



POPULATION INDICATORS

Data and Commentary





Report as at July 2017



Dorset Outcomes Framework

People in Dorset are

INDEPENDENT



People in Dorset are INDEPENDENT



01: Rate of absence from school



02: Percentage of children achieving expected level at Early Years Foundation Stage



03: Key Stage 2 achievement rates



04: Percentage of 16-17 year olds not in education, employment or training (NEET)



05: The rate of delayed transfers from hospital care



06:The rate of volunteering in Dorset – to be developed



07: Proportion of clients given self-directed support



08: Proportion of clients given direct payments

People in Dorset are

INDEPENDENT



People in Dorset are INDEPENDENT

- · Families are strong and stable
- · Children and young people are confident learners
- People remain happily independent and stay in their own homes
- · People are part of inclusive communities
- People who do need help have control over their own care

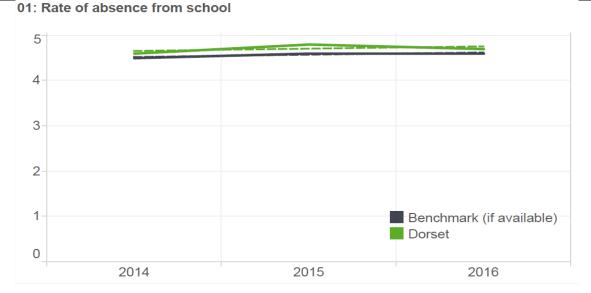
Our Values



Please note that with regard to the graphs taken direct from the <u>Dorset Outcomes</u> <u>Tracker</u> the green line shows Dorset whilst the black line shows the available benchmark. The dotted line are trend lines showing the direction of travel if nothing changes.



INDEPEN	INDEPENDENT Outcome Sponsor			Helen Coombes		
Outcome Lead Officer			Sally Longman			
Populati	Population Indicator Lead Officer			Claire Shiels		
Latest (2016)	4.7	Direction of Travel	Improved	Benchmark (South West)	SIMILAR 4.7 (Average)	



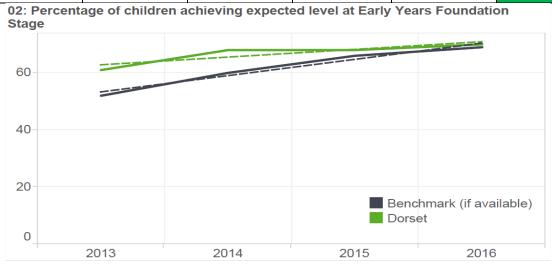
Story behind the baseline: The rate of pupil absence from school has been steadily reducing in Dorset since 2010, with the rate now the same as the rest of the south west region, albeit slightly higher than nationally. Much of the work children miss when they are off school is never made up, leaving 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 year's settings, children's centres, health visitors, police, youth offending service.



02: Percentage of children achieving expected level at Early Years Foundation Stage

INDEPENDENT Outcome Sponsor		Helen Coombes			
Outcome Lead Officer		Sally Longman			
Populat	Population Indicator Lead Officer		Claire Shiels		
Latest (2016)	70.1%	Direction of Travel	1 Improved	Benchmark (South West)	BETTER 69.5% (Average)

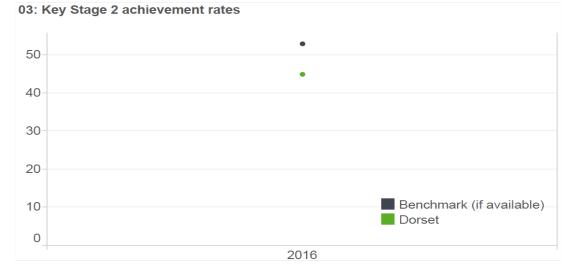


Story behind the baseline: This indicator helps us to understand school readiness and is made up of the building blocks for child development. School readiness starts at birth with the support of parents and carers, when young children acquire the social and emotional skills, knowledge and attitudes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



Outcome Lead Officer Population Indicator Lead Officer		Sponsor	Helen Coombes Sally Longman		
		cer			
		d Officer	Claire Shiels		
Latest (2016)	45%	Direction of Travel	Benchmark (South West)	WORSE 52% (Average)	



Story behind the baseline: 2016 saw a new assessment system at Key Stage 2. National Curriculum levels have been removed in favour of a system based on pupils achieving an expected or higher standard. In addition children sitting the tests in 2016 were the first to be taught and assessed under a new national curriculum. The expected standard is higher than in previous years and not comparable: nationally 80% of pupils achieved the combined reading/writing/mathematics threshold in 2015 – in 2016 the figure was 53%. Whilst pupils in Dorset achieved well in Reading, there were marked inconsistencies across different local authorities in the implementation of national guidance on moderation of writing teacher assessments in 2016; these have been well documented nationally.

