

East Dorset District Council

Health Improvement Statement 2009-2013



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“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

WHO, 1948.

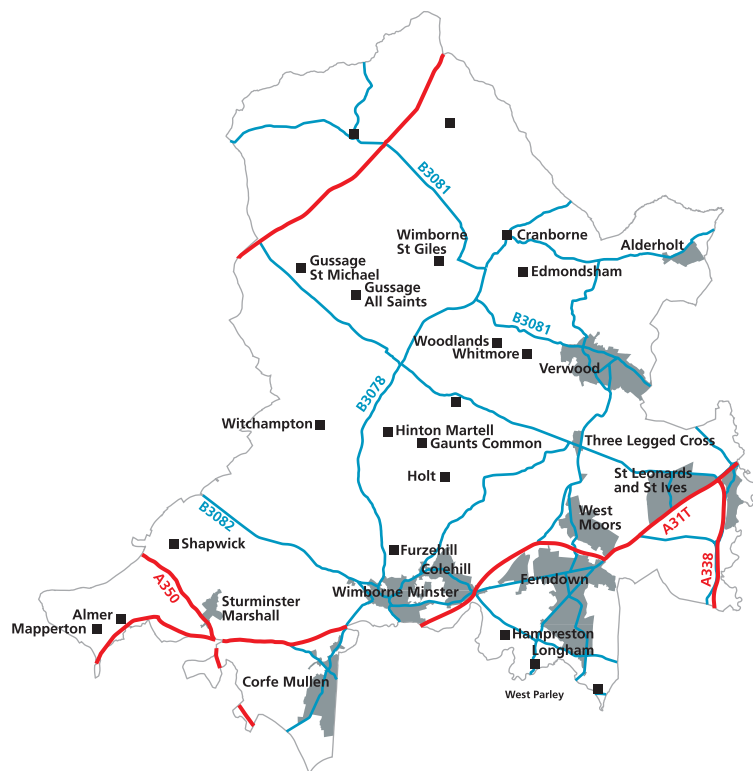
Introduction

Health can be influenced by many factors: economic conditions; political power; social support; the physical environment; access to health and social care and personal lifestyle choices.

It is acknowledged that no agency or group on its own is in a position to tackle all of these factors. Improvement in the health of a population requires contributions from a wide range of statutory agencies, voluntary organisations and groups, the local community and individuals themselves.

This statement will highlight how East Dorset District Council is positively influencing the health of local residents, employers, employees and visitors, and will outline how it plans to further this contribution over the next five years. It commits the Council to be proactively working in partnership and actively supporting its residents, businesses and communities to be physically, mentally and socially healthy.

The Council will now be developing plans to turn these commitments into tangible actions. The action plan will be revised annually and the outcomes will be incorporated in future corporate strategies.



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2 The National & Local Policy Perspective

2 Introduction

2.1 There is a real need for a joined up strategy which targets attention and resources at deprivation. This statement is not intended to stand alone, but should be read as part of a much wider picture and fits into a number of national and local documents. Please refer to the individual documents for further information.

2.2 **Choosing Health** (2004)

This Public Health White Paper set out a policy framework aimed at providing people the opportunities to make healthy choices and change their lifestyles to improve their health and well-being.

It outlines its expectations from local councils:

“local leadership to bring concerted and integrated local action on health”

This emphasises the importance of local partnerships in health.

Link: Department of Health website: www.dh.gov.uk

2.3 **Our Health Our Care Our Say** (2006)

This White Paper outlined a new direction for community services, and emphasised the importance of achieving better prevention services, giving people more choice, tackling inequalities and providing more support to people with long-term needs. It emphasised the importance of commissioning in order to achieve health and well-being.

Link: Department of Health website: www.dh.gov.uk

2.4 **National Indicators** (NI's)

The local Government White Paper 'Strong and Prosperous Communities' published in October last year, committed to introducing a set of streamlined indicators that would reflect national priority outcomes for local authorities working alone or in partnership.

A single set of 198 national indicators was announced as part of the Comprehensive Spending Review 2007. The national indicators:

- Will be the only measures on which central Government will performance manage outcomes delivered by local government working alone or in partnership.
- Replace all other existing sets of indicators including Best Value Performance Indicators and Performance Assessment Framework indicators.
- Will be reported by all areas from April 2008.

In each area, targets against the set of national indicators will be negotiated through new Local Area Agreements (LAA's). Each Agreement will include up to 35 targets from among the national indicators, complemented by statutory targets on educational attainment and early years.

In this statement each future target for the council specifies the National Indicator which it would contribute to. *Please refer to Appendix 2 for the full list of National Indicators.*

Link: www.communities.gov.uk/localgovernment/performance-frameworkpartnerships

2.5 **Local Area Agreements** (LAA's)

Local Area Agreements are about setting the strategic direction and focusing on the priorities that will make a town, city or community a better place to be. They are about place-shaping. LAA's will continue to be three-year agreements with priorities agreed between all the main public sector agencies working in the area and with central Government. This will mean everyone working together to have the right evidence to know what these priorities are. But these should not just be decided between public sector agencies. Everyone should have the opportunity to say what matters most to them. A good LAA should ensure there are the



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systems in place to be sure that what everyone agrees should happen does happen. The major changes are being made in 2008 with the remaining architecture of the new performance framework in place by 2009.

This will mean:

- More emphasis on area based service delivery
- More freedom in spending decisions
- Fewer central targets and reporting systems

In addition the Local Government and Public Involvement in Health Act 2007 places a statutory requirement on the local authority to develop an LAA and duties on named partners to co-operate with the authority. Councils will also be able to agree local targets with partners that will not need to be reported to central government but which will have the same status as targets negotiated with central government.

Link: [www.communities.gov.uk/localgovernment/performance frameworkpartnerships/](http://www.communities.gov.uk/localgovernment/performanceframeworkpartnerships/)

- 2.6 **The Public Health Report for Dorset** - This report produced by Dorset Primary Care Trust, Dorset County Council and other agencies provides a great deal of information on the health of the public throughout the county, the progress that has been made against health objectives and examples of public health initiatives.

Link: Dorset Primary Care Trust: www.dorset-pct.nhs.uk

- 2.7 **NHS - World Class Commissioning** - Adding years to life and life to years

Commissioning in the NHS is the process by which we ensure the health and care services provided most effectively meet the needs of the population.

It is a complex process with responsibilities ranging from assessing population needs and prioritising health outcomes, to procuring products and services, and managing service providers.

