



Dorset County Council

Independent

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Interim Transformation Programme Lead



Outcomes Focused Monitoring Report
January 2018



The following pages have been provided to summarise the current position against each outcome indicator and performance measure. This will help the council to identify and focus upon potential areas for further scrutiny. All risks are drawn from the [Corporate Risk Register](#) and mapped against specific population indicators where relevant.

Any further corporate risks that relate to the 'Independent' outcome is also included to provide a full overview. Please note that information relating to outcomes and shared accountability can be found on the [Dorset Outcomes Tracker](#).

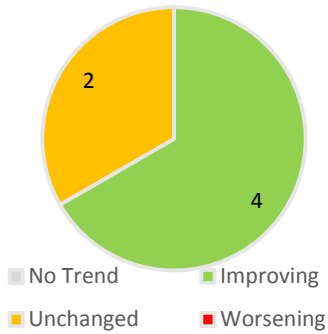
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Corporate Plan 2017-18: Dorset County Council's Outcomes and Performance Framework

INDEPENDENT – Executive Summary

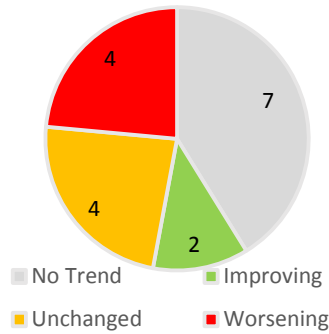
**Population Indicators
(6 in total)**



Suggested Indicators for Focus

There are no population indicators that suggest specific further focus is required at this stage.

**Performance Measures
(Currently 17 in total)**



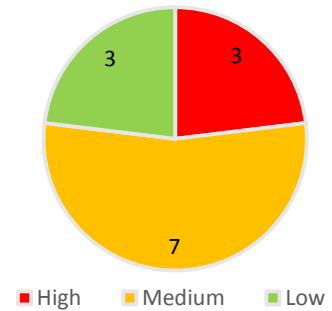
Suggested Measures for Focus

% of 2 year old children benefiting from funded early education

Total secondary absence

Proportion of people who use services, and carers, who find it easy to find information about services

**Risks
(Currently 13 in total)**



Suggested Risks for Focus

01c Failure to ensure that learning disability services are sustainable and cost-effective

02e Failure to meet statutory and performance outcomes for young people in transition

01b Poor performance of the Better Care Fund

INDEPENDENT: 01 Population Indicator Percentage of children 'ready to start school' by being at the expected level at Early Years - Outcome Lead Officer Sally Longman; Population Indicator Lead Officer Claire Shiels

DORSET – Latest (2016) - 70.1%		
DORSET - Trend IMPROVING	G	
COMPARATOR - Benchmark (South West) BETTER - 69.5% (Average)	G	

Story behind the baseline: This indicator helps us to understand school readiness and is made up of the building blocks for child development. School readiness starts at birth with the support of parents and carers, when young children acquire the social and emotional skills, knowledge and attitudes necessary for success in school and life. Children who don't achieve a good level of development at age five can struggle with social skills, reading, maths and physical skills. Although performance overall is good and improving, children from the poorest households do less well at this stage, as do children with special educational needs. Girls tend to better than boys and Gypsy/Roma/Traveller families do less well than white British children. Those that don't reach a good level of development are already behind their peers so start school life with more ground to catch up and inequalities can continue throughout school life. School readiness at age five has a strong impact on future educational attainment and life chances.

Partners with a significant role to play: Parents/Carers; early years providers, children's centres, schools, health visitors, Job Centre Plus/Department for Work and Pensions, adult training providers, libraries, leisure providers (including parks and play areas), planning departments and housing developers. There is strong evidence that investment in the early years, including targeted parenting programmes, has a significant return on investment.

Performance Measure(s) – Trend Lines	
% of 2 year old children benefiting from funded early education Latest 2017 – 81%	
Inequality Gap EYFS Latest 2016-17 – 23	

Corporate Risk	Score	Trend
No associated current corporate risk(s)		
Value for Money	Latest	Rank
UNDER DEVELOPMENT		

What are we doing? Good quality universal health care and childcare for pre-school children promotes school readiness. Parents and carers can provide a range of experiences and positive reinforcement through good communication, story-telling, and opportunities for play. The proportion of 2 year olds benefiting from funded early education is in the highest quartile nationally and access to high quality early years education is important in closing the inequality gap.

