Dorset County Council

APPENDIX 2

Population Indicators

Data and Commentary

As at December 2016

Forward Together

PEOPLE IN DORSET ARE HEALTHY and INDEPENDENT

Dorset County Council

Dorset Outcomes Framework - Population indicators

Our Corporate Plan and outcomes framework sets out what we as the county council is doing to meet the continuing challenges of the economic climate while ensuring that our Dorset residents receive the services they need the most. We must continue our drive for efficiency and we need to be ambitious and creative in the way we map out the future.

We are focusing on what *we* do, but more importantly what we achieve with our residents. We want to make sure that as we join together across the county we continue our efforts to encourage economic growth, and help everyone to be safe, healthy and independent. Our outcomes framework is made up of four outcomes, reflecting the county council's commitment to helping residents be **safe, healthy** and **independent**, with an economy that is **prosperous**. The framework supports a common way of working for a **strong and successful Dorset**, with a relentless focus on making a difference and improving the quality of life of our residents.

People in Dorset are HEALTHY

People in Dorset are HEALTHY (Cont'd)

Days of work lost from mental health problems	TBC ******	**27**
Access to green space	Peter Moore	**28**
Under 75 mortality rate from cardiovascular diseases considered preventable	Dave Lemon	**29**
Mortality from diabetes: indirectly standardised ratio (SMR), <75 years, 3-year average (2012-14)	Dave Lemon	**30**
Physical activity in adults	Dave Franks	**31**
Percentage of household waste recycled	Louise Bryant/ Lisa Mounty	**32**
Condition of designated landscapes	Peter Moore	**33**

People in Dorset are INDEPENDENT

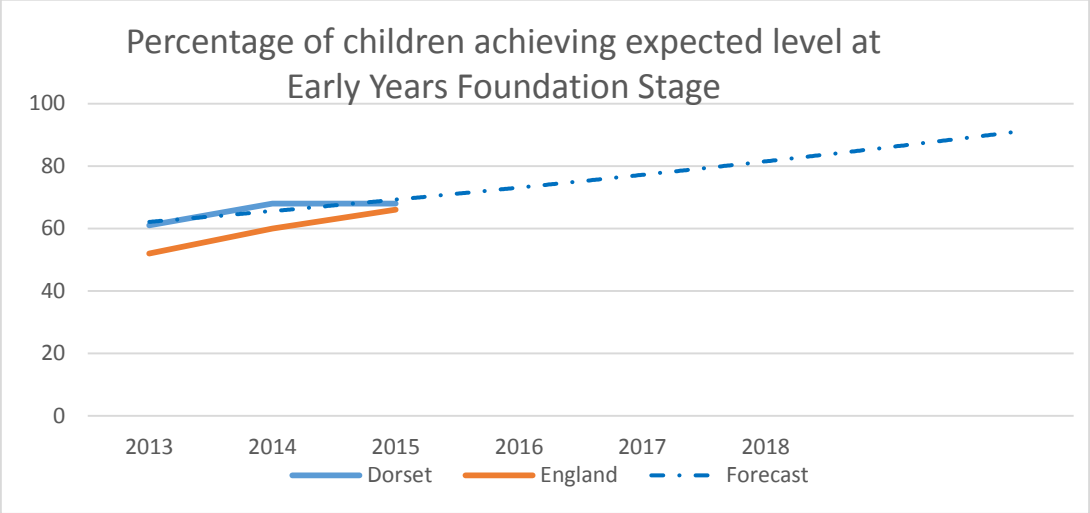
Description	Lead Officer	Page
Rate of children in care	Claire Shiels	**34**
Number of domestic abuse incidents and crimes	Andy Frost	**35**
Number of lone registrations at birth	TBC ******	**36**
Rate of absence from school	Claire Shiels	**37**
Percentage of children achieving expected level at Early Years Foundation Stage	Claire Shiels	**38**
% of students gaining 5 or more GCSEs grade A* - C, including Maths and English	Doug Gilbert	**39**
Percentage of 16-18 year olds in jobs without training	Rosie Knapper	**40**
The rate of permanent admissions to residential care	Tiff Housley	**41**
The rate of delayed transfers from hospital care	Sue Evans	**42**
The rate of homelessness	Derek Hardy	**43**

Dorset County Council

People in Dorset are INDEPENDENT (Cont'd)

The rate of volunteering in Dorset	TBC ******	**44**
Rates of coverage of superfast broadband and 4G mobile network	Pete Bartlett	**45**
Proportion of clients given self-directed support and/ or direct payments	Sally Longman	**46**
Percentage SEN children using public/ mainstream/ independent transport to get to school	Gary Binstead	**47**

HEALTHY : Population Indicator			**'School readiness' indicator**		
Outcome			HEALTHY		
Outcome Sponsor			Sara Tough		
Outcome Lead Officer			Patrick Myers		
Population Indicator Lead Officer			Claire Shiels		
Latest	68% 2015	Direction of Travel	⇧ **Improved**	Benchmark (England)	**BETTER** **69%** **(Average)**



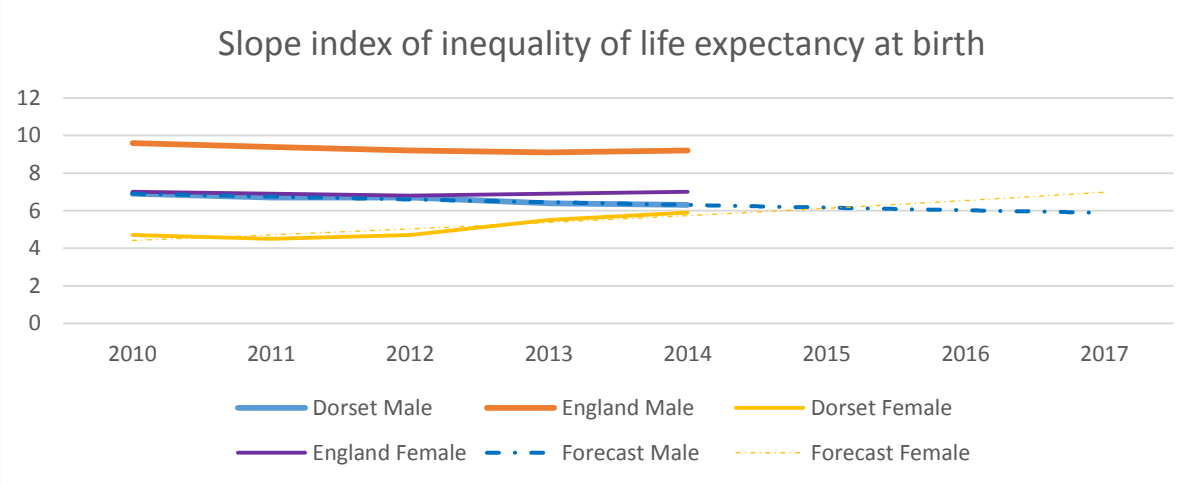
Story behind the baseline: This indicator helps us to understand school readiness and is made up of the building blocks for child development. School readiness starts at birth with the support of parents and carers, when young children acquire the social and emotional skills, knowledge and attitudes 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.

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, opportunities for play. There is strong evidence that investment in the early years, including targeted parenting programmes has a significant return on investment.

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.

HEALTHY : Population Indicator				**Slope index of inequality of life expectancy at birth**		
Outcome				HEALTHY		
Outcome Sponsor				David Phillips		
Outcome Lead Officer				Jane Horne		
Population Indicator Lead Officer				David Lemon		
Latest (2012-14)	Male 6.3	⇩ Improved	Female 5.9	⇧ Worse	Benchmark (England) **BETTER (Male) 9.2 (Average)**	Benchmark (England) **BETTER (Female) 7 (Average)**



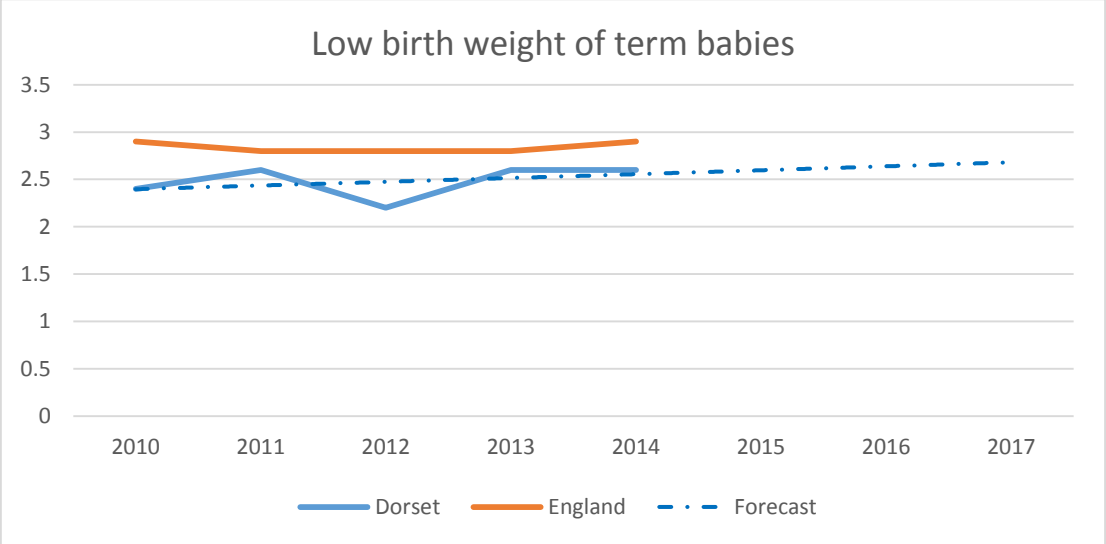
Story behind the baseline: This is a high-level indicator that reflects general health inequalities within Dorset. Life expectancy at birth (LE) is a measure of the average number of years a person would expect to live based on contemporary mortality rates. If the slope index of inequality (SII) where 1 then the LE would be the same in most and least deprived communities. An SII greater than 1 indicates that those in the poorer areas have a lower LE than those in the most affluent areas in Dorset. The higher the SII the greater the LE disparity. This helps to set the context within which we can assess other indicators and priorities, identifying the drivers of LE, especially in areas where it is low.

The SII in Dorset is lower than the England SII for both males and females. This is probably to be expected as the England values takes data from across the country where there is a greater variation in deprivation/affluence than found within Dorset. However, there has been little change in the SII for males for around the last 8 years. Although not yet statistically significant there has been a sustained increase the inequalities for women over the last 5 years.

This could be because the health of women in poorer areas has worsened, or that is has improved only for women in the most affluent areas, or a combination of both.

Partners with a significant role to play: Health & social care, and education services, as well as the voluntary sector all key partners in this at both strategic and operational levels.