The world class commissioning programme aims to dramatically transform the way we commission health and care services in this country. By strengthening commissioning capability we will deliver better health and well-being for all, better care for all and better value for all.

- 2.8 **High Quality Care for All** - The Darzi Review

The vision of this report is of an NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart – quality defined as clinically effective, personal and safe. It will see the NHS deliver high quality care for all users of services in all aspects. It aims to do this by introducing the following measures:

- Create an NHS that helps people to stay healthy. Achieving this goal requires the NHS to work in partnership with the many other agencies that also seek to promote health
- Every primary care trust will commission comprehensive wellbeing and prevention services, in partnership with local authorities, with the services offered personalised to meet the specific needs of their local populations. Our efforts must be focused on six key goals: tackling obesity, reducing alcohol harm, treating drug addiction, reducing smoking rates, improving sexual health and improving mental health.
- A Coalition for Better Health, with a set of new voluntary agreements between the Government, private and third sector organisations on actions to improve health outcomes. Focused initially on combating obesity, the Coalition will be based on agreements to ensure healthier food, to get more people more physically active, and to encourage companies to invest more in the health of their workforce.
- Raised awareness of vascular risk assessment through a new 'Reduce Your Risk'



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campaign. As we roll out the new national programme of vascular risk assessment for people aged between 40 and 74, we will raise awareness through a nationwide 'Reduce Your Risk' campaign - helping people to stay healthy and to know when they need to get help.

- Support for people to stay healthy at work. We will introduce integrated Fit for Work services, to help people who want to return to work but are struggling with ill health to get back to appropriate work more quickly.
- Support GPs to help individuals and their families stay healthy.

2.9 **Local Involvement Networks (LINKs)**

Local Involvement Networks (LINKs) have been introduced to help strengthen the system that enables communities to influence local health and care services.

Backed up by certain powers, LINKs aim to:

- provide everyone in the community - from individuals to voluntary groups - with the chance to say what they think about local health and social care services
- give people the chance to influence how services are planned and run
- feedback to services what people have said about services so that things can be improved.

Every local council has employed an independent organisation to set up, advise and support the LINK for its area. Local county and unitary councils have been given money to fund LINKs, but each LINK will decide how best to operate and on what priorities to concentrate on.

2.10 **East Dorset Community Strategy** - The overall aim of the East Dorset Community Partnership is to add value to the many services, projects and initiatives that exist for East Dorset communities in a more efficient manner. It also works to identify and overcome any gaps in service provision.

The new Community Strategy for East Dorset aims to promote the well-being of everyone in our district. The concept of well-being covers economic improvement, social progress, better health, housing and maintaining and improving the quality of our natural environment. This Strategy uses this sustainable communities approach to achieve a better quality of life for everyone.

The Community Strategy is an opportunity for everyone to be involved in the future development of East Dorset. We can focus our efforts on what is important to people who live in, work in and visit the District and to help them make a positive contribution to change. By working together on shared objectives, our communities will achieve greater impact and success than each organisation would achieve working in isolation.

The aspirations of residents and businesses in East Dorset are very similar to those of every community in Dorset and these are reflected in the vision of the partnership. By 2015, East Dorset will be:

- a healthy place to live and work;
- a place where enterprise is valued and encouraged where we invest in the future through skills and training;
- a safe community where residents do not fear crime;
- a strong community with a thriving well supported voluntary sector;
- an enjoyable place to live and visit where culture and leisure is valued;
- a district that supports and enhances its environment, and;
- a community in which all development is sustainable and carbon emissions are reduced.



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2.11 **NHS Dorset Programme Boards** - The NHS has recently set up these boards, which steer their work in terms of healthcare, health protection and health improvement. The programmes are as outlined below and also include Service and Improvement focusing on Children, and Young People, Adults and Older People.

Programme	Work streams
Vascular	Stroke; cardiac; renal; diabetes
Cancer	Screening; end of life care; implementing outcomes guidance delivery
Sexual and Reproductive Health	Maternity; sexual health; specialist services - assisted conception
Mental Health	CAMHs; IAPT; older people's mental health; specialist mental health services; learning disability; substance misuse including alcohol
Chronic Conditions	Respiratory; musculoskeletal; neurological; other chronic conditions

CAMHs - Child and Adolescent Mental Health

IAPT - Increasing Access to Psychological Therapies

2.12 **Corporate Plan** - East Dorset District Council has a corporate plan entitled '*making a difference*' which highlights the council's community leadership role.

It outlines a vision '*to work with others to provide the services that meet people's aspirations*' and to ensure that everyone '*enjoys a high quality, safe and healthy environment*'.

The plan includes a number of corporate objectives, each of which is supported by a measurable outcome and other key measures. These are reported on each year so the Council can be assessed on how well it is meeting its objectives.

Link: East Dorset District Council's Corporate Plan: www.dorsetforyou.com

Link: Dorset County and District Council's joint website: www.dorsetforyou.com





3 East Dorset Health Profile

East Dorset is a prosperous area with relatively few young adults and an older population. On average, people in East Dorset live longer than in England as a whole. People over 65 make up 26.2% of the population, which compares to 15.9% for the England average.

- 6% of residents are dependent on means-tested benefits, compared with 13% in England. Over 1 in 10 of East Dorset's children live in households dependent on benefits.
- Early death rates from cancer, heart disease and stroke are low and falling.
- The rate of reported violent crime is the lowest in England.
- Smoking and binge drinking rates are below the England averages (these are estimates based on national surveys). Although the death rate from smoking in East Dorset is low, smoking still kills around 160 people every year.
- The rate of road injuries and deaths is high and around 60 people die or are seriously injured on the roads of East Dorset each year.
- A low proportion of people rate their health as 'not good'. The rate of admission to hospital for alcohol specific conditions is lower than average.
- The percentage of people with recorded diabetes in the East Dorset population is higher than the England average.
- 18.4% of the total population in East Dorset have a limiting long-term illness. This compares with an average of 18.2% for England.

There are considerable health inequalities within Dorset, with lower life expectancy in more deprived areas. Early death rates from coronary heart disease are highest amongst the most deprived populations.

