Healthy Life Expectancy (HLE) in Dorset

October 2026

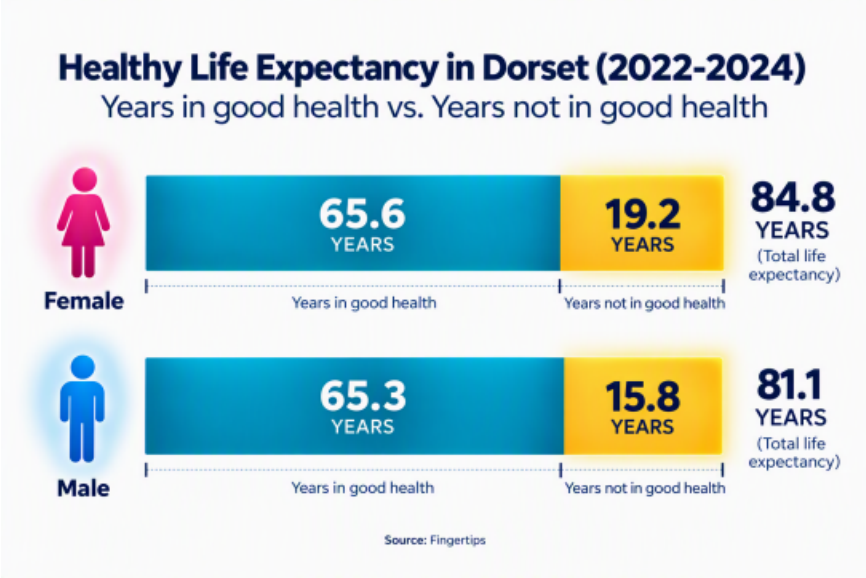
Summary

Healthy life expectancy (HLE) is a key measure of how long people can expect to live in good health and provides an important indicator of population wellbeing and inequality.

While Dorset residents generally live longer and enjoy more years in good health than the England average, 2022-2024 evidence suggests that many still spend around 16 to 19 years of their lives in poorer health.

Nationally, HLE has fallen to its lowest recorded level, but significant inequalities persist, with people in the most deprived communities experiencing around 20 fewer years of good health than those in the least deprived areas. In Dorset, pockets of deprivation, particularly in Weymouth and Portland, highlight the need for targeted action. Evidence shows that long-term conditions, multimorbidity and wider determinants of health are the main drivers of reduced HLE.

Dorset already has a strong foundation of prevention programmes and partnerships; including NHS Health Checks, LiveWell Dorset, Active Dorset and neighbourhood health initiatives. The key strategic challenge is not simply extending life, but also to increase the number of years people live in good health, reduce the years spent in poor health, and narrow the gap between communities.



What is healthy life expectancy and why is it important?

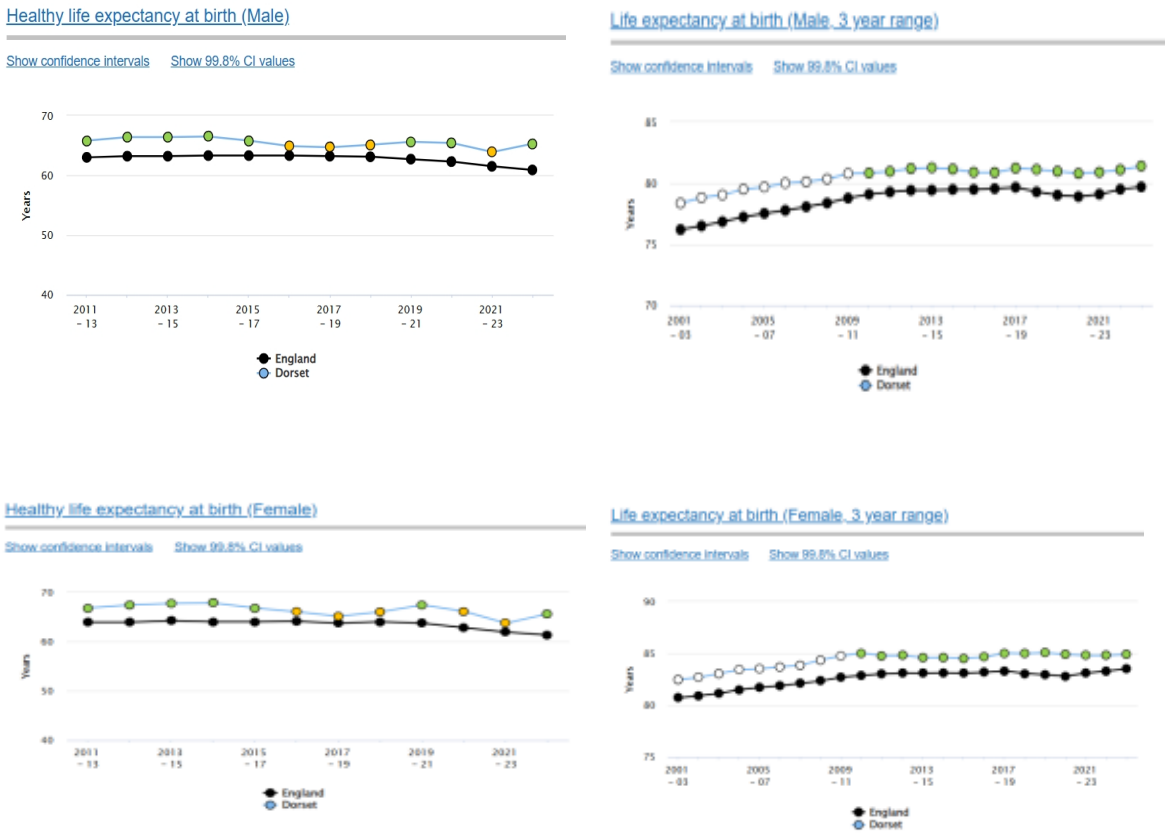
Life Expectancy (LE) estimates the average number of years a person would live if the age-specific death rates of a particular period continued. Healthy Life Expectancy (HLE) estimates how many of those years would be spent in good self-reported health. Measuring both helps distinguish living longer from the number of years lived well. [1, 2]

HLE is not the age at which a person becomes ill. People can move between better and poorer health throughout their lives. Nor does it mean being free of every condition or disability: someone living with a well-managed condition may still describe their health as good. The gap between LE and HLE is not a count of years with multiple conditions or a need for care. [1]

The distinction matters because living longer and living well are related but different outcomes. For a resident, poorer health may mean difficulty working, caring for someone, getting out or managing everyday activities. HLE does not measure those experiences directly, but it prompts us to consider them alongside deaths and diagnoses.

