Dorset Council

Dorset Joint Strategic Needs Assessment

January 2025

Purpose

The Joint Strategic Needs Assessment is a process to understand the current and future health and wellbeing needs of people in Dorset.

In the Dorset Council area, people are generally healthier, and live for longer, than the England average. The proportion of people in Dorset with very good health has increased to 49.2% since the 2011 Census.

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

It contains 3 sections

Communities - covering our population and the wider determinants of health

Prevention - covering health conditions and behaviours, opportunities for prevention and early help

Working better together - covering health and wellbeing related services and how we work together

The evidence included is sourced from national and local datasets and combined with insights from local research and engagement projects. Links are available throughout to relevant content and further data resources.

Thank you to business intelligence teams and partner organisations across the Dorset area for the insights and research referenced in this report.

Communities - our population

Dorset Council is a predominantly rural unitary authority in the South West of England, home to an estimated 389,947 residents (mid-2024). The population has grown steadily, increasing by 4% over the past decade (around 14,400 more people), largely driven by net migration and contributes the most to our population growth. In 2024, the net internal migration was 4,750 people. Growth is expected to continue, reaching approximately 392,000 by 2028.

A defining feature of Dorset's demographic profile is its ageing population. By 2028, more than one in three residents (around 33%) will be aged 65 and over, and the proportion aged 85+ (currently about 4%) will also rise. This continued growth will have significant implications for health, social care, and housing services over the coming decade.

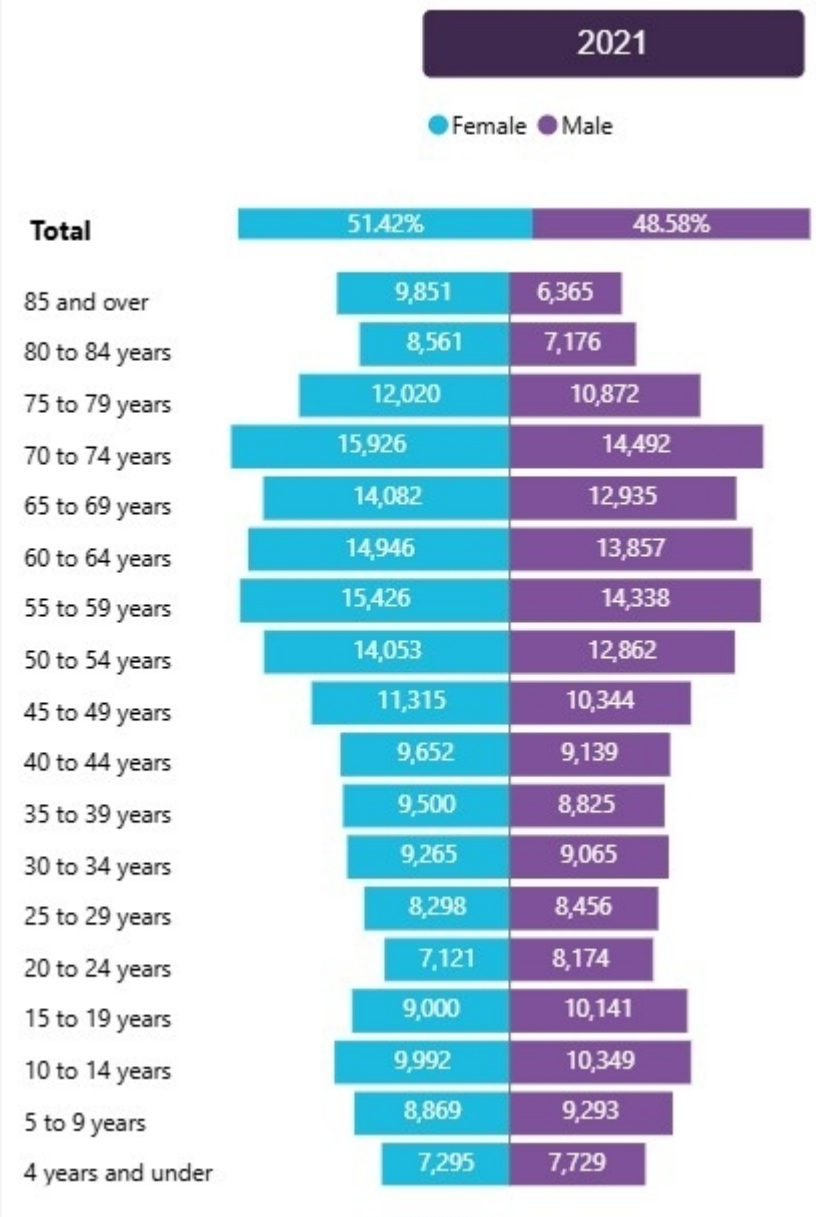
Dorset is also becoming more ethnically diverse, though it remains less diverse than urban areas. Around 6% of residents are from minority ethnic backgrounds, and diversity is greater among younger people, though still below national averages.

In terms of sexual orientation, the 2021 Census shows 2.2% of residents aged 16+ identify as LGBTQ+, rising to higher proportions among younger adults, reflecting growing visibility and representation of LGBTQ+ communities.

Almost 67,000 residents (around 1 in 6) live with a disability that limits daily activities, highlighting the areas higher levels of long-term health conditions, particularly among older adults.

Disability and ill-health become more severe and limiting with increasing age: around 5% aged 35–49 have a disability that limits their day-to-day activities a lot compared to 16% aged 75–84 and over a third aged 85 and over. Given our ageing population, and as Dorset's population increases, the number of people living with ill health and disability will increase too.

On Census day 2021, 9.7% of the usual resident population over 5 years old said they provide unpaid care (35,505 people) with 3% of the resident population provided 50 or more hours of unpaid care per week. There were 590 young carers (age 5-17), 1,120 young adult carers (age 18-24) and 11,465 carers aged 65 and over. Nationally, there is a higher percentage of people providing unpaid care in the most deprived areas compared with the least deprived areas. Our older population and current pressures on public services mean that reliance on support from carers continues to grow. Nationally people providing high levels of unpaid care are more likely to report poor health compared to people without caring responsibilities.



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Communities - health inequalities

In the Dorset area people are generally **healthier and live for longer** than the England average. Latest life expectancy data for Dorset shows women to live approximately 84.5 years and men 81.1 years (2023).

Life expectancy varies across Dorset, with a noticeable social gradient. Although Dorset performs relatively well compared to other local authorities, there is still a difference in life expectancy of **4.9 years for men** and **3.2 years for women** between the most and least deprived areas (2021–2023).