Link: [The Public Health Report for Dorset 2006 is available from www.dorset-pct.nhs.uk](http://www.dorset-pct.nhs.uk)

East Dorset Health Profile: APHO and Department of Health - 2007

	East Dorset	England Average
Life expectancy at birth - Males	80.90	76.93
Life expectancy at birth - Females	84.10	81.14

Office of National Statistics

Index of Multiple Deprivation

The Index of Multiple Deprivation combines information on income, employment, health and disability, education, environment and other factors. It divides the population into five groups, from the most disadvantaged to the least disadvantaged. We can see from the table below that East Dorset is less deprived than the rest of Dorset and the UK.

	← Most Deprived - Least Deprived →				
	1	2	3	4	5
East Dorset	2%	9%	7%	21%	61%
Dorset	21%	18%	18%	20%	23%
UK	20%	20%	20%	20%	20%

The Public Health Report for Dorset, 2006

In the Indices of Deprivation 2004, East Dorset was ranked at 325 out of 354 local authorities in England, where 1 was the most deprived area and 354 the least deprived.

However, within East Dorset there are areas of considerable deprivation that are masked because they form part of relatively affluent wards. There is also a rural isolation issue which has an impact on deprivation in the north of the district in addition to an ageing population.



4 National Service Frameworks (NSF's)

NSF's are long term strategies for improving specific areas of care. They set national standards, identify key interventions and establish ways to ensure progress within an agreed time scale. They are key in supporting improvements in service quality.

There are eleven NSF's in total. East Dorset District Council makes a significant contribution to several of these. Others, by their very nature, are more medically and clinically based, and therefore the council is not able to have a direct impact.

The council recognises the importance of the following areas of work but does not consider that it directly contributes towards them:

- Paediatric Intensive Care
- Pharmaceutical Industry Involvement

Each NSF which the council contributes towards will now be discussed by outlining the importance of the subject, how the council currently targets the problem and what the council would like to do over the next 5 years.

Link: To access all the NSF documents, please refer to the Department of Health website at www.dh.gov.uk



5 Coronary Heart Disease (CHD) & Stroke

5.1 **Importance** - Coronary Heart Disease and Strokes are some of the biggest killers in the country and can cause angina, heart attacks and death. They have a major impact on people's lives often resulting in long-term disability and admission to long-term care. There are huge inequalities in the burden of these diseases, with men in manual social classes three times more likely to die prematurely of CHD than men in professional or managerial occupations.

CHD is common, frequently fatal and largely preventable and accounts for about 3% of hospital admissions in England.

There is good evidence that early interventions, better care and treatment, and lifestyle changes can reduce the risk factors associated with CHD and stroke.

In East Dorset over 185 people die from CHD and over 115 die from strokes each year.

5.2 **Factors that affect CHD and stroke and how the council impacts upon these:** The National Service Framework for CHD recommends that the NHS and partner agencies should: *"develop, implement and monitor policies that reduce the prevalence of coronary risk factors in the population, and reduce inequalities in risks of developing heart disease"* and *"contribute to a reduction in the prevalence of smoking in the local population"*.

5.3 **Smoking** - Encouraging people to stop smoking is the most effective measure in reducing preventable ill health and premature death. It is estimated that approximately 15% of the population in East Dorset are smokers.

- The council is committed to enforcing the smoking ban in workplaces which came into force in July 2007 **A**
- It ensures that the council's buildings are smoke free **A**
- The Council works towards having a smoke free workforce **A**
- Residents are encouraged to access the stop smoking service available from NHS Dorset **A**

5.4 **Nutrition** - A balanced diet is essential to good health and improving access to healthy food is a key way of addressing this.

- Through the provision of benefits, it allows those on low incomes to afford a decent standard of day to day living including a better diet **B**
- The food safety team works to maintain a high standard of hygiene in production and sales **A**
- The council works in partnership with the Dorset Food and Health Trust **A**
- Local initiatives which encourage healthy cooking and eating in local communities are supported **A**
- Work is undertaken with the license and supply of alcohol **A**

5.5 **Physical Activity** - In East Dorset exercise participation rate is 22.4% (participating in 30 minutes three times per week). Whilst this is higher than the average for England at 20.1%, it could still be increased.

- The Community Services Division provides indoor and outdoor sports, recreation and physical activity facilities and services at Moors Valley Country Park, Queen Elizabeth and Verwood leisure centres. These increase opportunities for physical activity. Similar facilities are also available at Ferndown Leisure Centre **A E**
- Exercise referral schemes are supported. These encourage increased levels of physical activity amongst people whose physical, mental and social health could be improved by the scheme **A E**

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5 Coronary Heart Disease (CHD) & Stroke

- Pleasant environments are encouraged through waste management and cleansing services, community safety, preservation of countryside and green spaces, countryside management, providing cycle paths and working on accessibility issues. The environment is known to be one of the most important variables affecting physical activity levels **C D E H**

5.6 **High blood pressure** - All physical inactivity and poor nutrition factors as above
A B C D E H

5.7 **What we would like to achieve in the next five years:**

(Please refer to Appendix 2 for the National Indicators)

1. Work further with voluntary organisations to promote healthy cooking skills and nutritious diets **NI21 NI22**
2. The food and safety team will consider whether they can become more broadly involved with the promotion of healthy and locally produced food **NI21 NI22**
3. Continue with the benefits take-up strategy to encourage more eligible people to claim and be able to afford better lifestyles, for example healthier diets. Promote the information via locally accessible means e.g. shows or supermarkets **NI116 NI80**
4. Develop new ways to encourage people to participate in physical activity in the range of settings which the council provides. This includes encouraging long-term healthy lifestyles amongst young people, as well as encouraging older people to start being active **NI8 NI55 NI56 NI57 NI121 NI122**
5. Encourage people to use existing doorstep provision of physical activity opportunities, and develop and publicise further doorstep provision.
NI8 NI55 NI56 NI57 NI121 NI122
6. Work to reduce the reported high fear of crime rate in the area, which could in turn encourage more people to be active outside **NI138**
7. Develop a 'healthy website' which links to all local health facilities websites and provides information to local residents regarding a range of health topics.
NI8 NI55 NI56 NI110 NI119
8. Consider the evidence-based health impact of all decisions between preservation of the countryside and requirements for new builds and housing.
NI8 NI120 NI138 NI123
9. Build up links between departments within the council who provide services for the same groups of people.
10. Encourage and support people who wish to give up smoking
NI123 C
11. Promote access arrangements and facilities by public transport, walking and cycling.
NI175

Links:

Smokefree website: www.publichealthdorset.org.uk

Smokefree England website: www.smokefreeengland.co.uk

Moors Valley Country Park: www.moors-valley.co.uk

QE leisure Centre: www.qe-leisure-centre.co.uk

Verwood Leisure Centre: www.verwoodleisure.co.uk

Ferndown Leisure Centre: www.dcleisurecentres.co.uk

Dorset Food and Health Trust: www.dorsetfoodandhealth.co.uk



6 Cancer

6.1 **Importance** - More than one in three people will develop cancer at some stage in their lives, and one in four will die of it (NHS Cancer Plan, 2000). It is one of the biggest killers in the country and affects people from different backgrounds disproportionately.