National OHID analysis identifies long-term conditions and multimorbidity as important influences on poor self-rated health. Musculoskeletal conditions are particularly relevant because they are common and associated with poorer reported health. Income, education, smoking and physical activity also matter. These factors interact, so no single service or behaviour explains the whole picture. [3]

Recent ONS releases show recovery in LE after the COVID-19 pandemic, but an uneven one as many local areas remain below their 2017–2019 levels. Although Dorset HLE shows improvement in 2022–2024, the England HLE was the lowest in the series beginning in 2011–2013. In England it was 60.9 years compared to 63 years for males and 61.3 compared to 63.9 years for females. [1, 2]



Source: Fingertips indicators 90366 and 90362, accessed 26 September 2026. [3]

The Chief Medical Officer's 2025 report (Health trends and variation in England, 2025) provides a wider account of these trends and differences in health across England.

Dorset picture and variation

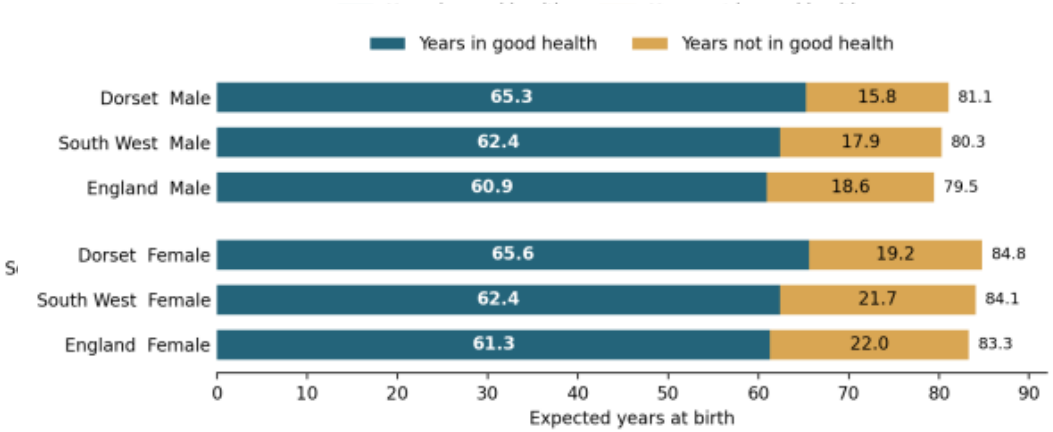
In 2022–2024, Dorset has higher LE and HLE estimates than the South-West and England. Yet the Dorset gap is 15.8 years for males and 19.2 for females: roughly 16 to 19 years outside good health. For England, the corresponding gaps are 18.6 and 22.0 years. For residents, poorer health can mean difficulty staying in work, managing daily tasks or taking part in activities they value. [4]

Women's longer life expectancy is also not matched by an equally large advantage in healthy years. Dorset female life expectancy is 3.7 years higher than male life expectancy, while the difference in HLE is only 0.3 years on the point estimates. The HLE estimates are uncertain, so this should not be read as a precise difference between the sexes.

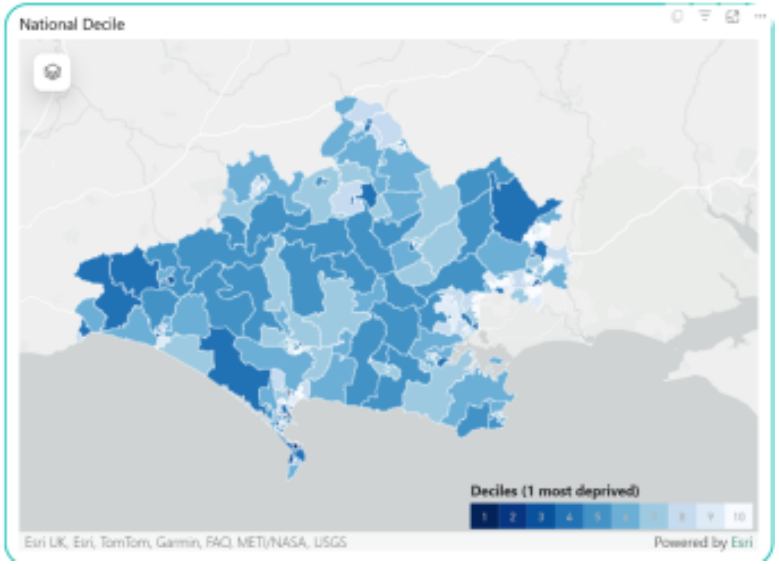
Deprivation and the years spent in poorer health

Nationally, the most deprived tenth of areas in England had HLE of 49.8 years for males and 48.2 for females in 2022–2024, compared with 69.2 and 68.5 in the least deprived tenth. Subtracting HLE from life expectancy gives approximately 23 and 30 years outside good health in the most deprived areas, compared with 14 and 18 in the least deprived. People in more deprived areas therefore face both shorter lives and more years in poorer health. [5]

The Dorset average can hide differences between communities. Dorset's 2025 deprivation data identify nine of its 223 small neighbourhoods in the most deprived 20% nationally for multiple deprivation: seven in Weymouth and Portland, one in Bridport and one in Ferndown. A different pattern appears for barriers to housing and services, where 88 neighbourhoods fall within the most deprived 20%. This matters because an overall measure of relative affluence can conceal difficulties reaching services or finding suitable housing. [6]



All values are years at birth. Years not in good health are calculated as LE minus HLE from the rounded published estimates; they are not separate estimates of disability or care need. Source: Fingertips indicators 90366 and 90362, accessed 26 September 2026. [4]



Dorset's Index of Multiple Deprivation (IMD) LSOA map.

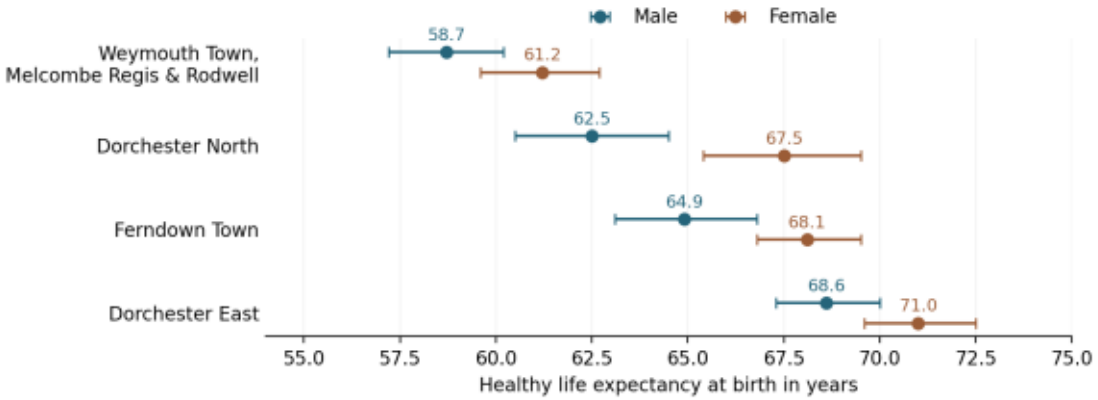
Dorset picture and variation

Differences within Dorset

The Census-based HLE series allows comparisons between middle layer super output areas (MSOAs), It combines the 2021 Census health information with mortality data for 2019–2023. [7, 8]

Dorset is generally viewed as an affluent area, where average HLE looks better that the South-West and England average, but further drip down paints a different picture. For example, the gap between Weymouth Town, Melcombe Regis & Rodwell and Dorchester East is 9.9 healthy years for males and 9.8 for females, which shows a significantly different outcome for residents from both MSOAs. The estimates describe place-based inequality. [5]

These findings suggest starting conversations where poorer health coincides with barriers to support. Geography is only part of the picture: disability, mental ill health, caring responsibilities or difficulty travelling may affect people in otherwise affluent areas. Local partners and residents can help identify these needs; area HLE figures cannot describe each group's experience.