HEALTHY: Population Indicator			**Low birth weight of term babies**		
Outcome			HEALTHY		
Outcome Sponsor			David Philips		
Outcome Lead Officer			Jane Horne		
Population Indicator Lead Officer			Dave Lemon		
Latest	2.6 (2014)	Direction of Travel	⇨ No change	Benchmark (England)	**BETTER 2.9 (Average)**



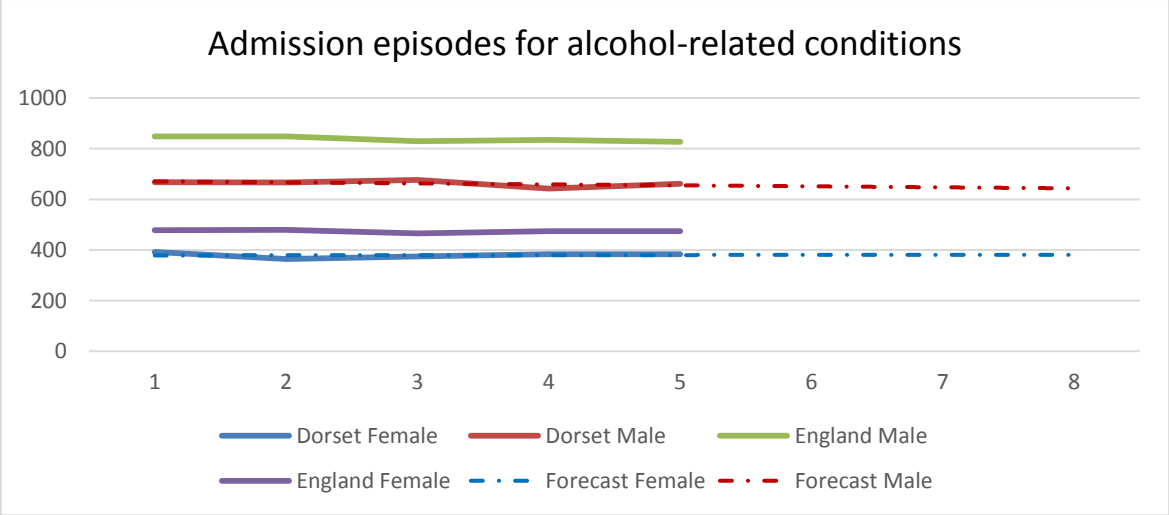
Story behind the baseline: Although low birth weight babies can be born to pregnant women across all areas of Dorset women in areas of deprivation are known to have increased likelihood. Prevalence of smoking, drug and alcohol misuse is higher in these areas and the impact of unemployment and reduced incomes can mean people have less money to spend on nutritious food. Incidence of pre-existing chronic conditions is higher and workplaces and homes may fall below acceptable standards for environmental hazards such as damp, inadequate heating and poor sanitation. Incidence of breast feeding is lower in areas of deprivation and breast feeding is evidenced to promote steady weight gain as opposed to fast weight gain by formula feeding which is evidenced to be less beneficial to low birth weight babies. It is the role of midwives and health visitors to monitor post birth baby weight gain against a centile chart and to refer any babies which cause concern to a paediatrician for further investigation.

Currently the three acute care trusts within Dorset are working together on an NHS England initiative to reduce neonatal and stillbirth deaths. 'Saving Babies Lives Care Bundle' (2014) which has two indicators which also impact on low birth weight. These are smoking in pregnancy and risk assessment and surveillance for foetal growth restriction.

Partners with a significant role to play: Health & Social Care, Education Services, Primary and secondary healthcare professionals (GPs, Midwives), Health visitors, Third sector community groups, Breastfeeding support groups, Charities involved in maternal support and child development safeguarding, Environmental Health, Smoking Cessation Services, Specialist substance misuse services, Gypsy and Traveller liaison services, Agencies representing other ethnic groups with translator services, Public Health Early Years function team, Private and public landlords associations and Dieticians and community food retailers.

Dorset County Council

HEALTHY: Population Indicator					**Admission episodes for alcohol-related conditions**	
Outcome					HEALTHY	
Outcome Sponsor					David Philips	
Outcome Lead Officer					Nicky Cleave	
Population Indicator Lead Officer					Will Haydock	
					Benchmark (England)	
Latest (2014-15)	Male 661	⇧ Worse	Female 384 (2014-15)	⇧ Worse	**BETTER (Male) 827 (Average)**	**BETTER (Female) 474 (Average)**



Story behind the baseline: Rates of hospital admissions related to alcohol are considerably higher than 30-40 years ago, resulting from higher levels of alcohol consumption and improved data recording.

Gender: Admission rates remain much higher for men than women, but the rate among women appears to be rising while the rate amongst men is largely static. This relates to the fact that average rates of drinking have risen amongst women faster than amongst men in the past 30 years.

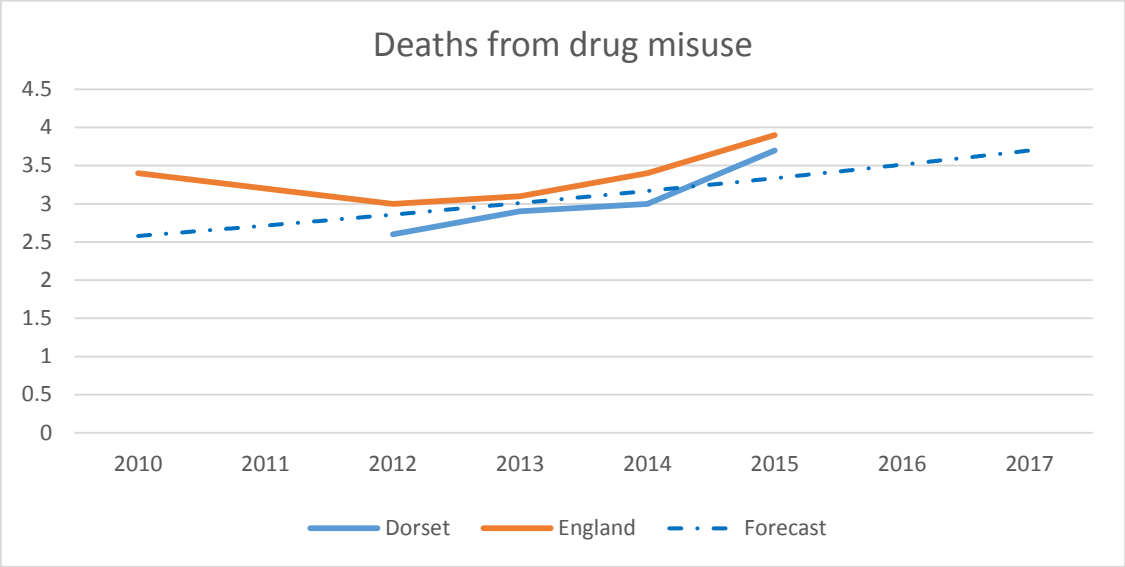
Age: Admission rates are highest amongst those aged 40-64, but this is not necessarily an indication that this group should be the target of interventions. Patterns of drinking are often established earlier in the life course, and there is evidence that enables predictions of future harm from alcohol.

Deprivation: Health harm related to alcohol is not perfectly correlated with overall levels of consumption, as other mediating factors such as diet, physical activity, smoking, and pattern of consumption all play a role in how harmful consumption is likely to be. Individuals from lower socio-economic groups are disproportionately likely to suffer harm from alcohol, despite average lower rates of consumption than other socio-economic groups. There is a pan-Dorset strategy for alcohol and drugs (2016-2020) that covers three themes: prevention, treatment and safety – all of which should reduce the harm related to alcohol experienced by Dorset residents.

Partners with a significant role to play: Dorset Clinical Commissioning Group (CCG), Dorset Healthcare University Foundation Trust (providers of treatment services and health visiting / school nursing), Dorset County Hospital, Poole Hospital, The Royal Bournemouth and Christchurch Hospital, Schools and colleges, GP practices, Voluntary and Community Sector providers and LiveWell Dorset.

Dorset County Council

HEALTHY : Population Indicator			**Deaths from drug misuse**		
Outcome			HEALTHY		
Outcome Sponsor			David Philips		
Outcome Lead Officer			Nicky Cleave		
Population Indicator Lead Officer			Will Haydock		
Latest	3.7 (2013-15)	Direction of Travel	⇧ **Worse**	Benchmark (England)	**BETTER 3.9 (Average)**

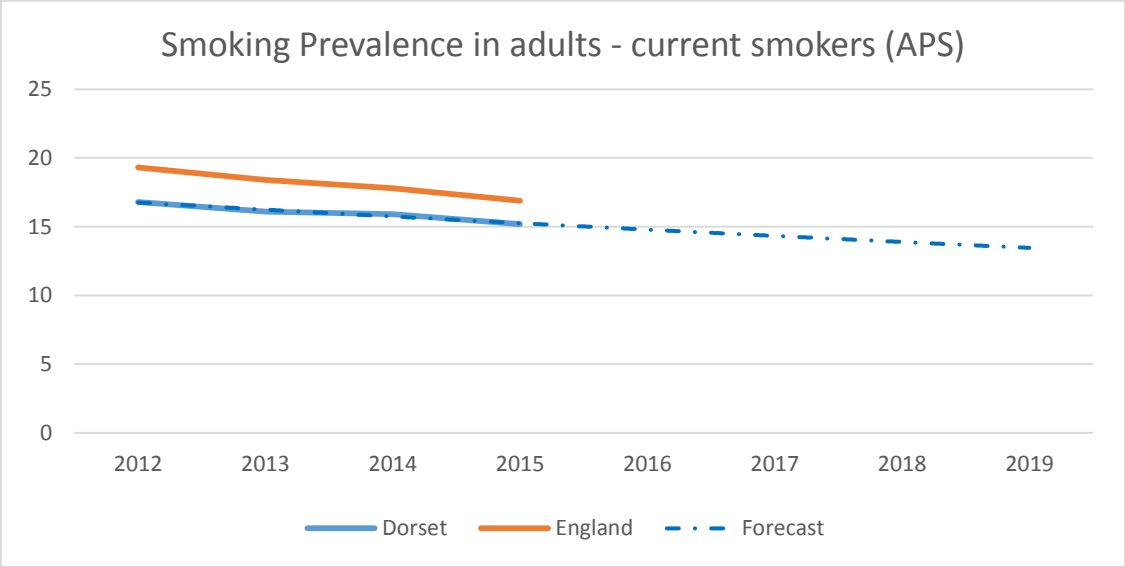


Story behind the baseline: Analysis of the Global Burden of Disease Survey 2013 shows that drug use disorders are now the third ranked cause of death in the 15–49 age group in England. Nearly one in nine deaths registered among people in their 20s and 30s in England and Wales in 2014 were related to drug misuse. Deaths from drug misuse substantially increased in England in 2013 and 2014, with a 42% total increase in these two years. While the numbers of drug-related deaths (DRDs) in Dorset are relatively small in absolute terms, there have been noticeably high rates in Weymouth and Portland in recent years, and there is some evidence they may be increasing, as recent years have largely tracked national averages. This increase is largely the result of an ageing cohort of heroin users who are now more vulnerable to overdose due to wider physical health issues related to their age.

Gender: Rates of drug use and consequently drug-related harm remains higher for men than women. Analysis of the most recent local data available suggests DRDs were 5 times more likely to involve a man than a woman in Dorset. Age: Local analysis suggests that DRDs are most common among those aged 31 to 50, but as with alcohol-related hospital admissions this is not necessarily an indication that this group should be the target of interventions. Patterns of drug use, and therefore the resulting health conditions that place drug users at higher risk, are generally established earlier in the life course, and there is evidence that enables predictions of problematic drug use. Deprivation: Problematic substance use is highly correlated with indices of deprivation.

Partners with a significant role to play: Dorset Clinical Commissioning Group (CCG), Dorset Healthcare University Foundation Trust (providers of treatment services and health visiting / school nursing), Dorset County Hospital, Poole Hospital, The Royal Bournemouth and Christchurch Hospital, Prisons, National Probation Service / Community Rehabilitation Company, Dorset Police, Local housing and housing support providers, Schools and colleges, GP practices, Voluntary and Community Sector providers and LiveWell Dorset.