In East Dorset there are 117 early deaths from cancer each year (APHO and Department of Health, 2007). In comparison to the England average this is significantly better, however work still needs to be done to reduce this number of early deaths. In total over 290 people die in East Dorset each year due to cancer.

6.2 **Factors that affect cancer and how the council impacts upon these:**

- Reducing smoking is the biggest single preventable risk factor for cancer.
- Having a healthier diet is the second largest risk factor for cancer, and increasing fruit and vegetable consumption is the second most effective strategy to reduce the risk of cancer after reduced smoking.
- Other broader causes of ill-health are also linked to cancer including poverty and unemployment.
- Reducing health inequalities will also have an impact.

Please refer to paragraphs 5.3, 5.4 and 5.5 under the CHD and Stroke section which outlines what the council does towards reducing smoking, encouraging healthier diets and promoting physical activity.

The NHS Cancer Plan highlighted the need to tackle the inequalities in health which contribute to cancer rates. East Dorset District Council can contribute towards reducing inequalities through the provision of benefits which enable people to have a decent standard of day-to-day living. There are approximately 4700 claimants who are often residents on low-incomes or unemployed, people with disabilities and pensioners.

6.3 **What we would like to achieve in the next five years:**

Please refer to the CHD section, paragraph 5.7, and specifically those points which relate to smoking, healthier diets and physical activity as these will relate directly to what the council plans to do for cancer.

Link: The NHS Cancer Plan: www.doh.gov.uk/cancer

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7 Diabetes

7.1 **Importance** - Diabetes is a chronic and progressive disease that impacts upon almost every aspect of life. It comprises of a group of disorders with many causes, all of which are characterised by a raised blood glucose level. The two main types are type 1 and type 2. Over 1.3 million people in the UK are living with diabetes and every year this number rises. The risk of developing diabetes increases with age but anyone can get it. People from black and minority ethnic communities and those from socially disadvantaged groups are particularly vulnerable. Diabetes can have a devastating impact on quality of life for the individual and their families, and lead to complications such as heart disease, stroke, renal failure, amputation and blindness.

The percentage of people with recorded diabetes in the East Dorset population is higher than the England average.

There is evidence to show that the onset of type 2 diabetes can be delayed or even prevented. The NSF for diabetes identified several standards which should be aimed for. East Dorset District Council acknowledges that it can contribute towards:

Standard 1: Reducing the risk of developing type 2 diabetes in the population as a whole and to reduce the inequalities in the risk of developing type 2 diabetes; and **Standard 3:** Empowering people with diabetes, which includes helping people to adopt and maintain a healthy lifestyle.

7.2 **What we currently do:**

It is recognised that some of the risk factors are modifiable. Regular physical activity lowers the risk of developing type 2 diabetes, and being overweight or obese.

Please refer to paragraphs 5.4 and 5.5 under the CHD and Stroke section to find out what the council does in regard to physical activity and nutrition which impacts directly on diabetes.

7.3 **What we would like to achieve in the next five years:**

Please refer to paragraph 5.7, and specifically those targets relating to physical activity and nutrition.



8 Renal Services

8.1 **Importance** - Kidney function is essential to life. When the kidneys are unable to function it can result in a range of problems or death. The number of people with chronic kidney disease is rising in this country and around the world. Established renal failure is an irreversible long term condition which requires regular dialysis treatment or transplantation. Its impact on individuals can be huge and can result in people being less able to cope with life mentally and physically.

8.2 **What we currently do and would like to achieve in the next five years:**

The NSF for renal services recognises the importance of diet, obesity and smoking on renal function.

Please refer to paragraph 5.3, 5.4, 5.5 and 5.7 in the CHD section to find out how the council targets these issues and the related diet, physical activity and smoking targets for the next five years.

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9 Chronic Obstructive Pulmonary Disease (COPD)

- 9.1 **Importance** - COPD covers a range of conditions which include chronic bronchitis and emphysema. It is a long term condition that leads to damaged airways, causing them to become narrow and making it harder for air to get in and out of the lungs. There is no cure but it can be managed through drug therapy.
- 9.2 **What we currently do and would like to achieve in the next five years:**
(Please refer to Appendix 2 for the National Indicators)
- Smoking is a major risk factor for COPD.
Please refer to paragraphs 5.3 and 5.7 to find out what the council does to target smoking and the targets related to smoking for the next five years.
 - Monitor air quality in the district and take steps to mitigate its impact
- [NI185](#) [NI186](#) [NI188](#) [NI194](#)

Case Study

A local resident describes how he coped when he became ill with COPD.

“After being rushed to hospital early one morning with breathing difficulties I was diagnosed with COPD. After going off work on long term sick leave it became all too easy to sit around and give up on everything else.

The hospital advised that exercise was the best medication so I started the ‘Way of Life’ programme at QE Leisure Centre. The benefit was amazing and the staff have been absolutely marvellous. The result of joining the ‘way of life’ at QE has been to let me have a much more ‘active’ retirement, doing things which I enjoy and not giving in to COPD. I now control the condition, instead of the condition controlling me”.





10 Neurological Conditions

10.1 **Importance** - Long-term neurological conditions result from disease, injury or damage to the body's nervous system. Conditions include Brain Injury; Spinal Cord Injury; Epilepsy; Multiple Sclerosis; Motor Neurone Disease and Parkinson's disease.

It can affect individuals and their families for the rest of their life. People with long-term neurological conditions need support with a range of issues including transport, housing, employment, education, benefits and pensions. A full range of agencies working together is vital in order to support people to live independently.