HLE at birth, 2019–2023 Census-based series. Points show estimates; lines show 95% confidence intervals. These four MSOAs illustrate variation and are not a ranking of every Dorset area. Source: OHID Fingertips indicator 94359, extracted 14 September 2026. [5]

Dorset picture and variation

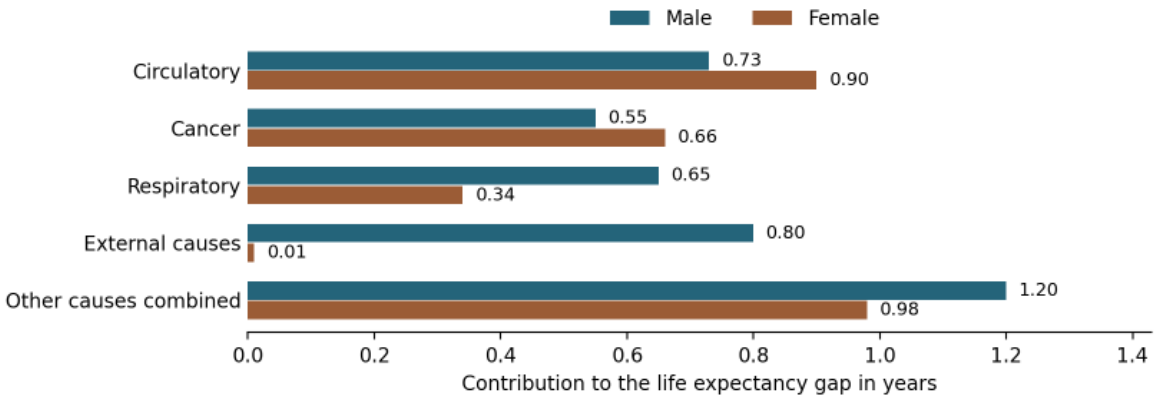
Which conditions matter

The OHID Segment tool helps explain inequalities in life expectancy through differences in causes of death. For Dorset in 2022–2023, life expectancy was 78.7 years for males in the most deprived local fifth of areas and 82.6 in the least deprived fifth, a 3.9-year gap. The female figures were 83.6 and 86.5, a 2.9-year gap. [9]

Circulatory disease contributes 0.73 years to the male gap and 0.90 to the female gap; cancer and respiratory disease also contribute a major contributor to the gap.

External causes contribute 0.80 years for males, including 0.57 years from accidental poisoning in the detailed breakdown. This supports looking beyond cardiovascular prevention alone. However, two years of deaths can produce unstable cause-specific estimates, especially for smaller categories. [9]

Causes of death tell only part of the HLE story. OHID's national review found strong associations between poorer self-reported health and long-term conditions, particularly when several occur together. Its analysis also draws attention to musculoskeletal conditions, and mental ill health. Pain, breathlessness or depression may limit daily life without appearing prominently in a mortality chart. Considering these other conditions alongside cardiovascular disease, cancer and respiratory disease can help better understand HLE. [10]



Most versus least deprived fifth of areas within Dorset Council, 2022–2023. Redrawn from the Segment tool data tables, November 2025, broad causes worksheet. Other causes combined sums digestive, mental and behavioural, COVID-19, neonatal and remaining causes. Rounded components may not sum exactly to the published overall gaps. This is a life expectancy chart, not an HLE decomposition. [9]

Dorset picture and variation

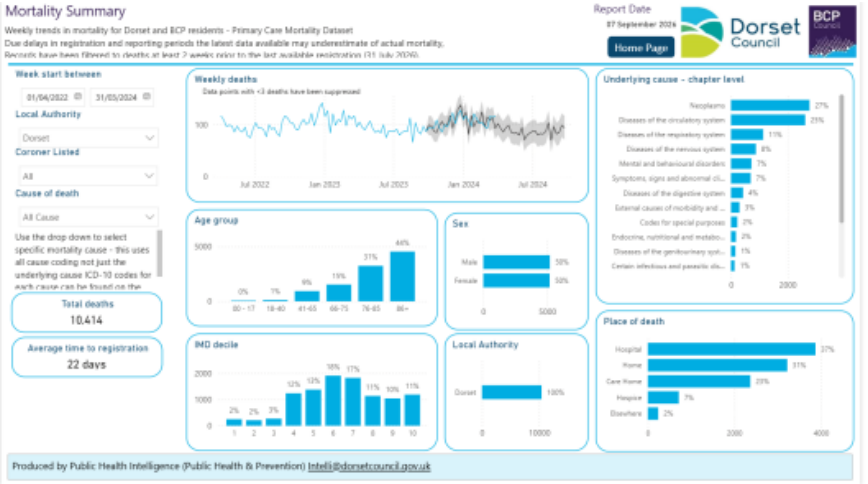
Local insight – Causes of Death

Dorset Public Health analysis of all-cause mortality between April 2022 to March 2024 shows that cancer (27%) and circulatory diseases (25%) account for more than half of all deaths. While three quarters of mortality occurs among those aged over 76 years, almost one quarter of deaths occur before age 76 and represent a significant source of preventable loss of healthy life years.

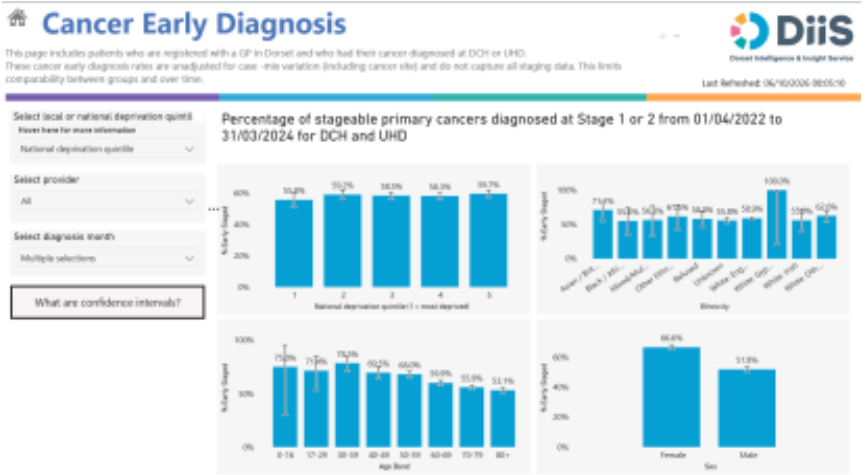
Cancer is the largest cause of death and is particularly important because deaths occur proportionately younger than for all causes combined, with 38% of cancer deaths occurring before age 76 compared with 24% for all-cause mortality. Men accounted for a larger share of cancer deaths than women, and variations across deprivation groups suggest ongoing inequalities in cancer outcomes. Weekly mortality levels remain persistently high, indicating continuing opportunities to improve survival through earlier diagnosis. Increasing uptake of screening programmes, reducing diagnostic delays, and targeting populations at highest risk could reduce premature cancer mortality and contribute significantly to improvements in HLE.