HEALTHY : Population Indicator			**Smoking Prevalence in adults – current smokers (APS)**		
Outcome			HEALTHY		
Outcome Sponsor			David Philips		
Outcome Lead Officer			Nicky Cleave		
Population Indicator Lead Officer			Chris Ricketts		
Latest	15.2 (2015)	Direction of Travel	⇩ **Improved**	Benchmark (England)	**BETTER 16.9 (Average)**



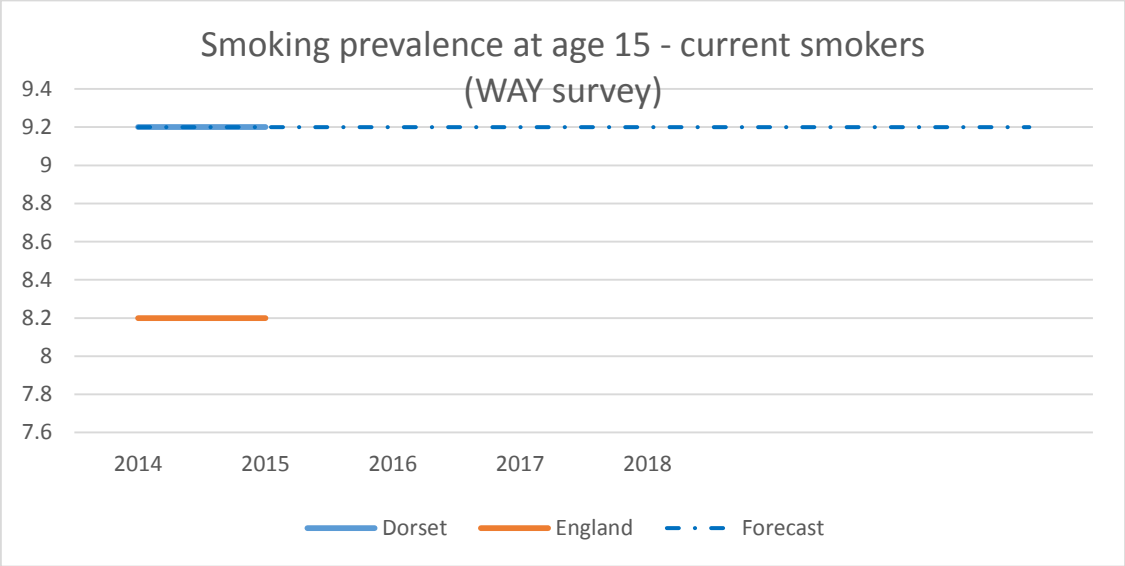
Story behind the baseline: Dorset has a slightly lower smoking prevalence than the national average (15.2% compared with 16.9% in 2015) and the year-on-year reduction in smoking prevalence is consistent with the long-term trend for England. There is however concern that the rate of reduction is slowing and the county-wide view masks considerable inequalities and challenges locally. In 2015, 28.1% of adults in routine and manual occupations smoked in Dorset compared to 12% in managerial and professional occupations. Socio-economic differences can also be picked up geographically with higher a higher prevalence of smoking in more deprived communities.

There is significant difference in smoking rates across Districts areas in Dorset, with a 10.6% prevalence in Purbeck compared with 19.8% in Weymouth and Portland (APS, 2015)*. It should also be noted that several sources confirm that smokers in the lowest social grouping (E), and far more likely to be heavy smokers (smoking 20+ cigarettes a day) than people in the higher social groupings (AB). The majority of smokers start smoking in their teenage years, so the prevalence of smoking among young people is of particular interest. In Dorset 9.2% of 15 year olds are estimated to be current smokers with 5.8% being classified as regular smokers (WAY survey, 2014). Smoking is one of the biggest causes of death and illness in the UK. Every year around 100,000 people in the UK die from smoking, with many more living with debilitating smoking-related illnesses. Smoking increases people's risk of developing more than 50 serious health conditions. There are also health risks from breathing other people's smoke (passive smoking).

Partners with a significant role to play: Public Health Dorset has a leadership role in working together with other organisations, taking action to reduce smoking prevalence across Bournemouth, Dorset and Poole. The team also commissions smoking cessation services for local communities, targeting areas with the highest prevalence of smoking.

Dorset County Council

HEALTHY :Population Indicator			**Smoking prevalence at age 15 – current smokers (WAY survey)**		
Outcome			HEALTHY		
Outcome Sponsor			David Philips		
Outcome Lead Officer			Jane Horne		
Population Indicator Lead Officer			Dave Lemon		
Latest	9.2 (2015)	Direction of Travel	⇧ **Worse**	Benchmark (England)	**WORSE 8.2 (Average)**



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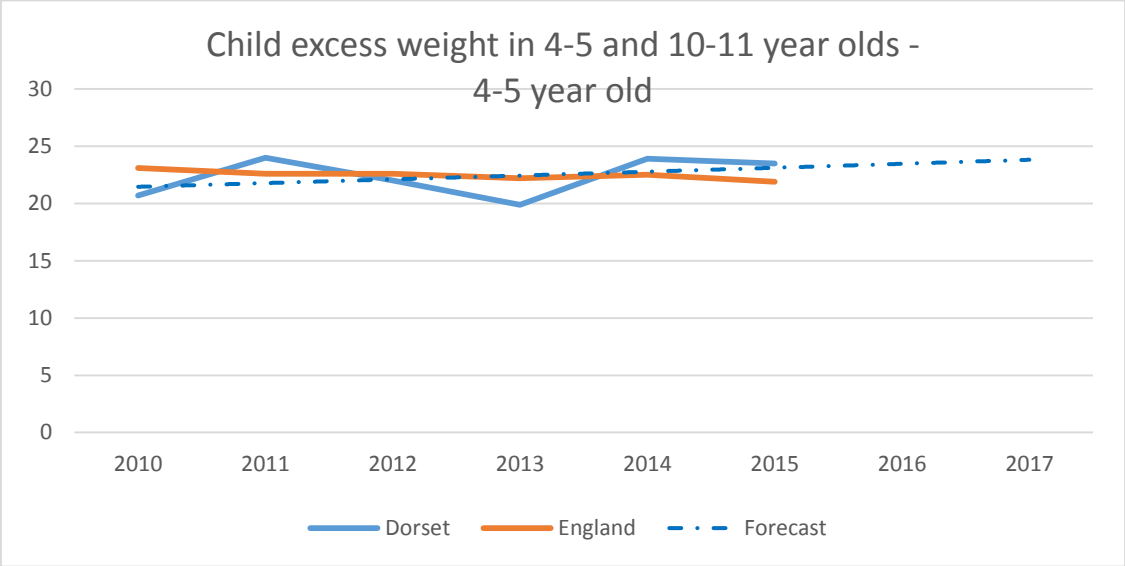
Partners with a significant role to play: Public Health Dorset has a leadership role in working together with other organisations, taking action to reduce smoking prevalence across Bournemouth, Dorset and Poole. The team also commissions smoking cessation services for local communities, targeting areas with the highest prevalence of smoking.

Dorset County Council

HEALTHY : Population Indicator			**Child excess weight in 4-5 and 10-11 year olds – 4-5 year old**		
Outcome			HEALTHY		
Outcome Sponsor			David Philips		
Outcome Lead Officer			Jane Horne		
Population Indicator Lead Officer			Dave Lemon		
Latest	23.5 (2014-15)	Direction of Travel	⇧ Worse	Benchmark (England)	**WORSE 21.9 (Average)**



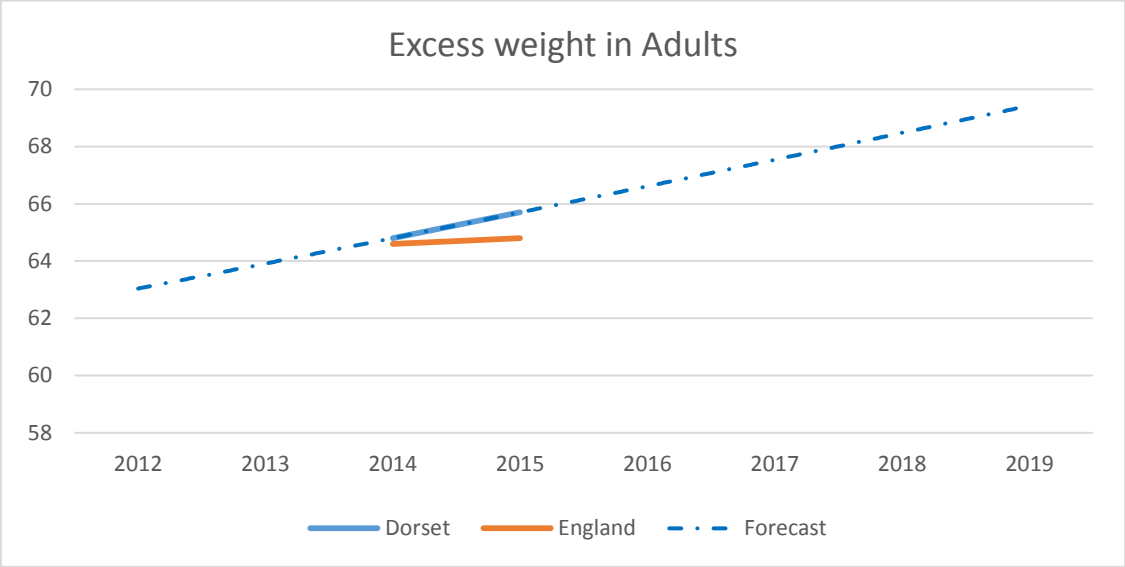
Story behind the baseline: Since the 1990's, rates of excess weight (overweight and obesity) has risen across England, so much so that England now has one of the highest rates of obesity in Europe. In Dorset, levels of excess weight are now 23.5% for children ages 4-5, 27.3% for children aged 10-11. Whilst some data suggests that the year or year increase in excess weight seen in the population may be plateauing, the absolute figures for overweight and obesity remain too high. Rates of excess weight are often higher in more deprived communities, and amongst ethnic minority groups. Children with parents who are overweight or obese are also more likely to be so themselves.

Obese children are also more likely to suffer stigmatisation as a result of their obesity. The resulting NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year (Foresight 2007). There is also a growing burden on local public sector resources, particularly in social care. It is widely acknowledged that obesity is a complex multi-faceted disorder, which requires an integrated approach to tackle.

Partners with a significant role to play: Schools – academies and local authority run, Children's centres, Dorset county council departments including transport and education, District council departments including planning, leisure services and environmental health, Dorset CCG and GP's, Acute hospital trust, Community hospitals across Dorset, Active Dorset / Sport England and Dorset Community Action.

Dorset County Council

HEALTHY : Population Indicator			**Excess weight in Adults**		
Outcome			HEALTHY		
Outcome Sponsor			David Philips		
Outcome Lead Officer			Jane Horne		
Population Indicator Lead Officer			Dave Lemon		
Latest	65.7 (2013-15)	Direction of Travel	⇧ Worse	Benchmark (England)	**WORSE 64.8 (Average)**



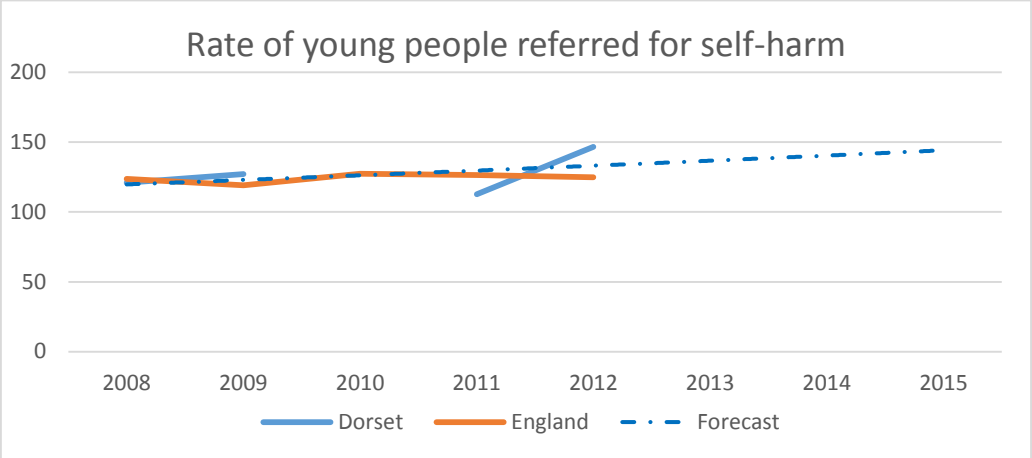
Story behind the baseline: Since the 1990's, rates of excess weight (overweight and obesity) has risen across England, so much so that England now has one of the highest rates of obesity in Europe. In Dorset, levels of excess weight are now 65.7% for adults. Income, social deprivation and ethnicity all influence obesity. Rates of excess weight are often higher in more deprived communities, and amongst ethnic minority groups. Obesity is associated with a range of health problems. Physically, there are links between obesity and type 2 diabetes, cardiovascular disease and a number of cancers. Furthermore, excess weight in pregnancy cam have serious consequences such as an increased risk of miscarriage, stillbirth and gestational diabetes and pre-eclampsia. There can also be significant mental ill health brought about as a result of obesity including a greater likelihood of being diagnosed with anxiety or depression.