Certain health conditions contribute more to this inequality. Analysis of 2020-2021 data shows that higher mortality rates in the most deprived areas compared to the least deprived are underlying the gap, particularly for the following causes:

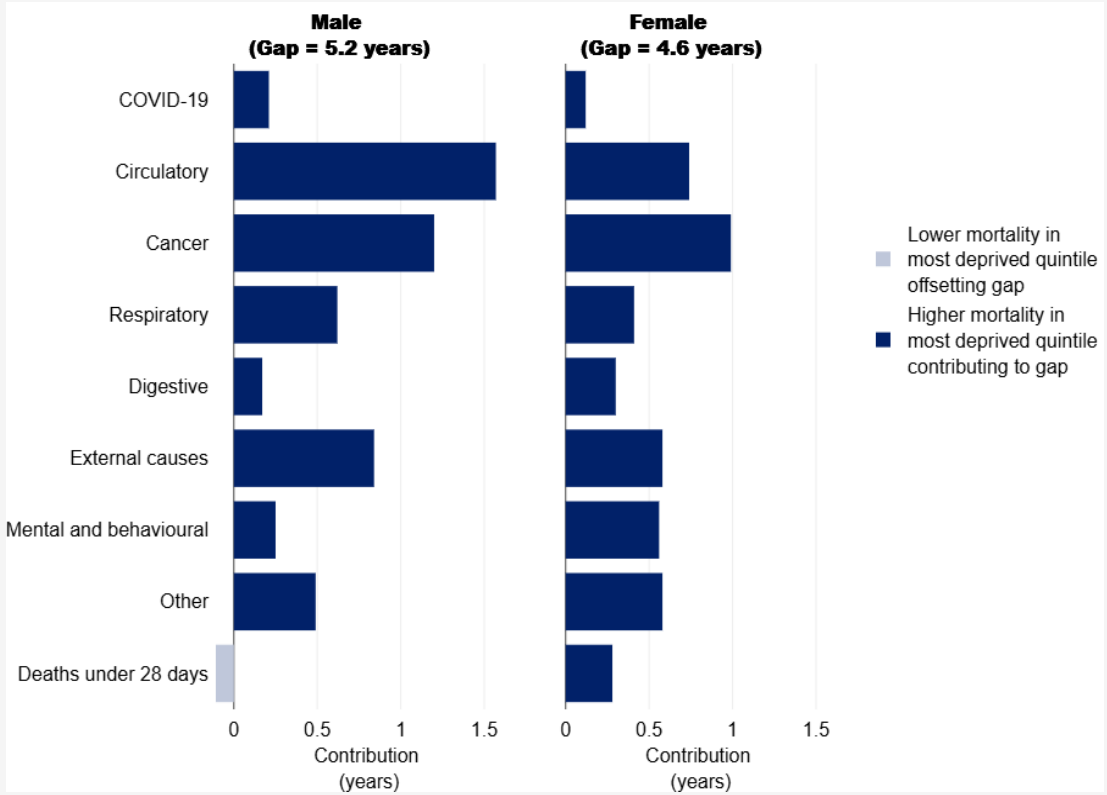
Men:

- Heart disease: contributes 0.98 years to the gap
- Cancer: contributes 1.2 years
- Accidental poisoning: contributes 0.64 years

Women:

- Cancer: contributes 0.99 years
- Circulatory diseases: contributes 0.74 years
- Dementia and Alzheimer's disease: contributes 0.56 years

Healthy life expectancy is another important measure of health and inequality. Whilst we live longer, men in Dorset will experience poor health for around 17 years and women 20 years. We know from national data that people in more deprived areas experience ill health at an earlier age.



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

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Communities - Deprivation

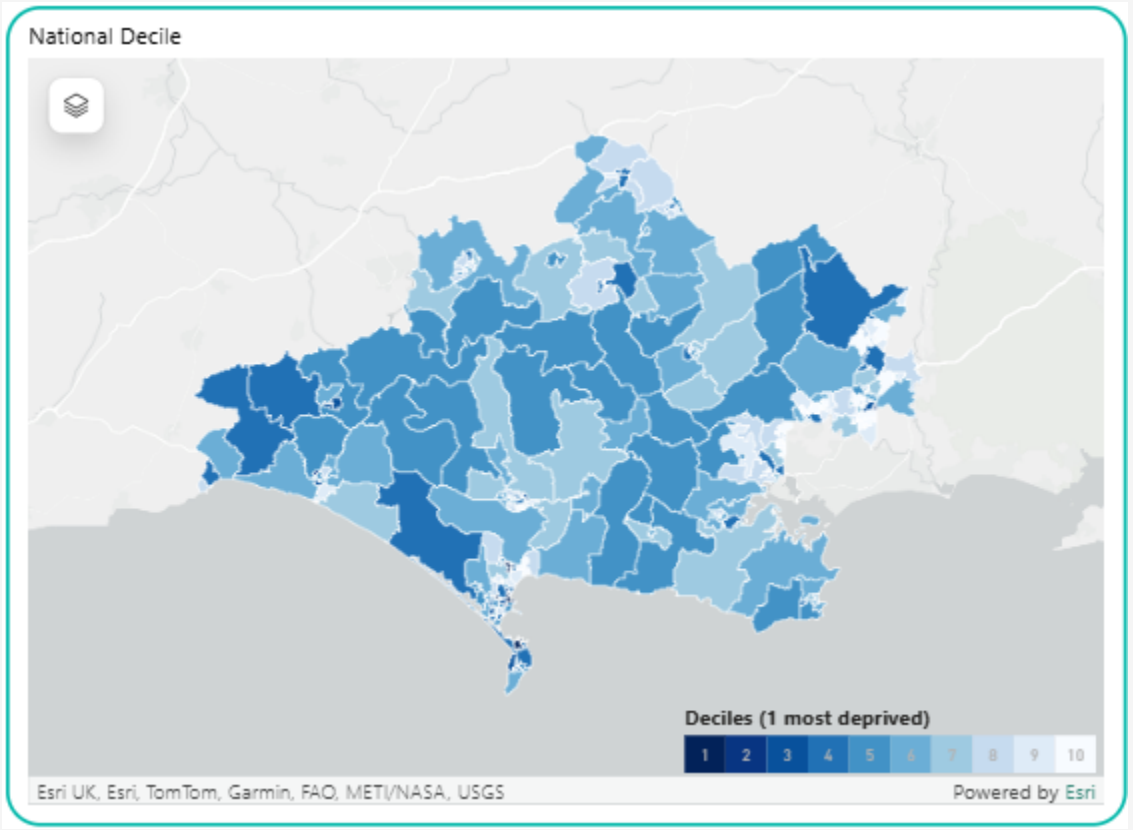
Dorset is an area of significant contrast, with neighbourhoods ranging from some of the most deprived to some of the least deprived in England. Area level deprivation is correlated with health inequalities, adverse health outcomes and the risk of disease. Understanding where these areas are, and the types of deprivation that affect them most, is essential for effective service planning and delivery.

Over 1 in 25 residents (around 14,300 people) live in areas ranked among the 20% most deprived in England. In contrast, 1 in 6 residents (approximately 62,500 people) live in areas among the 20% least deprived nationally.