Dorset Intelligence and Insight Service (DiiS) brings together millions of data records from health and social care, providing Population Health Management (PHM) information for delivering better outcomes for residents across Dorset.

Insights from DiiS showed between April 2022 till March 2024, Dorset achieves early diagnosis (Stage 1 or 2) in approximately 59% of stageable cancers; however, around 40% are still diagnosed at later stages. Early diagnosis rates are substantially lower among men (52%) compared with women (67%) and decline progressively with age from 79% among people aged 30–39 years to 53% among those aged 80 years and over. These findings align closely with mortality data showing higher cancer mortality among men and older residents. Increasing the proportion of cancers diagnosed at Stage 1 or Stage 2, particularly among men, older adults and more deprived communities, represents a key opportunity to reduce premature cancer mortality and improve HLE.



Dorset Public Health report - Mortality Summary



DiiS report - Cancer Early Diagnosis

Dorset picture and variation

Local insight – Long Term Conditions

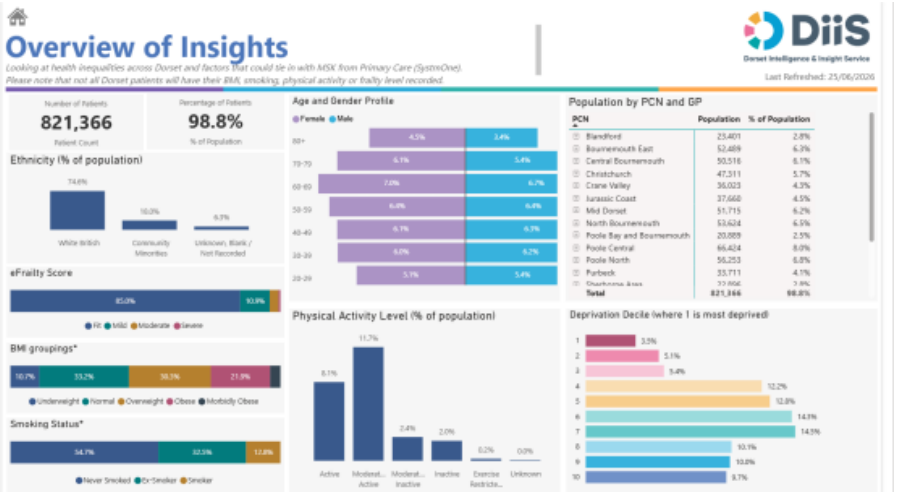
A key condition identified by OHID to have a huge impact on HLE is Musculoskeletal (MSK) conditions. Local insights from DiiS analysis showed that it is a significant contributor to reduced Healthy Life Expectancy in Dorset. MSK conditions refer to a broad group of disorders that impair the body's locomotor system; including muscles, bones, joints, and connective tissues, which commonly causes pain, stiffness, reduced mobility, and functional limitations.

The MSK population in Dorset is characterised by an ageing demographic, high levels of overweight and obesity, physical inactivity and increasing frailty. More than half of residents are overweight or obese, increasing the risk of chronic joint disease, pain and mobility limitations. Around one in nine residents already show signs of mild frailty, highlighting the importance of preventative interventions that maintain independence and functional health.

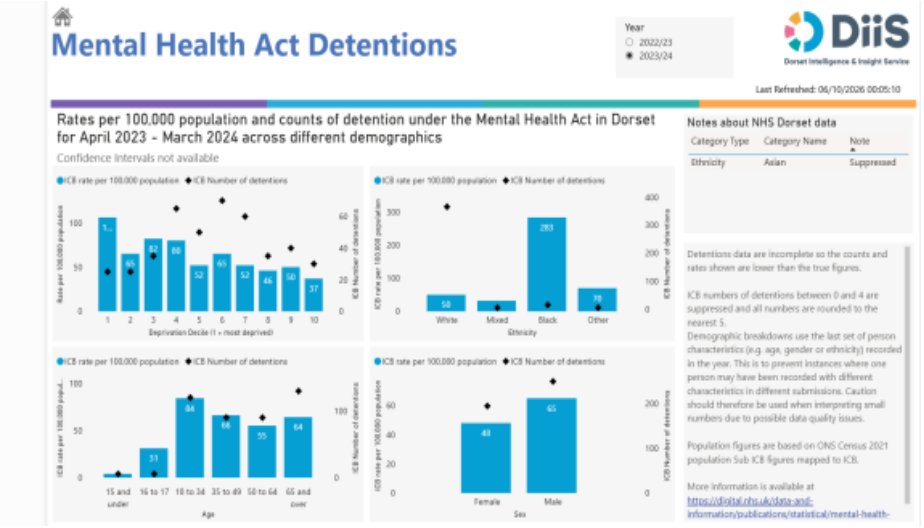
As musculoskeletal conditions are a major cause of disability rather than mortality, interventions that increase physical activity, reduce obesity, prevent frailty and support self-management have the potential to increase the number of years residents spend in good health, thereby improving HLE.

Mental health is also an important determinant of HLE. Analysis of DiiS data on Mental Health Act detentions demonstrates inequalities, with detention rates almost three times higher in the most deprived communities than in the least deprived communities. Young adults aged 18–34 years experience the highest detention rates, while men have rates approximately 35% higher than women. Black residents experience substantially higher detention rates than other ethnic groups, indicating significant inequalities in severe mental health outcomes.

Mental ill health can affect HLE through its impact on wellbeing, employment, social participation and management of physical health conditions. Interventions that improve access to mental health support, reduce inequalities and promote early intervention may therefore contribute significantly to increasing HLE and reducing health inequalities across Dorset.