10.2 What we currently do to impact upon neurological conditions:

- The Council supplies benefits and pensions to those who are not able to work due to a long-term neurological condition **B**
- Jobs are made available to local residents. The council is a member of the two ticks disability scheme so residents who are disabled will recognise that the council actively encourages them to apply for jobs **I**
- Decent housing and grants are provided to adapt homes to suit those with disabilities. **A C D**

10.3 What we would like to achieve in the next five years:

(Please refer to Appendix 2 for the National Indicators)

1. Work towards a one-stop-shop where anyone with a disability can access all information they require.
NI54 NI139
2. Continue with the take-up strategy to encourage more eligible people to claim benefits.
NI116 NI180
3. Communicate with local residents to ensure that they are aware of what benefits and services they are entitled to.
NI139
4. Produce an accessibility map and make it available to everyone who could benefit.
NI54 NI139

Case Study

The Disability Advisory Group looks at difficulties faced by those with a disability. They then act on the issues which are highlighted. A recent example includes raising awareness of cutting back overgrown bushes and shrubs, as this prohibits use of a wheelchair or electric buggy. Residents seem to have taken this on board and the feedback has been very positive.

Other issues which have been raised include adult changing facilities; seating in the district; the



use of disabled parking spaces; the positioning of soap and towel dispensers in accessible toilets; and helping residents with black sacks on rubbish collection day.

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11 Mental Health

11.1 Importance - At any one time 1 adult in 6 suffers from a mental illness. This can range between more common conditions such as anxiety and depression to schizophrenia. Mental illness is not well understood and carries a stigma within society. People who suffer from mental illness are at risk of social isolation and discrimination and are often vulnerable.

Mental health problems are the largest single cause of illness and disability. In East Dorset 610 people claimed incapacity benefit due to mental health disorders. This accounts for 31% of people claiming the benefit.

The National Service Framework for mental health addresses the mental health needs of working age adults up to 65. It refers to the importance of partnership working between a range of organisations including local government.

11.2 What we currently do to impact upon mental health:

- The exercise referral scheme is provided through local leisure providers. This enables residents who have mental illness and could benefit from attending physical activity to be referred onto the scheme **A E**
- Benefits are provided which can result in reduced levels of stress **B**
- The importance of greenery and countryside on positive mental health is recognised and incorporated within planning decisions **C D G**
- All employees of the Council are encouraged to remain mentally healthy by providing access to a stress support service and an occupational health clinic **I**
- A high fear of crime has been reported. The negative mental impacts from this occur from stress and anxiety, lack of security and lack of self-confidence. The council works with a range of people to reduce this fear **E**
- Work is carried out to ensure housing of a decent standard and size in order to reduce negative mental health effects from over-crowding or stress **A C D**
- The legal services department works with partner agencies to reduce negative mental health impacts of those at high risk of domestic violence by providing a sanctuary scheme **F**
- Residents are encouraged to make use of and enjoy local facilities and amenities which can reduce isolation and the consequent mental ill-health. The provision of bus passes and taxi tokens also contribute to this **A B C D E G H J**
- Sustainable transport schemes are supported
- The Council offers a range of participation opportunities to promote social inclusion **E**
- The Council works in partnership with the NHS Dorset mental health service **A E**
- There is recognition that links in with Mental Health, Children and Young People, and Older People. EDDC has a role through community safety work, licensing and regulations with regard to responsible sales and bye laws **A E**

11.3 What we would like to achieve in the next five years:

(Please refer to Appendix 2 for the National Indicators)

1. Use evidence-based theory to aid decisions on planning, housing and countryside management, so that all health impacts are always considered.
NI119 NI138 NI194
2. Further provide information on affordable social activities in the local area to encourage increased levels of socialisation and reducing isolation and the consequent negative mental health impacts.
NI6 NI110 NI119 NI137



11 Mental Health

3. Encourage further use of the exercise referral scheme for those with mental health problems.
N18 N119 N120
4. Encourage all departments who are working for people with mental health issues, or aiming to reduce levels of mental ill-health amongst the community to work together to deliver a joined up and productive service.
5. Further identify non-users so everyone is receiving all services and benefits they are entitled to.
N180 N187
6. Consider working further with ethnic minority groups. There are relatively few numbers in the area, which can increase isolation and can contribute to mental ill-health.
N140
7. Train all managers in East Dorset District Council to support and manage stress amongst employees. This would improve the mental health of staff and reduce days taken for sickness.
N120
8. Consider the role of East Dorset District Council as an employer to actively encourage and recruit mental health service users to promote this objective with Dorset Healthcare NHS Foundation Trust to local businesses to encourage greater opportunities in local employment for service users (Economic Development) (LAA target).
N146 N150



Case Study

The Pedal Back the Years Events run at Moors Valley Country Park have been particularly successful. One local man who attended has found it particularly beneficial:

"Before I came on the cycling for beginner's course I had not cycled for many years. When I started I had major problems riding only a few miles, but this year I did a 50 mile ride as well as cycling from London to Brighton. It has changed my life for the better. The main benefits to me are that I'm getting fitter, it has improved my self confidence, I've made some good close friends and I'm enjoying the countryside"

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12 Learning Disabilities

12 Importance

12.1 What is a learning disability?

- A learning disability is caused by the way the brain develops.
- There are many different types and most develop before a baby is born, during birth or because of a serious illness in early childhood. A learning disability is lifelong and usually has a significant impact on a person's life.
- Learning disability is not mental illness or dyslexia.
- People with a learning disability find it harder than others to learn, understand and communicate. People with profound and multiple learning disabilities (PMLD) need full-time help with every aspect of their lives - including eating, drinking, washing, dressing and toileting.
- There are 1.5 million people with a learning disability in the UK. Like all of us, they are individuals who want different things in life and need different levels of support.

12.2 Most people with a learning disability are treated as 'different'.

- They do not have the same control over their own lives as the rest of our society and face challenges and prejudice every day.
- Less than 1 in 5 people with a learning disability work (compared with 1 in 2 disabled people generally), but we know that at least 65% of people with a learning disability want to work. Of those people with a learning disability that do work, most only work part time and are low paid.
- Just 1 in 3 people with a learning disability take part in some form of education or training.
- Children with a learning disability are often socially excluded and 8 out of 10 children with a learning disability are bullied. Only 1 in 12 children with a learning disability get to take part in youth clubs, compared to 1 in 5 for the rest of the population.
- Half of all families with children with a learning disability live in poverty.
- At least half of all adults with a learning disability live in the family home - meaning that many don't get the same chances as other people to gain independence, learn key skills and make choices about their own lives.
- Just 15% of people with a learning disability have a secure long-term tenancy or own their own home.
- People with a learning disability are 58 times more likely to die aged under 50 than other people. And 75% of GPs have received no training to help them treat people with a learning disability.

