

Agenda

Dorset County Council



Meeting: People and Communities Overview and Scrutiny Committee
Time: 11.15 am
Date: 26 June 2017
Venue: Committee Room 1, County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ

David Walsh (Chairman)
Graham Carr-Jones
Andrew Parry
William Trite

Mary Penfold (Vice-Chairman)
Katharine Garcia
Byron Quayle

Derek Beer
Ros Kayes
Clare Sutton

Notes:

- The reports with this agenda are available at www.dorsetforyou.com/countycommittees then click on the link "minutes, agendas and reports". Reports are normally available on this website within two working days of the agenda being sent out.
- We can provide this agenda and the reports as audio tape, CD, large print, Braille, or alternative languages on request.

- **Public Participation**

Guidance on public participation at County Council meetings is available on request or at <http://www.dorsetforyou.com/374629>.

Public Speaking

Members of the public can ask questions and make statements at the meeting. The closing date for us to receive questions is 10.00am on 21 June 2017, and statements by midday the day before the meeting.

Debbie Ward
Chief Executive

Contact: Helen Whitby, Senior Democratic Services
Officer
County Hall, Dorchester, DT1 1XJ
01305 224187 - h.m.whitby@dorsetcc.gov.uk

Date of Publication:
Friday, 16 June 2017

1. **Apologies for Absence**

To receive any apologies for absence.

2. **Code of Conduct**

Members are required to comply with the requirements of the Localism Act 2011 regarding disclosable pecuniary interests.

- Check if there is an item of business on this agenda in which the member or other relevant person has a disclosable pecuniary interest.
- Check that the interest has been notified to the Monitoring Officer (in writing) and entered in the Register (if not this must be done on the form available from the clerk within 28 days).
- Disclose the interest at the meeting (in accordance with the County Council's Code of Conduct) and in the absence of a dispensation to speak and/or vote, withdraw from any consideration of the item.

The Register of Interests is available on Dorsetforyou.com and the list of disclosable pecuniary interests is set out on the reverse of the form.

3. **Terms of Reference**

To note the Committee's Terms of Reference:-

"Purpose of Committee

Delivering good outcomes for the residents and communities we serve through a constructive, proactive and objective approach to the consideration, scrutiny and review of policies, strategies, financial and performance issues.

OVERVIEW

- To review and develop policy at the Committee's own initiative or at the request of the Cabinet or the Public Health Joint Board and make recommendations to the Cabinet, Joint Committee or the Full Council.
- To oversee major consultations and make recommendations to the Cabinet, Joint Committee or the Full Council.
- To give advice on any matters as requested by the Cabinet or the Joint Committee.

SCRUTINY

- To hold the Executive to account through a process that seeks and considers necessary explanations, information and evidence to ensure good outcomes for our residents and communities.
- Through proactive scrutiny inquiry work, to contribute to improving the lives of our residents and communities, through an active contribution to the Council's improvement agenda.
- To scrutinise key areas of strategic and operational activity and, where necessary, make recommendations to the Full Council, Cabinet or Joint Committee in respect of;
 - i) Matters which affect the Council's area or its residents.
 - ii) Performance of services in accordance with the targets in the Corporate Plan or other approved service plans.
 - iii) To provide a clear focus on finding efficiency savings in accordance with requirements in the Council's financial strategy.
 - iv) To monitor expenditure against available budgets and, where necessary, make recommendations to the Cabinet or the Joint Committee.

v) To consider proposed budget plans, service plans and any other major planning or strategic statements and to make recommendations to the Cabinet or the Joint Committee.

Specific responsibilities for the Committees are;

'To exercise a proactive and effective overview and scrutiny of functions to ensure the effective delivery of those specific outcomes as contained in the Corporate Plan...;'

Outcomes:- To ensure that people in Dorset are HEALTHY and INDEPENDENT

Most people are healthy and make good lifestyle choices....

- Children and families know what it means to be healthy and happy
- People adopt healthy lifestyles and lead active lives;
- People enjoy emotional and mental wellbeing;
- People stay healthy, avoiding preventable illness as they grow older;
- People live in healthy, accessible communities and environments.

We all want to live independent lives and have a choice over how we live....

- Families are strong and stable and experience positive relationships;
- Children and young people are confident learners and are successful as they grow into adulthood;
- People remain happily independent and stay in their own homes for as long as possible;
- People are part of inclusive communities and don't feel lonely or isolated;
- People who do need help have control over their own care."

4. Minutes

7 - 12

To confirm and sign the minutes of the meeting held on 20 March 2017.

5. Progress on Matters Raised at Previous Meetings

13 - 16

To consider a report by the Transformation Programme Lead for Adult and Community Forward Together Programme.

6. Public Participation

To receive any questions or statements by members of the public.

7. Local Government Reform

A report to consider governance arrangements for Local Government Reorganisation in Bournemouth, Dorset and Poole. To follow.

8. Draft Annual Report 2016-17

17 - 28

To consider the Committee's first Draft Annual Report.

9. Corporate Plan

29 - 72

To consider a report by the Transformation Programme Lead for the Adult and Community Forward Together Programme.

10. **Dorset Education Performance 2016: Self Evaluation** 73 - 86

To consider a report by the Corporate Director for Children, Adults and Communities.

Lead Member: **Councillor David Walsh**

Lead Officer: **Jay Mercer**, Assistant Director – Prevention and Partnerships

11. **Special Educational Needs Budget** 87 - 90

To consider the scoping report for the review.

Lead Member:

Lead Officer: **Jay Mercer**, Assistant Director – Prevention and Partnerships

12. **Racial and Hate Crime- Review of Practice across Partners** 91 - 94

To consider the scoping report for the review.

Lead Member:

Lead Officer: **Patrick Myers**, Assistant Director – Design and Development

13. **Workforce Capacity** 95 - 100

To consider the scoping report for the review.

Lead Member:

Lead Officers: **Harry Capron**, Assistant Director – Adult Social Care and **Patrick Myers**, Assistant Director – Design and Development

14. **Social Inclusion** 101 - 116

To consider a report by the Corporate Director for Children, Adults and Communities.

Lead Member: **Councillor David Walsh**

Lead Officer: **Paul Leivers**, Assistant Director – Early Years and Community Services

15. **Review of Community Transport** 117 - 124

To consider the scoping report for the review.

Lead Member: **Councillor David Walsh**

Lead Officer: **Matthew Piles**, Service Director - Economy

16. **Quality and Cost of Care**

To receive a verbal update on what has happened since the Inquiry Day was held on 13 February 2017.

Lead Member: **Councillor David Walsh**

Lead Officer: **Sally Wernick**, Safeguarding and Quality Service Management

17. Work Programme

125 - 130

To receive the People and Communities Overview & Scrutiny Work Programme. So as to stimulate debate, the Transformation Programme Lead for Adult and Community Forward Together Programme (Lead officer) encourages members of the committee to give some thought as to what they consider the scope of the committee to be and the expectations they have for what might be achievable (how this can be put into practice). These can be then given due consideration at the meeting.

18. Questions from County Councillors

To answer any questions received in writing by the Chief Executive by not later than 10.00am on 21 June 2017.

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People and Communities Overview and Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ on Monday, 20 March 2017.

Present:

David Walsh (Chairman)
Steve Butler (Vice-Chairman)
Ronald Coatsworth, Barrie Cooper, Fred Drane and Ros Kayes.

Members Attending

Jill Hayes (Cabinet Member for Adult Health, Care and Independence) and Rebecca Knox (Cabinet Member for Health, Wellbeing and Communities).

Officers Attending: Helen Coombes (Interim Director for Adult and Community Services), Mark Taylor (Group Manager - Governance and Assurance) and Helen Whitby (Senior Democratic Services Officer).

For certain items, as appropriate

John Alexander (Senior Assurance Manager – Performance), Stephanie Farr (Corporate Policy and Performance Officer (Syrian Refugee Resettlement Programme)) and Patrick Myers (Assistant Director – Design and Development).

(Notes:(1) These minutes have been prepared by officers as a record of the meeting and of any decisions reached. They are to be considered and confirmed at the next meeting of the People and Communities Overview and Scrutiny Committee to be held on **Monday, 26 June 2017.**)

Apologies for Absence

15 Apologies for absence were received from Spencer Flower, Mary Kahn, William Trite, Michael Turnbull and Kate Wheller.

Code of Conduct

16 Councillor Kayes declared a pecuniary interest in relation to minute 21 as she (and others) had been awarded a contract for Carers by the County Council. She would leave the meeting whilst discussion about carers took place.

Minutes

17 The minutes of the meeting held on 9 January 2017 were confirmed and signed.

Progress on Matters Raised at Previous Meetings

18 The Committee considered a report by the Interim Director for Adult and Community Services which set out progress on matters raised at previous meetings.

Noted

Public Participation

Public Speaking

19 There were no public questions received at the meeting in accordance with Standing Order 21(1).

There were no public statements received at the meeting in accordance with Standing

Order 21(2).

Dorset Syrian Resettlement Programme

20 The Committee considered a report by the Director for Children's Services which provided an update on the Dorset Syrian Resettlement Programme.

Members were reminded that the Cabinet had decided in June 2016 that 6-8 families could be resettled in Dorset and this was likely to rise to ten families by December 2017. A further report would be considered by the Cabinet on 5 April 2017. A brief outline of how Syrian refugees were identified and the process followed for resettlement in the UK was given. This process was designed to identify the resources needed to support these families during their first twelve months including housing, health services, school places and English lessons to help them integrate. The important part played by the Dorset Councils Partnership and the Voluntary and Community Sector in the resettlement programme was highlighted, as was the recent article reported in the Dorset Echo.

In response to questions it was noted that part of the settlement programme identified areas where there were schools with vacancies so as not to add to pressures on oversubscribed schools, that there were instructions as to how the £8,500 funding could be used, that after the initial 12 months additional funding could be applied for with supporting evidence and that experience in other local authority areas had demonstrated that 12 months was long enough for families to be settled.

Further reports would be provided at the appropriate time.

The Committee had previously agreed to a review of Hate Crime and the Senior Democratic Services Officer was asked to facilitate a meeting between the Lead Member and Lead Officer to complete the scoping report.

Resolved

1. That the report be noted and further updates be provided at the appropriate time.
2. That the Senior Democratic Services Officer facilitate a meeting between the Lead Member and Lead Officer for the Hate Crime Review to complete the scoping report.

Quality and Cost of Care - Inquiry Day

21 (Note: Cllr Ros Kayes declared a pecuniary interest in this item as she (and others) had been awarded a contract for carers by the County Council. She left the room whilst discussion centre on carers.)

The Committee considered a report by the Interim Director for Adult and Community Services which provided a summary of the recent Inquiry Day into the cost and quality of care held on 13 February 2017. The Committee was asked to consider the findings and make any recommendations for the Cabinet to consider in due course.

The Chairman reminded members of the successful Inquiry Day which had brought together representatives from commissioners, providers, inspectors, health, services users and carers and all had benefitted from hearing each other's perspectives. The Committee now needed to establish the next steps and identify any recommendations for the Cabinet to consider.

The Interim Director for Adult and Community Services presented the report highlighting the key issues and themes identified during the Inquiry Day within the four individual Evidence sessions. She also updated members on work by the Dorset Clinical Commissioning Group and the County Council on the joint commissioning of a new contract for home care and residential care for older people which would be in place by December 2017. This was trying to address the issues of price, demand and quality of services between areas.

Having discussed the Evidence Sessions individually, issues and key themes, it was suggested that a Working Group be established to look at staff recruitment, retention, training, means of attracting staff to work in Dorset, key worker accommodation, potential staff benefits, respite care and perhaps working with other authorities on this. It was also suggested and agreed that the Group should look at work undertaken in Somerset where small groups of carers organised services for local people and review the contract between the County Council and Healthwatch to ensure that their profile relating to the quality of care was sufficiently high enough. Cllr Barrie Cooper was identified as the Lead Member and Cllrs Steve Butler, Ros Kayes, Fred Drane and David Walsh to form the Working Group, subject to election results.

It was also suggested that a further Working Group be established to look at investment in care, advice and its accessibility and support at home, although it was recognised that there was some potential overlap with the work of the Group established above. This Group would address the issue of lack of information, advice and accessibility generally and specifically for self-funders. It could also consider accessibility to information for those living alone and in isolated areas and review information accessible from the website.

The possibility of investing in new care homes which could also provide worker accommodation on site, and a hub service to look after people in their own homes was mentioned. Members were also keen that although there had been much talk about action in the past, there now needed to be a commitment to actually deliver.

The Interim Director for Adult and Community Services reported on the Proud to Care Campaign which was being run across the South West to address recruitment issues and which included the possible introduction of Care Worker Oscars. She suggested that the Working Group might like to consider this as part of their review.

Members were reminded that one of the Care Home providers in Dorset who had attended the Inquiry Day had invited members to visit his care homes. It was agreed that this would increase their understanding of care homes and better equip them to undertake the identified reviews. It was also noted that visits used to take place by members to Care Homes in their electoral divisions on a regular basis and, although this practice had not be continued, it was hoped that members could be encouraged to do this following the forthcoming elections.

With regard to the integration between health and social care and whether the Better Care Fund had resulted in any change, members agreed that this was an area for future scrutiny. They noted that it would be possible for the Committee or a Working Group to invite representatives from other organisations and interested parties to take part in such a review in order to improve outcomes for residents.

Resolved

1. The a Working Group be established to look at staff recruitment, retention, training, means of attracting staff to work in Dorset, key worker accommodation, potential staff benefits, respite care, the Healthwatch contract, the Proud to Care Campaign, work with other authorities and the work being undertaken in Somerset. The Group would comprise Cllr Barrie Cooper (Lead Member), Steve Butler, Ros Kayes, Fred Drane and David Walsh, subject to election results.
2. That a Working Group be established to look at investment in care, advice and support at home as set out in the minute above.
3. That members accept the invitation from a Care Home provider to visit its properties.
4. That the integration between health and social care, including the Better Care Fund, be added to the Work Programme as an area for scrutiny.

Recommended

That the Cabinet:-

1. Note the outcomes from the Inquiry Day in the cost and quality of care as set out in the interim Director's report.
2. Note the discussions outlined in the minute above and support the Committee's resolutions.

Reason for Recommendations

To promote independence and build on good practice to meet the predictable and growing challenges around the costs and quality of care in Dorset in years to come.

Work Programme

- 22 The Committee considered a report by the Chief Executive which detailed the updated work programme for 2016-17 and were asked to request additional items through the Chairman.

The Committee were reminded that at the last meeting it was agreed that, as Lead Members, Councillors Kayes and Wheller would identify scrutiny items relating to the Corporate Plan with John Alexander, the Lead Officer. A number of issues has been identified for possible future scrutiny including mental health, elderly care and delayed transfer of care as set out in the appendix to the report.

One member highlighted the reduction in the Special Education Needs Budget, its impact on schools and children, and the lack of transparency of the process that had led to this decision. Members, including the Cabinet Member for Health, Wellbeing and Communities, recognised the importance of this matter and agreed to it being added to the work programme and treated as a priority. Councillor Steve Butler was identified as the Lead Member and Jay Mercer as the Lead Officer. The Senior Democratic Services Officer was asked to arrange a meeting to complete the scoping document as a matter of urgency.

In response to a question about scrutiny training, it was explained that this would form part of the induction programme for members following the forthcoming County Council elections and that a further session to develop scrutiny skills was being scheduled for later in the year.

The role of the Overview and Scrutiny Management Board to help prioritise items for scrutiny was explained especially in allocating reviews which could be undertaken by more than one of the Overview and Scrutiny Committees. It highlighted that any members interested in particular reviews could take part regardless of which Overview and Scrutiny Committee they sat on. It was also noted that reviews could be progressed more urgently without reference to the main Committees and in between meetings.

Members agreed that an annual report be drafted to show the Committee's work and the outcomes achieved. Officers were asked to undertake this.

The Chairman thanked members for their contributions to the work and achievements of the Committee since its establishment in April 2016.

Resolved

1. That items of mental health, elderly care and delayed transfers of care be added to the work programme.
2. That an item on Special Education Needs Budget be added to the work programme as a priority.
3. That the Senior Democratic Services Officer arrange a meeting between Councillor Steve Butler, Lead Member, and Jay Mercer, Lead Officer, to complete

- the scoping report as a matter of urgency.
4. That officers draft an annual report on the work of the Committee and outcomes achieved.