The resulting NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year (Foresight 2007). There is also a growing burden on local public sector resources, particularly in social care. For example, the cost of caring for more house-bound individuals suffering from ill health as a consequence of obesity or special equipment being needed in school rooms and gyms. These factors combine to make the prevention of obesity a major public health challenge.

Partners with a significant role to play: Schools – academies and local authority run, Children's centres, Dorset county council departments including transport and education, District council departments including planning, leisure services and environmental health, Dorset CCG and GP's, Acute hospital trust, Community hospitals across Dorset, Active Dorset / Sport England and Dorset Community Action.

Dorset County Council

HEALTHY :Population Indicator			**Rate of young people referred for self-harm**		
Outcome			HEALTHY		
Outcome Sponsor			David Philips		
Outcome Lead Officer			Jane Horne		
Population Indicator Lead Officer			Claire Shiels		
Latest	146.6 (2012)	Direction of Travel	⇧ Worse	Benchmark (England)	**WORSE 124.9 (Average)**



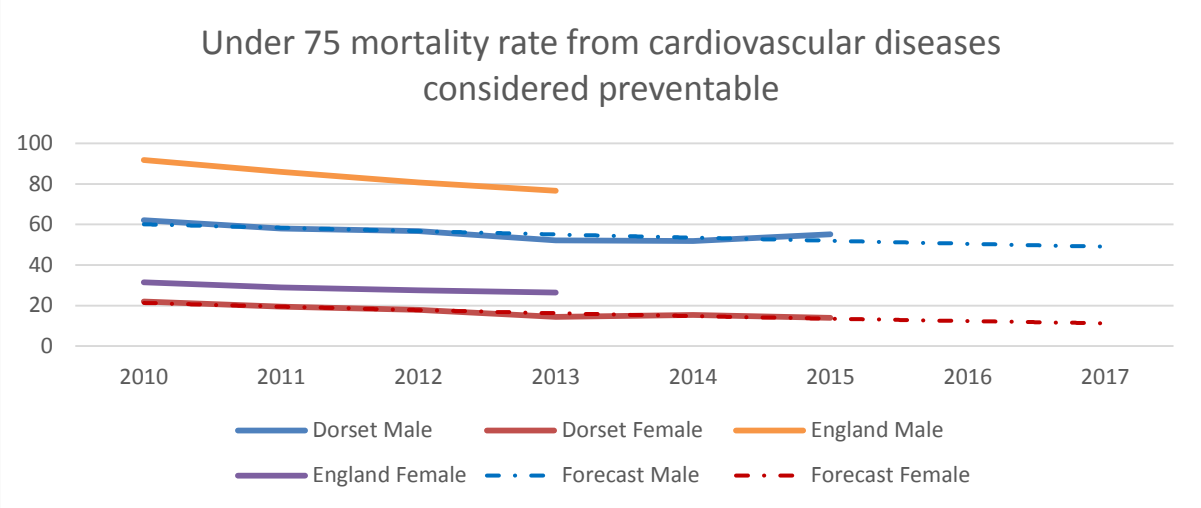
Story behind the baseline: Self-harm is most common in (but not limited to) 14 to 15 year olds and young women. The majority of self-harm does not result in hospitalisation but is a problematic coping strategy reflecting emotional distress. Cutting and scratching are the most common forms of self-harm in the community, however hospital admissions are most common for paracetamol overdoses. Half of young people report having consumed alcohol before self-harming. Self-harm is primarily a coping mechanism to release tension and managing strong feelings. Some groups of young people are more at risk, for example, young people in custody, children in care, victims of abuse, those affected by child sexual exploitation, non-heterosexual young people, young Asian women and children with a family member who has self-harmed or died by suicide in the child's lifetime. A wide range of psychological disorders are associated with self-harm such as anxiety, depression, post-traumatic stress disorder, schizophrenia, bipolar disorder and personality disorder. Self-harm behaviours tend to be compulsive, ritualistic; episodic; repetitive; sometime occur with depression and anxiety (but not always) and serve a purpose to the young person. Self-harm is a considerable source of anxiety for parents and carers and the professionals working with young people and is an issue that they don't feel confident in addressing resulting in high rates of referrals to specialist services. Self-harm is an area that is not regularly discussed and so can be a barrier to seeking help, with young people reporting that they fear they will not be understood or will be judged if they disclose their self-harming. When they do seek help it is most often from friends.

Partners with a significant role to play: The following partners will be critical to delivery Dorset Clinical Commissioning Group (CCG), Dorset Healthcare University Foundation Trust (providers of CAMHs and community mental health teams), Dorset County Hospital, Poole Hospital, The Royal Bournemouth and Christchurch Hospital, Schools and colleges, GP practices, Voluntary and Community Sector providers (in particular, SPACE Youth Project (support for lesbian, gay, bisexual, transgender and questioning young people), Barnardo's Missing Children Service (support for children affected by sexual exploitation), Shadows (substance use treatment provider), Pan-Dorset Youth Offending Service and Residential children's homes/foster carers.

<table>
<tr><td colspan="3">HEALTHY: Population Indicator</td><td colspan="3">Days of work lost from mental health problems</td></tr>
<tr><td colspan="3">Outcome</td><td colspan="3">HEALTHY</td></tr>
<tr><td colspan="3">Outcome Sponsor</td><td colspan="3">David Philips</td></tr>
<tr><td colspan="3">Outcome Lead Officer</td><td colspan="3">Peter Moore</td></tr>
<tr><td colspan="3">Population Indicator Lead Officer</td><td colspan="3"></td></tr>
<tr><td>Latest</td><td></td><td>Direction of Travel</td><td></td><td>Benchmark (England)</td><td></td></tr>
<tr><td colspan="6">TBA</td></tr>
<tr><td colspan="6">Story behind the baseline:</td></tr>
<tr><td colspan="6">Partners with a significant role to play:</td></tr>
</table>

HEALTHY: Population Indicator			**Access to green space** **(Please note Indicator to be DEVELOPED)**		
Outcome			HEALTHY		
Outcome Sponsor			David Philips		
Outcome Lead Officer			Peter Moore		
Population Indicator Lead Officer					
Latest		Direction of Travel		Benchmark (England)	
TBA					
Story behind the baseline: Readily accessible, attractive greenspace is an essential ingredient for healthy communities. Greenspace also delivers public health benefits at a population scale in terms of physical activity, mental health, obesity and all-cause mortality. Dorset has an exceptional natural environment, and while access to it is generally good, there are significant gaps in provision, and other barriers to access which prevent it being used by some people and communities who would stand to benefit. The evidence suggests that improving access to greenspace represents a significant, cost-effective opportunity to deliver multiple benefits. DCC has a key role in providing and facilitating access to greenspace, under-pinned by its statutory obligations to maintain Dorset's Rights of Way network. While there are generally accepted optimum standards for access to greenspace there is as yet no readily available, comprehensive data set which allows this to be converted easily into an outcome-based performance measure for Dorset, which would enable improvements to be targeted most effectively. DCC's Environment & Economy Directorate and Public Health Dorset therefore recently initiated a project to address this opportunity. This will encompass mapping access to greenspace and a needs assessment, from which outcome-based measures can be derived. The project will support better targeting of improvements at communities who would benefit most, practical access improvements via pilot projects, and evaluation to inform investment decisions and commissioning activity with a view to improving access to greenspace.					
Partners with a significant role to play:					

HEALTHY: Population Indicator				**Under 75 mortality rate from cardiovascular diseases considered preventable**		
Outcome				HEALTHY		
Outcome Sponsor				David Philips		
Outcome Lead Officer				Jane Horne		
Population Indicator Lead Officer				Dave Lemon		
Latest (2013-15)	Male 55.1	⇧ **Worse**	Female 14 (2013-15)	⇩ **Improved**	Benchmark (England) **BETTER (Male) 76.7 (Average)**	Benchmark (England) **BETTER (Female) 26.5 (Average)**



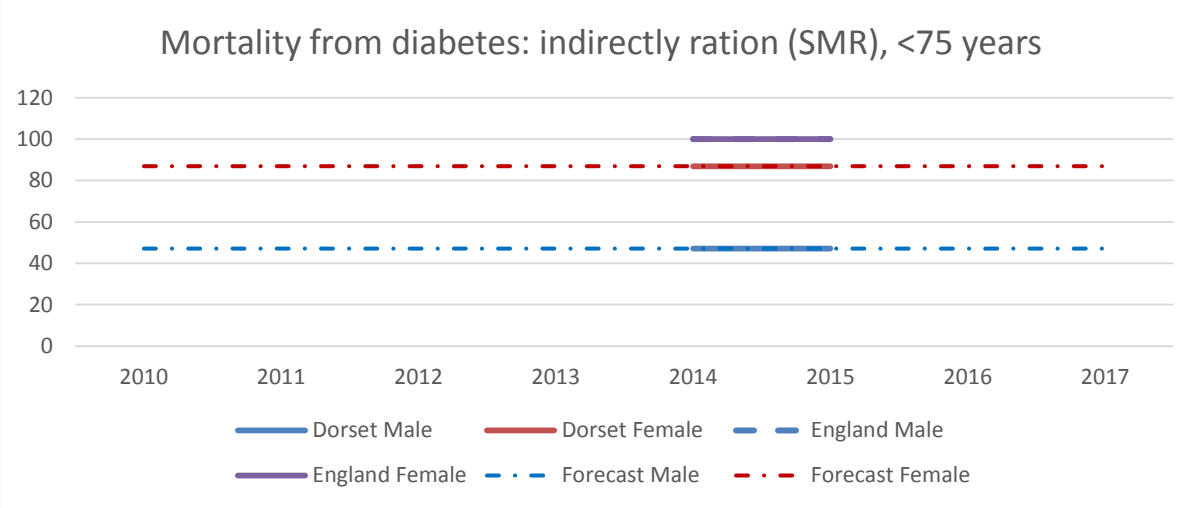
Story behind the baseline: Whilst rates of premature mortality from CVD nationally have been falling significantly over the last five decades, this remains the second biggest cause of death nationally after cancer. The decline in deaths has flattened out in more recent years. The dramatic reductions in deaths are due to reductions in smoking, better management of cholesterol and hypertension, and improved treatments following a heart attack or stroke. The improvements seen in these factors, are somewhat offset however by the increase in obesity and diabetes, and reductions in physical activity. The rates in Dorset overall are significantly lower than the England average, but there is a significant difference in rates between district areas with rates in Weymouth and Portland being similar to the England average. These figures disguise a significant variation in mortality within districts, with rates from GP practices in the most deprived communities being 3-4 times that in the least deprived communities.

The prevalence of diabetes (or proportion of people living with diabetes) in the UK has increased by more than 500% over the last 5 decades, and continues to rise, so that an estimated 10% of the adult population will be living with diabetes by 2030. Part of this is because of improved identification, treatment and management of the complications of diabetes, but the incidence of diabetes (new cases diagnosed each year) is also rising associated with increasing rates of overweight and obesity. People with diabetes are up to five times more likely to have cardiovascular disease than those without diabetes.

Partners with a significant role to play: In order to influence the factors identified as contributory to premature deaths from diabetes and CVD we have identified a wide range of key partners and stakeholders we need to work with including Dorset CCG, Dorset County Hospital, Poole Hospital, Royal Bournemouth Hospital, GP practices, Smoking cessation services, LiveWell Dorset, Schools and colleges, Voluntary sector, Local planning authorities and Employers.