INDEPENDENT: 02 Population Indicator Percentage of children with good attendance at school - Outcome Lead Officer Sally Longman; Population Indicator Lead Officer Claire Shiels			
DORSET – Latest (2015-16) 95.3%			
DORSET - Trend UNCHANGED	A		
COMPARATOR - Benchmark (Statistical Neighbour) SIMILAR 95.5% (Average)	A		
<p>Story behind the baseline: Good school attendance is important to ensure that children get the most important start in life. Children who miss school often fall behind and there is a strong link between good school attendance and achieving good results at GCSE. Good attendance at school is also linked to preparing for adulthood and employment opportunities later in life. Total absence from school in Dorset (across all schools) is 4.7%, like levels nationally and regionally. Much of the work children miss when they are off school is never made up, leaving these pupils at a considerable disadvantage for the remainder of their school career.</p> <p>Responsibility for pupil attendance primarily rests with the parent/carer, with schools responsible for monitoring and encouraging attendance where there are problems. The local authority will support this role through the offer of early help where appropriate and providing an enforcement role regarding parents/carers who fail to ensure that their children attend school regularly.</p> <p>Partners with a significant role to play: Schools, school governors, parents/carers, alternative education providers, voluntary and community sector, youth providers, early year’s settings, children’s centres, health visitors, police, youth offending service.</p>			
Performance Measure(s) – Trend Lines			
Total Primary Absence Latest 2015-16 – 4			
Total Secondary Absence Latest 2015-16 – 5.4			
Looked after Children Overall Absence Latest 2015-16 – 4			
Corporate Risk		Score	Trend
No associated current corporate risk(s)			
Value for Money		Latest	Rank
UNDER DEVELOPMENT			
<p>What are we doing?</p> <ul style="list-style-type: none"> • Trade an attendance service to schools • Issuing penalty notices to parents • Providing early help through Family Partnership Zones • Providing intensive family support packages through Dorset Families Matter (our local Troubled Families Programme) 			

INDEPENDENT: 03 Population Indicator Percentage achieving expected standard at KS2 in reading, writing and maths -

Outcome Lead Officer Sally Longman; Population Indicator Lead Officer Claire Shiels

DORSET – Latest (2017) 57%	G	
DORSET - Trend IMPROVING		
COMPARATOR - Benchmark (Statistical Neighbour) BETTER 58.7% (Average)		

Story behind the baseline: Standardised Assessments are undertaken in Year 6 or Key Stage 2. For the first time in 2016 they were used to test the understanding of understanding of the national primary curriculum. Achievement at Key Stage 2 influences pupil’s attainment at GCSE as well as a range of other outcomes. Disadvantaged pupils are less likely to achieve well at KS2. Partners with a significant role to play: Schools, school governors, parents/carers, voluntary and community sector, early year’s settings, children’s centres, health visitors and school nurses.

Performance Measure(s) – Trend Lines

Progress between age 7 and age 11 reading Latest 2014-15 - 89	
Progress between age 7 and age 11 Maths Latest 2014-15 - 85	
Percentage of schools with fewer than 65% level 4 RWM Latest 2015-16 – 18%	
KS2 level 4 RWM disadvantage pupils Latest 2015-16 - 23	

Corporate Risk	Score	Trend
No associated current corporate risk(s)		
Value for Money	Latest	Rank
UNDER DEVELOPMENT		

What are we doing? Dorset has improved from 2016 – driven largely by improvements in writing and Maths. However are able to prioritise those schools that are significantly below the DORSET and national average and provide the necessary level of support and advice to improve standards. In some instances this can include access to additional resources and training. In most cases Dorset national ranking has improved in comparison to 2016.

INDEPENDENT: 04 Percentage of 16-18 year olds not in education, employment or training (NEET) - Outcome Lead Officer Sally Longman; Population Indicator Lead Officer Claire Shiels

DORSET – Latest (2016) 2.6%		
DORSET – Trend IMPROVING	G	
COMPARATOR – Benchmark (South West) BETTER 2.9% (Average)	G	

Story behind the baseline: The number and proportion of (academic age) 16 and 17 year olds who are NEET continues to remain below the England average. It is also slightly lower than the previous year. When you look further you see that there has been a small increase in the 17-year-old NEETs. High concentrations of NEET young people remain in Purbeck, Christchurch and Chesil areas of Dorset. The number of young people who are NEET and seeking work is lower than England (Dorset 1.6%; England 1.9%). The proportion of young people who are NEET and not available to the labour market due to illness, pregnancy or parenthood is low and reflects the national proportions.