Questions from County Councillors

23 No questions were asked by members under Standing Order 20(2).

Meeting Duration: 10.00 am - 11.25 am

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People and Communities Overview & Scrutiny Committee

Dorset County Council



Date of Meeting	26 June 2017
Officers	<p><u>Local Members</u> All Members <u>Lead Director</u> Helen Coombes, Transformation Programme Lead for Adult and Community Forward Together Programme</p>
Subject of Report	Progress on Matters Raised at Previous Meetings
Executive Summary	<p>This report records:-</p> <p>(a) Cabinet decisions arising from recommendations from the People and Communities Overview and Scrutiny Committee meetings; and</p> <p>(b) Outstanding actions identified at the last and previous meetings.</p> <p>Members are asked to note that any other actions arising from previous meetings are either addressed in reports submitted to this meeting or have been included in the Committee's work programme later on the agenda.</p>
Impact Assessment:	<p>Equalities Impact Assessment: N/A</p>
	<p>Use of Evidence: Information used to compile this report is drawn together from the Committee's recommendations made to the Cabinet, and arising from matters raised at previous meetings. Evidence of other decisions made by the Cabinet which have differed from recommendations will also be included in the report.</p>

Progress on Matters Raised at Previous Meetings

	<p>Budget: No VAT or other cost implications have been identified arising directly from this programme.</p>
	<p>Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: LOW Residual Risk: LOW</p>
	<p>Other Implications: None</p>
Recommendation	That Members consider the matters set out in this report.
Reason for Recommendation	To support the Council's corporate aim to provide innovative and value for money services.
Appendices	None
Background Papers	None
Report Originator and Contact	<p>Name: Helen Whitby, Senior Democratic Services Officer Tel: (01305) 224187 Email: h.m.whitby@dorsetcc.gov.uk</p>

Progress on Matters Raised at Previous Meetings

Date of Meeting	Minute Number and subject reference	Action Required	Responsible Persons	Completed (incl. comments)
20 March 2017	20	<p>Dorset Syrian Refugee Programme A further update will be provided at the appropriate time.</p>	<p>Lead Officer Patrick Myers, Assistant Director - Design and Development</p>	No date set for this.
	20	<p>Hate Crimes The Senior Democratic Services Officer was asked to arrange a meeting between the Lead Member and Leader Officer for the Hate Crime Review in order to progress the scoping document.</p>	<p>Lead Member: Cllr David Jones Lead Officer: Patrick Myers, Assistant Director – Design and Development</p>	The Scoping Report can be found at agenda item 12.
	21	<p>Quality and Cost of Care – Inquiry Day The Committee agreed Recommendations for the Cabinet.</p>	<p>Lead Member Cllr David Walsh Lead Officer Sally Wernick, Safeguarding and Quality Service Manager</p>	<p>The recommendations were considered on 5 April 2017 and the Cabinet resolved:-</p> <ol style="list-style-type: none"> 1. That the outcomes from the Inquiry Day in the cost and quality of care as set out in the interim Director’s report be noted. 2. That the discussions outlined in the People and Communities Overview and Scrutiny Committee meeting on 20 March 2017 be noted and the Committee’s resolutions be supported. 3. That the use of inquiry days, and more flexible engaging events, as part of the overview and scrutiny function be supported.

Progress on Matters Raised at Previous Meetings

		<p>A Working Group was established on Workforce and it was suggested that another review of information, advice and access was suggested.</p> <p>Members agreed to accept the invitation from a Care Home Provider to visit its properties.</p> <p>An item on the integration between Health and Social Care including the Better Care Fund has been added to the work programme for scheduling.</p>		<p>The scoping report for the Workforce Review can be found at agenda item 15. The other item has been added to the Work Programme at agenda item 13.</p> <p>This is yet to be arranged.</p> <p>Lead Members/Officers will need to be identified to complete the scoping reports for these reviews.</p>
	22	<p>Corporate Plan – Outcomes Focussed Monitoring Report Following a meeting between the Lead Members and the Lead Officer items on Mental Health, Elderly Care and Delayed Transfers of Care have been added to the work programme for scheduling.</p>	<p>Lead Members: Cllr Ros Kayes and Cllr Kate Wheller Lead Officer: John Alexander, Senior Assurance Manager - Governance and Assurance Services</p>	<p>Lead Members/officers will need to be identified to progress the individual scrutiny reviews.</p>
	22	<p>Special Educational Needs Budget Members identified this as an urgent item for review.</p>	<p>Lead Member Cllr Steve Butler Lead Officer Jay Mercer, Assistant Director – Prevention and Partnerships</p>	<p>The scoping report can be found at agenda item 11.</p>
	22	<p>Annual Report It was agreed that an Annual Report for the Committee should be drafted.</p>	<p>Lead Officer John Alexander, Senior Assurance Manager - Governance and Assurance Services</p>	<p>The draft report can be found at agenda item 8.</p>

People and Communities Overview and Scrutiny Committee

Dorset County Council



Date of Meeting	26 June 2017
Officer	<p><u>Local Member</u> David Walsh, Chairman</p> <p><u>Lead Director</u> Helen Coombes, Transformation Programme Lead for the Adult and Community Forward Together Programme</p>
Subject of Report	People and Communities Overview and Scrutiny Committee: Annual Report 2016-17
Executive Summary	It is widely recognised as best practice for a committee to compile and publish an annual report. This helps to summarise and communicate the key elements of the work of the committee. It communicates the committee’s purpose, the work it has been directly involved in and, perhaps most importantly, identifies the outcomes that have been achieved to strengthening the Council’s operating framework as a direct result of its involvement.
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Giving appropriate consideration to equalities is a key aspect of good governance, but there are no equalities issues arising directly from this report.</p>
	<p>Use of Evidence:</p> <p>This report is based on work undertaken by the People and Communities Overview Committee and the evidence used in its compilation is based on the formal minutes of the committee, the reports received by the committee, and the outcomes that have been delivered as a direct result of this work.</p>

	<p>Budget: None in the context of this specific report.</p>
	<p>Risk: Having considered the risks associated with this report using the County Councils approved risk management methodology, the level of risk has been identified as: Current: LOW Residual: LOW</p>
	<p>Other Implications: None</p>
Recommendation	That the committee scrutinises the Annual Report for 2016-17 and suggests any revisions prior to its publication.
Reason for Recommendation	Publication of an Annual Report by the committee is recognised as a best practice approach.
Appendices	People and Communities Overview and Scrutiny Committee Annual Report 2016-17
Background Papers	Minutes of the meetings of the committee during 2016-17
Officer Contact	<p>Name: John Alexander, Senior Assurance Manager Tel: (01305) 225096 Email: j.d.alexander@dorsetcc.gov.uk</p>

People and Communities Overview and Scrutiny Committee



Annual Report 2016-17

Foreword

It has been a privilege to chair this committee over the last year, working alongside proactive, enthusiastic members from all parties, and supported by very knowledgeable officers. The last year has seen exciting changes and challenges to the way that the overview and scrutiny committees work - a symbiotic relationship, though, ensured that no duplication occurred and that decisions did not simply move a problem from one service area to another. Scrutiny members worked across all committees, joining working parties and task and finish groups on issues where they had useful knowledge and experience, or simply a personal interest.

Being member led was imperative, enabling the committee to own and develop its own work programme, a flexible, living document that is reactive to the events and issues around us. For example, we scrutinised the possible impact of “Brexit” on levels of hate crime in the county, and although no increase was evidenced we will continue to monitor this.

A fresh way of focusing scrutiny has been to use “Outcomes Based Accountability”, a key methodology designed to get from ‘talk to action’ quickly, as the methodology actively encourages appropriate, timely, evidence based action to deliver improvement. OBA tries to use plain language and common-sense methods that everyone can understand.

It has worked well by directly involving those that have a key role to play in improving outcomes. It starts by getting colleagues and partners talking about a particular problem and discussing the ‘causes and forces’ at work behind the issue. Once these are properly understood, clear actions can then be agreed and assigned to help tackle and address any gaps. It was evidenced at the **Quality and Cost of Care** inquiry day, attended by all stakeholders: Commissioners, the NHS, the CCG, the CQC, providers, Healthwatch and service users. Not only was it beneficial for the panel of committee members to be able to ask focused questions to aid their understanding of the key issues, but also for the stakeholders themselves for it was the first time they actually had the opportunity to listen to each other’s issues and perspectives, which they found very helpful. It was a huge success which has informed further scrutiny.

I am looking forward to another year of scrutiny and a continued focus on improving outcomes for Dorset’s people.

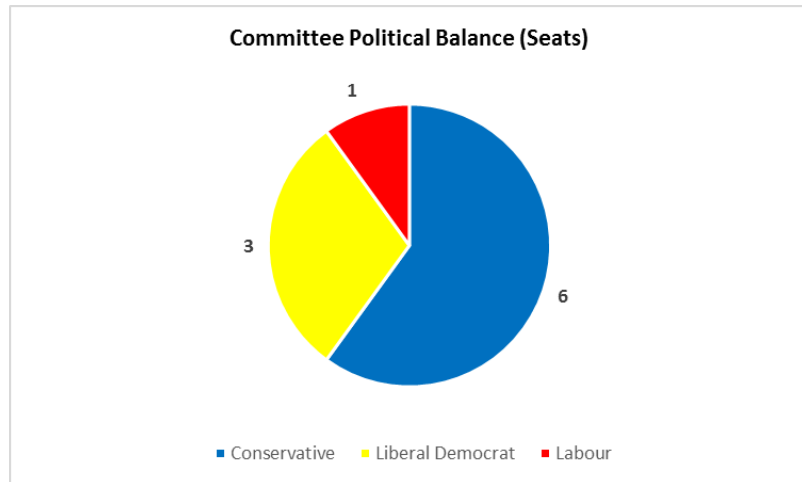


David Walsh

Chairman, People and Communities Overview and Scrutiny Committee

Committee Membership 2016-17

David Walsh (Chairman)
 Steve Butler (Vice-Chairman)
 Ronald Coatsworth
 Barrie Cooper
 Frederick Drane
 Spencer Flower
 David Jones
 Ros Kayes
 William Trite
 Kate Wheller



Background: Outcomes Focused Scrutiny

In April 2016 the County Council adopted a new Corporate Plan based on the outcomes that we are seeking for Dorset's people – that they are **safe, healthy and independent**, and that they benefit from a **prosperous** economy. Underpinning this is the firm commitment to work as One Council, alongside our partners and communities, to ensure the best possible outcomes for Dorset's people, even as the available resources diminish.

New approaches to service delivery require new approaches to overview and scrutiny. Scrutiny at the council historically reflected the directorate structures and were based around children's services, adult services and environment services. While this worked to an extent, its focus on services rather than outcomes meant no committee had oversight of thematic, cross-cutting issues, like independence. Senior leaders – both councillors and officers – were keen to break out of this model and focus on strategic outcomes, with greater involvement from local residents and partners.

To take this forwards, in 2015 a member-led "Task and Finish" review of the County Council's overview and scrutiny arrangements was established, and in February 2016 the council agreed that the future committee structure should be based on the new outcome focused Corporate Plan. Instead of focusing on a single directorate, as the old Overview Committees had done, three new Overview and Scrutiny Committees would each champion one or two corporate outcomes.

Three new committees were formed:

- Safeguarding Overview and Scrutiny Committee: *To ensure that people in Dorset are **safe**.*
- People and Communities Overview and Scrutiny Committee: *To ensure that people in Dorset are **healthy and independent**.*
- Economic Growth Overview and Scrutiny Committee: *To ensure that Dorset's economy is **prosperous**.*

Our councillors also decided to separate the 'audit' and 'scrutiny' functions, so the former Audit and Scrutiny Committee became the Audit and Governance Committee. This committee's primary purpose is to assess the governance, financial, performance, internal control and risk information from right across the authority. A new Overview and Scrutiny Management Board, comprising the Chairmen of the four new committees, was created to bring oversight and coordination to the whole process.

The rationale for the work was that councillors wanted to make sure that our committee system reinforces the corporate plan and uses the outcomes framework to ensure we work as one organisation to improve the lives of residents and communities (and also that they have a say in assessing how well this is done). It is a major change from how we worked historically, but changing the focus of each committee means meetings, debates, recommendations and decisions are aligned with the corporate plan, helping councillors and officers alike focus on what makes a real difference.

The changes also place councillors in the position of proactively *leading* investigations on the issues *they* want to consider, instead of our more traditional approach of officers taking the lead and deciding which reports are required.

The new committees met for the first time in June 2016. This Annual Report summarises the progress of the People and Communities Overview and Scrutiny Committee during its first year – the committee's purpose, the work it has been directly involved in, and the contributions it has made towards improving outcomes.

Purpose of committee

Delivering good outcomes for the residents and communities we serve through a constructive, proactive and objective approach to the consideration, scrutiny and review of policies, strategies, financial and performance issues.

Overview

- To review and develop policy at the Committee's own initiative or at the request of the Cabinet or the Public Health Joint Board and make recommendations to the Cabinet, Joint Committee or the Full Council.
- To oversee major consultations and make recommendations to the Cabinet, Joint Committee or the Full Council.
- To give advice on any matters as requested by the Cabinet or the Joint Committee.

Scrutiny

- To hold the Executive to account through a process that seeks and considers necessary explanations, information and evidence to ensure good outcomes for our residents and communities.
- Through proactive scrutiny inquiry work, to contribute to improving the lives of our residents and communities, through an active contribution to the Council's improvement agenda.
- To scrutinise key areas of strategic and operational activity and, where necessary, make recommendations to the Full Council, Cabinet or Joint Committee in respect of:
 - i) Matters which affect the Council's area or its residents
 - ii) Performance of services in accordance with the targets in the Corporate Plan or other approved service plans

- iii) Providing a clear focus on finding efficiency savings in accordance with requirements in the Council's financial strategy
- iv) Monitoring expenditure against available budgets and, where necessary, making recommendations to the Cabinet or the Joint Committee
- v) Considering proposed budget plans, service plans and any other major planning or strategic statements and making recommendations to the Cabinet or the Joint Committee

Specific responsibilities for the Committee are:

To exercise a proactive and effective overview and scrutiny of functions to ensure the effective delivery of the following two outcomes in the Corporate Plan:

People in Dorset are HEALTHY

- Children and families know what it means to be healthy and happy
- People adopt healthy lifestyles and lead active lives
- People enjoy emotional and mental wellbeing
- People stay healthy, avoiding preventable illness as they grow older
- People live in healthy, accessible communities and environments

People in Dorset are Independent

- Families are strong and stable and experience positive relationships
- Children and young people are confident learners and are successful as they grow into adulthood
- People remain happily independent and stay in their own homes for as long as possible
- People are part of inclusive communities and don't feel lonely or isolated
- People who do need help have control over their own care.

Key Outcomes: *What have we achieved and influenced?*

In order to try to give a flavour of the types of issues and the work that comes before the Committee for its consideration, the following provide examples of focussed and targeted assurance and scrutiny work which has been undertaken by the Committee during the year.

Quality and cost of care

The Committee looked at the growing challenges around the quality and cost of nursing and residential care, and discussed ways to better promote independence and community resilience. An Inquiry Day was held on 13 February 2017, involving the Council's quality improvement team, commissioners, providers, inspectors, service users, carers, Healthwatch, the Dorset Clinical Commissioning Group and the Care Quality Commission.

Afterwards the Interim Director for Adult and Community Services reported on the day's findings to the committee, highlighting the key issues and themes that had been identified, and updating members on the joint commissioning of a new contract for home care and residential care for older people by the County Council and the CCG which would be in place by December 2017. This was trying to address issues of price, demand and service quality.

The committee decided to set up a Working Group to look at staff recruitment and retention, training, key worker accommodation, staff benefits, respite care and joint working with other authorities. The Group would also look at work undertaken in Somerset, where small groups of carers organise services for local people and review the contract between the County Council and Healthwatch to ensure that their profile relating to the quality of care was high enough. Members agreed to accept the invitation from a Care Home provider to visit its properties. The Interim Director reported on the *Proud to Care* Campaign which was being run across the South West to address recruitment issues and which included the possible introduction of Care Worker 'Oscars'. She suggested that the Working Group might like to consider this as part of their review. In addition, a further Working Group was proposed which would address the issue of insufficient information and advice, in particular for self-funders, and also consider access to information for those living alone and in isolated areas.

With regard to the integration of health and social care, and whether the Better Care Fund had resulted in any positive change, members agreed that this was a worthwhile area for future scrutiny. They noted that it would be possible for the Committee or a Working Group to invite representatives from other organisations and interested parties to take part in such a review in order to improve outcomes for residents.

Hate crime

During the year the committee received two reports by the Assistant Director for Design and Development in Children's Services on hate crime in Dorset – firstly, to review the Council's response to hate crime and its legal duty to address discrimination, and secondly, to consider the latest report on the number and type of reported incidents of hate crime in the county.

The number of crimes was relatively low; while there had been an increase in incidents in all areas, numbers appeared to be falling again. Although figures given for incidents in Weymouth and Portland were the highest, as the largest conurbation in Dorset more incidents could be expected and officers agreed to include rates per 1,000 people in future reports so as to better reflect different demographics. Members discussed the report in detail and expressed concern about the possible increase in hate crime since the 'Brexit' referendum, and asked for regular updates so that the situation could be monitored.