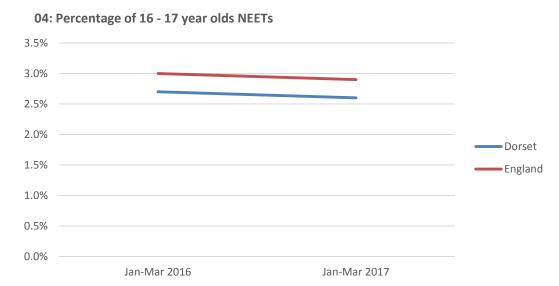
Results for Writing in Dorset have been affected badly by these fluctuations. In addition, pupils in Dorset did not perform as well as the national figure in the new Maths test. As a result 45% of pupils in Dorset achieved the combined reading/writing/mathematics threshold.

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.



04: Percentage of 16 -17 year olds not in education, employment or training (NEET)

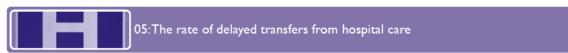
INDEPENDENT Outcome Sponsor				Helen Coombes		
Outcome Lead Officer			Linda Wyatt			
Populat	Population Indicator Lead Officer			Claire Shiels		
Latest (2016)	2.6%	Direction of Travel	Improved	Benchmark (England)	BETTER 2.9% (Average)	



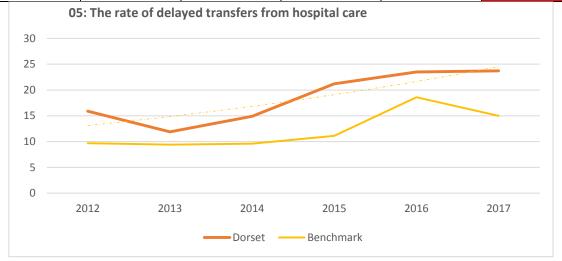
Story behind the baseline: Story behind the baseline: The number and proportion of (academic age) 16 and 17 year olds who are NEET continues to remain below the England average. It is also slightly lower than the previous year. When you look further you see that there has been a small increase in the 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 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).



INDEPEN	INDEPENDENT Outcome Sponsor		Helen Coombes			
Outcome Lead Officer		Sally Longman				
Populati	Population Indicator Lead Officer			Harry Capron		
Latest (2016-17)	23.7	Direction of Travel	1 Worse	Benchmark (England)	WORSE 15 (Average)	



Story behind the baseline: The way the nationally delayed transfers of care is counted changed several years ago. Now all delays for every day of the week for each of the 5 Acute Hospitals and 11 Community Hospitals are counted; the number of hospitals in Dorset is unusually high. The last few years has seen unprecedented demand place on Acute Hospitals during the winter, Easter and for Dorset as a tourist destination. This demand has resulted in increased admissions and increased complexity of need (this reflects Dorset's demographic changes especially for older people with multiple long term conditions).

Our performance has improved for accountable delays over the last six months as well as improved Better Care Fund indicators on the total number of delayed days across the system. Targeted work has taken place this year in reducing the number of delayed days in Community Hospitals which has helped with maintaining discharge flow but does not greatly affect the overall number of days – i.e. a person can be delayed for 1 day or 200 days however they still count as 1 delay. However, month by month the performance varies considerably for the above reasons.

A recent initiative to help people to find their own care to make discharge plans through the brokerage service is having a positive impact on recent performance figures.

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.

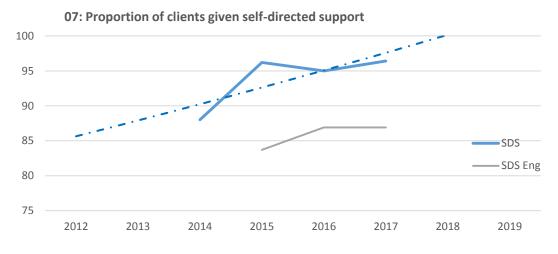


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INDEPE	NDENT Outcome	Sponsor		Helen Coombes	
Outcome Lead Officer				Sally Longman	
Populat	ion Indicator Lead	d Officer	Derek Hardy		
Latest		Direction		Benchmark	
		of Travel		(England)	
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		16	BA		
Story behind th	ne haseline:				
Story Berning ti	ic baseline.				
Partners with a	a significant role t	to play:			



07: Proportion of clients given self-directed support

INDEPENDENT Outcome Sponsor			Helen Coombes			
Outcome Lead Officer			Sally Longman			
Popu	Population Indicator Lead Officer			Harry Capron		
Latest (2016-17)	96.3%	Direction of Travel	1 Improved	Benchmark (England)	BETTER 86.9% (Average)	



Story behind the baseline: Promotional work has been undertaken to keep the strong focus on personalisation. All cases are being looked at with a view to how they are to be managed in the future. 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.

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.



Outcome Lead Officer Population Indicator Lead Officer		Helen Coombes Sally Longman			
		Latest (2016-17)	19.4%	Direction of Travel	1 Improved
0	8: Proportion of	clients given dire	ct payments		
30 —					
25 ——					
20 —					
15					
10					
5 ——					
0 —					
	2012 20	013 2014	2015	2016	2017
		——Direct Pay	Benchmark		

Story behind the baseline: Promotional work has been undertaken to keep the strong focus on personalisation which is reflected in the number of people with personal budgets. There has been an increased spend on Direct Payments partly related to increased costs of care. All cases are being looked at with a view to how they are to be managed in the future and to maximise value for money. 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.

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.