[Link: Further information is available from www.mencap.org.uk](http://www.mencap.org.uk)

12.3 What do we do to support people with a learning disability?

- East Dorset Community Team for Adults with a Learning Disability
- Dorset County Council (DCC) has a duty to assess anyone who is eligible for community services. DCC works in partnership with NHS Dorset to support social care and health needs. Our community learning disability teams are the first point of contact for advice, information and guidance on services for people with a learning disability. The Community Team for East Dorset can be contacted at DCC's Local Office on 01202 877445.

12.4 Other Support

- The Verwood Centre provides a range of day services for people with very different abilities.
- The Stepping Stones scheme offers people with learning disabilities aged 16-64 access



12 Learning Disabilities

to training and employment activities in a supportive environment. Vocational Support Officers provide people with ongoing support in their placements.

- Care homes for people with a learning disability offer long term care for people with intense needs.
- DCC can arrange for people to have short breaks offering them different experiences and to give their carers a break.
- For people who can live more independently we can help arrange tenancies where support is provided. East Dorset District Council can offer tenancies for people with DCC arranging support.
- People who care for someone who can't look after themselves are entitled to a 'carer's assessment' of their own needs.
- People eligible for community care services can choose to buy services for themselves with an allocated sum of money if they want to. These Direct Payments must be used to buy services equivalent to those we would offer and there are rules about how it is spent.

12.5 Key Organisations

- The Government White Paper Valuing People (2001) led to the establishment of Learning Disability Partnership Boards across the country to oversee the development of learning disability services in each area. The Dorset LDPB meets quarterly and includes representatives of people with a learning disability, carers and representatives of health, housing, leisure and employment services.
- Dorset People First provide a voice for people with a learning disability. They have regional meetings, a 'Making Changes' committee and are represented on Dorset's 'Learning Disability Partnership Board'. They can be contacted at the DCC local office on 01305 216613.

12.6. What would we like to achieve over the next 5 years?

There are big changes taking place in learning disability services.

- There are still a number of hospital campuses in the area. These are due to close by March 2010 with 142 people moving into ordinary housing
- NHS Dorset is taking a range of measures to improve the health of people with a learning disability.
These include: The appointment of health facilitators to liaise with Doctors surgeries. The Government announced in September 2008 that it will fund General Practitioners to carry out annual health checks of people with a learning disability
Everyone with a learning disability will have access to a health book to help them get better health
- All public bodies have a duty under Equality legislation to ensure that people with disabilities can access their services. East Dorset District Council will ensure that people with a learning disability can access a range of leisure and housing services. For example, more authorities are now providing 'Changing Places'. These provide the right equipment, enough space and a clean environment to meet the needs of people with severe disabilities
- Dorset County Council adult and community services are now developing 'personalisation'. Rather than providing or arranging services for people the Government is requiring that people be given money to plan and purchase their own support. This will have big implications for all agencies as people make their own decisions about how money is spent to meet their support.

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13 Children and Young People

13.1 Importance - In East Dorset 21.1% of residents are 19 or under. This is lower than the England average of 24.3%.

Children and Young People in Britain enjoy better health than any previous generation. A large number of factors affect their health including: deprivation; poor education and employment opportunities; poor physical surroundings; poor peer and family relationships; domestic violence, including parental alcohol/drug misuse; and bullying. Inequalities can impact upon children and young people through access to services and child poverty.

The National Service Framework for Children states that improving access to services is a priority for achieving good outcomes for children and local authorities will be assessed on the quality of their services. These services need to be child-centred and focused on the child as a whole.

13.2 What we currently do to impact upon children and young people:

Reducing health inequalities and improving access to services:

- Benefits are provided to those with children to encourage healthier day-to-day lifestyles **B**
- As highlighted in the corporate plan the Council is committed to improving the provision of services for young people **G**
- As young people aged 16-24 are the group most likely to be the victims of crime, work is undertaken with young people to raise awareness of how not to be a victim **E**
- Work is carried out with young people who commit crime to raise self confidence, awareness and understanding in order to reduce crime levels **E**
- Child care vouchers are supplied to staff members **I**
- Close working with partners such as Dorset County Council Social Services is supported.
- 17.4% increase in teenage conception rates (2004-2006) **E**
- The facilitation of play and play provision and the recognition of its value in encouraging physical activity, social skills, socialisation, team work and cooperation. Play Rangers have a key role in terms of aiding parenting skills as modelling behaviour and positive interaction with children **E**

13.3 Physical, Mental and Social Health:

- The council takes measures to ensure that children in the area enjoy good physical, mental and social health, with low levels of obesity, which then encourage them to become healthy adults.
- Active lifestyles are encouraged by offering a wide range of sports and leisure activities aimed specifically at children, especially in Moors Valley Country Park and the leisure centres in Verwood, Ferndown and Wimborne. These can have vast physical, mental and social health implications **A E**
- Shelter is provided for vulnerable young people who are homeless **F G**
- Domestic violence outreach service offer practical as well as emotional support and links into health related services **E**
- The Council works with the local community to support the raising of the legal smoking age **A**
- There is recognition that links in with Mental Health, Children and Young People, and Older People. EDDC has a role through community safety work, licensing and regulations with regard to responsible sales and bye laws **A E**



13 Children and Young People

13.4 What we would like to achieve in the next five years:

(Please refer to Appendix 2 for the National Indicators)

The corporate plan highlights the need for young people to have an improved quality of life through having better services which are focused on their needs and aspirations.