Members were particularly concerned about the increase in hate crime against people with physical and learning disabilities and mental ill-health. The Children's and Adults Safeguarding Boards, and the Community Safety Partnership, were aware of this and more work was being done to look at the local impact of such crimes. The Assistant Director suggested that the

Committee might like to hold an Inquiry Morning to consider current and planned activity which helped the Council, working together with Dorset's Safeguarding Boards, the Community Safety Partnership, the Police and other partners to reduce hate crime and incidents. Members supported this and nominated an inquiry panel to scope the review with support from officers.

The Syrian Refugee Resettlement Programme

The committee also discussed a report by the Director for Children's Services which provided an update on the Dorset Syrian Resettlement Programme. Twelve unaccompanied children had been resettled in Dorset already, and it was noted that members had corporate parenting responsibility for any refugees under eighteen years old. The Cabinet Member for Learning and Skills said she would progress corporate parenting training for all members to help them to better understand this responsibility.

Up to ten Syrian refugee families were due to be resettled in Dorset by December 2017. The report described the process for identifying the right resources to support them during their first year, including housing, health services, school places and English lessons. Part of the settlement programme was to identify areas where there were schools with vacancies, so as not to add to pressures on oversubscribed schools. The important part played by the Dorset Councils Partnership and the Voluntary and Community Sector in the resettlement programme was emphasised. The committee asked for an update in 12 months' time to review progress.

Social isolation and community capacity

The Committee was keen to look at ways of helping to overcome social isolation and focus on the Council's work with communities, social capital and community development. The Head of ICT and Customer Services gave a presentation showing how digital technology could help to build community capacity, and showed a video about how social media could be used to get people to respond more quickly to emergencies.

Members acknowledged the part that digital technology could play in addressing social isolation and helping to build community capacity. The contribution that local members could make in helping communities to identify those in need and how to help them was also recognised. Examples of where this was already happening were given. It was also suggested that digital technology might help tackle current transport issues currently being addressed through the Holistic Transport Review. Members recognised that some invest-to-save funding might be needed to build community capacity, and that they had a role to play in sharing best practice with their communities.

Attention was drawn to some areas where broadband coverage was poor and the difficulties this posed for children's education, and those living in the more remote areas. A previous Policy Development Panel on Broadband had made eight recommendations to the Environment Overview Committee which could be further reviewed and scrutinised. They also noted that broadband take up was lowest in the most deprived areas. There was concern that local members were still not routinely being informed of action being taken in their divisions.

Whilst acknowledging the complexity of the issue, it was agreed that a Task and Finish Group should be established to look at setting up a pilot project in a deprived and isolated area where digital take up was lower, with a view to potentially rolling this out across Dorset. The Partnership for Older People Programme (POPPs) would be integral to this, and the Members' ICT Group would need to be made aware of the Task and Finish Group's work. Officers were asked to identify possible areas for the Group to concentrate on.

Community Offer for Living and Learning

During the year the Head of Early Help and Community Services presented two reports on progress with the Community Offer for Living and Learning. These included a draft business case for the proposals that reviewed how and where service users and local communities

could access services in future. The approach required working with community organisations and other public services, with pilot areas to explore and develop the approach suggested in Weymouth, Portland, Beaminster, Blandford, and possibly Ferndown.

It was emphasised that this was not just a property programme, but an initiative to enable local communities to help themselves. The future direction would be for more multi-functional buildings and fewer single purpose buildings. Further details would be developed through engaging with councillors and partners in pilot areas. One member commented on the importance of a 'one stop shop' to some people who needed to access a range of information quickly.

Members welcomed the efficient use of the Authority's resources, both people and buildings - and agreed that the proposals, if managed appropriately, would serve the community well and reduce expenditure. When considering how members could be further engaged in the process, it was agreed that a members' working group would be useful.

Mobile Library Service

The Head of Early Help and Community Services presented a report asking members to consider options for how mobile library services would be provided in the future. The County Council's Medium Term Financial Plan included savings for the library service and changes to the mobile service were therefore necessary.

The report considered the impact of any change on members of the public. Members were advised that the report's proposal would allow the County Council to focus the remaining mobile libraries on people unable to access the library service in any other way. For example, the service to residential homes and sheltered accommodation units would be maintained. Working with the Dorset Partnership for Older People Programme (POPP), isolated communities in rural areas had been identified, and it was proposed that POPPs would be further mobilised to help deliver services to these people. The use of Royal Voluntary Service (RVS) volunteers would also be extended. Consultation with the public and communities had been carried out during April and May 2016 and the Head of Early Help and Community Services reviewed the highlights of the consultation responses and advised that the unusual implementation timescale (December 2016 to March 2017) was to ensure that no service was withdrawn until an alternative community-led solution was available.

Members sought reassurance that services to the most vulnerable and isolated would continue, and they were satisfied that steps would be in place via the use of community groups, RVS, POPP or friends and neighbours before any services were withdrawn. They asked officers to speak to existing staff to identify vulnerable people to ensure that no one 'slipped through the cracks.' There was general acknowledgement that communities had to reclaim responsibility for their services and members were asked to encourage community schemes.

Registration Services

The Committee discussed the recommendations of the Policy Development Panel on the future of Registration Services. The Assistant Director for Early Help and Community Services highlighted the success of the Service, which was self-funding, and reminded members that the Panel had been established not only to tackle budget pressures, but also to address forthcoming legislative changes to marriage ceremonies.

On the basis of the Panel's work, the committee recommended that the service be developed in a more customer focussed way, through six office locations across Dorset (at Blandford, Bridport, Dorchester, Ferndown, Wareham and Weymouth) and outreach services at Gillingham, Sherborne and Swanage, subject to Town Council support being secured.

They also asked that officers be encouraged to develop a schedule of fees and charges based on a full cost recovery model in relation to ceremonies. They recommended that the 'Tell Us

Once' service for deaths should be retained, but the service for births be withdrawn as demand for this was much lower.

Local Government Reorganisation

The Committee was asked to scrutinise a report by the Chief Executive on the future of Local Government in Bournemouth, Dorset and Poole prior to it being considered by the County Council on 26 January 2017. The Chief Executive summarised: previous discussions of the subject at County Council meetings; the *Case for Change* report from PricewaterhouseCoopers; the financial analysis from Local Partnerships; the results of the public consultation; and the involvement of the Shaping Dorset's Future Group and the Leaders and Chief Executives Group, which had led to a common approach being agreed by all nine local authorities on the sustainability of local government in Dorset. Each of the councils would consider the report in January 2017. On the basis of the evidence, the report recommended the creation of two new unitary authorities, one based on Bournemouth, Christchurch and Poole, and one on East Dorset, North Dorset, Purbeck, West Dorset and Weymouth and Portland.

A range of views were expressed during the debate, and the following recommendations were agreed:

"That regard be paid to Christchurch Borough Council and, should that council so request, that Dorset County Council support the inclusion of Christchurch in the new Shire authority."

And:

"That the preparatory work with Town and Parish Councils begun by the Shaping Dorset's Future Group is further developed to enable a clear process by which downward devolution of powers to third tier authorities can be timetabled and managed."

The Monitoring Officer confirmed that these additional recommendations and members' comments would be considered by the County Council on 26 January 2017.

Corporate Plan: Outcomes Focused Monitoring

In line with its new focus on the County Council's Corporate Plan outcomes that people in Dorset are Healthy and Independent, the committee received a report giving data and commentary on a number of priority areas relating to health and independence in Dorset.

Members welcomed the report, because it provided areas of interest and concern and helped to identify areas for future scrutiny. There were initial discussions about SEN transport, rising levels of young people self harming, the need for psychological health education in schools and increased mental health services for children.

Following the meeting, two of the committee members met with the Senior Governance and Assurance Manager and completed a scoping report to help identify items for scrutiny for consideration at the Committee's next meeting. At that meeting, the issues identified in the scoping report - mental health, elderly care and delayed transfers of care – were added to the forward plan, to be considered by the committee when it convened following the May County Council elections.

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People and Communities Overview and Scrutiny Committee

Dorset County Council



Date of Meeting	26 June 2017
Officer	<p><u>Local Members</u> All Members</p> <p><u>Lead Directors</u> Helen Coombes, Transformation Programme Lead for the Adult and Community Forward Together Programme</p>
Subject of Report	<p>Corporate Plan:</p> <ul style="list-style-type: none"> • Draft Refresh 2017-18 • Outcomes Focused Monitoring Report, May 2017
Executive Summary	<p>Corporate Plan Draft Refresh 2016-17</p> <p>In April 2016 the County Council adopted a new Corporate Plan based on the outcomes that we are seeking for Dorset’s people – that they are safe, healthy and independent, and that they benefit from a prosperous economy. The People and Communities Overview and Scrutiny Committee has oversight of two of these corporate outcomes – Independent and Healthy.</p> <p>In May 2017, the One Council Group (i.e. the Corporate Leadership Team plus the Assistant Directors) approved a revised version for presentation to members. While the “SHIP” outcomes framework, and the single page format, have been retained, the revised version includes more objective and measurable indicators by which progress towards outcomes can be better understood, evaluated and influenced.</p> <p>The People and Communities Overview and Scrutiny Committee is asked to discuss the draft plan at Appendix A, and recommend this or an amended version to the Cabinet and through them to the County Council in July.</p>

	<p>Outcomes Focused Monitoring Report, May 2017</p> <p>Data for the “outcome indicators” for the “Healthy” and “Independent” outcomes in the draft Corporate Plan 2017-18 is summarised at Appendix B and analysed in detail at Appendix C.</p> <p>Members are encouraged to consider all of the indicators within the remit of this committee, scrutinise the evidence and commentaries provided, and decide if they are comfortable with the direction of travel. If appropriate, members may wish to consider a more in-depth review of specific areas. The Planning and Scoping document at Appendix D was developed last year to facilitate this process.</p>
<p>Impact Assessment:</p>	<p>Equalities Impact Assessment: There are no specific equalities implications in this report. However, the prioritisation of resources in order to challenge inequalities in outcomes for Dorset’s people is fundamental to both the Corporate Plan.</p>
	<p>Use of Evidence: The outcome indicator data in this report is drawn from a number of local and national sources, including the Adult Social Care Outcomes Framework (ASCOF) and the Public Health Outcomes Framework (PHOF). Corporate oversight and ownership of performance management information and processes is a key component of the terms of reference of the corporate Policy, Planning and Performance Group. There is a lead officer for each outcome on this group whose responsibility it is to ensure that data is accurate and timely and supported by relevant commentary.</p>
	<p>Budget: None in the context of this specific report. However the information contained herein is intended to facilitate evidence driven scrutiny of the interventions that have the greatest impact on outcomes for communities, as well as activity that has less impact. This can help with the identification of cost efficiencies that are based on the least impact on the wellbeing of customers and communities.</p>
	<p>Risk: Having considered the risks associated with this report using the County Council’s approved risk management methodology, the level of risk has been identified as:</p> <p>Current: Medium Residual: Low</p>
	<p>Other Implications: None</p>

<p>Recommendation</p>	<p>That the committee:</p> <ul style="list-style-type: none"> i) Considers and discusses the draft Corporate Plan at Appendix A, and recommends a final version to the Cabinet and through them to the County Council ii) Considers the evidence of Dorset’s position with regard to the outcome indicators in Appendix B and C; and: iii) Identifies any issues requiring more detailed consideration.
<p>Reason for Recommendation</p>	<p>The 2017-18 Corporate Plan provides an overarching strategic framework for monitoring progress towards good outcomes for Dorset. The Overview and Scrutiny committees provide corporate governance and performance monitoring arrangements so that progress against the corporate plan can be monitored effectively.</p>
<p>Appendices</p>	<ul style="list-style-type: none"> A. Draft Corporate Plan 2017-18 B. Population Indicators Summary May 2017 – Healthy and Independent C. Population Indicators Full Report May 2017 – Healthy and Independent D. Planning and Scoping Template
<p>Background Papers</p>	<p>None</p>
<p>Officer Contact</p>	<p>Name: John Alexander, Senior Assurance Manager Tel: (01305) 225096 Email: j.d.alexander@dorsetcc.gov.uk</p>

1. Draft Corporate Plan 2017-18

- 1.1 In April 2016 the County Council adopted a new Corporate Plan based on the outcomes that we are seeking for Dorset’s people – that they are **safe, healthy and independent**, and that they benefit from a **prosperous** economy. The People and Communities Overview and Scrutiny Committee has oversight of two of these corporate outcomes – **Independent** and **Healthy**.
- 1.2 Following the adoption of the corporate plan, a set of “population indicators” were selected to measure progress towards the four outcomes. No single agency is accountable for these indicators - accountability is shared between partner organisations and communities themselves. For each indicator, it is for councillors, officers and partners to challenge the evidence and commentaries provided, and decide if they are comfortable that the direction of travel is acceptable, and if not, identify and agree what action needs to be taken.

- 1.3 Throughout the year, and arising from discussions at member committees, CLT and at various Corporate Working Groups, these outcome indicators have been scrutinised and reviewed with a view to focusing on the most important. Various criteria were used, including:
- Which ones, if they improve, will “pull” and directly influence a number of others? E.g. obesity and alcohol “pull” cardiovascular disease and diabetes, since there is abundant evidence that obesity and excessive consumption of alcohol increase the risk of those conditions.
 - Are there any in the current suite for which no practical data source is available?
 - Which represent the greatest issues for Dorset?
 - Is there anything that we are missing?
- 1.4 At its May meeting, the One Council Group, comprised of the Chief Executive, Directors, and Assistant Directors, approved the revised list which is included in the draft 2017-18 draft Corporate Plan at Appendix A. The “outcome statements” that were in the 2016-17 Corporate Plan have been incorporated into additional commentary under each outcome. This has enabled the inclusion of the more objective and measurable indicators in the Corporate Plan, and clarified the relationship between the outcomes and the indicators. Other than that, the draft plan is largely unchanged since last year – the “SHIP” outcomes framework, and the single page format, have been retained as it continues to provide a clear and accessible vision for the Council.
- 1.5 The People and Communities Overview and Scrutiny Committee is asked to discuss the draft plan and recommend this or an amended version to the Cabinet and through them to the County Council in July. A Foreword to the Corporate Plan, by the Leader of the County Council and the Chief Executive, will be added shortly, and prior to publication.

2. Outcomes focused monitoring report, May 2017

- 2.1 Data for the “outcome indicators” for the “Healthy” and “Independent” outcomes in the draft Corporate Plan 2017-18 is summarised at Appendix B and analysed in detail at Appendix C. Live, up-to-date information on all of the indicators that support the corporate plan can be accessed on the [Dorset Outcomes Tracker](#) on Sharepoint. Councillors and officers can access this at any time, and it will also be available for real-time interrogation at committee meetings as and when required.
- 2.2 In June 2016, a Planning and Scoping document was presented to, and discussed by, all of the Overview and Scrutiny Committees as a suggested means for identifying issues requiring more detailed consideration by members and for initiating scrutiny review processes. This takes members through a process of specifying the purpose of any review, indicators of success and a defined methodology, and other considerations such as resource requirements, risks and timescales. As such it provides a clear purpose and rationale for more detailed scrutiny work.
- 2.3 Through such a process it will be possible for members to scrutinise not just progress towards outcomes, but the performance of County Council services in making positive contributions to those outcomes. Last year, after scrutinising the outcomes monitoring report, the committee completed a scoping report, following which “Delayed transfers from hospital care” and “Prevalence of mental ill-health” were added to the forward plan for the committee to consider following the May 2017 County Council elections.
- ### **2.4 What are the big issues in May 2017?**
- 2.4.1 Members are strongly encouraged to consider all of the indicators within the remit of this committee, and form their own view about whether more should be done to

improve particular outcomes. However, each outcome is sponsored by a Director or relevant lead officer, who will suggest particular areas of concern and future focus.

2.4.2 The sponsor for the **People in Dorset are Healthy** outcome is David Phillips, the Director of Public Health. The lead officer for the outcome is Jane Horne of Public Health Dorset. The current position with all of the “Healthy” indicators is summarised in Appendix B and analysed in detail in Appendix C.

2.4.3 Lead officers have suggested that the “Healthy” indicators which require the most focus and attention are as follows:

- Inequality in life expectancy at birth
- Under 75 mortality rate from cardiovascular disease

Overall the Dorset population is generally healthy, with most indicators of good health being similar to or better than the national average, and with significant improvements in death rates from preventable illnesses such as cardiovascular disease and infectious disease over the last century.

Whilst this general picture is positive, it does not reflect the experience of all people in Dorset and there remain significant differences in health outcomes across and within our communities. For example, life expectancy for males in one of the most deprived areas of the county (Melcombe Regis) is 73.2 years. In neighbouring Preston, one of the least deprived areas, life expectancy for males is 83.9 years – a huge difference of 10.7 years. Although not yet statistically significant, there has also been a sustained increase in inequalities in life expectancy for women over the last 5 years, perhaps because the health of women in poorer areas has worsened, or that it has improved only for women in the most affluent areas, or a combination of the two.