The Dorset wards with the largest proportion of their population living in areas that are amongst the 20% most deprived nationally include:

- Melcombe Regis – 67.1% of population
- Westham – 19.3%
- Ferndown South – 18.2%

Barriers to housing and essential services are particularly acute in rural Dorset. 51 LSOAs fall within the 20% most deprived nationally for this domain. This reflects the challenges of rurality, distance from services, and transport options.



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Communities - economy and cost of living

The cost-of-living crisis continues to impact households across Dorset Council, with rising prices for housing, energy, and food placing strain on low-income residents.

Good quality work is one of the key building blocks of health. Employment brings benefits to health but poor quality or stressful employment can be damaging to health. Dorset's labour market shows that 82% of residents are economically active, with an employment rate of 79%. The unemployment rate remains relatively low at 3%, below the national average of 3.7%, but economic inactivity is significant at 18% of the working-age population, and among them, around 32% are classified as long-term sick—the highest level recorded, highlighting major barriers to workforce participation.

As of September 2025, approximately 4,880 people—representing 2.3% of the working-age population—were claiming out-of-work benefits, including Universal Credit and Jobseeker's Allowance. Being in work is a key component of mental and physical wellbeing, and poor health or disability significantly reduces a person's likelihood of finding and keeping employment.

Fuel poverty affects an estimated 10% of households (around 18,000), particularly those living in older properties with poor energy efficiency. Rising rents and limited access to affordable housing are compounding financial stress for many families.

Vulnerable groups such as young adults, lone parents, and disabled residents are experiencing heightened hardship, with local support services reporting increased reliance on foodbanks, growing levels of personal debt, and reduced access to essentials like heating and nutritious food. Dorset Council's Cost-of-Living Support Programme for 2024/25 assisted an average of 7,000 households per month through foodbanks and social supermarkets, prevented homelessness for 188 households, and supported over 50 households with energy-saving measures. Partnership work with Citizens Advice handled 903 complex financial cases, resulting in £615,000 in income gains and £603,000 of debts written off.

These pressures are contributing to widening health inequalities, with financial stress linked to poorer mental health and lower engagement with preventative healthcare services. The cost-of-living crisis is not only an economic issue—it is a public health concern. Addressing it requires coordinated action across sectors to ensure residents have access to the support, services, and opportunities they need to live healthy and secure lives.

Source: NOMIS, Annual Population Survey, July 2024 – Jun 2025

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Communities - housing

Housing plays a central role in shaping residents' health, wellbeing, and access to services. It affects financial security, physical and mental health, and the ability to live independently. Poor housing conditions—such as damp, mould, and inadequate adaptations—can directly harm health and place additional pressure on health and social care systems. For example, unsuitable housing can delay hospital discharge and increase reliance on formal care.

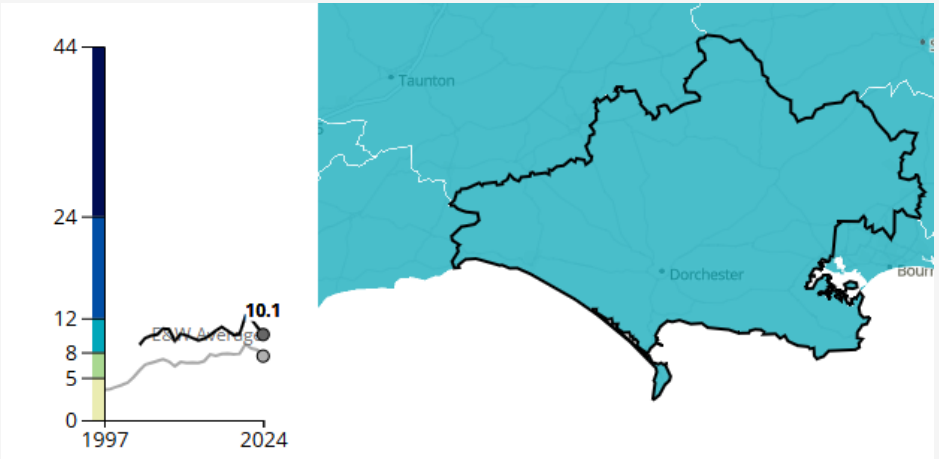
Dorset faces significant housing challenges. Affordability is a major issue, median house prices in 2024 are around £340,000, while median workplace earnings are approximately £33,800, creating an affordability ratio of 10.1, above the England average and third highest in the South West. Rising interest rates, inflation, and low incomes exacerbate these pressures, particularly for younger adults and lower-income families.

Demand for affordable housing is high. The Local Housing Needs Assessment identifies an annual need for 1,800 homes, including 1,000 for affordable rent and 600 for affordable ownership. However, delivery remains constrained by viability, infrastructure costs, and limited land supply. Dorset's housing land supply currently stands at 2.5 to 2.7 years, below the 5-year requirement, leaving a shortfall of thousands of homes and highlighting the need for urgent strategic planning and investment.

Reliance on the private rented sector has grown, but rising rents (averaging £1,000/month) and landlord exits have increased insecurity. Homelessness applications have fallen significantly, with the number of households in temporary accommodation reduced to 180 as of 2025—a drop of more than 50% from previous levels—following targeted prevention measures and early intervention schemes. Rurality compounds these challenges: 51 LSOAs fall within the 20% most deprived nationally for access to housing and services.

Dorset's ageing population intensifies housing needs. 18% of households comprise single older adults (compared to 13% nationally), and 30% of residents are aged 65+. Older people with dementia are projected to increase by 46% between 2025 and 2040, and those with mobility problems by 38%. Housing adaptations and technology-enabled care are essential to support independence and reduce pressure on health and care systems.

Fuel poverty affects 10% of households (17,800 in 2023), and the trend is upward following energy price rises. Cold, inefficient homes—common in rural Dorset—contribute to respiratory and cardiovascular illness, frailty, and falls, particularly among older adults and those with long-term conditions. Addressing fuel poverty requires investment in energy efficiency, targeted support for vulnerable households, and integration of housing and health strategies.