DiiS report - MSK Overview



DiiS report - Mental Health Act Detentions

Dorset picture and variation

Local insight – Long Term Conditions

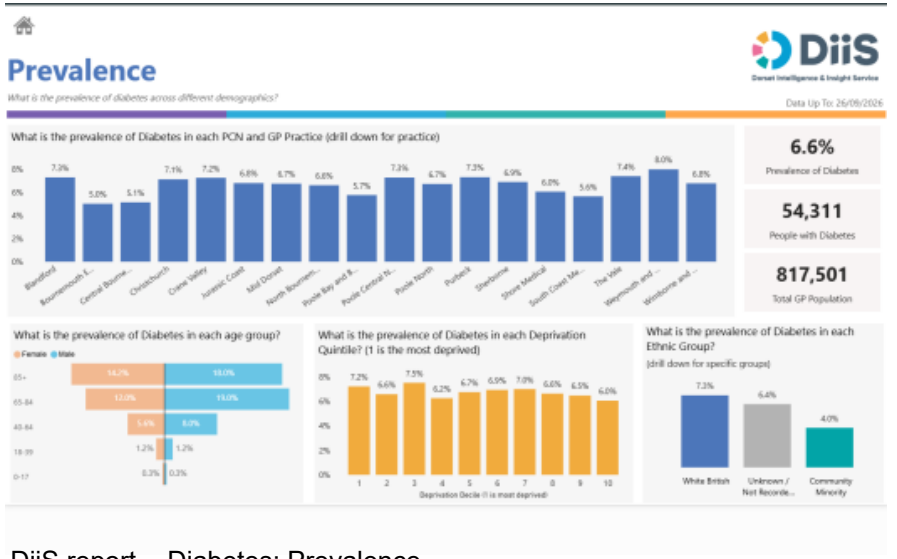
Dorset's published JSNA identifies possible undiagnosed hypertension particularly in Weymouth and Portland and Crane Valley primary care networks.

It also highlights higher diabetes prevalence in Weymouth and Portland, Blandford and the Vale with 8.0%, 7.3% and 7.4% respectively.

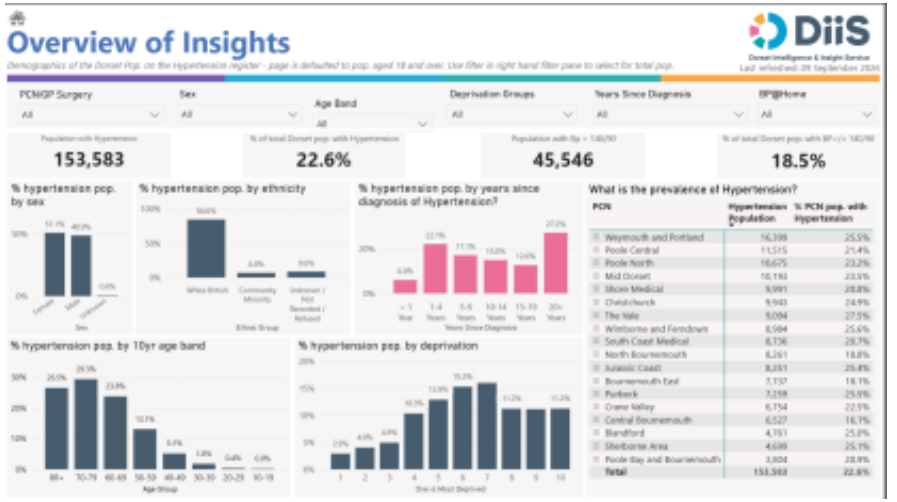
Further insights from DiiS shows that Diabetes prevalence rises with age, with men consistently having a higher prevalence than women. It is most prevalent in male aged 65-84 affecting around 19% of the GP registered population. This is consistent with known risk profile driven by obesity, cardiovascular risk factors, lifestyle behaviours and increasing insulin resistance with age.

Hypertension is around three times more common than diabetes and represent a large number of long-term conditions managed in primary care. It is similarly distributed amongst male and female with 49% and 51% respectively. Over 27% of people have been living with hypertension for over 20 years which indicates a significant ongoing demand for monitoring and medication management. Over 80% of all cases happens among people aged 60 and over, with fewer cases occurring below 40

Both conditions increase with age , show notable geographic variation, and demonstrates links with older adults and more deprived communities. They are major contributors to reduced HLE. While these conditions contribute to premature mortality through cardiovascular disease, their greatest impact is often through prolonged periods of poor health, they increase the risk of stroke, heart disease, kidney disease, visual impairment, frailty and disability, leading to many years lived with reduced quality of life. Interventions supporting prevention, early diagnosis, effective management and behavioural risk factor reduction could therefore deliver substantial improvements in HLE while reducing inequalities in health outcomes.



DiiS report - Diabetes: Prevalence



DiiS report – Hypertension: Overview of Insights

Dorset picture and variation

Local insight – Falls in later life

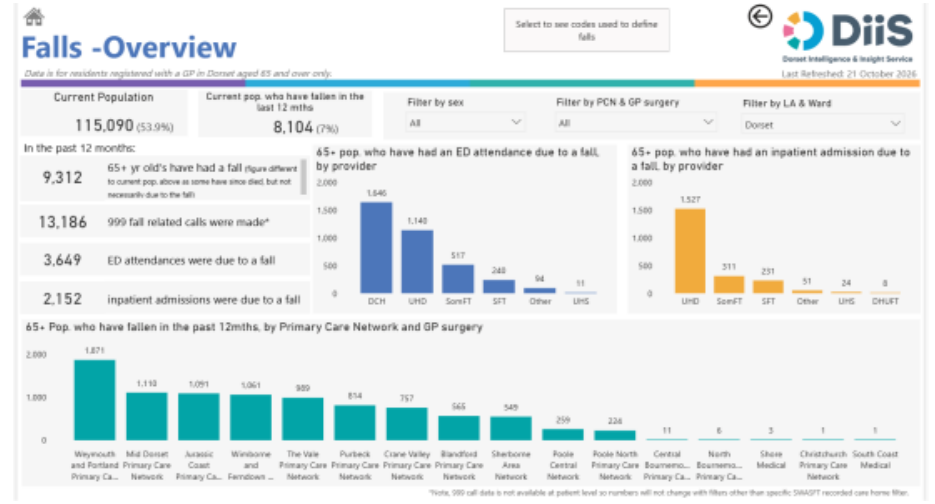
As of October 2026, in the last 12 months, of the approximately 115,090 residents aged 65+ are registered with Dorset GP, about 7% are registered as fallen. The data also shows almost 13,200 fall related 999 calls were made, about 3600 emergency attendances and 2,200 inpatient admissions was recorded, indicating fall affects around 1 in 14 residents aged 65+.

DiiS risk stratification model identified about 3787 residents;1362 residents at very high risk and 2425 residents at high risk, which is approximately about 3.3% of the 65+ population as at a very high or high risk of falling.