Despite improvements, cardiovascular disease remains a significant cause of ill-health and death. In Dorset, death rates for cardiovascular disease 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.

The dramatic reduction in cardiovascular deaths is 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, however, offset by the increase in obesity and reductions in physical activity which have driven a 500% increase in the numbers of people living with diabetes over the last five decades. This number continues to rise, so that an estimated 10% of the adult population will be living with diabetes by 2030. People with diabetes are up to five times more likely to have cardiovascular disease, and without any change in this trend, it is likely that we will see an increase in death rates from cardiovascular disease. Social isolation – a significant issue in Dorset, and one which this committee is focusing on – is also known to have a negative impact on life expectancy.¹

In themselves, life expectancy and cardiovascular disease are long term population indicators and members should not expect to see any immediate change in them. The issue is more about understanding and prioritising the work we and our partners do to deliver change. The Sustainability and Transformation Plan (STP) for Dorset recognises the gap in health and wellbeing within and across communities in Dorset and has identified a Prevention at Scale work plan to focus at a system level on improving inequalities, particularly in Cardiovascular disease and diabetes, alcohol and mental health with musculoskeletal disease. The County Council’s contribution to the STP may therefore be an area this committee chooses to scrutinise.

¹ <http://www.nature.com/news/social-isolation-shortens-lifespan-1.12673>

- 2.4.4 The sponsor for the People in Dorset are Independent outcome is Helen Coombes, Transformation Programme Lead for the Adult and Community Forward Together Programme. The lead officer is Sally Longman from Adult and Community Services. The current position with all of the “Independent” indicators is also summarised in Appendix B and analysed in detail in Appendix C.
- 2.4.5 Lead officers have suggested that the Independent indicator which requires the most focus and attention is as follows:
- Delayed Transfers of Care
- The Dorset position is unusual given our demographic (i.e. a high population of older people) and the number of hospitals serving our community, including out of county hospitals such as Yeovil and Salisbury. Although the total number of delayed transfers in Dorset has increased, the proportion that are “DCC accountable” has improved for delays over the last six months through targeted work to reduce the number of delayed days in Community Hospitals. 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.
- 2.4.6 Any criteria could be used for suggesting an indicator is worthy of special attention, but likely reasons include: the situation is getting worse in Dorset; Dorset is worse than other comparable areas; or the situation with the indicator is putting unsustainable pressure on service budgets, to the detriment of our ability to maintain good performance in other areas.

3. Next steps

3.1 Performance measures

Once the Corporate Plan is agreed, members will be presented with an additional suite of service performance measures, which will measure the County Council’s own specific contribution to, and impact upon, corporate outcomes. For example, one of the outcome indicators for the “Healthy” outcome is “Levels of physical activity in adults”. A performance measure for the County Council that would be likely to have an impact on this would be “The percentage of the Rights of Way network in good condition”, since it is likely that a good Rights of Way network will encourage residents to take exercise in Dorset’s countryside. An initial set of “Healthy” and “Independent” performance measures will be available for consultation at the next meeting of this committee.

3.2 Outcome delivery strategies

Also under development are outcome delivery strategies for each of the County Council’s four outcomes. These will establish a clear vision of “what good looks like” and set out the key challenges that need to be addressed to improve outcomes, drawing together the contributions that all of the Council’s directorates and services make. They will include hyperlinks to the [Dorset Outcomes Tracker](#), which will hold more in-depth analysis and data for lower geographical areas, and also hyperlinks to published service plans, where action plans and performance measures will be more extensively developed. This committee will be consulted on the “Healthy” and “Independent” delivery strategies later this year, before they are finalised.

People in Dorset are **HEALTHY**



People in Dorset are
HEALTHY


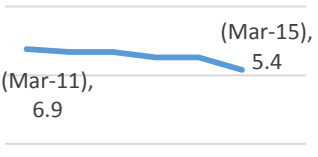

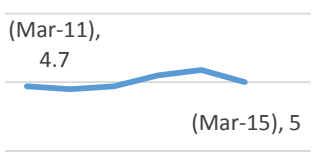

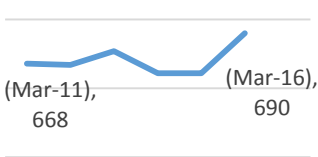

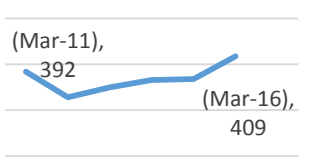



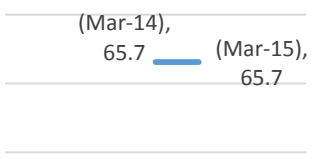

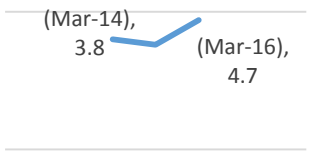
- Children and families know what it means to be happy and healthy
- People adopt healthy lifestyles
- People enjoy emotional and mental wellbeing
- People stay healthy as they grow older
- People live in healthy, accessible communities

SUMMARY

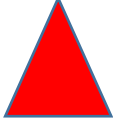
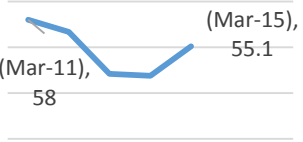

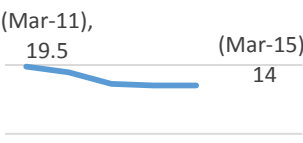

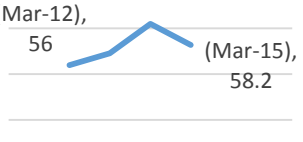
Share Your Views

If you want more information about how we are doing, share your views about the analysis or get involved in helping the council shape its future priorities you can email us at j.d.alexander@dorsetcc.gov.uk or d.trotter@dorsetcc.gov.uk, visit [Performance at Dorset County Council](#) or get in touch on twitter @DorsetCC

People in Dorset are **HEALTHY**

Description	Previous position	Latest position	Direction Of Travel	Progress – trend line	Benchmark
<u>01: Inequality in life expectancy at birth - Male</u> (The higher the number, the greater the inequality in life expectancy between the least deprived and most deprived areas)	6.3 2013-14	5.4 2015	 Improved	 (Mar-11), 6.9 (Mar-15), 5.4	BETTER 9.2 England Average
<u>02: Inequality in life expectancy at birth – Female</u> (The higher the number, the greater the inequality in life expectancy between the least deprived and most deprived areas)	5.9 2013-14	5.0 2015	 Worse	 (Mar-11), 4.7 (Mar-15), 5	BETTER 7 England Average
<u>03: Admission episodes for alcohol-related conditions – Male</u>	661 2014-15	690 2015-16	 Worse	 (Mar-11), 668 (Mar-16), 690	BETTER 827 England Average
<u>04: Admission episodes for alcohol-related conditions - Female</u>	384 2014-15	409 2015-16	 Worse	 (Mar-11), 392 (Mar-16), 409	BETTER 474 England Average
<u>05: Child excess weight in 4-5 years old</u>	23.5% 2014-15	21.5% 2015-16	 Improved	 (Mar-11), 24 (Mar-16), 21.5	WORSE 21.9% England Average
<u>06: Excess weight in Adults</u>	65.7% 2011-13	65.7% 2013-15	 No Change	 (Mar-14), 65.7 (Mar-15), 65.7	SIMILAR 64.8% England Average
<u>07: Long term mental health problems (GP patient survey) % of respondents</u>	3.8% 2014-15	4.7% 2015-16	 Improved	 (Mar-14), 3.8 (Mar-16), 4.7	WORSE 5.2% England Average

People in Dorset are **HEALTHY**

Description	Previous position	Latest position	Direction Of Travel	Progress – trend line	Benchmark
08: Under 75 mortality rate from cardiovascular diseases considered preventable - Male	51.9% 2011-13	55.1% 2013-15	 Worse	 (Mar-11), 58 (Mar-15), 55.1	BETTER 76.7% England Average
09: Under 75 mortality rate from cardiovascular diseases considered preventable - Female	15% 2011-13	14% 2013-15	 Improved	 (Mar-11), 19.5 (Mar-15), 14	BETTER 26.5% England Average
10: Physical activity in adults	60.5% 2013-14	58.2% 2014-15	 Worse	 (Mar-12), 56 (Mar-15), 58.2	BETTER 57% England Average

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People in Dorset are **INDEPENDENT**



People in Dorset are
INDEPENDENT


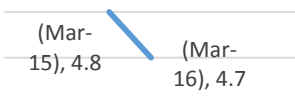

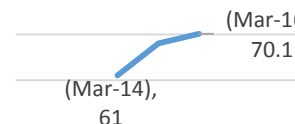


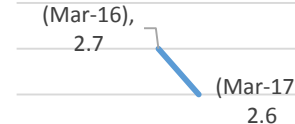

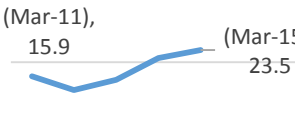

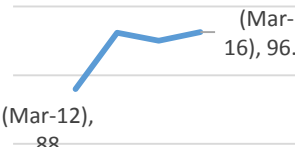
- Families are strong and stable
- Children and young people are confident learners
- People remain happily independent and stay in their own homes
- People are part of inclusive communities
- People who do need help have control over their own care

SUMMARY


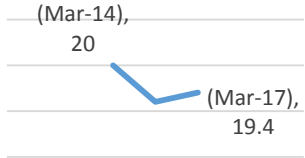
Share Your Views

If you want more information about how we are doing, share your views about the analysis or get involved in helping the council shape its future priorities you can email us at j.d.alexander@dorsetcc.gov.uk or d.trotter@dorsetcc.gov.uk, visit [Performance at Dorset County Council](#) or get in touch on twitter @DorsetCC

People in Dorset are **INDEPENDENT**

Description	Previous position	Latest position	Direction Of Travel	Progress – trend line	Benchmark
01: Rate of absence from school	4.8 2014-15	4.7 2015-16	 Improved		WORSE 4.5 England Average
02: Percentage of children achieving expected level at Early Years Foundation Stage	68% 2015	70.1% 2016	 Improved		BETTER 69.5% England Average
03: Key Stage 2 achievement rates	No Data	45% 2016			WORSE 52% England Average
04: Percentage of 16-18 year olds in jobs without training (NEET)	2.7% 2016	2.6% 2017	 Improved		BETTER 2.9% England Average
05: The rate of delayed transfers from hospital care	21.2 2014-15	23.5 2015-16	 Worse		WORSE 18.6 England Average
06: The rate of volunteering in Dorset					TBA
07: Proportion of clients given self-directed support	95% 2015-16	96.3% 2016-17	 Improved		BETTER 86.9% England Average

People in Dorset are INDEPENDENT (Cont'd)

Description	Previous position	Latest position	Direction Of Travel	Progress – trend line	Benchmark
08: Proportion of clients given direct payments	19.2% 2015-16	19.4% 2016-17	 Improved	 <p>(Mar-14), 20 (Mar-17), 19.4</p>	WORSE 28.1% England Average

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POPULATION INDICATORS

Data and Commentary



Report as at July 2017



Dorset Outcomes Framework

People in Dorset are

HEALTHY

People in Dorset are HEALTHY



01: Inequality in Life expectancy at birth – male



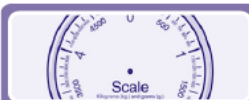
02: Inequality in Life expectancy at birth – female



03: Admission episodes for alcohol-related conditions – male



04: Admission episodes for alcohol-related conditions – female



05: Child excess weight - 4-5 years old



06: Excess weight in Adults



07: Long term mental health problems (GP patient survey) % of respondents



08: Under 75 mortality rate from cardiovascular diseases considered preventable - male



09: Under 75 mortality rate from cardiovascular diseases considered preventable - female



10: Physical activity in adults

People in Dorset are **HEALTHY**



People in Dorset are
HEALTHY

- Children and families know what it means to be happy and healthy
- People adopt healthy lifestyles
- People enjoy emotional and mental wellbeing
- People stay healthy as they grow older
- People live in healthy, accessible communities


Our Values



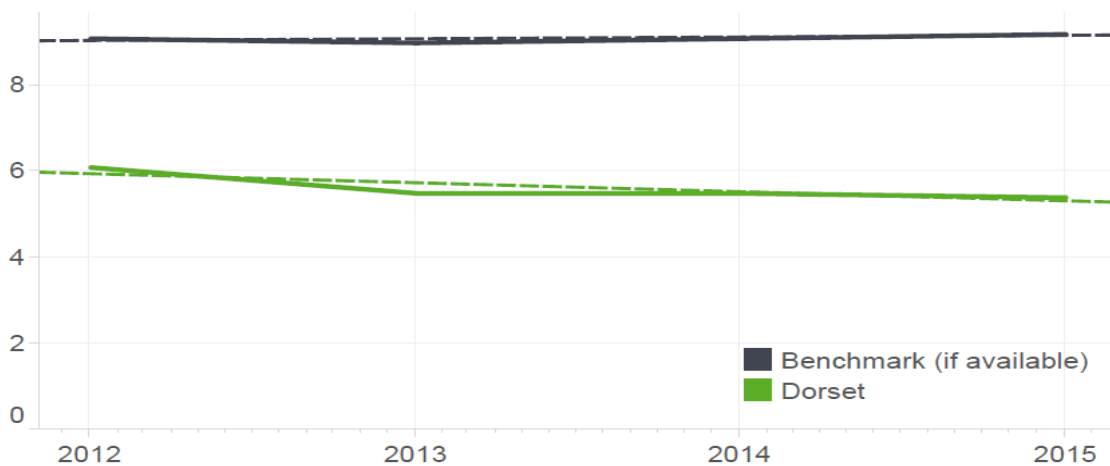
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01: Inequality in Life expectancy at birth – male

HEALTHY Outcome Sponsor			David Phillips		
Outcome Lead Officer			Jane Horne		
Population Indicator Lead Officer			David Lemon		
Latest (2015)	Male 5.4	Direction Of Travel	 Improved	Benchmark (England)	BETTER (Male) 9.2 (Average)

01: Inequality in Life expectancy at birth - male




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 it has improved only for women in the most affluent areas, or a combination of both.

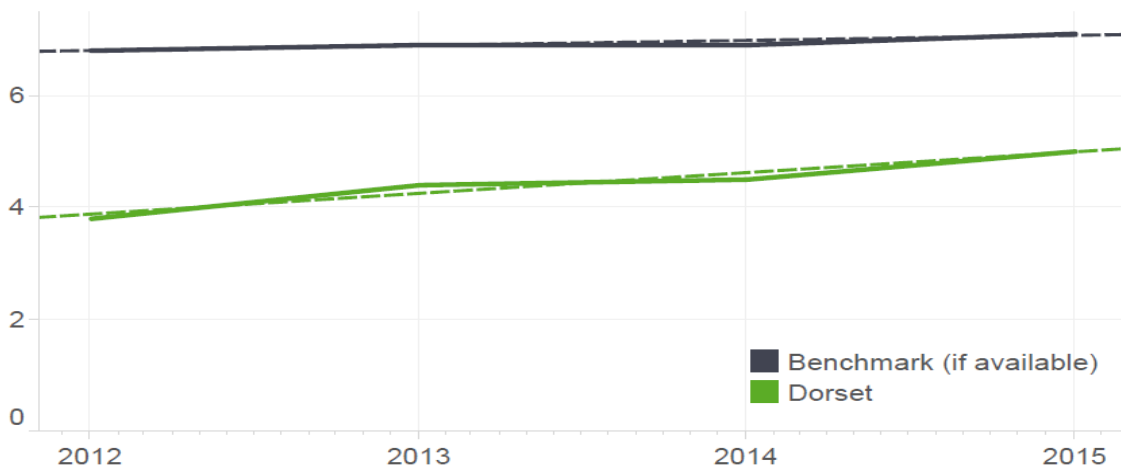
Partners with a significant role to play: Health and social care, and education services, as well as the voluntary sector all key partners in this at both strategic and operational levels.



02: Inequality in Life expectancy at birth – female

HEALTHY Outcome Sponsor			David Phillips		
Outcome Lead Officer			Jane Horne		
Population Indicator Lead Officer			David Lemon		
Latest (2015)	Female 5.0	Direction Of Travel	 Worse	Benchmark (England)	BETTER (Female) 7 (Average)

02: Inequality in Life expectancy at birth - female



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.