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Communities – Education, Skills and Learning

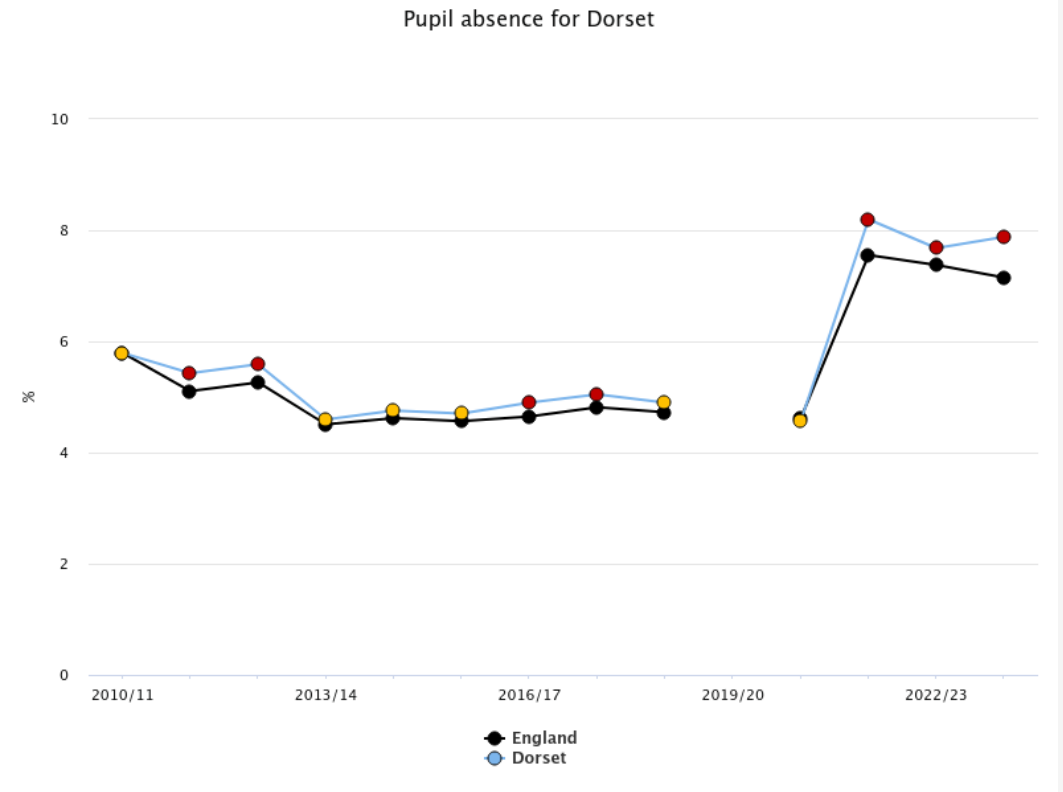
School readiness and educational attainment
In 2023/24, 71% of children aged 2–2.5 years achieved a good level of development, which is below the England average. Areas of lower achievement include fine motor skills and personal social skills.

By the end of Reception (2023/24), 67.4% of children had reached a good level of development, which is similar to the national average. However, only 46% of children eligible for free school meals achieved this benchmark, highlighting a gap in early educational outcomes.

At secondary level, the Attainment 8 score—which reflects performance across eight key qualifications including elements for english, maths, and science—averaged 45.1 in 2023/24. Again, this is similar to the England average of 45.9, however, has improved on the previous year.

Engagement in learning
Pupil absence in Dorset remains higher than national trends. In 2023/24, 7.9%, down from 7.7% of half-day sessions were missed, similar to the previous year in 2021/22. This remains significantly higher than pre-COVID levels of school attendance, which has been seen in many areas.

The proportion of young people who are Not in Education, Employment or Training (NEET) continues to improve, now 3.6% in 2023/24 and significantly better than England.



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Communities - environment

The Thriving Places Index shows how well different areas are supporting people to thrive. It includes domains related to the environment.

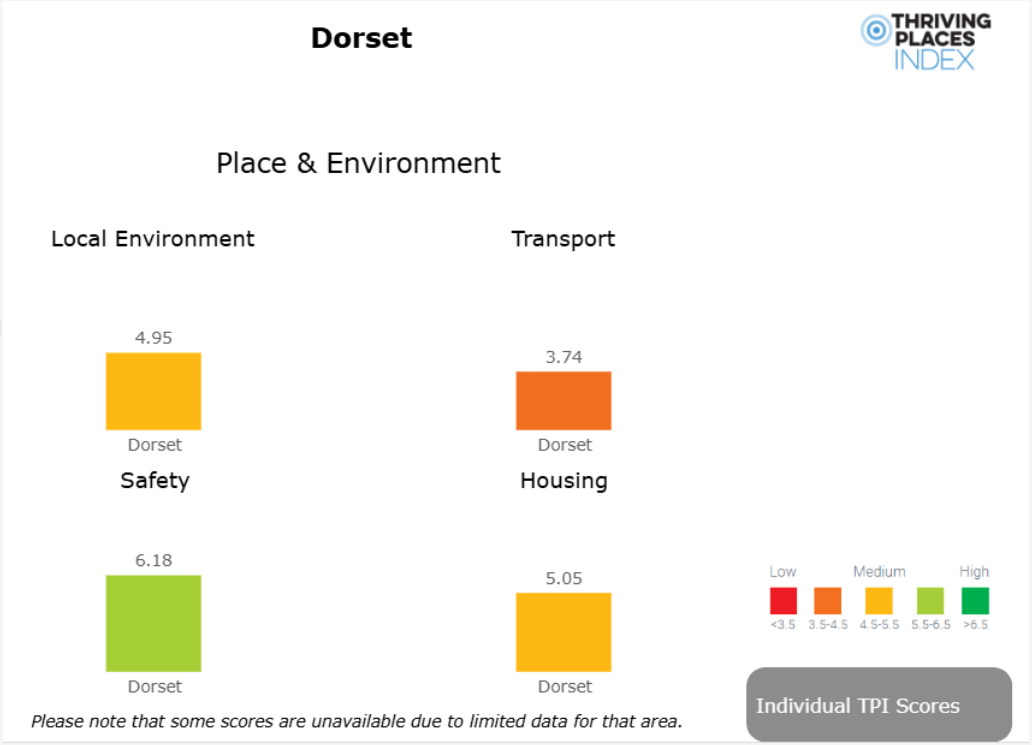
- The Local Environment score for the Dorset area is close to the England average. Data used in the score include air and noise pollution, outdoor space access and flood risk.
- The Transport score for Dorset is below average, reflecting rural challenges in active travel and car reliance, collisions and travel time to services.

Access to green space and nature is known to benefit physical, mental, and social health. Local analysis estimates that 51% of people live within walking distance of space that is likely to provide access to nature. This is defined as being within 300 metres of a public space of at least 2 hectares with natural features, or a public right of way of at least 250m in length that passes continuously through natural land cover.

Air quality in Dorset is generally good – Dorset is in the best quintile in England for air pollution. However, there are areas where standards fail to meet national air quality objectives. The latest annual status report highlights 2 exceedances in the Chideock Air Quality Management Area.

Climate change can affect wellbeing in many ways through its impact on the environment. Rising temperatures, more frequent flooding, changes in water quality, and increases in pests and diseases can affect our health, infrastructure, food quality, and pose risks to public health. Climate change can also exacerbate existing conditions like asthma and cardiovascular disease. Dorset Council declared a climate and ecological emergency in November 2019.

Road traffic accidents are a cause of preventable death and morbidity, especially in younger age groups. The need for safer roads is also important for preventative initiatives like active travel and increasing physical activity. The rate of killed and seriously injured casualties in Dorset has been reducing and is now similar to England. In 2024 calendar year there were 686 road accidents with 883 casualties, 163 of whom were seriously or fatally injured. This was highest in West Dorset district, where there were 56 serious or fatally injured.



