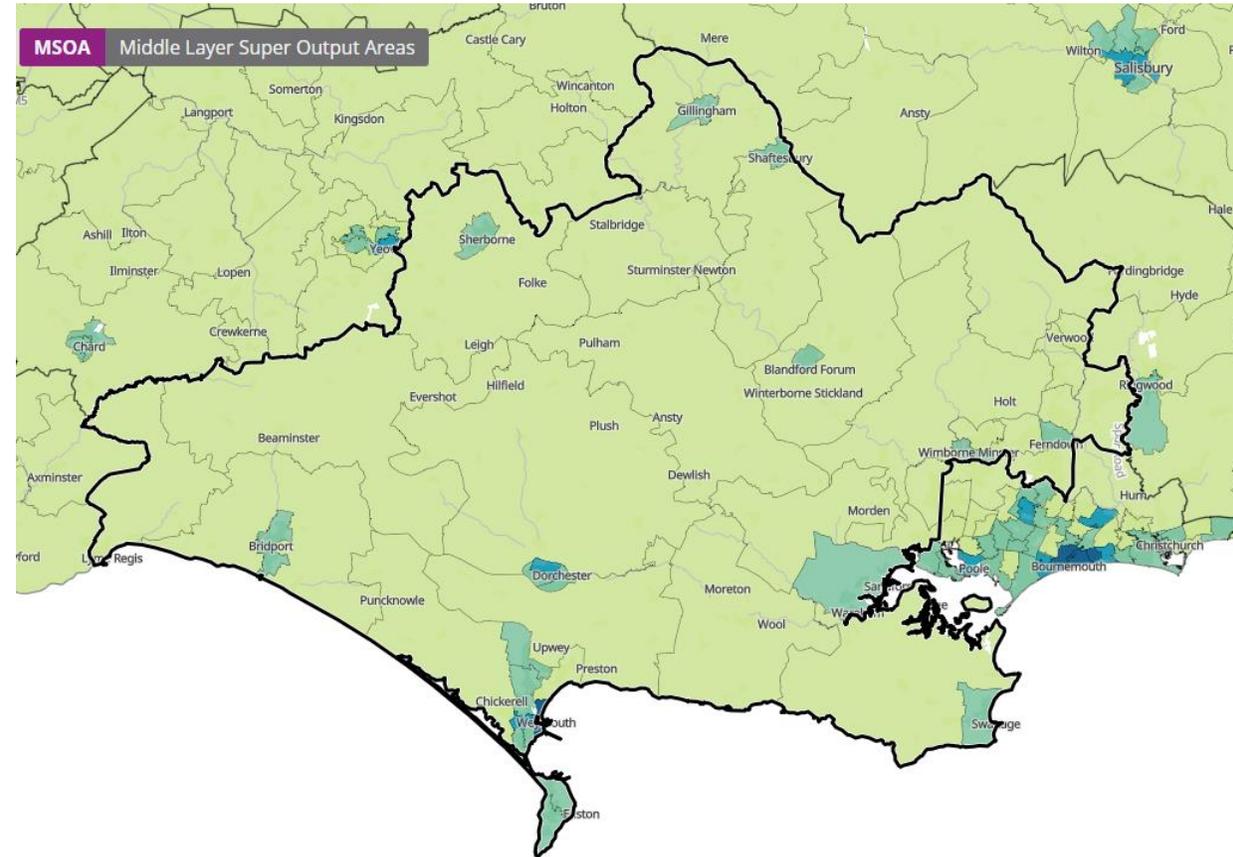
People felt that services need to **work together** in an integrated approach, **communicate** between each other to discuss patients' needs and adopt a **multi-disciplinary approach**.

A need to improve **sharing of patient data** and medical records was also raised – sharing across multiple disciplines means that patients and carers would not have to repeat the same story.

The need for **local access to services** was a key theme throughout – those with limited access to transport and travel links are adversely impacted when having to travel further distances.

A number proposed that services and treatments could be in satellite hubs, community hospitals and through outreach clinics.