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

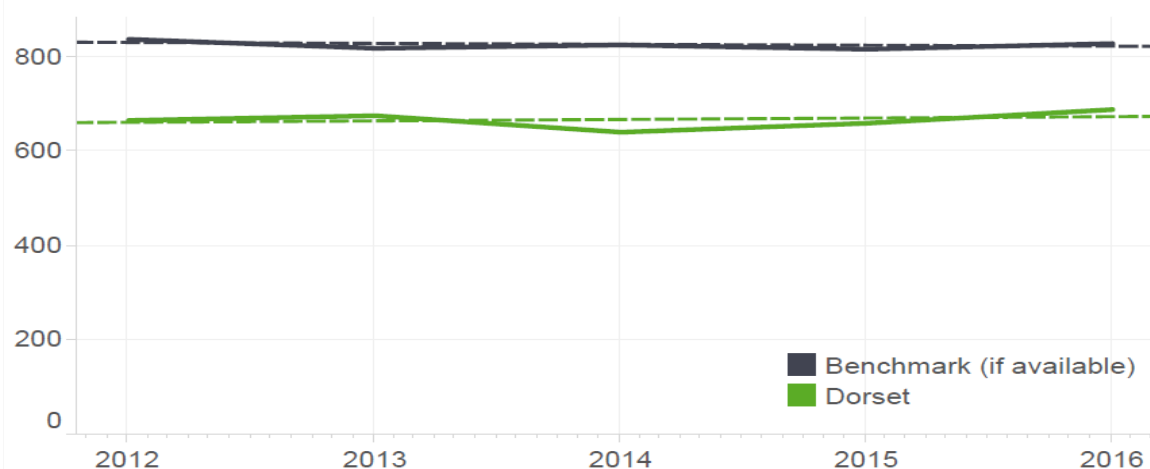
Partners with a significant role to play: Health & social care, and education services, as well as the voluntary sector all key partners in this at both strategic and operational levels.



03: Admission episodes for alcohol-related conditions – male

HEALTHY Outcome Sponsor			David Philips		
Outcome Lead Officer			Nicky Cleave		
Population Indicator Lead Officer			Will Haydock		
Latest (2015-16)	Male 690	Direction Of Travel	 Worse	Benchmark (England)	BETTER (Male) 827 (Average)

03: Admission episodes for alcohol-related conditions - male




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.

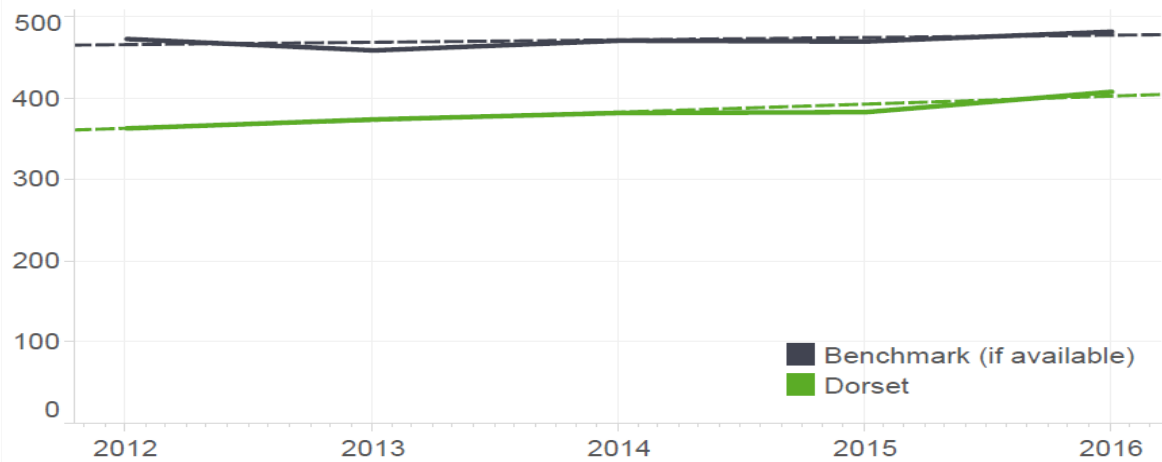
Partners with a significant role to play: Dorset Clinical Commissioning Group (CCG), Dorset Healthcare University Foundation Trust (providers of treatment services and health visiting / school nursing), Dorset County Hospital, Poole Hospital, The Royal Bournemouth and Christchurch Hospital, Schools and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



04: Admission episodes for alcohol-related conditions – female

HEALTHY Outcome Sponsor			David Philips		
Outcome Lead Officer			Nicky Cleave		
Population Indicator Lead Officer			Will Haydock		
Latest (2015-16)	Female 409	Direction Of Travel	 Worse	Benchmark (England)	BETTER (Female) 474 (Average)

04: Admission episodes for alcohol-related conditions - female




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.

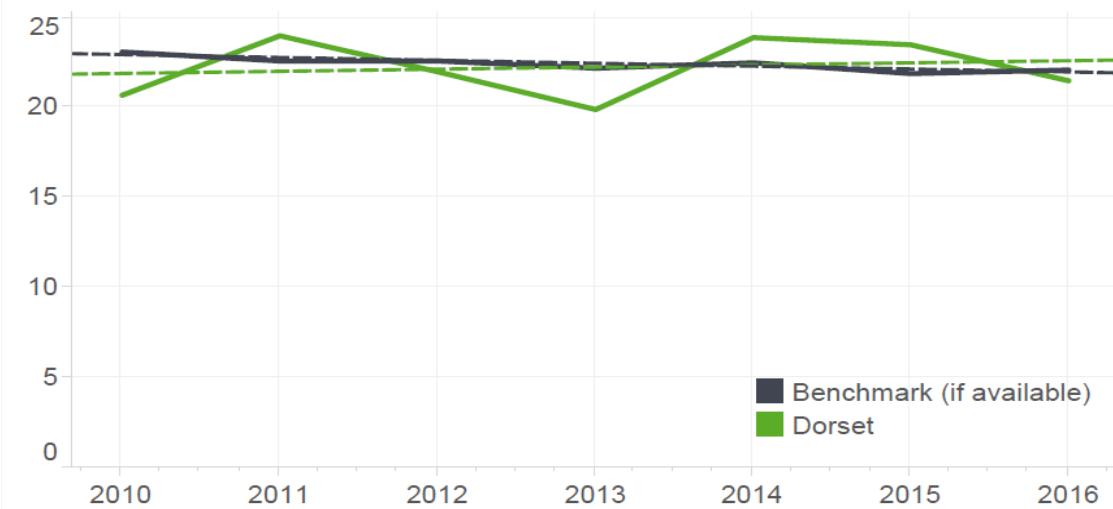
Partners with a significant role to play: Dorset Clinical Commissioning Group (CCG), Dorset Healthcare University Foundation Trust (providers of treatment services and health visiting / school nursing), Dorset County Hospital, Poole Hospital, The Royal Bournemouth and Christchurch Hospital, Schools and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



05: Child excess weight - 4-5 years old

HEALTHY Outcome Sponsor			David Philips		
Outcome Lead Officer			Jane Horne		
Population Indicator Lead Officer			Dave Lemon		
Latest (2015-16)	21.5	Direction of Travel	 Improved	Benchmark (England)	BETTER 21.9 (Average)

05: Child excess weight - 4-5 years old




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.

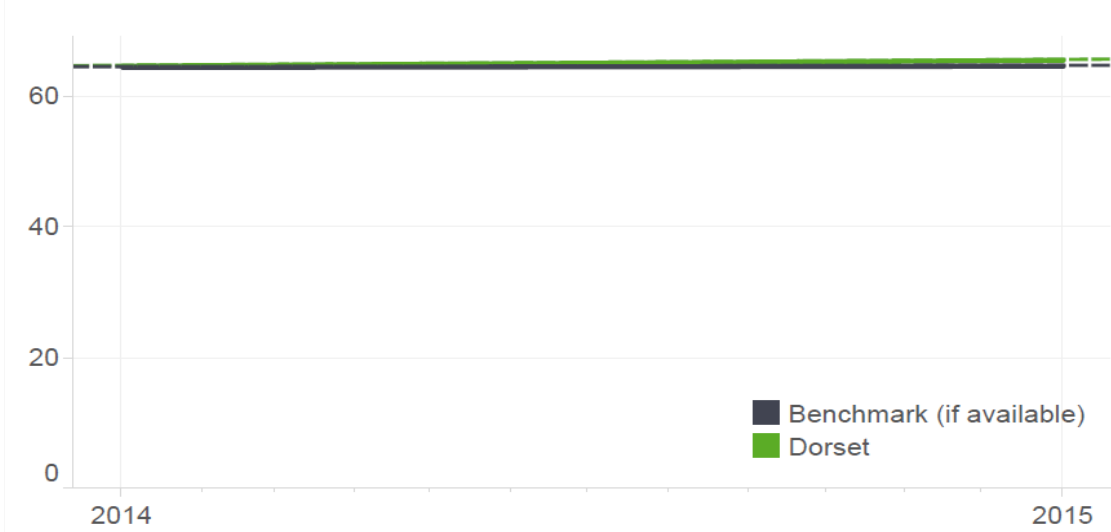
Partners with a significant role to play: Schools – academies and local authority run, Children's centres, Dorset county council departments including transport and education, District council departments including planning, leisure services and environmental health, Dorset CCG and GP's, Acute hospital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



06: Excess weight in Adults

HEALTHY Outcome Sponsor			David Philips		
Outcome Lead Officer			Jane Horne		
Population Indicator Lead Officer			Dave Lemon		
Latest (2013-15)	65.7	Direction of Travel	 No change	Benchmark (England)	SIMILAR 64.8 (Average)

06: Excess weight in Adults




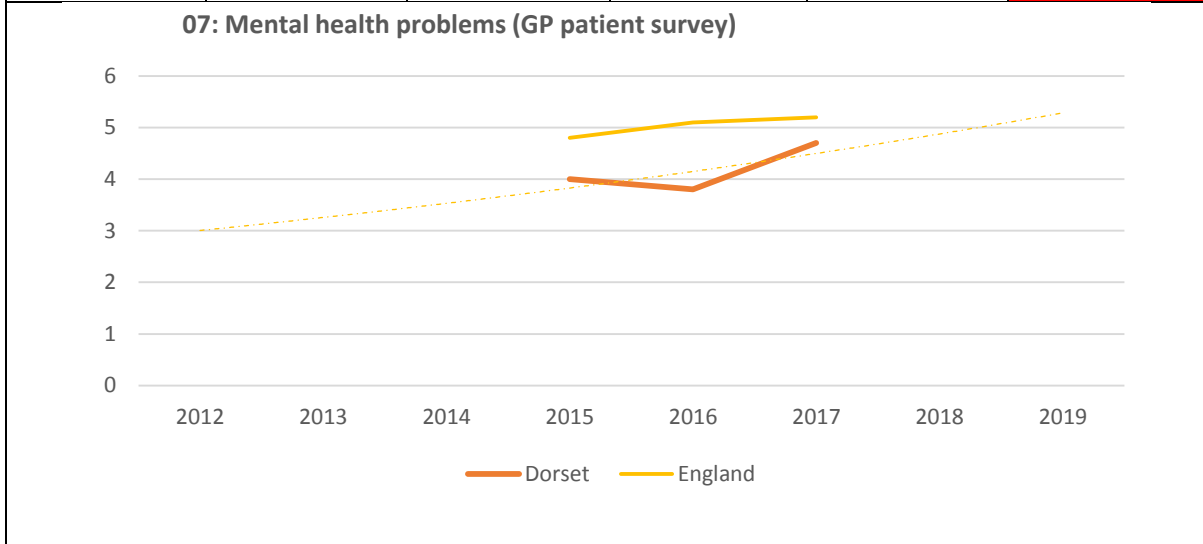
Story behind the baseline: Since the 1990's, rates of excess weight (overweight and obesity) has risen across England, so much so that England now has one of the highest rates of obesity in Europe. In Dorset, levels of excess weight are now 65.7% for adults. Income, social deprivation and ethnicity all 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 can 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.



07: Long term mental health problems (GP patient survey) % of respondents

HEALTHY Outcome Sponsor			David Philips		
Outcome Lead Officer			Peter Moore		
Population Indicator Lead Officer			Claire Shiels/Nicky Cleave		
Latest (2015-16)	4.7%	Direction of Travel	 Improved	Benchmark (England)	WORSE 5.2% (Average)




Story behind the baseline: Knowledge of how many people state that they have a long-term mental health problem contributes to building up the local picture of prevalence. It may also highlight gaps between diagnosed and undiagnosed prevalence in a local area. The data is taken from the question in the GP Patient Survey "Which, if any, of the following medical conditions do you have?" who answered "Long-term mental health problem". Because there have historically been issues recording mental health conditions, any increasing trends may not necessarily indicate a decrease in population mental health, but rather improved recording.

Source: Mental Health JSNA profile <https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna>

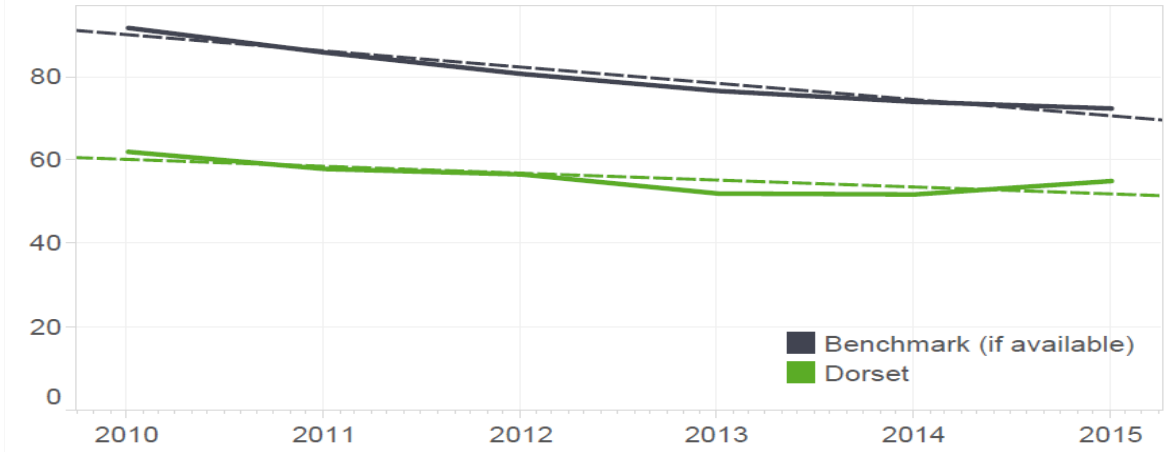
Partners with a significant role to play: Dorset Clinical Commissioning Group (CCG), Dorset Healthcare University Foundation Trust (providers of treatment services and health visiting / school nursing), Dorset County Hospital, Poole Hospital, The Royal Bournemouth and Christchurch Hospital, Schools and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



08: Under 75 mortality rate from cardiovascular diseases considered preventable - male

HEALTHY Outcome Sponsor			David Philips		
Outcome Lead Officer			Jane Horne		
Population Indicator Lead Officer			Dave Lemon		
Latest (2013-15)	Male 55.1	Direction Of Travel	 Worse	Benchmark (England)	BETTER (Male) 76.7 (Average)

08: Under 75 mortality rate from cardiovascular diseases considered preventable - male




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.

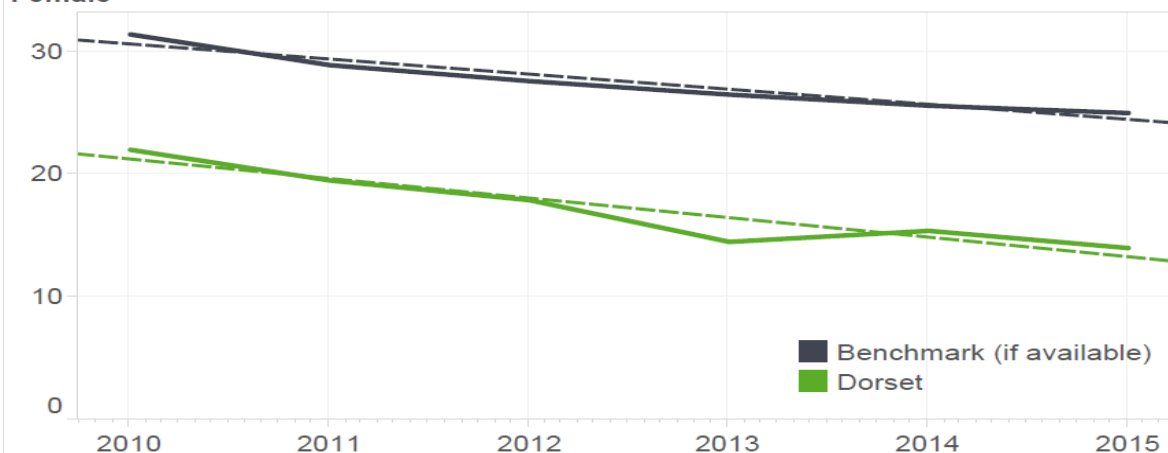
Partners with a significant role to play: In order to influence the factors identified as contributory to premature deaths from diabetes and CVD we have identified a wide range of key partners and stakeholders we need to work with including Dorset CCG, Dorset County Hospital, Poole Hospital, Royal Bournemouth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



09: Under 75 mortality rate from cardiovascular diseases considered preventable - female

HEALTHY Outcome Sponsor			David Philips		
Outcome Lead Officer			Jane Horne		
Population Indicator Lead Officer			Dave Lemon		
Latest (2013-15)	Female 14	Direction Of Travel	 Improved	Benchmark (England)	BETTER (Female) 26.5 (Average)

09: Under 75 mortality rate from cardiovascular diseases considered preventable - Female




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.