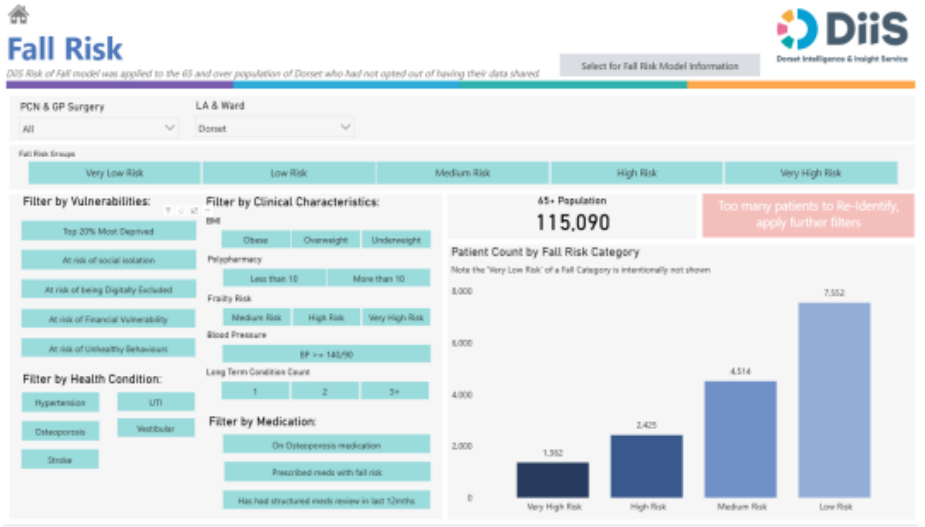
Around 4 PCNs in Dorset; Weymouth and Portland, Mid Dorset, Jurassic Coast, Wimborne and Ferndown have had over a 1000 falls and the Vale having just under 1000 falls over the last 12 months, accounting for around two thirds of recorded falls with Weymouth and Portland accounting for 1 in 5 falls.

Falls sit at the intersection of several factors associated with shorter HLE such as; frailty and reduced mobility, long term conditions such as hypertension, stroke, osteoporosis and vestibular conditions, social isolation, and reduced access to preventive support and community activity.

Falls can lead to injury, hospital admissions, reduced mobility, fear of falling, social isolation and loss of independence which can significantly impact healthy aging. Falls prevention should be considered not only as an injury-prevention programme, but also as part of a broader approach to maintain functional ability, independence and good health in later life. Early prevention and intervention such as identifying residents before crisis, providing targeted solutions amongst high-risk residents, reducing inequalities and applying a placed based approach could help Dorset's residents remain active and independent.



DiiS report - Falls Overview



DiiS report – Falls Risk

What this means

Healthy life expectancy is influenced by a wide range of factors including health behaviours, long-term conditions, access to services, social connections and the environments in which people live. Improving outcomes requires coordinated action across organisations, services and communities, with a particular focus on prevention and reducing inequalities.

The messages shown summarise the most relevant opportunities for key partners across our health and care system, not forgetting of course our supporting and empowering our residents in being able to enjoy longer, healthier and more independent lives.

Strategic opportunities for improving healthy life expectancy

1. Promote active ageing and independent living.
2. Reduce the impact of musculoskeletal conditions.
3. Expand falls prevention approaches.
4. Increase active travel and everyday movement.
5. Improve uptake of screening and early diagnosis.
6. Strengthen neighbourhood prevention through hypertension case finding, NHS Health Checks and integrated community delivery.

Dorset Health and Wellbeing Board
- Strategic leadership
- Reducing inequalities
- Partnership working
- Prioritisation of prevention investment

NHS and Primary Care
- Hypertension detection
- NHS Health Checks
- Early cancer diagnosis
- Long-term condition management

Community and Volunteer Sector
- Social connectedness
- Physical activity opportunities
- Falls prevention activities
- Support healthy aging

Residents
- Stay active
- Attend screening appointments
- Take up NHS Health Checks
- Maintain strength and balance

What can be done

Partners across Dorset bring different but complementary contributions that can support improvements in HLE. Dorset Council, through the Housing, Communities and Prevention Directorate provides several existing programmes driven by Public Health to support the health and wellbeing of local residents, as well as a focus on prevention and maintaining independence through Adult Social Care. The NHS is strengthening its focus on prevention through the 10-year Health Plan, neighbourhood health approaches and delivery of the Cardiovascular Disease (CVD) Modern Service Framework.

What a healthier long life could look like

A healthier long life might mean being able to get to the shops, continue a valued job or caring role, and manage a condition without it taking over everyday life. These are outcomes to discuss with residents, recognising that living well is possible with a condition or disability.

The Chief Medical Officer's 2023 annual report on health in an ageing society describes the aim as delaying illness and reducing the time spent with ill health or dependence. It also stresses adapting homes and neighbourhoods so that people can remain independent when their health changes. [12] The government's 2025 Ten Years Health Plan makes prevention and care closer to home central priorities. [13] For Dorset, this points towards preventing avoidable illness while helping people maintain function and wellbeing after diagnosis.

Housing, income and access to services shape what people can do to protect their health. One existing local connection is Healthy Homes Dorset, which provides energy advice and helps residents access insulation and heating support. [14] Prevention conversations should therefore include practical barriers such as a cold home, transport costs or an inaccessible activity, as well as advice about individual behaviour.

An important local opportunity Age Friendly Dorset [25], which brings together partners to create communities where people can age well. Its focus on staying connected, maintaining independence, having access to suitable services and environments, and supporting participation in community life reflects many of the factors that influence healthy life expectancy. Age-friendly approaches provide a valuable framework for helping residents enjoy more years in good health and reducing inequalities in later life.

As well as Thriving Communities with Volunteer Centre Dorset [26], helping people and places across Dorset become stronger, more connected and resilient. By reducing social isolation, strengthening community support networks and increasing access to local opportunities, Thriving Communities helps address some of the wider factors that influence health, such as loneliness, wellbeing, social participation and access to support.

What can be done

Active Aging

Dorset's older population represents one of the county's greatest strengths but also highlights the importance of helping people remain healthy, independent and connected throughout later life. Healthy ageing is about maintaining the physical, mental and social capabilities that enable people to do the things they value, reducing the impact of ill health and disability as they age. Supporting people to remain active for longer can help increase the number of years spent in good health and reduce inequalities in healthy life expectancy. [22]

Maintaining movement, strength and balance is particularly important in later life. Regular physical activity can help prevent or delay frailty, support musculoskeletal health, maintain independence and reduce the risk of falls. Falls are a major cause of injury, loss of confidence and reduced independence among older adults, making strength and balance activities an important component of healthy ageing. [23]

Dorset is well placed to support active ageing. The local area benefits from extensive access to green and blue spaces, a network of rights of way, coast and countryside locations, and communities where opportunities exist to incorporate physical activity into everyday life. Walking, cycling and other forms of active travel can contribute to physical, mental and social wellbeing while helping people build movement into their daily routines. Evidence shows that environments which support walking and cycling can increase overall physical activity levels and contribute to better health outcomes.

Dorset also benefits from established programmes that promote prevention and healthy lifestyles. LiveWell Dorset supports residents to make positive changes to improve their health and wellbeing, while Active Dorset works with partners and communities to increase physical activity and reduce inequalities in access to active lifestyles. Together with a strong voluntary and community sector, these assets provide a foundation for supporting healthy ageing and enabling more residents to remain active, independent and connected throughout later life.