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Prevention – Childhood Health

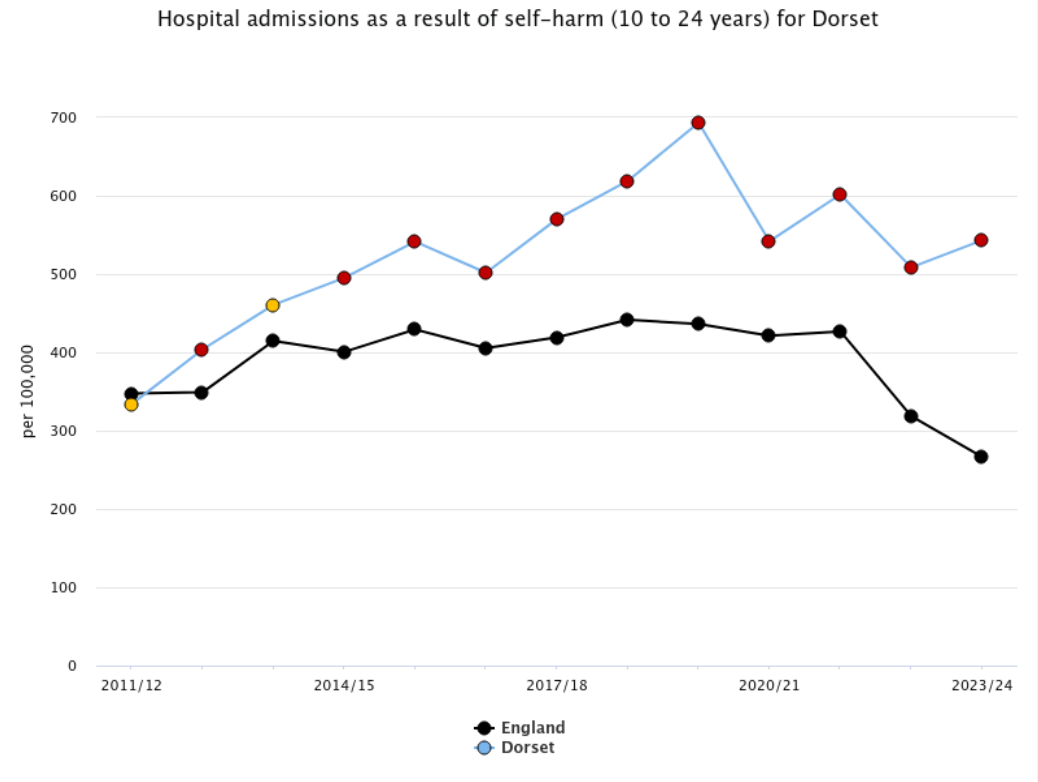
Most children in Dorset experience good health, with 97% of under-15s reporting good or very good health in the 2021 Census, but several indicators highlight areas for improvement. Infant mortality is 3.7 per 1,000 live births, similar to the national average. Breastfeeding rates are above the national average: 75.8% of babies receive a first breast milk feed compared to 71.9%.

Vaccination uptake among children has been declining. Immunisation rates for children in care are notably lower than national averages – in 2023/24, only 67.4% of children in care were up to date with their vaccinations. For school-age children in Dorset, coverage is similar to or below England's average: MMR (two doses by age 5) stands at 92.5%, HPV (one dose) at 72.2%, and Meningococcal ACWY at 76.2%.

Childhood obesity is a persistent concern. In 2023/24, 24.7% of Reception children and 31.8% of Year 6 pupils were overweight or obese. While these figures are similar to national levels, they have remained stable over time, with higher prevalence in more deprived areas.

Nutrition and oral health require attention. Diets often lack sufficient fruit and vegetables and Children in Care have been identified as a priority group. The 2024 Oral Health Survey has been conducted, and results are expected soon. 14.4% of 5-year-olds in 2023/24, had visually obvious dental decay and admissions for dental decay and gum disease have been increasing in recent years.

Hospital admissions for injuries, both unintentional and deliberate, remain significant, and mental health needs among young people are rising, reflected in admissions for self-harm and those with social and emotional needs. Admissions for alcohol-specific conditions in under-18s are 45.4 per 100,000 is almost double the England average. However, admissions for substance misuse admissions among 15–24-year-olds has shown improvement in recent years and has followed the national downward trend.



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Prevention – Mental Health and Wellbeing

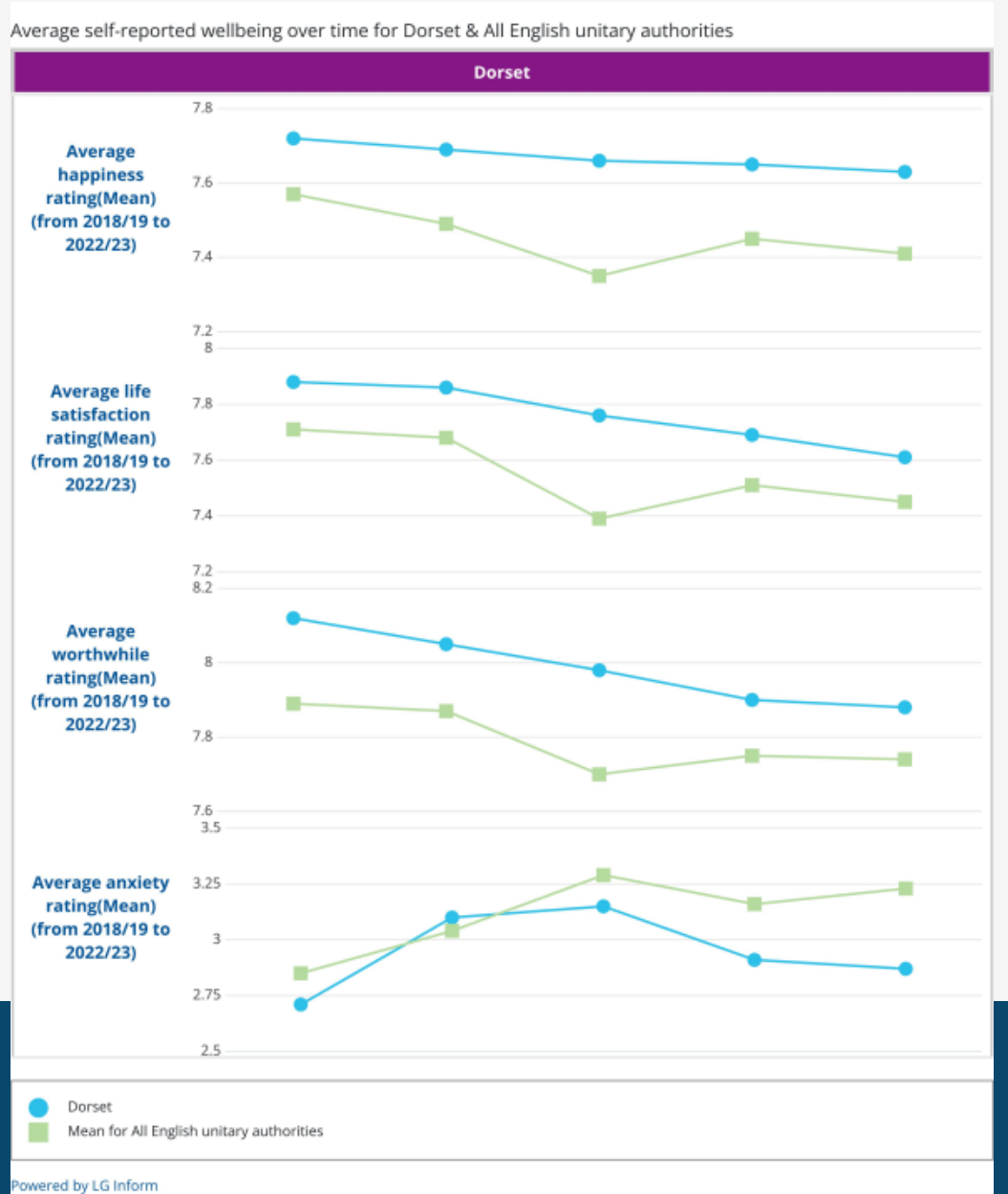
People with higher levels of well-being tend to have lower rates of illness, recover more quickly, and maintain better physical and mental health overall.