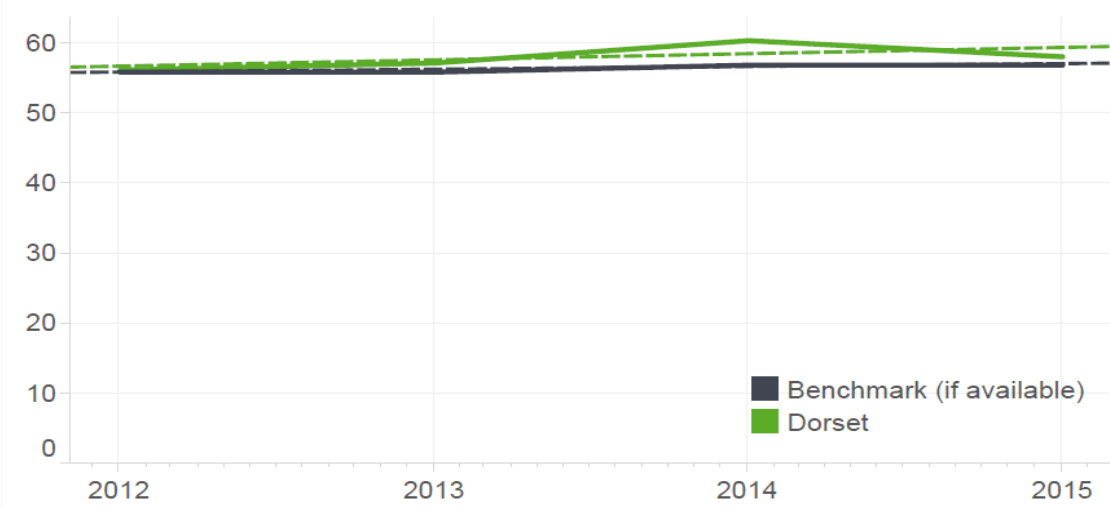
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10: Physical activity in adults

HEALTHY Outcome Sponsor			David Philips		
Outcome Lead Officer			Paul Leivers		
Population Indicator Lead Officer			David Lemon		
Latest (14-15)	58.2%	Direction of Travel	 Worse	Benchmark (England)	BETTER 57% (Average)

10: Physical activity in adults



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: Dorset Clinical Commissioning Group (CCG), Dorset Healthcare University Foundation Trust (health visiting/school nursing), Schools and colleges, GP practices, Voluntary and Community Sector providers and Live-Well Dorset.

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Dorset County Council



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



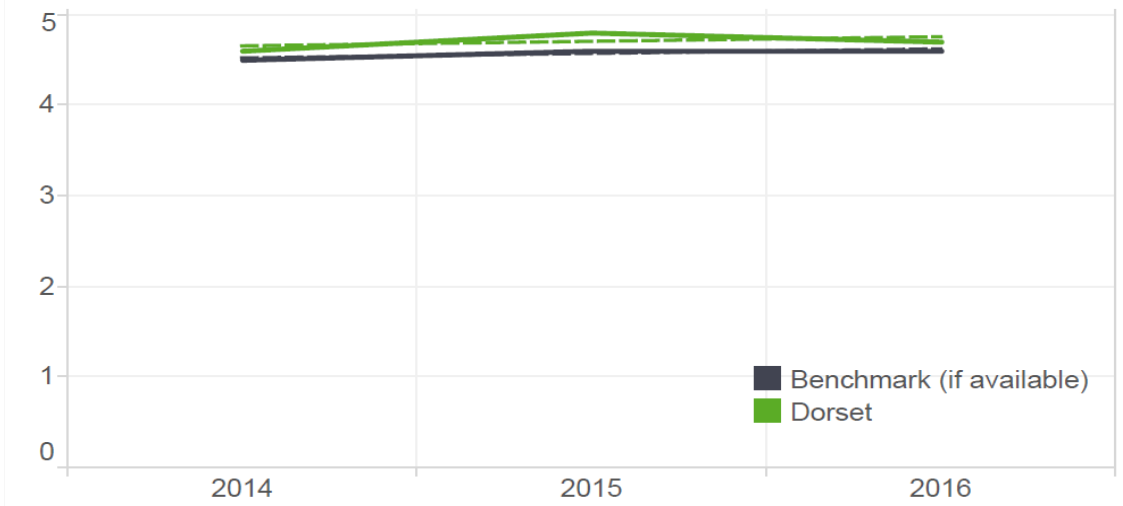
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01: Rate of absence from school

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

01: Rate of absence from school



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.

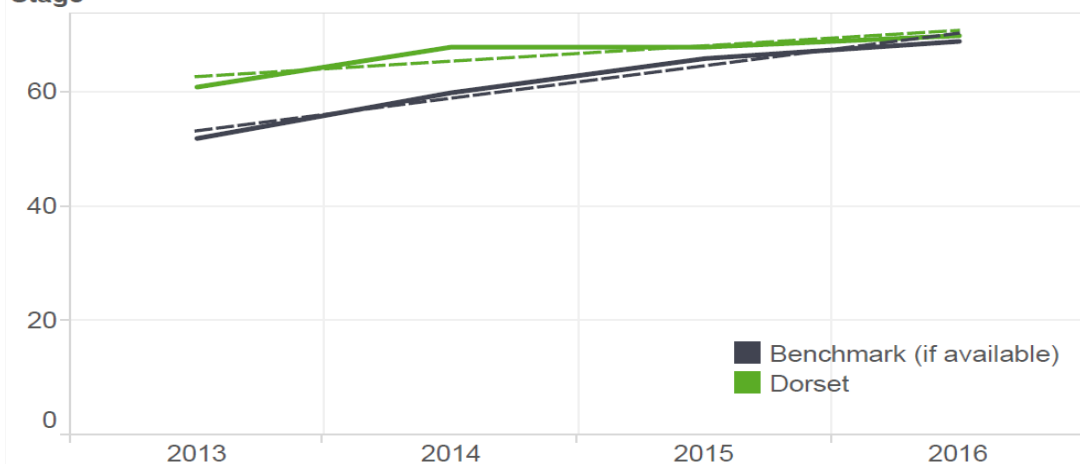
Partners with a significant role to play: Schools, school governors, parents/carers, alternative education providers, voluntary and community sector, youth providers, early year's settings, children's centres, health visitors, police, youth offending service.



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

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

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



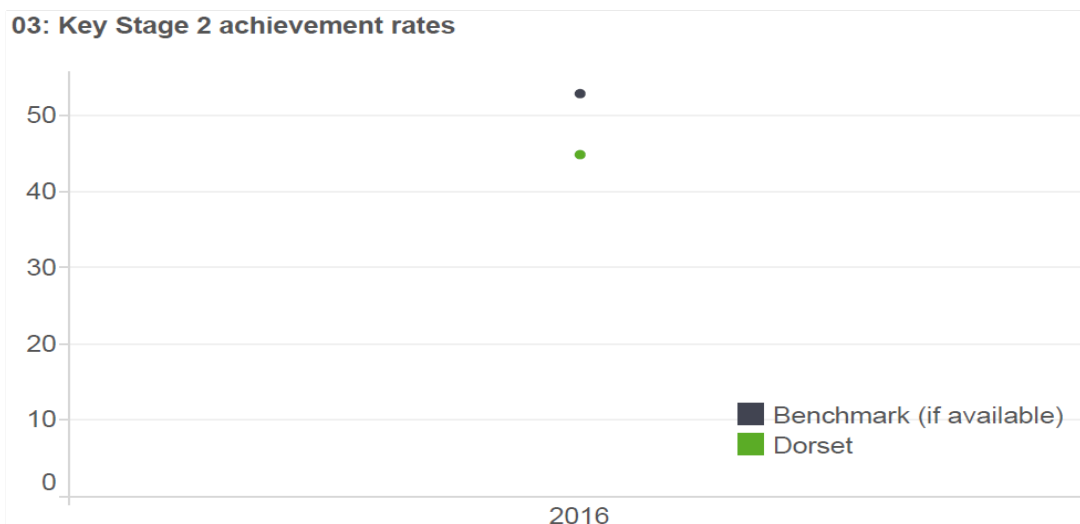
Story behind the baseline: This indicator helps us to understand school readiness and is made up of the building blocks for child development. School readiness starts at birth with the support of parents and carers, when young children acquire the social and emotional skills, knowledge and attitudes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



03: Key Stage 2 achievement rates


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



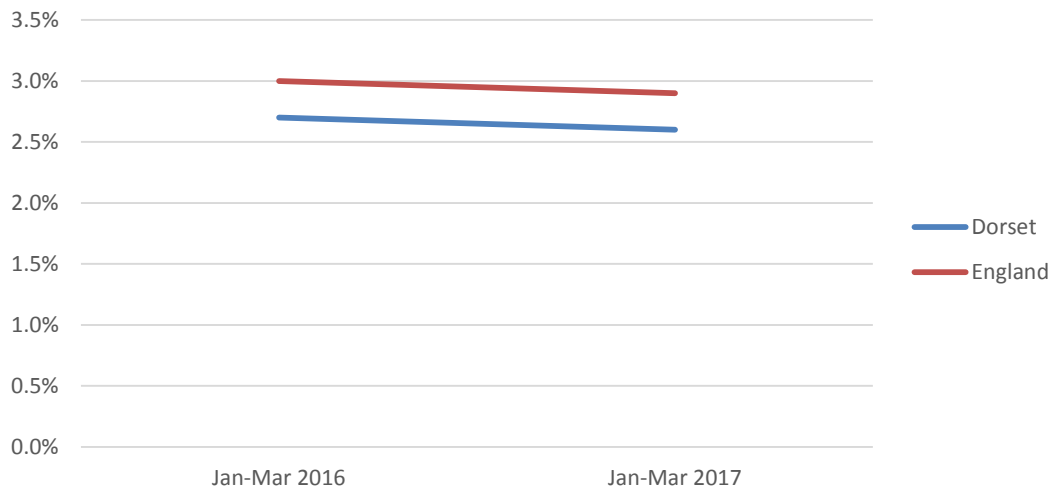
Story behind the baseline: 2016 saw a new assessment system at Key Stage 2. National Curriculum levels have been removed in favour of a system based on pupils achieving an expected or higher standard. In addition children sitting the tests in 2016 were the first to be taught and assessed under a new 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.

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

04: Percentage of 16 - 17 year olds NEETs




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.

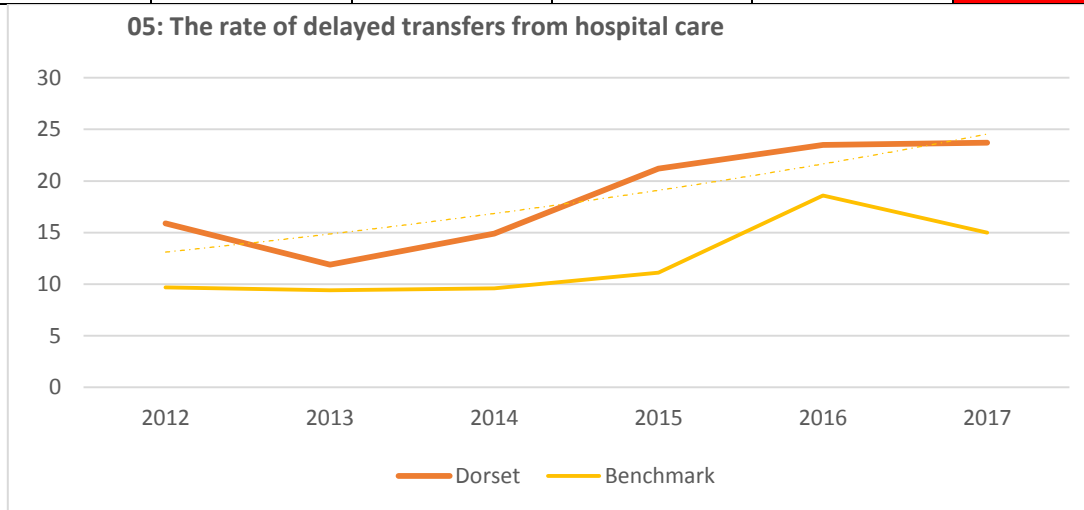
The number of young people who NEET and seeking work is lower than England (Dorset 1.6%; England 1.9%). The proportion of young people who are NEET and not available to the labour market due to illness, pregnancy or parenthood is low and reflects the national proportions.

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).



05: The rate of delayed transfers from hospital care

INDEPENDENT Outcome Sponsor			Helen Coombes		
Outcome Lead Officer			Sally Longman		
Population Indicator Lead Officer			Harry Capron		
Latest (2016-17)	23.7	Direction of Travel	 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.

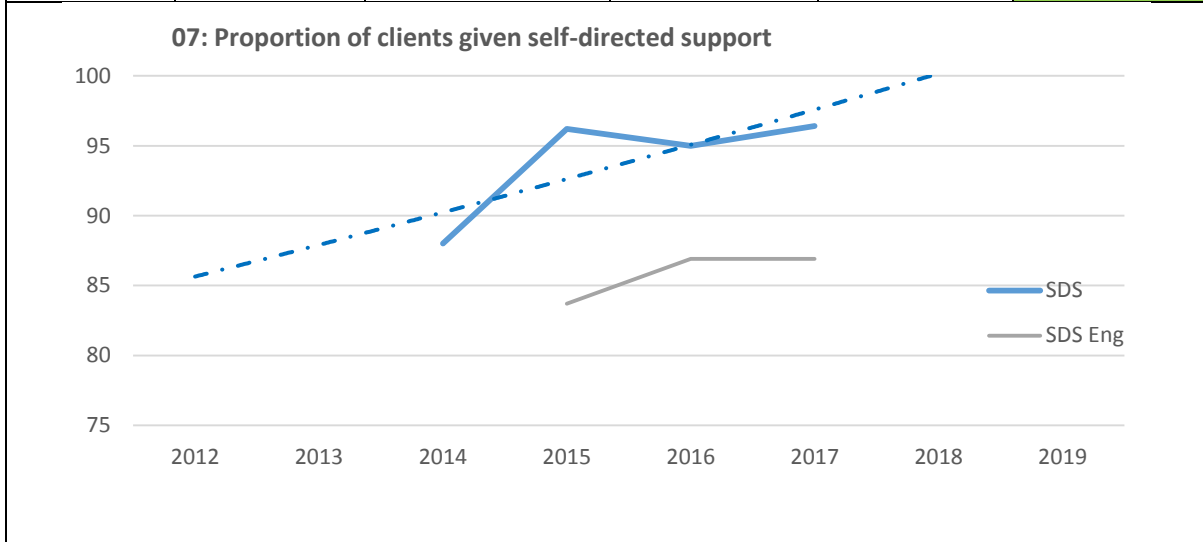
A recent initiative to help people to find their own care to make discharge plans through the brokerage service is having a positive impact on recent performance figures.

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.



07: Proportion of clients given self-directed support

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




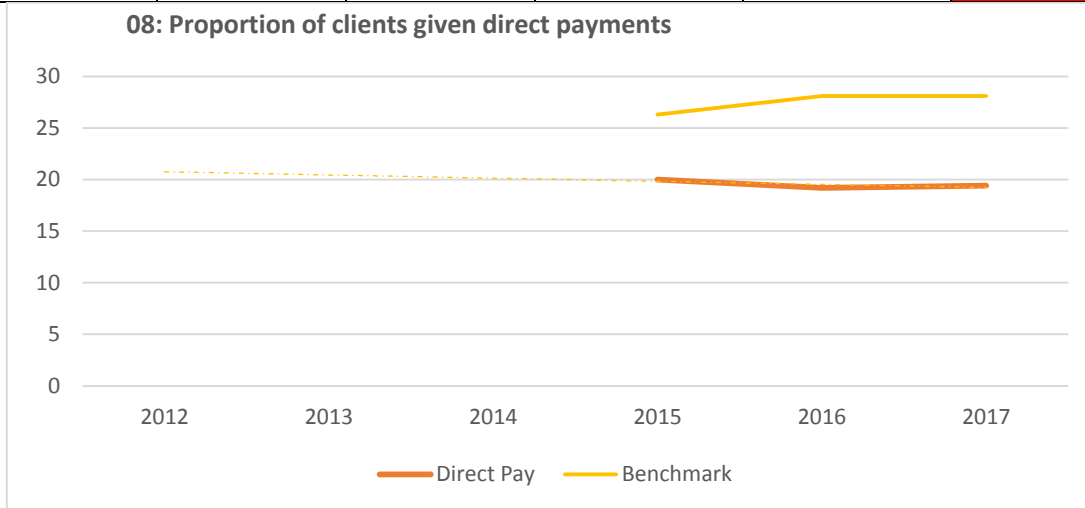
Story behind the baseline: Promotional work has been undertaken to keep the strong focus on personalisation. All cases are being looked at with a view to how they are to be managed in the future. New care pathways/interventions are also being designed by partner organisations and once established the 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.