Appointment times should be person-centred and fit around the lives or patients. Similarly, issues can occur when multiple services do not **co-ordinate appointments**. We know from data that some of our population with health issues often have **multiple conditions** they are managing.

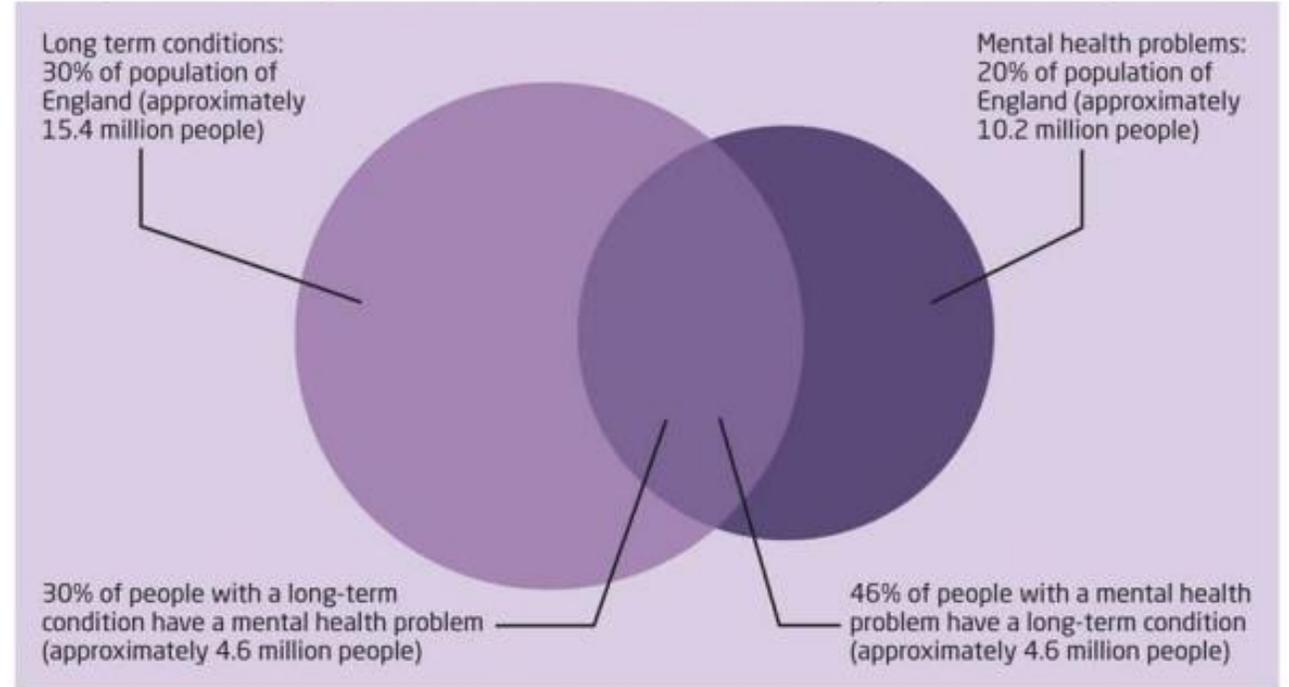


Health and Care – Working Better Together

It is known that physical health issues can increase the risk of experiencing poor mental health, and vice versa. The Kings Fund report that around **30% of people with a long-term physical health condition also experience poor mental health**, for example depression or anxiety.

Having a mental health issue can also seriously exacerbate physical illness – affecting people’s outcomes and cost to health and care services. People with **severe mental illness** also have higher rates of **physical illness and lower life expectancy**. It’s estimates that the effect of poor mental health on physical illness costs the NHS at least £8 billion a year and medically unexplained physical symptoms (often having a basis in poor mental health).