1. Further develop links with youth providers and agencies so there is greater access to young people.
NI110
2. Have a clear focus on alcohol and drug reduction aimed at children and young people.
NI39
3. Provide floating support service when young people are housed, so that support such as care and support workers stay with them.
4. Encourage more children and young people to participate in physical activity and lead healthier lifestyles.
NI55 NI56 NI57 NI110
5. Work with local schools to ensure health standards of under 16s are increased to a higher level and sustained into post 16s.
NI55 NI56 NI57 NI110
6. Develop ways for a range of services to reach children and young people such as a mobile road show, drop-in bus with drugs and alcohol services, sexual health services and young person's counsellor.
NI110 NI115
7. Continue to work in partnership with other organisations and agencies to improve young people's access to services.
NI54 NI110 NI116
8. Promote WHO Baby Friendly scheme in eating establishments.
NI53 NI55 NI56
9. Address access and transport issues for young people to improve access to services and facilities and reduce isolation.
NI57 NI75

Links:

QE Leisure Centre: www.qe-leisure-centre.co.uk/kids/default.htm

Ferndown Leisure Centre: [www.dcleisurecentres.co.uk/Facilities/KidsActivities/ Kids+Activities](http://www.dcleisurecentres.co.uk/Facilities/KidsActivities/Kids+Activities)

Verwood Leisure Centre: www.verwoodleisure.co.uk/childact.htm

Moors Valley Country Park: www.moors-valley.co.uk

East Dorset District Council Corporate plan: www.dorsetforyou.com

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14 Older People

14.1 Importance - The average life expectancy at birth is higher in East Dorset than in England with women living to an average of 84.1 years and men living to an average of 80.9 years. An ageing population leads to an increase in health problems such as cancer and heart disease and age related illnesses due to the degeneration of bodily functions. This includes dementia and other mental illnesses.

In East Dorset 26.2% of the population are over 65. This is higher than the England average of 15.9%.

This older population presents challenges to rural communities such as East Dorset, to enable older people to live an active and fulfilled lifestyle, enjoy good health and remain independent for as long as possible. It requires services to be responsive, non-discriminatory and person-centred.

The National Service Framework for older people sets out standards which need to be met by the NHS and partners such as local councils. East Dorset District Council contributes towards several of these standards as outlined below.

14.2 What we currently do to impact upon older people:

- Promote health and active life in old age using initiatives involving a multi-sectoral approach to promoting health, independence and well-being **A E**
- The council provides a range of services which encourages older people to be more physically active. Moors Valley Country Park runs activities especially for older people, while the leisure centres also provide groups targeted at this age group **A E**
- Benefits are made available to enable older people to live to a decent standard which can impact directly on their physical, mental and social health through being able to afford **B**
- The council is committed to working on accessibility issues for older people who may not be fully mobile without an aid. This encourages residents to be able to make full use of the local area **A D G**
- Despite a low crime rate in the area, there is a reported high fear of crime which can impact immensely upon people's mental health. It is important that older people feel secure in their own homes and the council plays a large role in targeting the perception of young people and encouraging nominated neighbour and home watch schemes **E**
- A campus management scheme is being targeted in order to move people who occupy long term beds in hospitals to get them into the community. This has direct positive impacts upon the mental and social health of the people **F**
- The provision of bus passes for older people reduces isolation and enables people to access facilities which is key for good health **J**
- Promote independence of older people by providing enhanced services from the NHS and councils to prevent unnecessary hospital admission **A**
- An Energy Efficiency Scheme is available which aims to reduce the number of winter deaths from excess cold. This is often taken up by older people who are most commonly affected by excess cold **A**
- Grants are made available to enable people to adapt homes or make improvements to make them more suitable for their needs. This allows people to live in their homes independently. The positive physical health impacts from this can have a direct impact on the mental and social health of the older residents **A**
- 2 extra care schemes in the area providing over 100 units of accommodation with extra support facilities for the elderly allowing them to remain independent



14 Older People

- There is recognition that links in with Mental Health, Children and Young People, and Older People. EDDC has a role through community safety work, licensing and regulations with regard to responsible sales and bye laws **A E**

14.3 What we would like to achieve in the next five years:

(Please refer to Appendix 2 for the National Indicators)

1. Encourage more older people to receive all benefits which they are entitled to, as this can result in better levels of health as a result of affording necessary facilities and healthier lifestyle choices.
NI120 NI180 NI187
2. Provide information to older people about local facilities, amenities and social clubs. Link these with bus passes and benefits to maximise the physical, mental and social health gain from these provisions. Link with the accessibility map for those who need assistance to get around.
NI8 NI119 NI120 NI138 NI139
3. Lead on Health Promotion campaigns on topics which affect the health of older people such as nutrition and diet, exercise and keeping warm with the aim of helping to keep people healthy and independent for as long as possible.
NI120 NI134 NI137 NI139 NI187
4. Encourage developers to build life homes which are suitable for an older generation with higher support needs. This may allow the older population in the area to remain independent for longer **NI138 NI139 NI187**
5. Being in regular contact with older people in the community to find out exactly what they want from the council is good practice, and ensures the services matches their need **NI138**
6. Secure funding for the provision of adaptations to housing stock to assist people to live independently in their own homes **NI124 NI134**
7. Ensuring that all departments within the council who deal with older people are aware of each others contribution to provide a sensitive and responsive service. **NI140**
8. Develop a scheme to link with the Prevention of Falls through home safety checks, increasing physical activity and home improvement grants. **NI124**

Links:

Moors Valley Country Park: www.moors-valley.co.uk

QE Leisure Centre: www.qe-leisure-centre.co.uk

Verwood Leisure Centre: www.verwoodleisure.co.uk

Ferndown Leisure Centre: www.dcleisurecentres.co.uk

Case Study

An elderly lady in East Dorset received a grant from the council to improve her home which had become unsafe from not having any improvements made for several years. Her uneven and wobbly driveway was replaced, the tiling and was redone, the bathroom was modernised, the electrics were upgraded and all her windows were replaced.

"I now have a better quality of life. I feel warmer, safer at night and I'm less likely to trip on anything. I'm very lucky and really pleased with everything. I couldn't have had all the changes without the grant"

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Appendix 1

Council Departments

Public Health

The Public Health department works with all appropriate agencies and other authorities to protect and improve public health. It safeguards and improves community health, safety and welfare by:

- Raising standards of food hygiene and occupational health through targeted interventions.
- Controlling environmental pollution.
- It improves the quality and availability of appropriate housing by: Influencing improvements in housing conditions through education, advice, aids and enforcement.
- Public Health licensing including the regulation of entertainment, sale of alcohol, body piercing and tattooing.
- Operates an animal welfare and pest control service.

It is considered that the Public Health department contributes to the following NSF's:

CHD and Stroke	COPD
Cancer	Mental Health
Diabetes/Renal Services	Children
Neurological Condition	Older People

Please refer to the relevant sections. Each factor which the department specifically contributes to can be identified with **A**

Benefits and Revenues Department

The Benefits and Revenues department collects taxes which are owed, assesses benefit entitlement, provides specialist advice and provides financial help to people with low incomes by awarding housing benefit and council tax benefit

It is considered that the Benefits and Revenues Department contributes to the following NSF's:

CHD and Stroke	COPD
Cancer	Mental Health
Diabetes/Renal Services	Children
Neurological Condition	Older People

Please refer to the relevant sections. Each factor which the department specifically contributes to can be identified with **B**

Policy Planning

The Policy Planning department works within a remit of design and conservation, economic development, local plans and monitoring.