Dorset County Council

HEALTHY: Population Indicator				**Mortality from diabetes: indirectly ratio (SMR), <75 years, 3-year average (2012/14)**		
Outcome				HEALTHY		
Outcome Sponsor				David Philips		
Outcome Lead Officer				Jane Horne		
Population Indicator Lead Officer				Dave Lemon		
Latest (2013-15)	Male SMR 47.1	⇧ **Worse**	Female SMR 86.9	⇩ **Improved**	Benchmark (England) **BETTER (Male) 100 (Average)**	Benchmark (England) **BETTER (Female) 100 (Average)**



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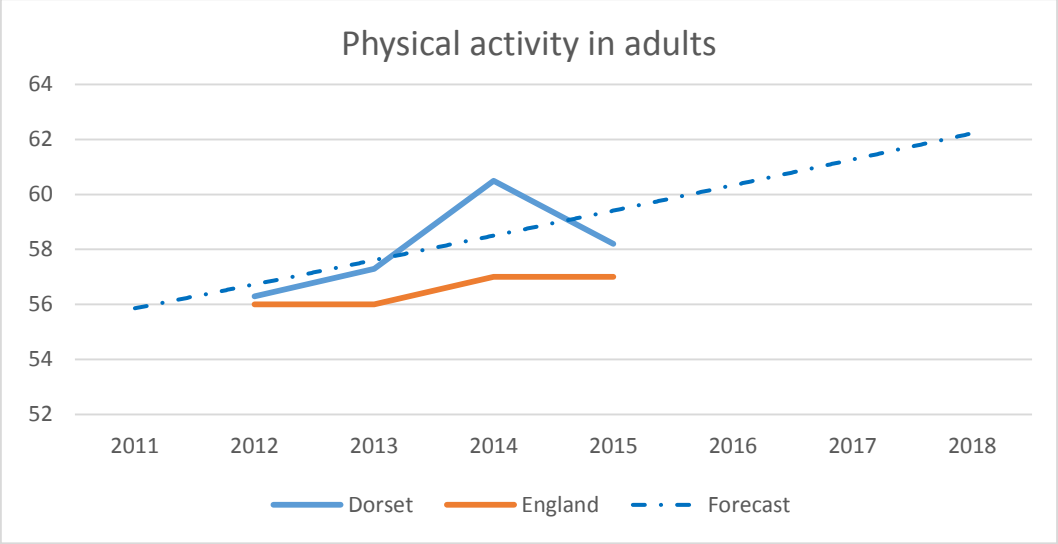
HEALTHY: Population Indicator			**Physical activity in adults**		
Outcome			HEALTHY		
Outcome Sponsor			David Philips		
Outcome Lead Officer			Paul Leivers		
Population Indicator Lead Officer			David Franks		
Latest	58.2% (14-15)	Direction of Travel	⇩ **Worse**	Benchmark (England)	**BETTER 57% (Average)**



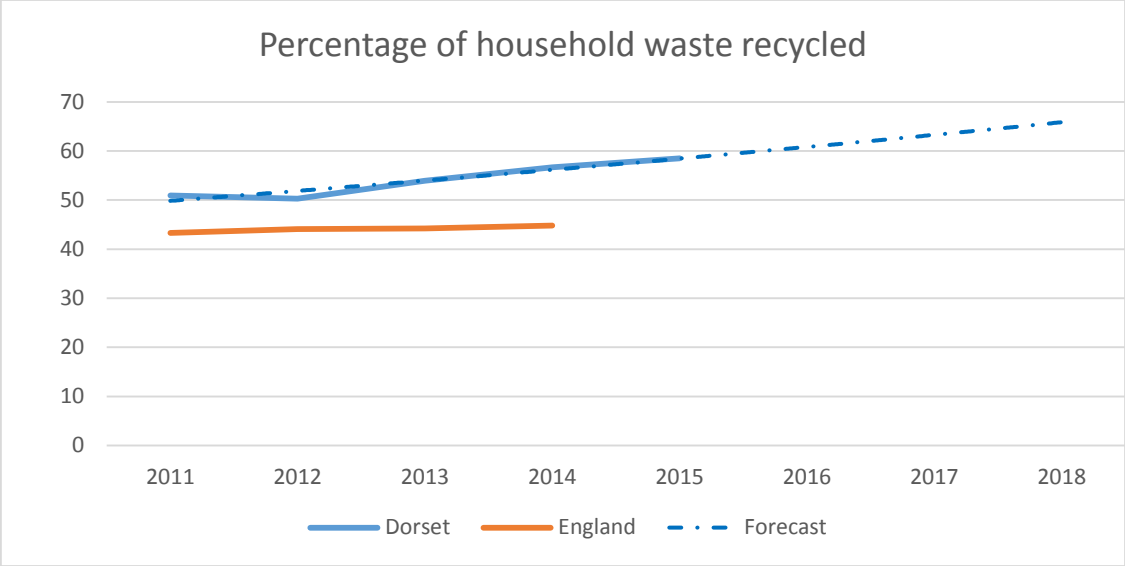
Story behind the baseline: In May 2016 Sport England published 'Sport England: Towards and Active Nation Strategy 2016-2021'. Notable parts of this include physical activity, focussing more money and resources in tackling inactivity and investing in children and young people from the age of five outside the school curriculum.

Active Dorset has tendered for a Sport and Leisure facilities Assessment and Strategy covering the six Dorset district councils. The County Council has supported this as it will provide a useful analysis at both district and county level. The Health and Wellbeing Strategy has been drafted which include priorities on reducing inequalities, promoting healthy lifestyles and preventing ill health. It refers to active travel and promoting exercise. Work has been undertaken by Dorset County Council on how physical activity relates to the life course. Increasing physical activity could have a strong beneficial impact on the majority of the population whether young or old and could make a significant impact on health outcomes from cardiovascular disease, diabetes, many musculoskeletal conditions as well as improved mental wellbeing. We are seeking to bring together at a strategic level the organisations and officers who can help shape the approach and focus that Dorset will look to embed in our services and will form the basis for this area of work within the Sustainability and Transformation Plan (STP).

Partners with a significant role to play: Partners will be invited to define the cross-organisation priorities. Headlines for future work to help turn the curve to improve performance include:

- Work with partners to take forward work on physical activity as part of the STP and to bid to Sport England for funding and to become one of ten national local delivery pilots
- Work on communications campaigns for physical activity
- Work with the Head teachers Forum to consider the Dorset position in relation to school-based activity and how this relates to Sport England's development work in relation to non-curriculum areas and to access to facilities for local communities.
- Work with partner organisations to clarify shared outcomes and activities which will support their achievement.

HEALTHY: Population Indicator			**Percentage of household waste recycled**		
Outcome			HEALTHY		
Outcome Sponsor			David Philips		
Outcome Lead Officer			Jane Horne		
Population Indicator Lead Officer			Louise Bryant and Louise Mounty		
Latest	58.5% (2015-16)	Direction of Travel	⇧ Improved	Benchmark (National Average)	**BETTER 44.8% (Average)**



Story behind the baseline: The Dorset Waste Partnership (DWP) was formed in April 2011 and brings together all seven councils within the shire county of Dorset. Its new 'Recycle for Dorset' scheme was rolled out to 200,000 households over a three year period (2012 -2015). The service offers separate weekly collections of food waste, fortnightly recycling collections of paper, cardboard, plastics bottles, pots, tubs and trays, metals, glass and batteries and fortnightly refuse collections. There is also an optional, charged fortnightly garden waste collection. Following the roll-out, improvements in customer satisfaction have been evidenced through residents' surveys. For example, in 2014, the DWP undertook its own survey which demonstrated a 90% satisfaction rate with the waste collection service. In term of performance, the 'Recycle for Dorset' service has had a dramatic impact on the DWP recycling and composting rate. The overall recycling rate has increased from 45% in 2007-8 to 58.5% in 2015-16. The kerbside recycling increased from 29% to 52%. The amount of waste sent to landfill has decreased year-on-year since 2002. Dorset achieved the 5th highest, countywide recycling performance in England in 2014-15 and was only 3.8% behind the leading council. The national average for recycling and composting performance in England in 2014-15 was 44.8%. However, whilst the figures over a 5 year period demonstrate an extremely positive result, over the past 2 years performance has started to plateau in line with national trends. The DWP have now developed a 'Right Stuff, Right Bin' communications campaign with the aim of increasing correct use of the recycle for Dorset scheme, reducing contamination and improving performance. We are pleased to report that Dorset and Oxfordshire were the joint top performing County area for percentage recycling and composting for 2015-16.

Partners with a significant role to play: Partner councils - Dorset County Council, East Dorset District Council, Christchurch Borough Council, Purbeck District Council, North Dorset District Council, West Dorset District Council, Weymouth and Portland Borough Council.

Contractors and suppliers – W and S Recycling, Viridor, Veolia, SITA, New Earth Solutions, Eco Sustainable Solutions Ltd, Dorset Reclaim, Commercial Recycling Ltd, Enitial, Cramer UK, Straights plc, Sai-pac, Webaspex, AMCS. Vehicles – Dennis, Mercedes / GEESINKNORBA, Farid.

HEALTHY: Population Indicator			**Condition of designated landscapes (Please note Indicator to be DEVELOPED)**		
Outcome			HEALTHY		
Outcome Sponsor			David Philips		
Outcome Lead Officer			Peter Moore		
Population Indicator Lead Officer					
Latest		Direction of Travel		Benchmark (England)	
TBA					

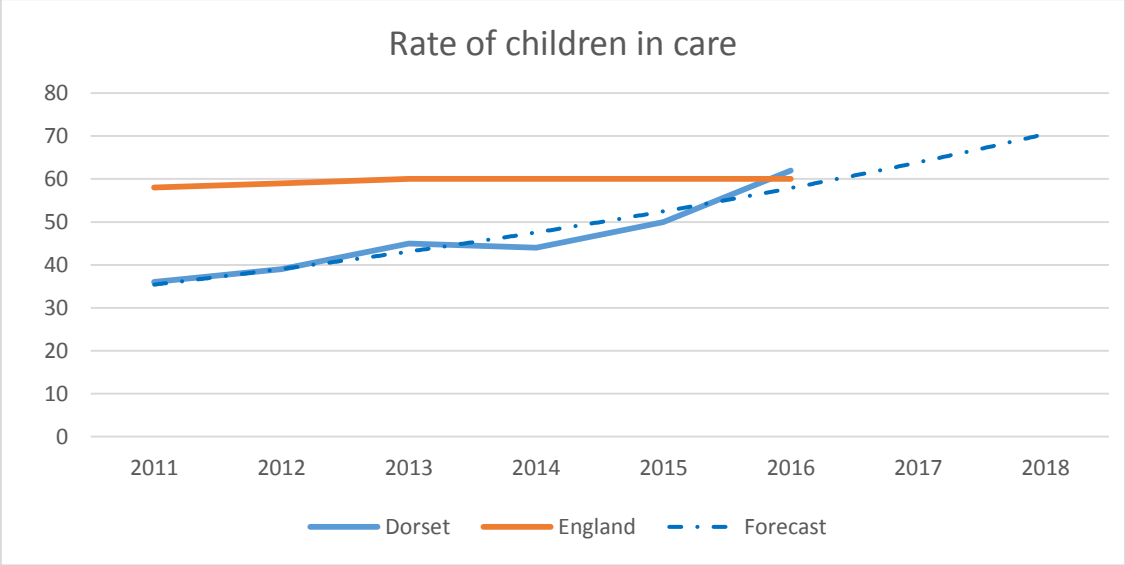
Story behind the baseline: Nationally important landscapes such as Areas of Outstanding Natural Beauty (of which Dorset has two, covering over 50% of the county by area) are protected in law and, if well-managed, can deliver a range of economic, social and environmental benefits, supporting corporate outcomes in relation to a 'healthy' and 'prosperous' Dorset. There are established mechanisms for assessing the condition of protected landscapes but it is a complex process involving long-term monitoring, conducted on a 5-10 year cycle. The previous Dorset AONB landscape condition assessment (completed in 2008), is in the process of being updated and is currently anticipated ahead of the target completion date of 2019 – this should give us access to an updated baseline in 2017.

The 2008 condition assessment showed that while much of the AONB is in good and stable or improving condition, particularly in its rural heartlands, condition was declining or threatened in some of its fringes, particularly nearer urban areas and the coastal zone where the impacts of development and other activity are most apparent. DCC has a statutory duty to have regard to the purposes of the AONBs in its decision making and service delivery. By doing so it can help prevent harm to AONBs and maintain and develop the benefits which arise from them.