What can be done

Making physical activity part of everyday life

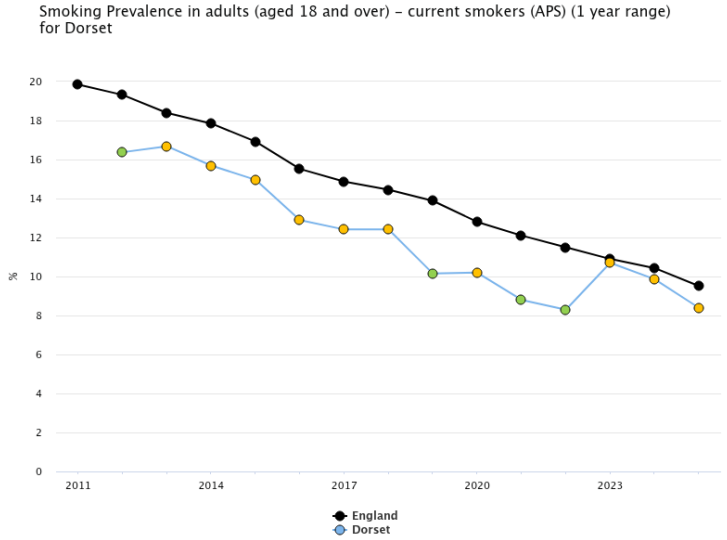
Physical activity is particularly relevant because it can help prevent disease and maintain independence after a diagnosis. The UK Chief Medical Officers' updated guidance recommends at least 150 minutes of moderate activity a week for adults, or an equivalent amount of more vigorous activity, with strengthening activity on at least two days. Older adults should also work on balance and flexibility. The guidance is clear that smaller increases still help, especially for people who are currently inactive. [17]

Active Dorset's A Movement for Movement provides an existing framework across Dorset and BCP. [18] The board could explore how its organisations make everyday movement easier: accessible walking and wheeling routes, affordable local sessions, strength and balance opportunities, and support that people with pain or breathlessness feel able to use.

LiveWell Dorset already offers support with movement, weight, smoking and alcohol. [19] Connecting a Health Check or clinical appointment to this support is one possible route; checking whether the person can access it is equally important. Evaluation should consider sustained participation and residents' ability to do the things that matter to them, alongside the number of referrals.

Building on progress while reaching people with greater need

Smoking has fallen over time, although individual annual estimates fluctuate. Dorset's JSNA also reports higher smoking prevalence among people in routine and manual occupations and those with long-term mental health conditions. [11] A favourable Dorset average should therefore prompt a closer look at who has benefited and who still needs more accessible support.



Estimates of current smoking among adults aged 18 and over, Annual Population Survey. Blue is Dorset Council; black is England. [11]

What can be done

Prevention-focused neighbourhood health

Neighbourhood health provides an emerging opportunity to bring these prevention pathways together around local population need. Residents may experience several interconnected risks; including hypertension, diabetes, physical inactivity, chronic pain, social isolation and difficulties accessing services, which individual programmes may not address collectively. Existing health intelligence could help in identifying Dorset communities where risks and barriers overlap, for example: lower screening uptake, lower Health Check participation, possible undiagnosed hypertension, higher cardiovascular risk and barriers to accessing services [24].

Dorset's existing assets; including primary care, community pharmacy, Public Health, LiveWell Dorset, Adult Social Care, community services and voluntary and community organisations could be brought together around a more coordinated local prevention offer. Neighbourhood health remains an emerging delivery model and provides an opportunity to make prevention more proactive, targeted, accessible and coordinated, with evaluation built into delivery.

For Dorset, early prevention is about making every contact count: identifying risk earlier, acting sooner, completing the pathway and focusing additional effort where residents face the greatest risk or barriers to prevention.

What can be done

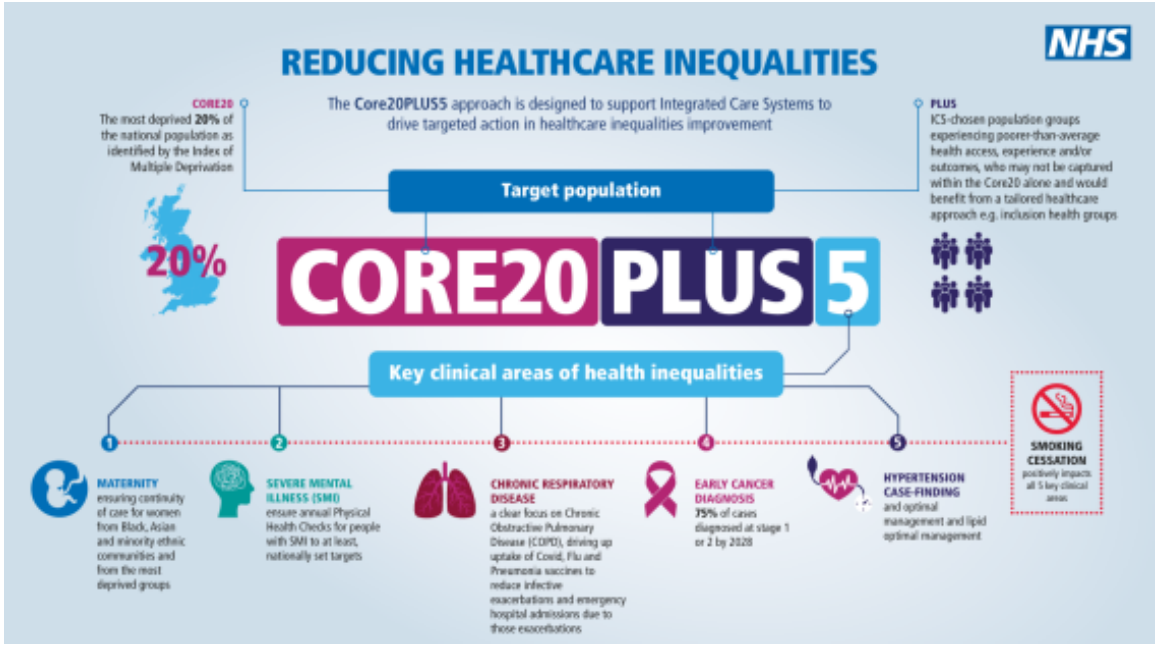
NHS plan on early diagnosis

The NHS 10 Year Health Plan seeks to improve healthy years by shifting diagnosis to an earlier stage, identifying disease before symptoms develop, and move from reactive diagnosis to predictive risk-based detection;

- earlier diagnosis of existing diseases i.e. early cancer diagnosis, expanding screening programmes, improve access to diagnostics and faster referral pathways
- earlier identification of high-risk individuals using population risk stratification, hypertension case finding, diabetes and CVD prevention and Community and neighbourhood-based prevention
- and diagnosis before symptoms emerge i.e. AI and predictive analytics, genomics, polygenic risk scoring and continuous monitoring through wearables. [13]

The NHS Core20PLUS5 seeks to inform action to reduce healthcare inequalities through a targeted approach; one of which is a target of 75% of cancers diagnosed at Stage 1 or Stage 2 by 2028.[21]

These plans strongly support early detection and prevention of HLE related conditions, and DiiS is currently developing an Age at diagnosis of LTE condition tool to support early detection.