A 2014 survey on Mental Health and Wellbeing in England found that 1 in 6 people aged 16 and over experienced symptoms of a common mental health problem, such as depression or anxiety, within the past week. More recent data from the Office for National Statistics provides insight into community well-being, shown in the chart. Nationally, all four key measures of well-being were negatively affected during the COVID-19 pandemic (2020/21). This pattern was not seen in Dorset, where trends have been more consistent. Although we have higher ratings of wellbeing than the national average, our ratings have been consistently falling for happiness, life satisfaction and feeling things are worthwhile. However, the average anxiety rating has shown improvements in the last 2 data periods.

In Dorset the percentage of patients with a depression diagnosis has been increasing since 2012, to 12.9% in 2022/23 (similar to England). However, new diagnoses appear to be declining: 2,849 new diagnosis of depression in adults aged 18+ were recorded in 2023/24, compared to 3,569 in 2019/20.

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.

Nationally, and locally, self-harm and suicide is a key area of concern. The suicide rate in the Dorset area is currently similar to England at 12.8 per 100,000. The suicide rate is higher for males (20.1 per 100,000) than females (6 per 100,000) . The rate of emergency admissions for intentional self-harm has shown an uptick in the most recent year but has been improving over the longer term. The indicator remains higher than the England average.



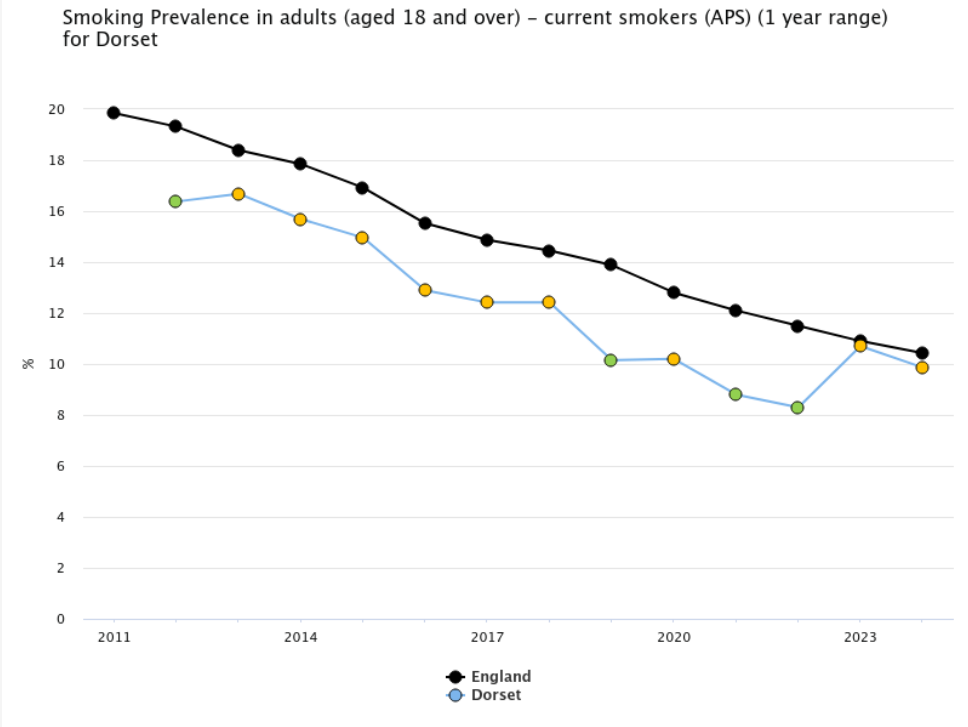
Prevention – Healthy Lives

Healthy lifestyle choices - such as being active, eating well, and avoiding smoking and excess alcohol - are vital for preventing disease, improving mental wellbeing, and helping people live longer, healthier lives.

Twenty-two percent of adults in Dorset are physically inactive – doing less than 30 minutes moderate intensity activity a week. This has increased over the last 2 years, and is now similar to the England average. Recommendations for activity is higher for children than adults, at 60 minutes a day. A quarter of children across Dorset county are 'less active' completing less than 30 minutes activity a day (Active Dorset Active Lives Survey 2023/24).

The percentage of adults who are overweight or obese in Dorset is similar to the England average. However, at 62.4 % this is still high and has changed little over time. Having excess weight or obesity has significant implications for both physical and mental health.

Smoking is one of the main causes of health inequalities, with the harm concentrated in disadvantaged communities and groups. Smoking prevalence has been reducing in Dorset – currently 9.9%. However, prevalence is higher among adults in routine and manual occupations (19.5%), adults with long-term mental health conditions (20.9%) and adults in substance use treatment. The government "Smokefree" ambition is to reduce smoking prevalence to 5% by 2030 and local smoking programmes are working to provide a range of smoking cessation options to support people with their quit attempt.