Partners with a significant role to play: Young people, parents, schools, FE Colleges and educational institutions, VCS sector, Family Partnership Zones, LEP and ESB, Economic Development roles in District Councils, Ansbury Guidance (Provider of Information, Advice and Guidance to Vulnerable young people).

Performance Measure(s) – Trend Lines

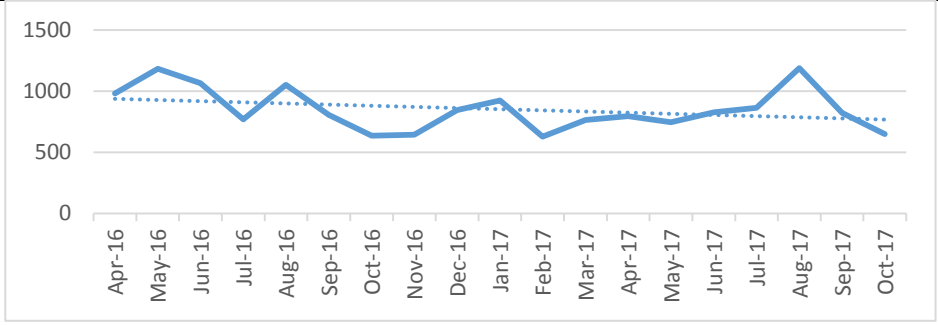
Percentage of offers of education or training made to 16-17 year olds Latest –	
Percentage of 16-17 year olds in jobs without training Latest 2017 – 2.7%	
Percentage of 16-17 year olds NEET re-engaged Latest 2017 – 0.4%	
Percentage of care leavers that are NEET Latest 2017 – 14.5%	

Corporate Risk	Score	Trend
CS04 Performance targets for young people in jobs without training are not in line with national average	MEDIUM	UNCHANGED
Value for Money	Latest	Rank
UNDER DEVELOPMENT		

What are we doing? We continue to use the Risk of NEET indicator to identify those young people who without intervention are more likely to be NEET post 16. This tool has a high level of accuracy and contributes to targeting our work at those who are most vulnerable. Continued focus on Looked after Children with range of routes to participation.

INDEPENDENT: 05 Population Indicator Delayed transfers from hospital care (number of bed days) - Outcome Lead Officer Sally Longman; Population Indicator Lead Officer Harry Capron

DORSET – Latest (Oct 2017) 650 (Total bed days delayed Adult Social Care and jointly attributable)



DORSET - Trend IMPROVING

G

COMPARATOR – National Ranking based on Oct 2017 published data = 125th (compared to 139th Oct 2016) – Trend IMPROVING

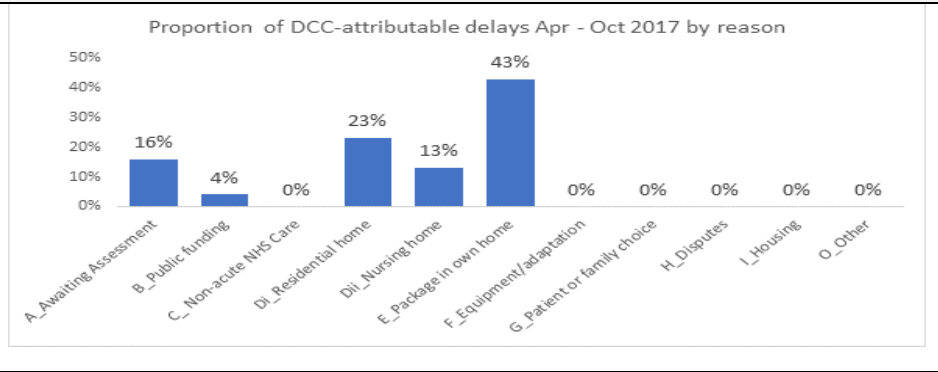
Story behind the baseline: In the previous update, we reported that our performance in 2016-17 had led to a letter of congratulation from Jeremy Hunt in June as we were the council with the best improvement in the number of patients experiencing Delayed Transfers of Care (DToc) across the whole of England for quarter 4 compared to last year. In September 2017 we submitted, with partners, a new Pan-Dorset Better Care Fund Plan. The plan laid out amongst other things our approach to delayed transfers and set a monthly trajectory for delayed days that would be required for us to achieve a challenging 3.5% target of bed days taken up by DTOCs. Our monthly performance has been steady throughout the year, and not out of line with previous years, but has been above our BCF trajectory every month. We saw a spike in August, with 1,189 days recorded. Since then, our performance has settled back to usual levels. In fact, our local data (pending publication of official data) indicates continued improvement in Q3.