NHS Core20PLUS5 [20]

What can be done

Early Screening and Detection

Dorset already has a strong foundation of prevention programmes across the council, NHS and community sectors. There are opportunities to connect existing activity more effectively around residents, identify risk earlier and ensure that identification leads to appropriate follow-up, treatment and support. Early prevention is particularly relevant to HLE because avoidable deterioration can often be delayed when risks are identified and managed before they result in serious illness, disability or loss of independence.

Cancer remains an important cause of premature mortality in Dorset. Screening and earlier diagnosis can improve treatment options and outcomes for many cancers. Existing bowel, breast and cervical screening programmes, alongside targeted lung health checks where eligible and established cancer pathways, provide a strong foundation. The opportunity is to use local intelligence to identify communities with lower uptake and understand barriers to participation, targeted invitations, accessible information, community outreach and trusted local

Hypertension is common, often has no symptoms and is an important modifiable risk factor for cardiovascular disease and stroke. Existing primary care, community-pharmacy case-finding, NHS Health Checks and cardiovascular prevention programmes provide several opportunities to identify residents with previously undetected or poorly controlled blood pressure. The opportunity is to strengthen the pathway from Case-finding to confirmation, treatment, blood-pressure control and ongoing management. Also utilising existing health intelligence capabilities to help identify communities where detection or control may be poorer and support more targeted prevention through primary care, pharmacies and community settings.

NHS Health Checks offer eligible adults aged 40–74 a route to identify cardiovascular risks before they lead to serious illness. LiveWell Dorset's published offer includes targeted checks in community venues and workplaces. [15] The national programme review found better recording of risk and disease detection, but also variation in attendance and follow-up. The practical question is not simply how many checks take place, but whether people identified at risk receive and benefit from the next step. [16] Local monitoring should follow people from invitation through attendance to support or treatment. It should distinguish a high-risk result from a confirmed diagnosis, and a referral from support received.

Dorset Council, primary care, community pharmacies, NHS partners and LiveWell Dorset carries out this function. In Q1 2026/27, Dorset recorded 5,219 invitations and 1,140 checks, with an uptake of 21%. Dorset council should retain a universal offer while intensifying invitations, convenient community delivery and completed follow-up for deprived neighbourhoods, smokers, people with obesity and other higher-risk groups. It should continue to monitor invitations, completions, abnormal findings, referrals and referral completion.

Data Sources

Note: Fingertips data were downloaded in September 2026. This is a publicly available data which can be revised;.

[1] Office for National Statistics (2026). Healthy life expectancy, UK: between 2011 to 2013 and 2022 to 2024. 19 February. Official statistics in development because of declining Annual Population Survey sample sizes. Source

[2] Office for National Statistics (2025). Life expectancy for local areas of the UK: between 2001 to 2003 and 2022 to 2024. 10 December. Source

[3] Department of Health and Social Care (2025). Health trends and variation in England 2025: a Chief Medical Officer report. 25 September. Source

[4] OHID. Fingertips indicators 90362 (HLE at birth) and 90366 (LE at birth), 2022–2024; HLE trend comparison 2019–2021. Dorset E06000059, South West E12000009, England E92000001; male and female, all ages, no category breakdown. Figure 1 and calculated gaps use one-decimal published values. Source

[5] Office for National Statistics (2026). Healthy life expectancy by national area deprivation, England and Wales: between 2013 to 2015 and 2022 to 2024. 15 April. England comparisons use national IMD 2025 deciles. Source

[6] Dorset Council. Deprivation Topic Data. Figures attributed on the page to the English Indices of Deprivation 2025. Counts refer to lower layer super output areas; the health deprivation and overall deprivation domains should not be conflated. Source

[7] OHID. Fingertips Local Health indicator 94359, Healthy life expectancy at birth 2021 Census based, 2019–2023. MSOAs E02004284, E02007006, E02004250 and E02004278. Figure 2 uses the published estimates and 95% confidence intervals. Source

[8] Office for National Statistics (2026). Health state life expectancy estimates for Middle layer Super Output Areas, England and Wales: 2019 to 2023. 30 July. Methods and interpretation of Census-based estimates. Source

[9] OHID (2025). Segment tool: November 2025 update. 12 November. Downloaded data tables: Life_expectancy-within_areas, Broad_causes and Detailed_causes; Dorset E06000059, Within area, 2022 to 2023. Deprivation quintiles use IMD 2019 under the tool methodology. Figure 3 is a replot, not a screenshot of the live tool. Source

[10] OHID (2023). Understanding the drivers of healthy life expectancy: report. 1 June. National associations and analysis; not a Dorset-specific attribution model. Source

[11] Dorset Council. Dorset Joint Strategic Needs Assessment. Sections Prevention – major health conditions and Prevention – healthy lives; Figure 9. Diagnosis-age estimates are not supplied by these passages. The smoking figure is reproduced from the published chart image. Source

[12] Department of Health and Social Care (2023). Chief Medical Officer's annual report 2023: health in an ageing society. Executive summary and recommendations. 10 November; updated 16 November. Source

[13] Department of Health and Social Care (2025). Fit for the future: 10 Year Health Plan for England. 3 July. Source

[14] Dorset Council. Heating and insulation grants. Healthy Homes Dorset service description. Source

[15] LiveWell Dorset. NHS Health Checks. Published community and workplace offer; this establishes the service, not its Dorset Council-only outcomes. Source

[16] OHID (2021). Annex B: a summary of analyses and evidence on the current NHS Health Check programme. Updated 9 December. National programme review evidence; not an estimate of local impact. Source

[17] Department of Health and Social Care (2019, updated 2026). UK Chief Medical Officers' physical activity guidelines. Updated 10 July 2026. Adults and older adults sections. Source

[18] Active Dorset. Our Dorset – A Movement for Movement. Physical activity strategy covering Dorset and BCP; local reporting in this paper should use Dorset Council residents only. Source

[19] LiveWell Dorset. Health and wellbeing service: movement, weight, smoking and alcohol support. Source

[20] Dorset Intelligence and Insight Service (DIIS). Accessed: 12/10/2026 Source

[21] NHS England. Core20PLUS5 (adults): an approach to reducing healthcare inequalities. Source

[22] WHO Aging and Health Source

[23] UK Parliament Healthy Aging: physical activity in an aging society Source

[24] Department of Health and Social Care / NHS England. Neighbourhood health framework. Source

[25] Dorset Council; Age Friendly Dorset Source

[26] Volunteer Centre Dorset; Thriving Communities Source