While the Jurassic Coast World Heritage Site is not, strictly-speaking, a protected landscape, the condition of the site is periodically assessed, and this can also be used to inform this performance measure.

Partners with a significant role to play:

INDEPENDENT : Population Indicator			**Rate of children in care**		
Outcome			INDEPENDENT		
Outcome Sponsor			Helen Coombes		
Outcome Lead Officer			Sally Longman		
Population Indicator Lead Officer			Claire Shiels		
Latest	62 (2016)	Direction of Travel	⇧ Worse	Benchmark (England)	**WORSE** **60** **(Average)**



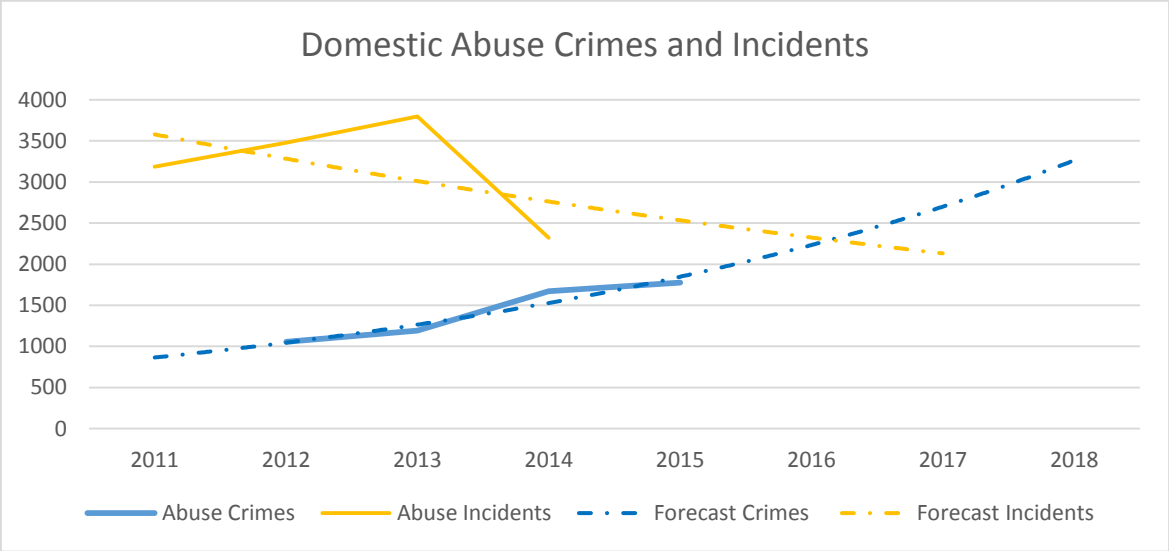
Story behind the baseline: Children come into care when parents are unable to care for them adequately or because they are at risk of significant harm. The Local authority has a statutory duty to provide a safe, alternative "family" home. The application of this responsibility applies to any child who is outside of the family home setting for more than 70 days in a year. They may be living with foster parents; at home under the supervision of children's services; in residential children's homes or other residential settings like schools or secure units. A child will stop being 'looked after' when they are adopted, returned home or turn 18, although the local authority will continue to support children leaving care until they reach 21.

The rate of children in care in Dorset has been increasing, with rates Dorset now higher than those nationally. The decision about whether a child should enter care is an important one as outcomes for children in care can be poorer than those of their peers. As a result of their early experiences they are more likely to have poor mental health. They are less likely to achieve at GCS, are more likely to not be in education, employment or training; are more likely to be involved with the criminal justice system and to be in unsuitable accommodation later in life. The impact of childhood trauma or abuse can last into adulthood.

Multi-agency provision of early help is critical to reducing the numbers of children in care through the provision of whole family support.

Partners with a significant role to play: The following partners will be critical to delivery Dorset Clinical Commissioning Group (CCG), Dorset Healthcare University Foundation Trust (providers of CAMHs, community mental health services, health visiting), Dorset County Hospital, Poole Hospital, The Royal Bournemouth and Christchurch Hospital, Schools and colleges, GP practices, Voluntary and Community Sector providers, Pan-Dorset Youth Offending Service and Residential children's homes/foster carers; schools and education settings, adult services, police, probation services.

INDEPENDENT : Population Indicator				**Number of domestic abuse incidents and crimes**	
Outcome				INDEPENDENT	
Outcome Sponsor				Helen Coombes	
Outcome Lead Officer				Sally Longman	
Population Indicator Lead Officer				Andy Frost	
Latest (2015-16)	Abuse Crimes 1775	⇧ **Worse**	Abuse Incidents 2321	⇩ **Improved**	Benchmark (England)



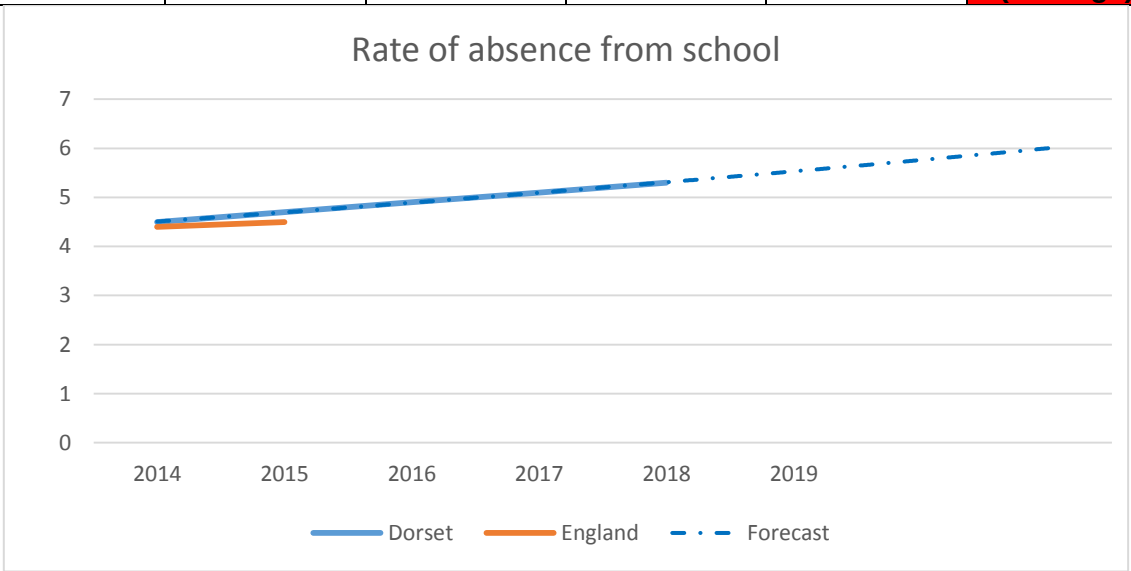
Story behind the baseline: Domestic Abuse (DA) crimes have shown an increase whilst DA incidents have declined. This dynamic is most likely due to new classifications of Police recording. DA is known to be under reported so partners generally consider increased reporting and recording of crimes and incidents as indicative of improved confidence and processes.

Tackling DA is a priority for the Dorset Community Safety Partnership (CSP) who have agreed a number of actions to address the issue. These include maximising awareness of DA issues amongst professionals and the public and ensuring DA victim support services are fit for purpose. A number of DA services are in place including outreach and services designed to support high risk victims and their families. Tackling DA is not the responsibility of any one individual agency and must be addressed by working in partnership.

Partners with a significant role to play: The County Council is one of a number of organisations with a statutory responsibility to work in partnership to tackle crime. Those partners include: Dorset Police, the Dorset district and borough councils, Dorset Clinical Commissioning Group, Dorset & Wiltshire Fire Authority, The National Probation Service and The Dorset, Devon and Cornwall Community Rehabilitation Company. A number of other partners including the Youth Offending Service, Public Health Dorset and Dorset Fire & Rescue Service also contribute to this work.

<table>
<tr><td colspan="5">INDEPENDENT : Population Indicator</td><td colspan="3">Number of lone registrations at birth</td></tr>
<tr><td colspan="5">Outcome</td><td colspan="3">INDEPENDENT</td></tr>
<tr><td colspan="5">Outcome Sponsor</td><td colspan="3">Sara Tough</td></tr>
<tr><td colspan="5">Outcome Lead Officer</td><td colspan="3">Patrick Myers</td></tr>
<tr><td colspan="5">Population Indicator Lead Officer</td><td colspan="3">TBC</td></tr>
<tr><td rowspan="2">Latest
(2015-16)</td><td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td><td colspan="2">Benchmark (England)</td></tr>
<tr><td></td><td></td></tr>
<tr><td colspan="7">TBA</td></tr>
<tr><td colspan="7">Story behind the baseline: (Comments please)</td></tr>
<tr><td colspan="7">Partners with a significant role to play:</td></tr>
</table>

INDEPENDENT : Population Indicator			**Rate of absence from school**		
Outcome			INDEPENDENT		
Outcome Sponsor			Helen Coombes		
Outcome Lead Officer			Sally Longman		
Population Indicator Lead Officer			Claire Shiels		
Latest	4.7 (2014-15)	Direction of Travel	⇧ **Worse**	Benchmark (England)	**WORSE 4.5 (Average)**

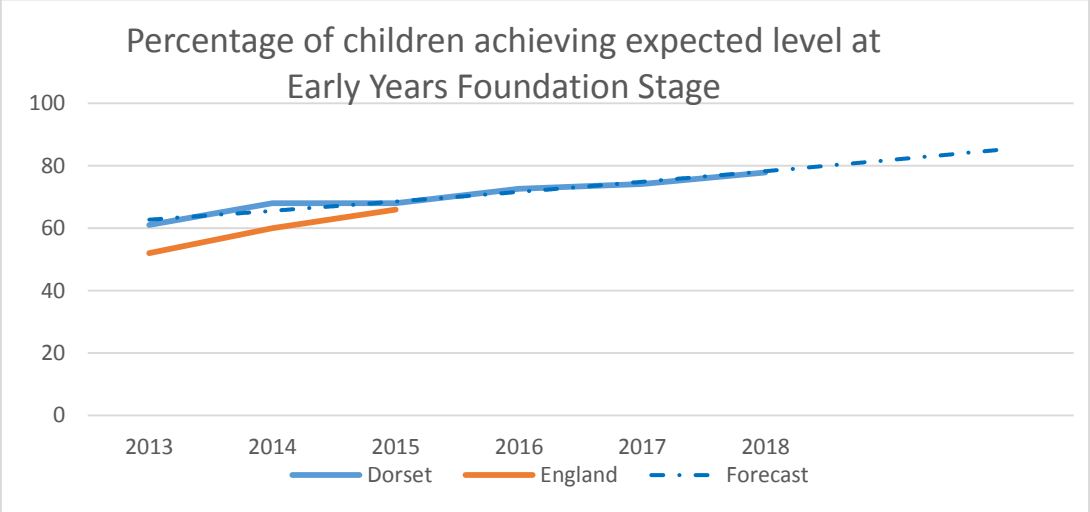


Story behind the baseline: Much of the work children miss when they are off school is never made up, leaving these pupils at a considerable disadvantage for the remainder of their school career. There is also clear evidence of a link between poor attendance at school and low levels of achievement and there are known links between persistent absenteeism, truancy, street crime and anti-social behaviour. Children who are missing from school are more vulnerable to exploitation.

Overall absence rates have been declining nationally and locally. Persistent absence is considerably more common in secondary school age pupils than in primary school. Although there are numerous reasons for non-attendance, those that truant are of particular concern. These children may have become disillusioned by school and by the time they have reached their mid-teens it becomes more difficult for parents and schools to improve attendance. Patterns of attendance are usually established earlier in the school career and those with the worst attendance tend to be from families that do not value education or where parents often missed school themselves. If poor school attendance is addressed in the early years it is more likely to have a lasting impact. Children with low attendance in the early years (prior to mandatory reporting) are more likely to be from the poorest backgrounds. They are likely to start behind their peers, in language acquisition and social development and have little chance of catching up if poor attendance continues.