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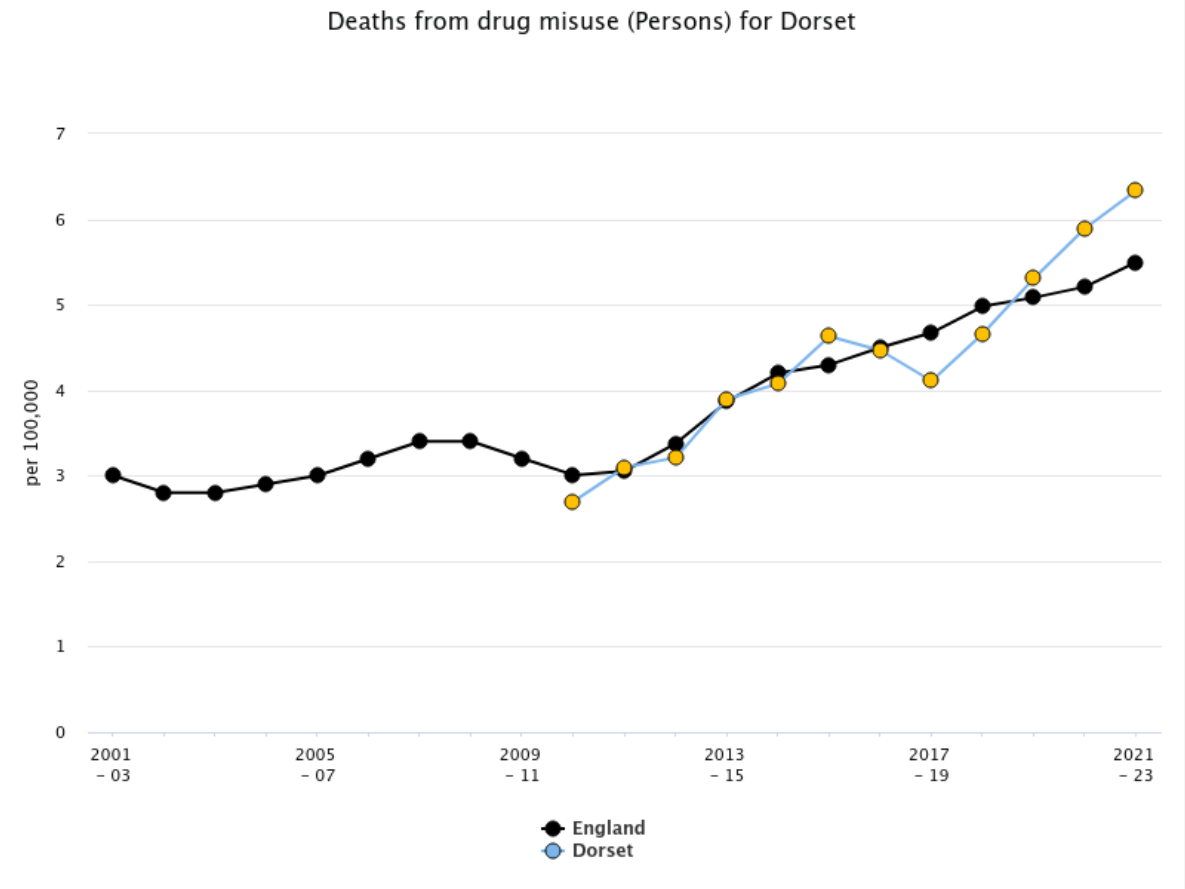
Prevention – Healthy Lives

In 2023/24 there were nearly 2,200 hospital admissions for alcohol-specific conditions, however the admission rate is better than the England average. The admission rate for under 18's is remains consistently above the England average (45.4 per 100,000 compared to England 22.6 per 100,000).

Deaths from drug misuse in Dorset are similar to England, but have been increasing. In the period July 2024 – Jun 2025 there were 1,798 people in drug and alcohol treatment, with 52.4% showing substantial treatment progress (higher than England at 46.3%).

Nationally, numbers of sexually transmitted infections (STIs) have increased year on year since 2021, with syphilis and gonorrohea cases exceeding levels seen in 2019. Overall, the number of new (STIs) diagnosed among residents of Dorset in 2024 was 1,288. The rate was 335 per 100,000 residents, lower than the rate of 632 per 100,000 in England.

There is a national ambition to end HIV transmission, AIDS and HIV-related deaths by 2030. HIV testing identifies people living with undiagnosed HIV enabling them to access free and effective treatment, which improves health and wellbeing outcomes and helps prevent onward transmission. There are also prevention options available to help maintain negative status for those who are HIV negative but at risk of infection. In Dorset the rate of HIV testing is below the England rate, but has been increasing. The rate of new HIV diagnosis (among people first diagnosed in the UK) in Dorset is better than England, and late diagnosis has been reducing.



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Prevention – Major Health Conditions

The number of people living with long-term conditions (LTCs) in Dorset is rising. In 2025, around 73,300 residents had one LTC, and over 150,000 were living with two or more. Among adults aged 18–64, 26% have at least one LTC, while a further 33% have multiple conditions. The most common LTCs amongst this age group are depression, asthma, and hypertension.

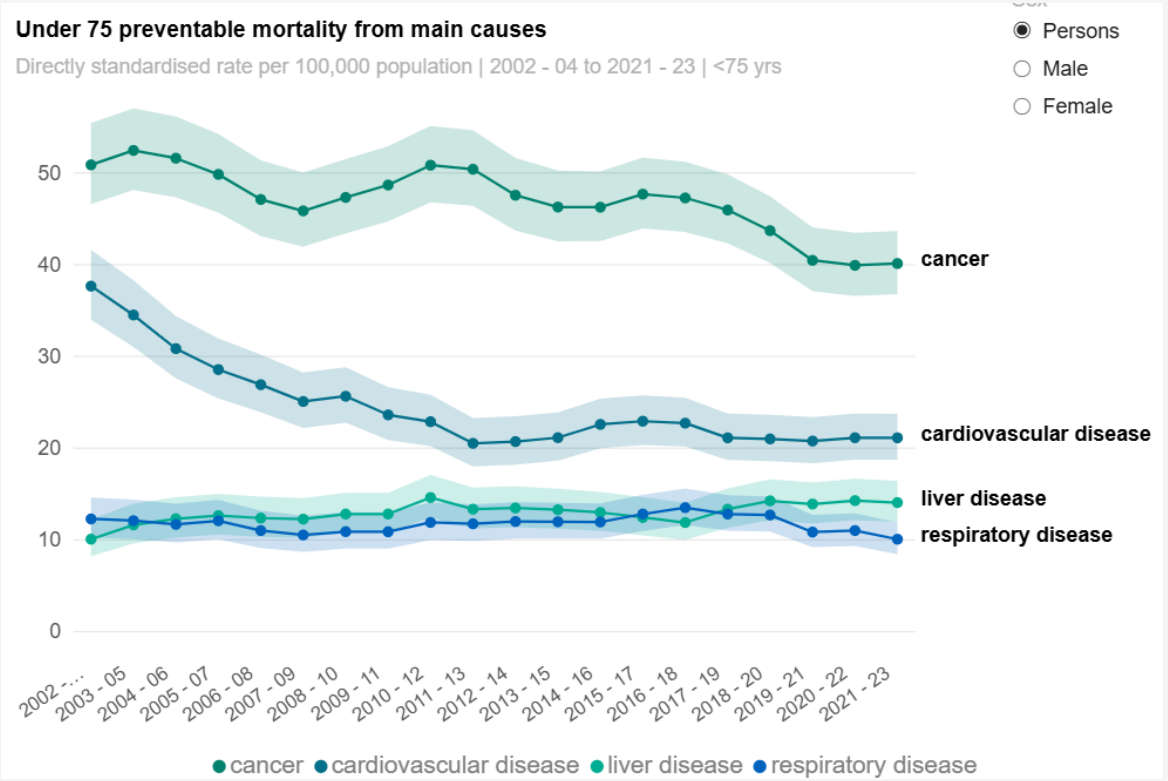
Cardiovascular disease remains a leading cause of preventable mortality. As of 2023/24, 19% of Dorset patients have hypertension (71,000), often alongside co-morbidities such as depression (24%), diabetes (22%), and chronic kidney disease (22%).