08: Proportion of clients given direct payments

INDEPENDENT Outcome Sponsor			Helen Coombes		
Outcome Lead Officer			Sally Longman		
Population Indicator Lead Officer			Harry Capron		
Latest (2016-17)	19.4%	Direction of Travel	 Improved	Benchmark (England)	WORSE 28.1% (Average)



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.

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Scrutiny Review - Planning & Scoping Document

<p>What is the Purpose of the Review?</p> <ul style="list-style-type: none"> • Specify exactly which Outcome(s) the review is examining? • Also being clear what the review is <u>not</u> looking at • What is the Scrutiny Review seeking to achieve? • Where possible refer to VFM issues of service cost, service performance and/or customer satisfaction. 	<p style="text-align: center;"><u>GUIDANCE</u></p> <p><i>What are we looking to achieve from the review and how does this relate to the Corporate Plan?</i></p> <p><i>Clearly identify the relevant Corporate Plan & Priority Outcome: OUTCOME : (E.g. Safe, Healthy, Independent, Prosperous) PRIORITY: (specify the relevant Outcome statement from the Corporate Plan).</i></p> <p><i>Outcome Measure(s) – List the supporting Population Indicator(s) and Performance Measure(s) for this topic.</i></p> <p><i>Supporting Rationale – Include a brief narrative to set the background and content to justify the purpose of the review.</i></p>
<p>What are the Criteria for Selection?</p> <ul style="list-style-type: none"> • Why has this particular topic been considered to be a priority issue for scrutiny? • Which of the principle criteria promoted by the Centre for Public Scrutiny does it satisfy? 	<p><i>Four core principles have been established (by the Centre for Public Scrutiny) to help people understand the most important qualities of scrutiny and accountability;</i></p> <ol style="list-style-type: none"> 1. <i>Constructive ‘critical friend’ challenge</i> 2. <i>Amplifies the voices and concerns of the public</i> 3. <i>Led by independent people who take responsibility for their role.</i> 4. <i>Drives improvement in public services</i> <p><u><i>Scrutiny review prioritisation assessment criteria:</i></u></p> <ol style="list-style-type: none"> 1. <i>Is the topic/issue likely to have a significant impact on the delivery of council services?</i> 2. <i>Is the issue included in the Corporate Plan (e.g. of strategic importance to the council or its partners/stakeholders), or have the potential to be if not addressed?</i> 3. <i>Is a focused scrutiny review likely to add value to the performance of its services?</i> 4. <i>Is a proactive scrutiny process likely to lead to efficiencies / savings?</i> 5. <i>Has other review work been undertaken which is likely to result in duplication?</i> 6. <i>Do sufficient scrutiny resources already exist, or are readily available, to ensure that the necessary work can be carried out in a timely manner?</i>



<p>What are the Indicators of Success?</p> <ul style="list-style-type: none"> • <i>What factors / outcomes will demonstrate that this Scrutiny Review has been a success?</i> 	<p style="text-align: center;"><u>GUIDANCE</u></p> <p><u>Good Scrutiny Principles;</u></p> <ul style="list-style-type: none"> ○ <i>Tackle issues of direct relevant to local people;</i> ○ <i>Tackle issues where, through the unique perspective of elected members, it can add the most value;</i> ○ <i>Is about taking to wide range of people, drawing them together and building consensus;</i> ○ <i>Is about challenging the accepted ways of doing things and acting as a champion for developing a culture of improvement in an area.</i> <p><i>Briefly explain how the review process will seek to identify opportunities to improve outcomes: e.g.</i></p> <ul style="list-style-type: none"> ○ <i>A positive impact ("turning the curve") on the associated population indicators and/or performance</i> ○ <i>Arriving at clear conclusions and recommendations to deliver tangible outcome improvements.</i>
<p>What Methodology / Approach is to be followed?</p> <ul style="list-style-type: none"> • <i>What types of enquiry will be used to gather evidence.</i> <p><i>Following a structured and proportionate review process, which is likely to involve the active consideration of evidence, direct representation(s), a review of financial, performance and risk data to arrive at an objective opinion against some Key Lines of Enquiry;</i></p>	<p><u>Supporting Key Lines of Enquiry (KLOE)</u></p> <ul style="list-style-type: none"> - <i>If we do nothing where is the trend heading, is this OK?</i> - <i>What's helping and hindering the trend?</i> - <i>Are services making a difference?</i> - <i>Are they providing Value for Money?</i> - <i>What additional information / research do we need?</i> - <i>Who are the key partners we need to be working with (including local residents)?</i> - <i>What could work to turn the trend in the right direction?</i> - <i>What is the Council's and Members role and specific contribution?</i>
<p>What specific resources & budget requirements are there?</p> <p><i>What support is required for the review exercise?</i></p> <ul style="list-style-type: none"> • <i>specialist staff</i> • <i>any external support</i> • <i>site visits</i> • <i>consultation</i> • <i>research</i> 	<ul style="list-style-type: none"> - <i>Include an estimate of any specific support needs and / or budget requirements to help determine the cost vs benefit of the review process.</i> - <i>Consider how formal approval will be obtained for any specific resource requirement.</i>

<p>Are any Corporate Risks associated with this Review? <i>Identify any weaknesses and barriers to success</i></p>	<p style="text-align: center;"><u>GUIDANCE</u></p> <ul style="list-style-type: none"> • <i>Are there any associated risks already identified on the corporate risk register which will require direct consideration?</i>
<p>Who will receive the review conclusions and any resultant recommendations?</p>	<ul style="list-style-type: none"> • <i>Cabinet or Full Council</i> • <i>Partners</i> • <i>Other?</i>
<p>What is the Review Timescale?</p> <ul style="list-style-type: none"> • <i>Identify key meeting dates and any deadlines for reports or decisions.</i> 	<p style="text-align: center;"><u>GUIDANCE</u></p> <ul style="list-style-type: none"> • <i>Also consider the appropriate timing of a follow-up review to assess the any levels of improvement achieved as a direct result of the scrutiny review process.</i> <p><i>(A detailed plan for the review should also be developed to clearly set out the various stages, necessary actions and timescales)</i></p>
<p>Who will lead the Review Exercise?</p> <ul style="list-style-type: none"> • <i>Identify a nominated:</i> <ul style="list-style-type: none"> - <i>Elected Member</i> - <i>Lead Officer</i> 	<ul style="list-style-type: none"> • <i>These individuals will perform the lead roles in the scrutiny review process.</i> • <i>They will provide active oversight and guidance to ensure coordination and delivery of the required outputs.</i>
<p>Media Interest / Publicity</p> <ul style="list-style-type: none"> • <i>Communications Plan</i> • <i>Do we need to publicise the review to encourage community involvement?</i> • <i>What sort of media coverage do we want? (e.g. Fliers, leaflets, radio broadcast, press release, etc.)</i> 	<ul style="list-style-type: none"> • <i>Establish a proportionate communications plan (external and internal) to support the review process.</i> • <i>Will this review be subject to a press embargo? Yes / No</i> • <i>Who is the lead communications contact?</i> • <i>Who is the designated spokesperson for the Scrutiny Review (Elected Member & Officer)?</i>
<p>Completed by: Date:</p>	<p><i>Who has lead in the compilation of this scoping document?</i></p>
<p>Approved by Scrutiny Committee Date:</p>	<p><i>Which Committee has considered this review and when was it formally approved?</i></p>

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People and Communities Overview and Scrutiny Committee

Dorset County Council



Date of Meeting	26 June 2017
Officer	Corporate Director for Children, Adults and Communities
Subject of Report	Dorset Education Performance 2016: Self Evaluation
Executive Summary	<ul style="list-style-type: none"> • A higher percentage of Dorset pupils achieve a good level of development at the end of reception than those nationally, the gap between Free School Meal (FSM) pupils and others is higher than national but lower than those in the South West. • 80% of year 1 pupils pass the Phonics assessment – 1% below the national. The FSM gap is larger than the national and South West. • Performance at Key Stage 1 has dipped below the national average for the first time; Maths is a particular concern, as is the gap between disadvantaged pupils and others. • Less than half of year 6 pupils in Dorset achieved the expected standard in the combined reading/writing/maths measure (43%), compared to 53% nationally. • In terms of progress between Key Stage 1 and Key Stage 2, Dorset ranks 118 for Reading, 149 for Writing and 149 for Maths out of 150 authorities. • Progress between Key Stage 1 and Key Stage 2 for disadvantaged pupils is amongst the lowest in the country. • 64% of pupils achieved the Basics indicator (C+ in English & Maths) at Key Stage 4 in 2016 – 6% above the national. • Dorset has a lower disadvantaged gap than the national, south west and statistical neighbour average for the Key Stage 4 Basics measure. • Progress between Key Stage 2 and Key Stage 4 is broadly in line with the national average. The disadvantaged gap is higher than the national but lower than the statistical neighbours. • Consideration needed of the role of the Education Advisory Service

Dorset Education Performance 2016: Self Evaluation

<p>Impact Assessment:</p> <p><i>Please refer to the protocol for writing reports.</i></p>	<p>Equalities Impact Assessment:</p> <p>This report does not require an EIA, but the report does reflect on results achieved, disadvantaged pupils and equalities.</p>																				
	<p>Use of Evidence:</p> <ul style="list-style-type: none"> • DFE Local Authority Interactive Tool (LAIT) • DFE Statistical First Releases • DFE RaiseOnline • Dorset internal datasets on National Curriculum Assessments. 																				
	<p>Budget:</p> <p>N/A</p>																				
	<p>Risk Assessment:</p> <table border="1"> <thead> <tr> <th>Key Stage</th> <th>Level of Concern - All</th> <th>Level of concern - FSM</th> </tr> </thead> <tbody> <tr> <td>EYFS</td> <td>Amber</td> <td>Amber</td> </tr> <tr> <td>Phonics</td> <td>Amber</td> <td>Red</td> </tr> <tr> <td>Key Stage 1</td> <td>Red</td> <td>Red</td> </tr> <tr> <td>Key Stage 2</td> <td>Red</td> <td>Red</td> </tr> <tr> <td>Key Stage 4</td> <td>Amber</td> <td>Amber</td> </tr> <tr> <td>Key Stage 5</td> <td>Amber</td> <td></td> </tr> </tbody> </table>	Key Stage	Level of Concern - All	Level of concern - FSM	EYFS	Amber	Amber	Phonics	Amber	Red	Key Stage 1	Red	Red	Key Stage 2	Red	Red	Key Stage 4	Amber	Amber	Key Stage 5	Amber
Key Stage	Level of Concern - All	Level of concern - FSM																			
EYFS	Amber	Amber																			
Phonics	Amber	Red																			
Key Stage 1	Red	Red																			
Key Stage 2	Red	Red																			
Key Stage 4	Amber	Amber																			
Key Stage 5	Amber																				
	<p>Other Implications:</p> <p>Relatively poor attainment by Dorset's schoolchildren could lead to an inspection of Dorset County Council's school improvement services by OfSTED</p>																				
Recommendation	<p>The Committee should consider whether it wishes to look into the issue of pupil and school performance and school improvement work in Dorset in more detail and, if so, decide how it wishes to do that.</p>																				
Reason for Recommendation	<p>Pupil attainment is a key issue for Dorset parents and families and reflects on Dorset County Council's reputation. The provisional Key Stage 2 results for 2017 will be available in July.</p>																				
Appendices	<p>None</p>																				
Background Papers	<p>None</p>																				
Officer Contact	<p>Name: Jay Mercer Tel: 01305 224770 Email: jay.mercer@dorsetcc.gov.uk</p>																				

1 Background

1.0 Context

Dorset County Council has a statutory accountability for the overall quality of education and state-funded schools in its area. In relation to local authority maintained schools (county, voluntary aided and voluntary controlled), it has statutory powers to issue formal warnings to schools and to take specific actions to intervene (including the removal of delegation and governing bodies) in order to preserve or improve the quality of education. These powers are also now jointly held by the Regional Schools Commissioner for maintained schools as well as solely by her for academies, which are state-funded independent schools.

In 2016, the Government issued a White Paper, “Educational Excellence Everywhere”, which announced that all schools would be expected to become academies by 2020 and that local authorities would no longer have responsibility for school improvement with effect from September 2017. However, following significant opposition from many local authorities, the then Secretary of State announced that there would not be any compulsion for maintained schools to become academies; later in 2016, the current Secretary of State announced that the planned primary legislation to implement the White Paper was no longer necessary. This means that local authorities retain their statutory responsibility for school improvement and accountability for the quality of education in their area, directly for maintained schools and generically for academies. Currently, about a third of state-funded schools in Dorset have become academies.

However, at the time of the White Paper publication and linked to it, the Treasury had announced that it intended to reduce the Education Support Grant (ESG), the resources originally top-sliced by Government and channelled back to local authorities and academies to fund improvement and support services, from £800m to £150m. This reduction has still gone ahead, the final allocation was £987k for April to August 2017. Some of the ESG funding was transferred to the Dedicated Schools Grant (DSG), with Local Authorities required to seek the permission of their local Schools’ Forum to claw back to cover the central education costs. Dorset’s allocation for 2017/18 was £807k to which the Forum agreed to pass back to the County Council. Therefore the available funding for this for 2017/18 is £1,794k. It is likely that the £807k will be available again in 2018/19 but will have to be requested from the schools’ forum once more.

1.1 Achievement

The performance of pupils is reported annually after national results are finalised in January; earlier datasets are unvalidated (i.e. pending results of appeals / remarking etc.). Performance is assessed using the 3 following methods:

Attainment

- The percentage of pupils achieving certain thresholds, e.g. grade C or above at GCSE.

Progress

- The progress made between Key Stages. This may be subject based or composite measures such as the new Progress 8 measure at Key Stage 4. In general a positive score means progress is above national average; a negative one means below the national.

Dorset Education Performance 2016: Self Evaluation

Note: There is a move away from using attainment to judge overall effectiveness. Attainment may vary according to differing cohorts' strengths. Progress measures the impact a school (or other institution) has on pupils.

Gaps

- Primarily relates to the gap between disadvantaged pupils (those eligible for free school meals during the last 6 years or looked after children) and other pupils. Gaps may also relate to gender and SEN pupils
- The gap may be 'in-house' – i.e. the gap in a school between disadvantaged pupils and other pupils, or it may be the gap between the disadvantaged pupils and all other pupils nationally. This reflects the drive to raise disadvantaged pupils' achievement to the level of all other pupils.

1.2 Data

Nationally data is collected at key points:

- EYFS (early years foundation stage), collected at the end of the reception year.
- Phonics, assessed at the end of year 1 or at the end of year 2 for those who failed at the end of year 1.
- Key Stage 1 assessments in Reading, Writing, Maths, Science and speaking and listening. Collected at the end of year 2.
- Key Stage 2 assessments in Reading, Writing, Maths, Spelling & Grammar, Science. Progress is measured between Key Stage 1 and Key Stage 2 in Reading, Writing and Maths.
- Key Stage 4 assessments in a wide range of subjects in year 11. The key attainment measure is the percentage of pupils achieving a C grade or above in English and Maths (the 'Basics'). Progress is measured overall for a combination of subjects ('Progress 8') and also individually for English, Maths, Science, Languages and Humanities.
- Key Stage 5 assessments across a range of subjects including A Levels and vocational qualifications. New accountability measures are being developed nationally; in the interim, Dorset uses ALPS (A Level Performance System) to judge effectiveness, including progress.

Analyses

- Comparison at national, local authority and institution level allows in-depth analysis of performance.
- Dorset overall results may be compared to the national, South West or statistical neighbour local authorities (those with a similar geodemographic profile to Dorset). The datasets contain results for 152 local authorities, although some such as the Isles of Scilly or the City of London are suppressed due to low numbers. Dorset performance may be ranked against these other authorities.
- Internal analyses may include areas or clusters of schools, types of schools (e.g. primary and middle schools).

2. Early Years

- Pupils are assessed across a range of subjects that combine to judge whether a child has reached a 'good level of development' (GLD).
- Dorset (70%) is above the national figure (69%) for GLD.
- A marked improvement in boys' attainment (up 5% to 63.5%, 1.4% above national) means that the gender gap is now the lowest of our Statistical Neighbours (SN).