Partners with a significant role to play: Schools, school governors, parents/carers, alternative education providers, voluntary and community sector, youth providers, early years settings, children's centres, health visitors, police, youth offending service.

INDEPENDENT: Population Indicator			**'School readiness' indicator**		
Outcome			INDEPENDENT		
Outcome Sponsor			Helen Coombes		
Outcome Lead Officer			Sally Longman		
Population Indicator Lead Officer			Claire Shiels		
Latest	68% 2015	Direction of Travel	⇧ **Improved**	Benchmark (England)	**BETTER 69% (Average)**



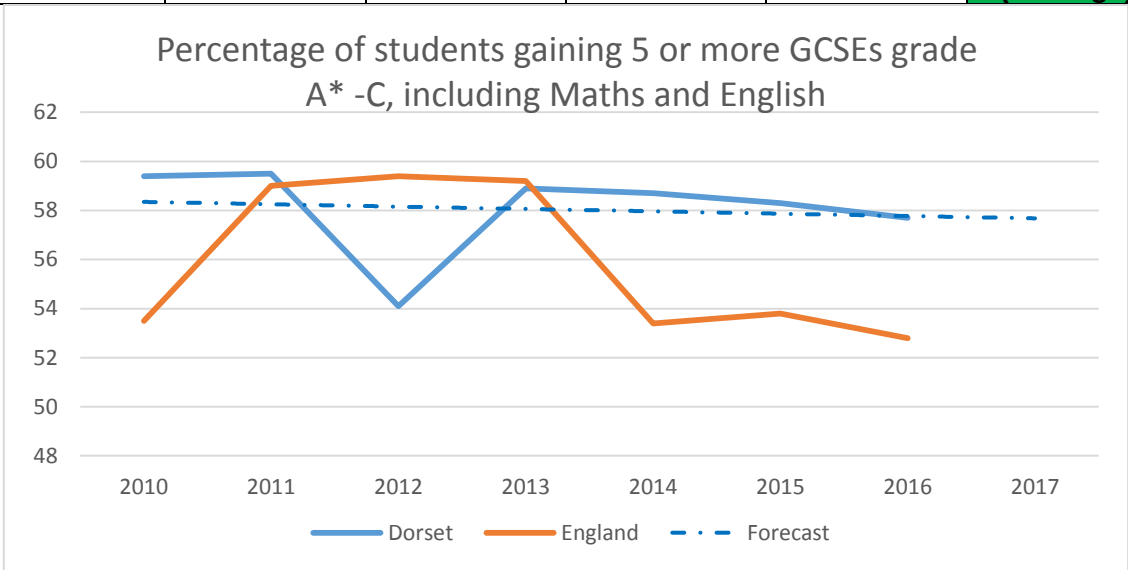
Story behind the baseline: This indicator helps us to understand school readiness and is made up of the building blocks for child development. School readiness starts at birth with the support of parents and carers, when young children acquire the social and emotional skills, knowledge and attitudes 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.

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, opportunities for play. There is strong evidence that investment in the early years, including targeted parenting programmes has a significant return on investment.

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.

INDEPENDENT :Population Indicator			**Percentage of students gaining 5 or more GCSEs grade A* - C, including Maths and English**		
Outcome			INDEPENDENT		
Outcome Sponsor			Helen Coombes		
Outcome Lead Officer			Sally Longman		
Population Indicator Lead Officer			Doug Gilbert		
Latest	57.7% (2016)	Direction of Travel	⇩ **Worse**	Benchmark	**BETTER 52.8% (Average)**



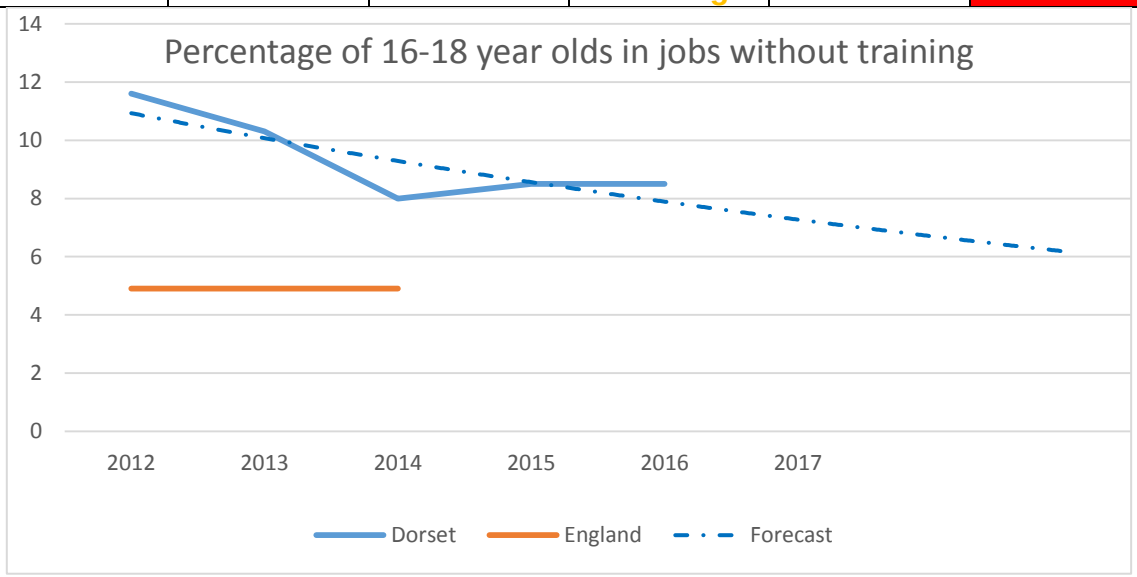
Story behind the baseline: Achieving this threshold allows pupils to continue in education and increases both employability and life chances. The measure is being discontinued as an accountability indicator, in part due to changes in assessment (the grading system is changing for Maths and English 2017; for all subjects from 2018). The measure has also been seen to encourage too narrow a focus on pupils achieving a C or above – rather than on all pupils across all abilities. There is now a focus on progress with the new Progress indicator.

The graph reflects changes and issues in assessment over the past few years. A limit on the number of non-GCSE qualifications and restrictions on early entry in 2013-14 affected the national figures, but had a lesser impact in Dorset where early entry and take up of non-GCSES were at lower levels. The dip in Dorset figures for 2011-12 was due to the problems surrounding the re-grading of English GCSEs, discussed widely in the media at the time.

Dorset has since recovered its position and remains at a similar level to the South-West, similar local authorities and above the national average. The recent slight decline in national and local performance reflects a move towards harder GCSEs in line with the shift towards English Baccalaureate subjects (Sciences, Humanities and Languages). Performance at a local level is variable and tends to reflect overall school performance.

Partners with a significant role to play: Ofsted, DFE, Regional Schools Commissioner and Wessex School Improvement Board.

INDEPENDENT :Population Indicator			**Percentage of 16-18 year olds in jobs without training**		
Outcome			INDEPENDENT		
Outcome Sponsor			Helen Coombes		
Outcome Lead Officer			Linda Wyatt		
Population Indicator Lead Officer			Rosie Knapper		
Latest	8.5% (2016)	Direction of Travel	⇨ No change	Benchmark (England)	**WORSE 4.5% (Average)**

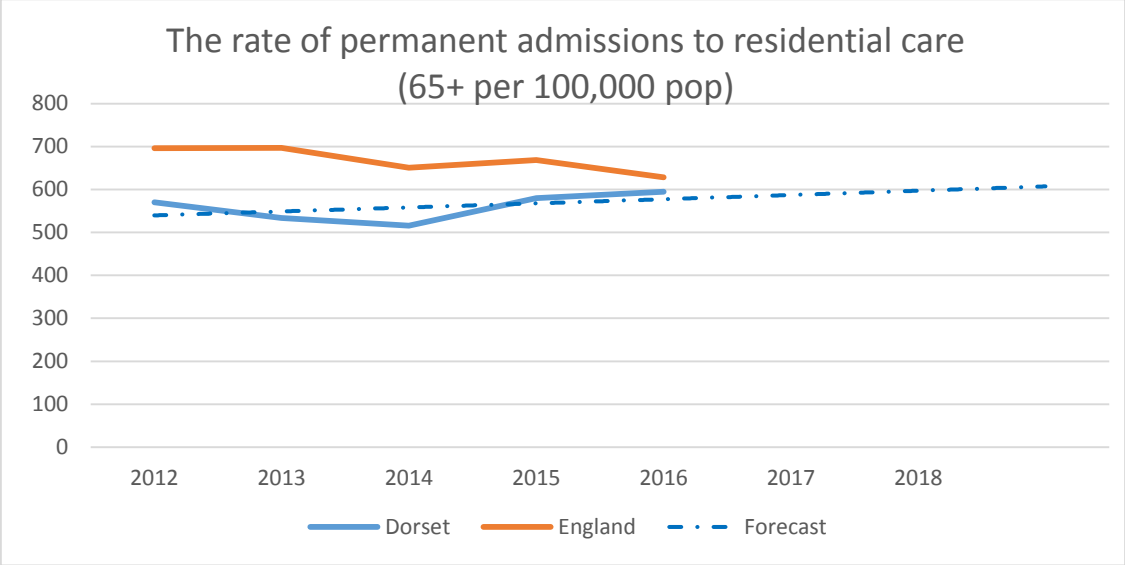


Story behind the baseline: In April 2016 1087 (8.7%) 16-18 year old residents were in jobs without accredited training in Dorset, nearly double the England rate of 4.5% and higher than our statistical neighbour's rate, 5.0%. This has remained stubbornly high for many years and continues despite the introduction of the Raising of the Participation Age in 2014. As young people get older more start employment. In April 2016 50 16 year olds (Year 12) were in a job without training, 222 17 year olds (Year 13), and 812 18 year olds (Year 14).

Once they start a job without training the majority stay in a job without training, very few re-engage with education or training. National research suggests that a third are vulnerable to becoming NEET. When they start a job without training a third of those young people have a Level 3 qualification (equivalent to 3 A Levels), 24% have a Level 2 (equivalent to 5 GCSEs A*-C) and the remaining 43% are at Level 1 and below. Research conducted last year with local 18 year olds who are in a job without training revealed that many would like help with planning their next steps and for many it was not their first choice to start a job. Dorset continues to have strong youth employment compared to England (15%) and South West (16%) averages. In April 2016, 22% of 16-18 year olds in Dorset were in employment with or without training, this included those in part-time employment, apprenticeships and jobs with or without training.

Partners with a significant role to play: Employers, Economic Development roles in District Councils, Ansbury Guidance (Provider of Information, Advice and Guidance to Vulnerable young people), Schools and FE Colleges and Weymouth college (Serco work with employers).