Overlap between long-term conditions and mental health problems in England



Source: Naylor C, Parsonage M, McDaid D, Knapp M, Fossey M, Galea A (2012). Report. Long-term conditions and mental health. The cost of co- morbidities *The King's Fund and Centre for Mental Health*



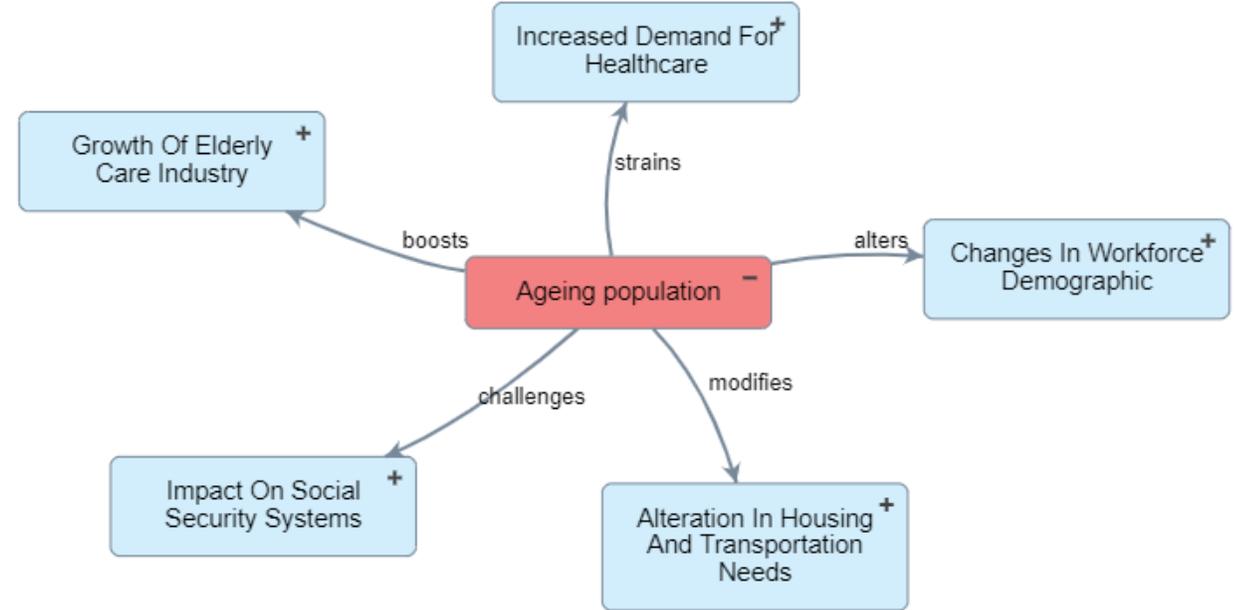
Health and Care – Future Focus

The 2023 Chief Medical Officer report focuses on **health in an ageing society**. This sets out some of the trends and health needs to consider for this population, including;

- **Maximise independence** and **minimising time spent in ill health** by reducing disease and adapting the environment
- Older people migrating away from cities who may not have **informal support networks** in their new home
- The importance of **primary and secondary prevention** to reduce co-morbidities and time spent in ill health
- Early identification of **frailty**
- **Rising mental health needs** in later life, and how these might present differently

Other global and national trends to consider include

- the increasing adoption of, and demand for, **personalised care**
- the potential of **Artificial Intelligence**
- increasing **mental health** issues and **health inequalities**



Health and Care – Other Resources

[Dorset Integrated Care Strategy – Working Better Together](#)

[NHS Dorset Joint Forward Plan](#)

[Dorset Council Statistics](#)

[Director of Public Health Report 22/23](#)

[Children in Need and Care in Dorset LGA Inform](#)

[LGA Inform Adult Social Care Reports](#)

[Dorset Health Protection Report 2022](#)

[Improving patient access to urgent and emergency care in Dorset](#)

[Chief Medical Officer Reports](#)

ICP Strategy Outcomes



Joined-up health and wellbeing, consider mental and physical health



Invest in and involve informal care and support



Care closer to home



Children's health, and best start in life



Inequality, or 'fairness' in access, outcomes and experience



Social isolation, loneliness



Listen and involve people in solutions