“Awaiting package in own home” is by far the biggest delay reason attributed this year, counting for 47% of delays. Of that, around 55% were due to awaiting Reablement. The next biggest reason is “Awaiting Placement in Residential Home”. A lot of work is being carried out to make improvements to the DTOC pathway, including through a ‘DTOC and Reablement Project Implementation Group’ which met for the first time on 11 Dec 2017. A multi-disciplinary group of partners met on 4 Dec 2017 to begin working together on the identification of Self Funders and the design of advice and information pathways. This included a presentation about the ‘Prepare to Live Better’ campaign. DCLG has also recognised the improvements we have made and confirmed that there will be no impact on our additional iBCF funding allocation for 2018-19.

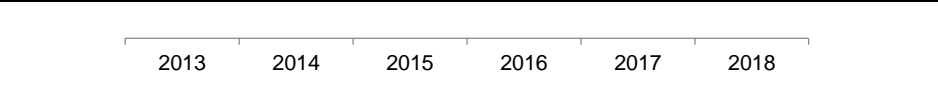
Partners with a significant role to play: Adult Social Care, Acute and Community Hospitals, Reablement Service, residential and domiciliary care providers, GP surgeries, Clinical Commissioning Group, Early Help services.

Performance Measure(s) – Trend Lines

The rate of delayed transfers from hospital care (DCC attributable) analysed by reason for delay



People receive early help and advice around planning for future care needs (self-funders) (see commentary above)



Corporate Risk	Score	Trend
01b Poor performance of the Better Care Fund	HIGH	UNCHANGED
Value for Money	Latest	Rank
UNDER DEVELOPMENT		

What are we doing? There is considerable focus on delayed transfers at present, with many short and medium term workstreams aiming to further improve our internal processes, working with our health partners and ultimately improving our performance further. During the year there has been a focus on getting the data to tell the real story which it now does. The next phase will be to operationalise plans to ensure that the improvements deliver to the proposed trajectory agreed under the Better Care Fund (BCF). To achieve this, we have agreement with all Acute Trusts and Dorset Healthcare University Foundation Trust to sign off and implement high impact change plans, an implementation and monitoring group has been established to assess and monitor the impact of these changes on delayed transfers. Including the further development of Reablement and community rehabilitation pathways and longer term the development of an integrated approach to discharge to assess to facilitate timely discharge. In addition to this we now have all Acute and Community hospitals working to a DTOC sign off pathway which includes out of county hospitals, Salisbury and Yeovil. So that all delays are agreed before submission to NHS England. Regionally we are also working together to share good practice and monitor performance.