It is considered that the Policy Planning Department contributes to the following NSF's:

CHD and Stroke
Neurological Condition
Mental Health

Please refer to the relevant sections. Each factor which the department specifically contributes to can be identified with **C**

Planning and Building

The Planning and Building department works within a broad statutory framework to ensure environmental protection, sustainability and the health and safety of buildings. It processes applications and investigates breaches of control.

It is considered that the Planning and Building Department contributes to the following NSF's:

CHD and Stroke	COPD
Cancer	Mental Health
Diabetes/Renal Services	Older People
Neurological Condition	

Please refer to the relevant sections. Each factor which the department specifically contributes to can be identified with **D**

Community Services

The Community Services division has a range of responsibilities including Moors Valley Country Park, Queen Elizabeth leisure centre, Community and Heritage Centres, tourism, arts development, Children's services and Community Safety.

It is considered that the Community Services Department contributes to the following NSF's:

CHD and Stroke	Mental Health
Cancer	Children
Diabetes/Renal Services	Older People
COPD	Learning Disabilities

Please refer to the relevant sections. Each factor which the department specifically contributes to can be identified with **E**

Legal Services

The Legal Services department works to provide a legal advice service to members and employees. It provides advocacy services in the conduct of legal proceedings involving the council, supports the monitoring officer in the discharge of his statutory duties, and co-ordinates the production and development of the asset management plan and maintains a register of council landholdings.

It is considered that the Legal Services Department contributes to the following NSF's:

Mental Health
Older People

Please refer to the relevant sections. Each factor which the department specifically contributes to can be identified with **F**

Central Policy and Performance

The Central Policy and Performance department provides central services, committee services, information and performance management, electoral services and printing and graphics.

It is considered that the Central Policy and Performance Department contributes to the following NSF's:

Mental Health
Children
Older People

Please refer to the relevant sections. Each factor which the department specifically contributes to can be identified with **G**

Technical Services

The Technical Services Department is responsible for central services, contracts and recycling, engineering, waste management depot and property services.

It is considered that the Technical Services Department contributes to the following NSF's:

CHD and Stroke	Mental Health
Cancer	Children
Diabetes	Older People
COPD	

Please refer to the relevant sections. Each factor which the department specifically contributes to can be identified with **H**

Personnel

The Personnel Department is responsible for recruitment, development and training, personnel issues and payroll for the council.

It is considered that the Personnel Department contributes to the following NSF's:

Neurological Condition
Mental Health

Please refer to the relevant sections. Each factor which the department specifically contributes to can be identified with **I**

Housing Enabling

The service commissions supported housing which includes housing for the elderly and other vulnerable groups including those with physical or mental disabilities, experiencing domestic violence, substance misuse etc.

CHD and Stroke	Mental Health
Cancer	Children
Neurological Condition	Older People
Learning Disabilities	

Please refer to the relevant sections. Each factor which the department specifically contributes to can be identified with **J**

Financial Services

The financial services department is responsible for preparing, controlling and monitoring all revenue and capital budgets.

It is considered that the Financial Services Department specifically contributes to the following NSF's:

Mental Health
Older People

Please refer to the relevant sections. Each factor which the department specifically contributes to can be identified with **K**

ICT Services

The ICT department provides a total computing facility for the whole council, mainly to assist other divisions to effectively fulfil their functions.

Appendix 2

National Indicators (NI's)

Each NSF section within this health strategy outlines what the council would like to achieve in the next five years. Next to each of these are the specific NI's which it would contribute to.

Health Related NI's which East Dorset District Council can contribute towards -

- | | | | |
|----------------|---|----------------|--|
| NI6 | Participation in regular volunteering | NI139 | People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently |
| NI8 * | Adult participation in sport | NI140 | treatment by local services |
| NI39 | Alcohol-harm related hospital admission rates | NI141 * | Number of vulnerable people achieving independent living |
| NI41 | Perceptions of drunk or rowdy behaviour as a problem | NI142 | Number of vulnerable people who are supported to maintain independent living |
| NI42 | Perceptions of drug use or drug dealing as a problem | NI145 | Adults with learning disabilities in settled accommodation |
| NI47 * | People killed or seriously injured in road traffic accidents | NI147 | Care leavers in suitable accommodation |
| NI54 | Services for disabled children | NI149 | Adults in contact with secondary mental health services in settled accommodation |
| NI55 | Obesity among primary school age children in Reception Year | NI155 * | Number of affordable houses provided. |
| NI56 | Obesity among primary school age children in Year 6 | NI156 | Number of households living in temporary accommodation |
| NI57 | Children and young people's participation in high-quality PE and sport | NI167 * | congestion - average journey time per mile during the morning peak |
| NI110 | Young people's participation in positive activities | NI175 * | Access to services and facilities by public transport, walking and cycling |
| NI112 | Under 18 conception rate | NI180 | Changes in Housing Benefit / Council Tax Benefit entitlements within the year |
| NI115 | Substance misuse by young people | NI184 | Food establishments in the area which are broadly compliant with food hygiene law |
| NI116 | Proportion of children in poverty | NI185 * | CO ² reduction from Local Authority operations |
| NI119 | Self-reported measure of people's overall health and wellbeing | NI186 * | Per capita CO ² emissions in the LA area |
| NI120 * | All-age all cause mortality rate | NI187 * | Tackling fuel poverty - people receiving income based benefits living in homes with a low energy efficiency rating |
| NI121 | Mortality rate from all circulatory diseases at ages under 75 | NI188 * | Adapting to climate change |
| NI122 | Mortality from all cancers at ages under 75 | NI194 | Level of air quality - reduction in NO _x and primary PM ₁₀ emissions through local authority's estate and operations |
| NI123 | 16+ current smoking rate prevalence | | |
| NI124 | People with a long-term condition supported to be independent and in control of their condition | | |
| NI134 | The number of emergency bed days per head of weighted population | | |
| NI137 | Healthy life expectancy at age 65 | | |
| NI138 | Satisfaction of people over 65 with both home and neighbourhood | | |

* Part of the Dorset Local Area Agreement 2008



With acknowledgement to **Sarah Howlett**, Public Health Dorset PCT
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