Undiagnosed hypertension is often symptomless but significantly increases the risk of stroke, heart attack, and dementia. In Dorset Council areas such as Weymouth & Portland, Crane Valley PCNs, a higher proportion of the population is estimated to have undiagnosed hypertension.

Diabetes affects 8% of adults (25,000 in 2023/24)—mostly Type 2. Rates are highest in Weymouth & Portland, Blandford and The Value PCNs, with 49% of patients with diabetes have a BMI of 30 or above and 10% current smoking. Early diagnosis and health behaviour change support are essential.

Cancer is a major cause of premature death, with lung, breast, blood, prostate, and bowel cancers most common. Early Cancer diagnosis rates are significantly higher in the least deprived areas (IMD 2019. 58 per 100,000 compared to 52 per 100,000). Cancer mortality in turn is significantly higher in the most deprived areas at 63 per 100,000 compared to 36 per 100,000.

Of Dorset's 60+ population, 10% are frail (15,034). Of these, 59%are classed as having very high frailty. Hip fracture rates are 537 per 100,000 aged 65+ in 2023/24, similar in comparison to the national average. However, the rate of hip fractures in ages 65+ are significantly higher in the most deprived areas compared to the least at 593 per 100,000 compared to 502 per 100,000.



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Working Better Together – Community Views

Whilst the appreciation for local 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.

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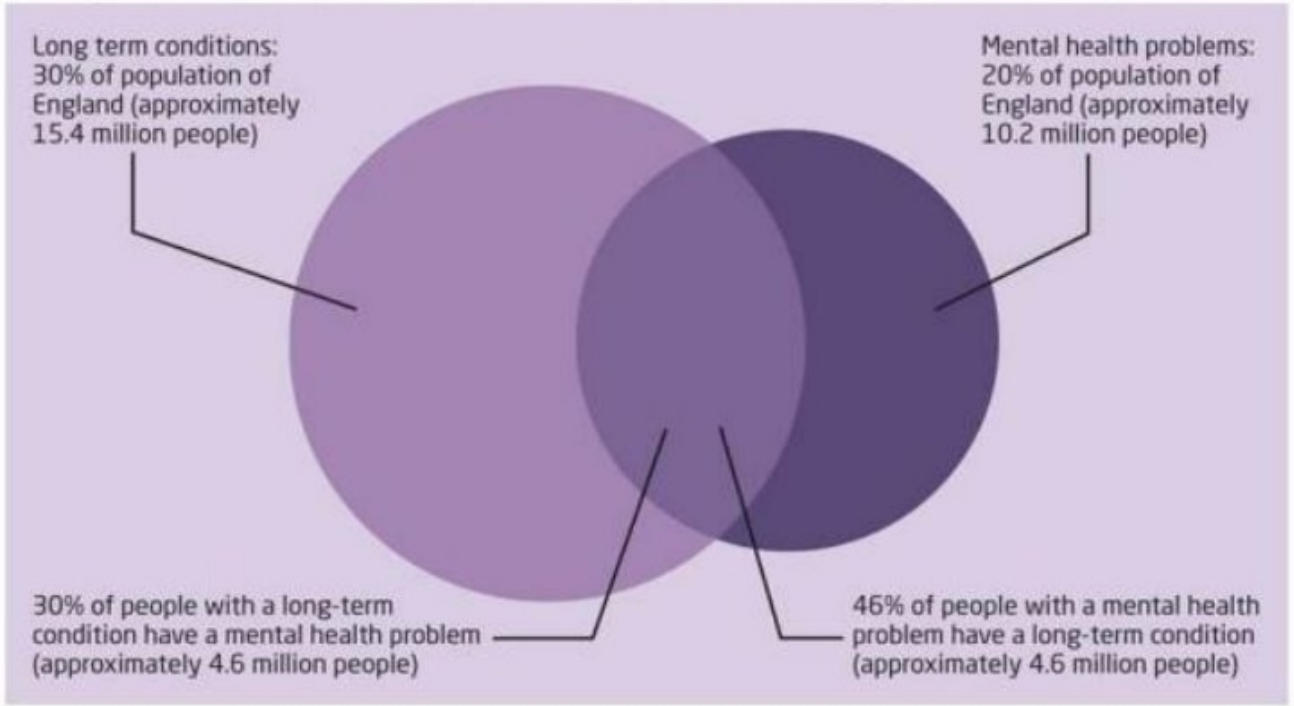
Supporting wellbeing, physical and mental health

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 estimated that the effect of poor mental health on physical illness costs the NHS at least £8 billion a year.

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*

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Working Together – Horizon Scan

The Health Trends In England report explores major trends over time, many of which are likely to continue in the future. Over the decades there has been improvement in many areas of health such as cardiovascular disease, many cancers and infections. These improvements slowed around 15 years, and the pandemic reversed some of the gains. There also remains inequalities for some communities and geographies. However, as the Chief Medical Officer highlights, these health conditions can continue to improve if we continue to address the wider determinants of health and health inequalities.

The Shift to Prevention: challenges and opportunities:

- People living in the most deprived areas experience worse health outcomes and higher rates of illness. The governments 10 year health plan for England aims to improve equitable access to care through 3 key shifts in practice and NHS resourcing.
- Some ethnic groups face significant disparities in health outcomes e.g. rates of mental health crises and maternal mortality rates
- People living in poverty find it harder to live in good health, access services and experience worse health outcomes for a variety of reasons including access to healthy food, poor-quality housing and increased stress from experiencing multiple hardships.
- Initiatives that address the determinants of health and promote healthier behaviour change can help reduce the incidence of disease and multimorbidity (where people live with and need to manage more that one long-term condition). Examples include

    - Promotion of healthy behaviours like physical activity, stopping smoking and reducing alcohol consumption
    - Promoting and encouraging take up of the NHS Health Check, screening and vaccination
    - Improving wider determinants such as housing condition, air pollution or access to food
    - Supporting wellbeing and mental health (particularly early support) and promoting community connection

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Further resources

- Data and Insight for Dorset – including the State of Dorset report
- Explore Health Data on the JSNA webpage
- Dorset Insight and Intelligence Service
- Listening Better in Dorset – including '100 conversations'
- HealthWatch Dorset – news and latest insight reports
- Active Dorset – A 'movement for movement' and Active Lives Survey

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Working together | ambitious for **Dorset**