INDEPENDENT: 06 Population Indicator Proportion of clients given self-directed support - Outcome Lead Officer Sally Longman; Population Indicator Lead Officer Harry Capron			
DORSET – Latest (Q2 2017-18) - 96%			
DORSET Trend UNCHANGED			A
COMPARATOR – Benchmark (England) BETTER – 89.4% (Average)			G
<p>Story behind the baseline: Work is still being undertaken to keep the strong focus on personalisation, Individual Service Funds (ISF's) are being offered as an alternative delivery mechanism to direct payments. New care pathways / interventions are also being designed by partner organisations and once established the impact of the changes on this indicator are to be assessed. The implementation of our new integrated case management system, MOSAIC, may also change data reported for the remainder of the year and onwards as information collection will be different. We will also be monitoring the impact of the implementation of the Dorset Care Framework (DCF) on the uptake of direct payments as in previous changes to frameworks we have seen a slight uptake in direct payments where individuals wish to stay with existing providers.</p> <p>Partners with a significant role to play: Early Help Services, Residential and Domiciliary Care Providers, Clinical Commissioning Group, Primary & Secondary Health Services, Voluntary and Community Sector, Telecare providers.</p>			
Performance Measure(s) – Trend Lines			
Proportion of people who use services, and carers, who find it easy to find information about services Latest 2016-17 (Annual Measure) – 72.1%			
Proportion of clients given direct payments Latest Q2 17-18 – 22%			
Corporate Risk	Score	Trend	
03c Failure to meet primary statutory and legal care duties -Mental Capacity Act/Deprivation of Liberty Safeguards	MEDIUM	IMPROVING	
03d Breach of the Deprivation of Liberty Safeguards (Community DOLs)	MEDIUM	UNCHANGED	
07g Failure to develop Sustainability and Transformation Plans to achieve place based commissioning as part of the integration with health	MEDIUM	IMPROVING	
11e Market failure (supply chain) with negative effect on service delivery within Adult and Community Services	LOW	UNCHANGED	
Value for Money	Latest	Rank	
UNDER DEVELOPMENT			
<p>What are we doing? A public consultation carried out in Dorset in February 2017 identified that only 18% of respondents could easily find information and advice they trust about adult social care and their general well-being. Over 35% found it difficult to find this information and advice. The “my Life, My Care” website, other websites and leaflets were the most popular ways for people to find information. One of the responses we are developing is a new self-funder pathway to help people of independent means to make better informed choices about their care and costs involved – and to reduce the financial consequences for the council of them running out of money whilst still receiving care. The Directorate has also implemented an initial six-month campaign “Prepare to Live Better” which aims to educate people about the changing landscape of social care and encourage them to make financial provisions for their future care needs. Our key message is “Promoting Independence” so people become fitter and healthier. The campaign encourages people to start planning earlier so they and their families are prepared for the future. A carers workshop has been held to review the structure and type of information carers feel that they need. The outcome of this will be used to develop a new carers information hub on Dorset for You. Feedback about the current “My Life, My Care” carers hub was largely positive, particularly the way information is written. Most carers felt that they had little or no information about medical conditions and the impact this would have on the person they care for, at the point of diagnosis. About the uptake of Direct Payments, the commissioning team are reviewing the current mechanisms supporting personalisation with a view to both supporting an increased uptake, as well as developing the provider market. The community provision will be supported by proposed work with Community Catalysts to develop very local micro enterprise for formal and informal care.</p>			

Corporate Risks that feature within INDEPENDENT but are not assigned to a specific POPULATION INDICATOR (All risks are drawn from the [Corporate Risk Register](#))

01c Failure to ensure that learning disability services are sustainable and cost-effective	HIGH	UNCHANGED
02e Failure to meet statutory and performance outcomes for young people in transition	HIGH	UNCHANGED
01k Negative financial impact as we reshape our services to ensure they are care act compliant	MEDIUM	UNCHANGED
07c Failure of the Early Help partnership	MEDIUM	UNCHANGED
07h Lack of momentum in agreeing the joint funding protocol with the CCG	MEDIUM	NEW
CS07 Increase in adverse judgements in relation to SEN decisions	LOW	UNCHANGED
CS08 Increase in adverse judgements re provision for children out of schools	LOW	UNCHANGED

Key to risk and performance assessments

Corporate Risk(s)		Trend	
High level risk in the Corporate Risk Register and outside of the Council's Risk Appetite	HIGH	Performance trend line has improved since previous data submission	IMPROVING
Medium level risk in the Corporate Risk Register	MEDIUM	Performance trendline remains unchanged since previous data submission	UNCHANGED
Low level risk in the Corporate Risk Register	LOW	Performance trendline is worse than the previous data submission	WORSENING

Responsibility for Indicators and Measures

<p>Population Indicator – relates to ALL people in each population</p> <p>Shared Responsibility - Partners and stakeholders working together</p> <p>Determining the ENDS <i>(Or where we want to be)</i></p>	<p>Performance Measure – relates to people in receipt of a service or intervention</p> <p>Direct Responsibility - Service providers (and commissioners)</p> <p>Delivering the MEANS <i>(Or how we get there)</i></p>
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