INDEPENDENT :Population Indicator			**The rate of permanent admissions to residential care** (65+ per 1000,000 pop)		
Outcome			INDEPENDENT		
Outcome Sponsor			Helen Coombes		
Outcome Lead Officer			Sally Longman		
Population Indicator Lead Officer			Tiff Housley		
Latest	595.4 (2015-16)	Direction of Travel	⇧ **Worse**	Benchmark (England)	**BETTER 628.2 (Average)**



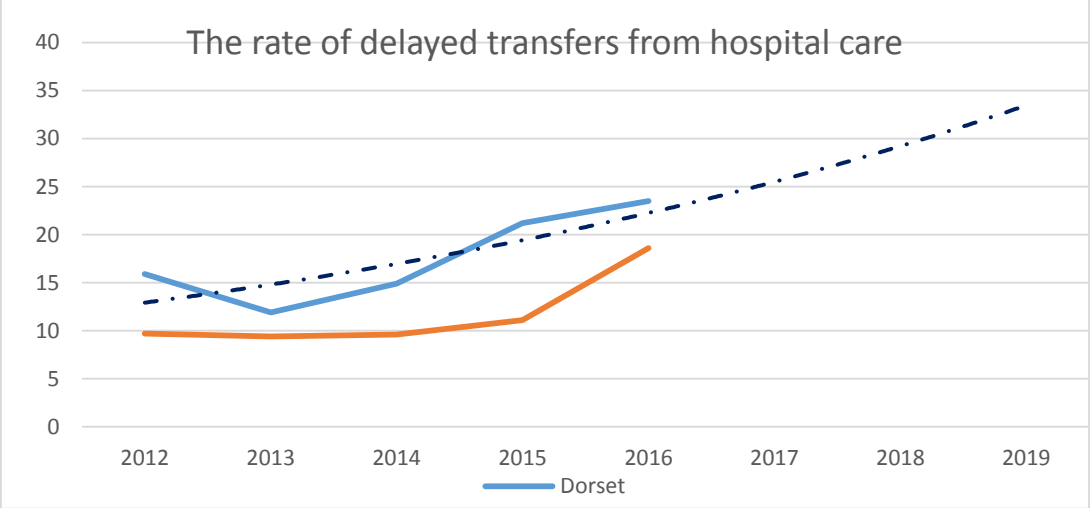
Story behind the baseline: The aim of this area of work is to reduce the number of residential placements and make greater use of intensive support at home. Following increases in recent years, this year our focus has been on supporting discharges from community hospitals. In particular, we are looking to reduce the length of stay in hospital due to the significant impact on wellbeing and independence that can result from prolonged hospital stays.

The discharge outcomes from hospital have improved, with fewer residential placements this year. We have implemented tighter budget controls on placements due to increasing unit costs, which had meant fewer placements being available within the funding.

Despite these tighter controls, this is an area of budget overspend in 2016-17.

Partners with a significant role to play: Adult Social Care, Reablement Service, Acute and Community Hospitals, Clinical Commissioning Group, GP Surgeries, Residential and Domiciliary care providers, Telecare Providers, Early Help Services, Voluntary and Community Sector.

INDEPENDENT : Population Indicator			**The rate of delayed transfers from hospital care**		
Outcome			INDEPENDENT		
Outcome Sponsor			Helen Coombes		
Outcome Lead Officer			Sally Longman		
Population Indicator Lead Officer			Sue Evans		
Latest	23.5 (2015-16)	Direction of Travel	⇧ **Worse**	Benchmark (England)	**WORSE 18.6 (Average)**



Story behind the baseline: Nationally Delayed Transfers of Care (DTOC) are worsening both in terms of total delays and those attributable to social care. This is also reflected in recent Q2 16-17results:

- Total Dorset delays 24.2% (Target 10.2%)
- Total social care attributable delays 10.6% (Target 3.5%)

However, locally an improving picture appears to be emerging following the recent introduction of daily DTOC reporting for Dorset Healthcare University Foundation Trust (DHUFT) and all acute hospitals. Reliable daily data is now being received from the Acute hospitals subject to a few discrepancies. Local reporting in November shows reduced delays for Yeovil District Hospital.

Dorset County Hospital experiencing high levels of delays for reablement compared to the East e.g. of the 32 reablement delays for w/c 14/11/16, 21 were discharges from DCH. Delays for Royal Bournemouth Hospital are low due to their interim care team with capacity to undertake significant discharge to assessment work compared to other sites.

Poole are experiencing delays awaiting packages of care. 11 of the 20 delays awaiting a package in the w/c 14/11/16 were related to discharge from Poole Hospital Foundation Trust. However, this improving local outlook should be considered in the context of the following potential risks:

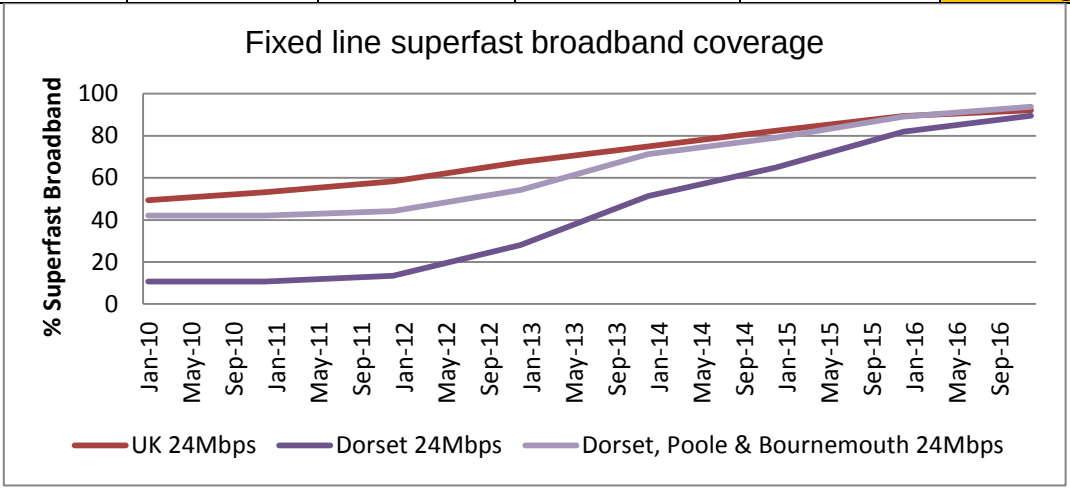
- The cessation of the Rapid Response service creating increased delays awaiting reablement/packages of care.
- If reablement responses are not delivered and domiciliary care capacity remains an issue, delays in these areas likely to be seen.
- Increased scrutiny over funding decisions/needing to input provisions on systems before care starts could result in increased delays.

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

INDEPENDENT : Population Indicator			**The rate of homelessness**		
Outcome			INDEPENDENT		
Outcome Sponsor			Helen Coombes		
Outcome Lead Officer			Sally Longman		
Population Indicator Lead Officer			Derek Hardy		
Latest		Direction of Travel		Benchmark (England)	
TBA					
Story behind the baseline: (Comments please)					
Partners with a significant role to play:					

INDEPENDENT : Population Indicator			**The rate of volunteering in Dorset**		
Outcome			INDEPENDENT		
Outcome Sponsor			Helen Coombes		
Outcome Lead Officer			Sally Longman		
Population Indicator Lead Officer			Derek Hardy		
Latest		Direction of Travel		Benchmark (England)	
TBA					
Story behind the baseline: (Comments please)					
Partners with a significant role to play:					

INDEPENDENT: Population Indicator			**Coverage of superfast broadband and 4G mobile network**		
Outcome			INDEPENDENT		
Outcome Sponsor			Mike Harries		
Outcome Lead Officer			Dugald Lockhart		
Population Indicator Lead Officer			Pete Bartlett		
Latest	89.6% (July 2016)	Direction of Travel	⇧ Improved	Benchmark	**SIMILAR 24Mbps (UK Average)**



Story behind the baseline: Ofcom produces an annual report 'Connected Nations' that summarises the national digital infrastructure position
https://www.ofcom.org.uk/__data/assets/pdf_file/0028/69634/connected_nations2015.pdf

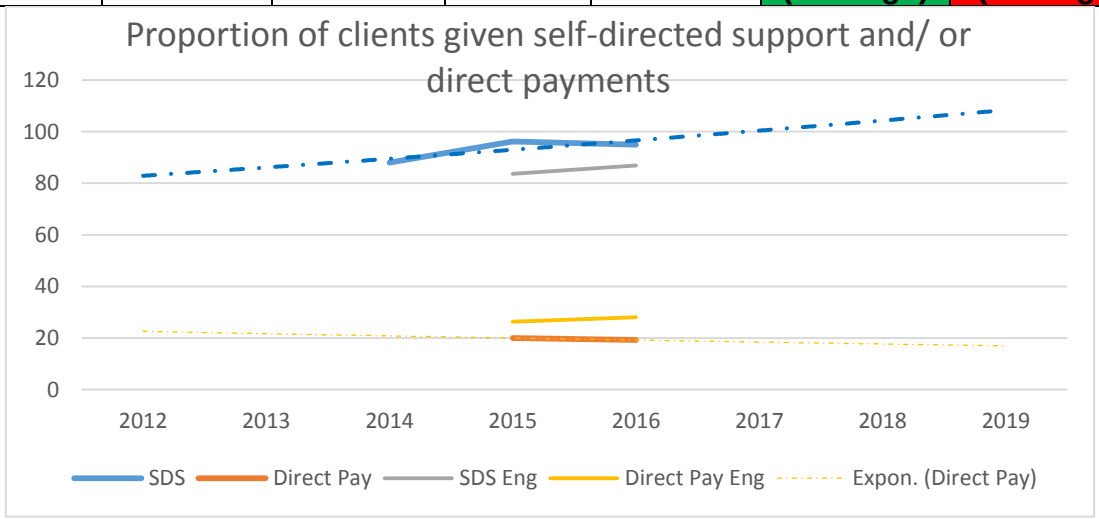
Detail of Dorset coverage, future plans and a postcode checker are available here:
https://www.dorsetforyou.gov.uk/superfast
https://www.dorsetforyou.gov.uk/broadband/about

Superfast Broadband Coverage: National and Dorset coverage data independently sourced from https://labs.thinkbroadband.com/local/uk (December 2016 – updated quarterly). More local update programme data is also available, but this does not provide a valid national comparator.
The Superfast Dorset programme is a partnership programme between all district, borough and unitary authorities across Dorset, Poole and Bournemouth. Two contracts are in place to deliver improved broadband in areas of market failure where there are no commercial plans to provide it. The first contract was let to BT in July 2013 and contracted delivery of 72,500 superfast premises, and is in its final completion stage. Take up of superfast broadband is 30% (December 2016). The second contract was let to BT in May 2015 to deliver 3,500 superfast premises by December 2017. These 2 combine with private sector deployments will provide 97% coverage across the partnership area by completion. A third contract is currently in its procurement phase – this will deliver additional coverage and provide Ultrafast broadband to priority areas for economic growth.

Mobile 4G coverage: Performance data on mobile digital coverage levels are not available nationally or locally. A postcode checker is available from Ofcom:
https://www.ofcom.org.uk/phones-telecoms-and-internet/advice-for-consumers/advice/ofcom-checker

Partners with a significant role to play: All local authorities in the Superfast Dorset Programme Broadband Delivery UK, part of the Department of Culture, Media and Sports, Ofcom and Private sector fixed line and mobile network digital infrastructure providers.

INDEPENDENT : Population Indicator				**Proportion of clients given self-directed support and/ or direct payments**		
Outcome				INDEPENDENT		
Outcome Sponsor				Helen Coombes		
Outcome Lead Officer				Harry Capron		
Population Indicator Lead Officer				Sally Longman		
Latest (2015-16)	SDS 95%	⇧ Improved	DPS 19.2%	⇩ Worse	Benchmark (England) SDS BETTER 86.9% (Average)	DPS WORSE 28.1% (Average)



Story behind the baseline: SDS: We have revised our business processes to ensure that the key components of SDS are consistently in place. We monitor these closely and ensure that there are many checkpoints in the system for assessing.

Direct Payments (DPs): Increasing the take-up of direct payments requires large scale shifting of resources, for example from block-purchased commissioned and in-house services to individual budgets. There is a strong focus on personalisation. There has been increased spend on DPs and a lot of promotional work undertaken.

In 2016-17 the figure has increased to 22%. However more work is needed on making the process easy to use and developing personal assistant availability. We now have a new register in place, and a new personal assistant service provided by Dorset Advocacy. We need to ensure good use of public funds and value for money. As Tricuro becomes more established, it will provide a greater opportunity for clients to have DPs for their services. We would not expect to see big changes in the take-up figure until the above approaches are embedded.

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.

INDEPENDENT : Population Indicator			**Percentage SEN children using public/ mainstream/ independent transport to get to school**		
Outcome			INDEPENDENT		
Outcome Sponsor			Helen Coombes		
Outcome Lead Officer			Patrick Myers		
Population Indicator Lead Officer			Gary Binstead		
Latest		Direction of Travel		Benchmark (England)	
TBA					
Story behind the baseline: (Comments please)					
Partners with a significant role to play:					