GLD	2013	2014	2015	2016
	National	52%	60%	66%
Dorset	61%	68%	68%	70%
SN	53%	62%	68%	71%
South West	56%	62%	67%	70%
Dorset Rank	13	9	58	61
Difference	9%	7%	1%	1%

Dorset Education Performance 2016: Self Evaluation

- The gap between those eligible for free school meals and other pupils is 20% in Dorset, higher than the national but lower than the South West or Statistical Neighbours.

	2013	2014	2015	2016
National	-19%	-19%	-18%	-18%
Dorset	-23%	-25%	-24%	-20%
SN	-22%	-23%	-23%	-21%
South West	-22%	-21%	-21%	-21%
Dorset Rank	108	126	128	97
Difference	-4%	-6%	-6%	-2%

Priorities:

- Continue to improve the performance of free school meals children.

3. Phonics (end of Year 1)

- 80% of Year 1 pupils in Dorset passed the Phonics assessment – 1% below national. Boys improved less than national and are now below, girls went up 4% to above national.
- This has meant that the gender gap has risen to 10% (national and Statistical Neighbours is 7%).

Phonics	2012	2013	2014	2015	2016
National	58%	69%	74%	77%	81%
Dorset	59%	70%	76%	77%	80%
SN	58%	70%	74%	77%	80%
South West	58%	70%	74%	77%	80%
Dorset Rank	57	59	39	64	84
Difference	1%	1%	2%	0%	-1%

- The gap between FSM pupils and other pupils is higher than the national, South West and Statistical Neighbours.

Year 1 Phonics	FSM	Other	Gap
National	69%	83%	-14%
Dorset	62%	82%	-20%
SN	65%	82%	-18%
South West	65%	82%	-17%
Dorset Rank	131	83	80
Difference	-7%	-1%	-6%

Priorities:

- Improve boys' performance to improve the gender gap.
- Continue to improve the performance of FSM pupils to reduce the gap between FSM and non-FSM.

4. Key Stage 1

- 2016 saw a new assessment system at Key Stage 1. National Curriculum levels have been removed in favour of a system based on pupils achieving an expected or higher standard.
- The new expectations are agreed to be higher than in previous years. In 2015 the percentage of pupils achieving the expected standard (level 2B or higher) in Reading was 82% nationally. In 2016 under the new system the figure was 74%.
- 2016 is the first year that Dorset has been below the national level at Key Stage 1 across all subjects.
- The biggest concern is Maths. Dorset is the lowest authority in the South West and the second lowest of our statistical neighbours.
- Strengths include SEN with statement/EHC plan (Reading, Writing, Maths), children looked after (Reading, Writing).
- Groups of concern include disadvantaged pupils and low attainers.

Key Stage 1	Expected Standard			Higher Standard		
	Reading	Writing	Maths	Reading	Writing	Maths
National	74.0%	65.0%	73.0%	24.0%	13.0%	18.0%
Dorset	72.0%	61.0%	68.1%	22.0%	11.7%	14.3%
SN	73.4%	62.9%	70.9%	24.2%	12.5%	16.0%
South West	73.0%	64.0%	71.0%	23.0%	12.0%	16.0%
Dorset Rank	104	128	135	96	96	128
Difference	-2%	-4%	-5%	-2%	-1%	-4%

The Attainment gap between pupils known to be eligible for Free School Meals and other pupils

Key Stage 1	Expected Standard		
	Reading	Writing	Maths
National	-17%	-18%	-17%
Dorset	-25%	-24%	-20%
SN	-22%	-22%	-22%
South West	-21%	-23%	-21%
Dorset Rank	135	125	97
Difference	-8%	-6%	-3%

- The FSM gap is larger than national for all subjects, but below the South West or Statistical Neighbours.

Priorities:

- Work to raise attainment levels in all subjects, particularly Maths.
- Groups of concern include disadvantaged pupils and low attainers.

5. Key Stage 2

- 2016 saw a new assessment system at Key Stage 2. As with Key Stage 1, National Curriculum levels have been removed in favour of a system based on pupils achieving an expected or higher standard. The new standards are higher than in previous years.
- Maths and Reading are test based and Writing is based on Teacher Assessment.
- There were marked inconsistencies across different local authorities in the implementation of national guidance on moderation of teacher assessments in 2016; these have been well documented nationally. Results for Writing in Dorset have been affected badly by these inconsistencies. The DFE have said:

“in 2016 only, if a school's performance at KS2 has dropped below the floor standard based on performance in writing alone, and in the absence of any other factors, the local authority or RSC should not issue a warning notice, except where the extent of the change in performance can not be explained by the impact of the changes to primary assessment arrangements in this transitional year”

- In terms of attainment, Reading was a positive, but both Writing, GPS and Maths are serious concerns.

Key Stage 2	Attainment									
	Expected Standard					Higher Standard				
	RWM	Reading	Writing	GPS	Maths	RWM	Reading	Writing	Maths	GPS
National	53.0%	66.0%	74.0%	73.0%	70.0%	5.0%	19.0%	15.0%	17.0%	23.0%
Dorset	45.0%	67.0%	60.0%	67.0%	63.0%	2.0%	20.0%	8.0%	13.0%	18.0%
SN	51.6%	67.3%	70.8%	69.8%	67.0%	4.7%	20.6%	12.2%	14.5%	19.8%
South West	52.0%	68.0%	71.0%	71.0%	68.0%	5.0%	21.0%	13.0%	15.0%	21.0%
Dorset Rank	147	64	149	142	145	129	48	137	121	129
Difference	-8.0%	1.0%	-14.0%	-6.0%	-7.0%	-3.0%	1.0%	-7.0%	-4.0%	-5.0%

- Dorset is at the very bottom of the table of local authorities for most subjects; less than half of pupils achieved the overall expected level for Reading/Writing/Maths (RWM) combined.
- Groups of concern include Low Prior Attainers, SEN with Statement/EHC and Children in care.

The attainment gap between disadvantaged pupils and Other pupils:

Key Stage 2	Expected Standard			
	RWM	Reading	Writing	Maths
National	-22%	-20%	-15%	-18%
Dorset	-22%	-20%	-23%	-21%
SN	-24%	-21%	-20%	-22%
South West	-23%	-20%	-19%	-21%
Dorset Rank	67	72	133	97
Difference	0%	0%	-8%	-3%

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- The gap for the combined RWM measure is the same as national, however this is due in large part to low figures for Dorset other pupils. Compared to the National results for other pupils, the gap is in the lowest 20% of all local authorities
- Progress between Key Stage 1 and Key Stage 2 is measured for Reading, Writing and Maths.

Key Stage 2	Reading	Writing	Maths
National	0	0	0
Dorset	-0.6	-3.4	-1.9
SN	0.02	-1.07	-0.81
South West	0.2	-1	-0.6
Dorset Rank	118	149	149
Difference	-0.6	-3.4	-1.9

- Against statistical neighbours, Dorset had the second lowest Reading progress score, the lowest (with West Sussex) Writing score and the lowest Maths progress score.
- Dorset is amongst the lowest local authorities for progress between Key Stage 1 and Key Stage 2 in the country.
- None of the statistical neighbours had a positive Maths progress score, only one authority in the South West had a Maths score above zero (Plymouth).
- Across all subjects the performance of Low attainers is a serious concern. In Maths Girls made less progress than disadvantaged pupils.
- The 'in-house' gap between Disadvantaged pupils and other pupils is a concern for writing in particular. When Dorset disadvantaged pupils are compared with the national other Dorset is well into the bottom 20% of all Local Authorities.

Key Stage 2	Disadvantaged pupils progress			Gap		
	Reading	Writing	Maths	Reading	Writing	Maths
National	-0.70	-0.30	-0.50	-1.00	-0.40	-0.70
Dorset	-1.30	-4.40	-2.50	-0.90	-1.30	-0.80
SN	-1.04	-1.85	-1.66	-1.40	-1.03	-1.16
Dorset Rank	111	149	146	60	135	46
Difference	-0.60	-4.10	-2.00	0.10	-0.90	-0.10

- It remains the case that Dorset Middle Schools as a group (with around 30% of the cohort) make significantly less progress than primary schools. However, maths (and writing) is still a concern in primaries.

Key Stage 2	Reading	Writing	Maths
Middle Schools	-1.39	-3.99	-3.18
Primary Schools	0.10	-2.97	-1.14

- Schools are classed as being below the floor level if the combined RWM expected figure is below 65% and any progress measure is below a certain threshold (-5 for Reading, -7 for Writing or -5 for Maths).

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- 17% of Dorset schools are below the floor (equal worst in the country with central Bedfordshire); the national figure is 4%. However 8% of the Dorset schools are below because of writing alone (see note on writing moderation above), the national figure for this is 1%. There is a select band of LAs with high percentages of schools below the floor ($\geq 10\%$) and with corresponding high percentages just down to writing ($\geq 5\%$): Dorset, Bedford, West Sussex, Calderdale, Poole, Swindon, and Cheshire East.
- Coasting Schools are defined as schools with average attainment and low progress scores over a period of 3 years. Dorset has the 5th highest proportion of coasting primary schools in the country at Key Stage 2; half of these are middle schools.

Priorities

- Overall achievement at Key Stage 2 is the biggest challenge facing Dorset, in particular progress.
- Maths remains the biggest priority.
- Consistent and accurate application of the interim assessment framework is essential.
- Groups of concern include low attainers, SEN with statement/EHC Plan, Disadvantaged. For Maths we can add Girls and Middle attainers to these groups.
- Continuing investigation and prioritisation of the achievement of pupils in Middle Schools is a priority.

6. Key Stage 4

- In terms of attainment Dorset remains above the national figures for the new basics measure (pupils achieving at least a C grade in English & Maths).

Key Stage 4	Basics	English Baccalaureate	English	Maths
National	59%	23%	70%	65%
Dorset	64%	24%	77%	70%
SN	63%	23%	76%	69%
South West	64%	22%	76%	69%
Dorset Rank	56	74	41	46
Difference	6%	1%	8%	6%

- 45% of disadvantaged pupils achieved the basics measure in Dorset, compared to 43% nationally. Dorset has a better attainment gap at Key Stage 4 than the statistical neighbour average (and national for Basics):

Key Stage 4	Basics	English Baccalaureate
National	-28%	-18%
Dorset	-24%	-18%
SN	-31%	-19%
South West	-	-
Dorset Rank	44	78
Difference	3%	0%

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- 2016 saw the introduction of a new progress measure – Progress 8 – at Key Stage 4. This is the only accountability measure now used to measure the overall effectiveness of schools at Key Stage 4.

Progress between Key Stage 2 and Key Stage 4 2016	Progress 8	English	Maths	English Baccalaureate subjects	Open Subjects
	(Combined progress measure from the following):	(Progress in English)	(Progress in Maths)	(Students best 3 results from Sciences/Languages/History and Geography)	(Students Best 3 other results)
National	-0.03	-0.04	-0.02	-0.02	-0.04
Dorset	-0.04	0.01	-0.06	0.05	-0.17
SN	0.00	0.01	0.01	0.06	-0.07
South West	-0.05	-0.03	-0.04	-0.03	-0.09
Dorset Rank	80	54	79	57	125

- Progress at Key Stage 4 is broadly in line with the national. Groups of concern include Disadvantaged, CLA and SEN with statement or EHC plan and low prior attainers.
- Dorset performs well in the English Baccalaureate subjects' portion of the new progress measure; however the score for the Open subjects' portion is low. This portion includes pupils' best 3 subjects after the three best (more traditional) English Baccalaureate subjects have been removed. In Dorset these results tend to be GCSEs, whereas nationally there are a higher proportion of vocational subjects that fill this portion. The raw attainment scores for this element just considering GCSEs are on average more than a grade higher than the national, for non-GCSES they are a grade below. Dorset schools tend to offer less of these subjects and it is likely that the performance in this area suffers as a result.
- The Disadvantaged gap for overall Progress 8 is larger than the national but smaller than that for the statistical neighbours:

Key Stage 4	Progress 8	English	Maths	English Baccalaureate subjects	Open Subjects
National	-0.48	-0.41	-0.43	-0.59	-0.47
Dorset	-0.55	-0.44	-0.40	-0.60	-0.67
SN	-0.61	-0.52	-0.51	-0.71	-0.63
South West	-	-	-	-	-
Dorset Rank	92	82	57	68	132
Difference	-0.07	-0.03	0.03	-0.01	-0.20

- Dorset has 1 school below the floor standard (Progress 8 score below -0.5); Isle of Portland Academy

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Progress in Other Subjects:

Key Stage 4 Dorset Progress 2016	Science				Languages				Humanities			
	Cou nt	Dors et	Nation al		Coun t	Dors et	Nation al		Coun t	Dors et	Nation al	
all pupils	3752	-0.02	0	□	2180	-0.28	0	●	3063	0.09	0	★
low overall	506	-0.04	0	□	100	-0.48	0	●	330	0.29	0	★
middle overall	2049	-0.01	0	□	1115	-0.32	0	●	1676	0.13	0	★
high overall	1197	-0.02	0	□	965	-0.22	0	●	1057	-0.02	0	□

Progress in Science is in-line with the national, Languages below and humanities above.

Priorities

- The progress of disadvantaged pupils remains a priority.
- Progress in languages is a concern.
- Whilst Dorset is in line with the national in terms of the Progress 8 measure, this position is likely to be challenged over the coming years with more schools nationally moving to more traditional curriculums and improving scores. Maintaining the current position will be a challenge.
- Large changes in the accountability system are impacting school curriculum offers and there are currently wide variations in performance between Schools. It is essential that these wholesale changes are managed effectively to ensure that vulnerable groups are engaged and not excluded from the curriculum going forward. Continued monitoring of the curriculum offer is recommended.

7. Key Stage 5

Progress measures

- 3 institutions are above the national a level and academic progress. 3 institutions (2 academies and 1 maintained school) are below the national a level and academic progress, 1 academy is well below the minimum progress standard for academic performance and applied general progress, the RSC is already working with this academy. 1 academy is well above and 3 (2 maintained, 1 academy) are above the applied general progress measure. 1 academy is well below the applied general progress measure, the RSC is already working with this academy.

Attainment

- Dorset is line with the national average for the APS per entry for A levels and academic attainment. Achievement of high A level grades remains a priority. Dorset is in line with the national average for the attainment of applied general qualifications. Attainment of tech levels is a concern.

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- English and Maths (for those who did not attain A*-C GCSE in these subjects at the end of Key Stage 4)
- Dorset is above the national average for progress in English and maths.

Destinations:

- The latest DfE Destinations data showed a positive picture for those leaving Key Stage 4 in 2013/14.
- The proportion of Dorset young people who went to a sustained education or employment destination was higher than national for all pupils (96% vs 94%), for disadvantaged, and for SEN pupils (both statement and those who were school action or school action plus).
- The overall Key Stage 5 destinations for those who entered an A level or other Level 3 qualification to education or employment was just below national, this was driven by a lower proportion going to Higher Education.

Priorities

- ALPs data for Dorset LA was used to identify subjects requiring improvement. These identified are: Geography (grade 6, 303 entries); Physics (grade 5, 230 entries); Psychology (grade 5, 435 entries); and Sociology (grade 6, 174 entries).
- Attainment of AAB.

8. OfSTED Inspections of Schools in Dorset

Another indicator reviewed closely by OfSTED is the percentage of schools in a local authority that are inspected and found to be Good or Outstanding. 84% of schools in Dorset are currently judged to be in that category. This compares to the national figure of 89%. 26% are outstanding, compared to 21% nationally.

Dorset Schools as at 31/04/2017	Inadequate	Requires Improvement	Good	Outstanding	Good / Outstanding
National (31 st March 2017)	2%	9%	68%	21%	89%
Dorset (30 th April 2017)	3%	13%	58%	26%	84%
Primary	2%	14%	57%	27%	84%
Secondary	7%	13%	60%	20%	80%
Special	0%	0%	50%	50%	100%
Learning Centre	0%	0%	100%	0%	100%

9. Considerations

At the end of May 2017, the Children's senior management team met with the South West Regional Director for OfSTED and his Senior HMI for Dorset's termly discussion. The Regional Director stressed the importance of Dorset using the tools at its disposal to intervene with schools to challenge them to improve. He particularly emphasised the vulnerability of previously good schools

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which had not been inspected for three years or more and which had consistently shown significant negative scores for progress and encouraged Dorset to use warning notices with them. This will be fully considered when the provisional KS 2 results come out in July.

Dorset Education Advisory Service closely monitors the data available on all state-funded schools in the county and identifies schools causing concern for additional support and challenge. The service has significantly reduced in numbers as funding has reduced and is currently part-funded through the revenue budget and by trading. Previous vacancies that have been held have and are being recruited to, in particular to include more KS2 expertise. Although the 2016 White Paper proposed removing the statutory responsibility for school improvement from local authorities, the new government has not suggested using legislation to do this. It is therefore important to review how best to carry out this function in the future in Dorset.

There are a number of possibilities for the future, which are not necessarily mutually exclusive:

- Re-launch the Education Advisory Service as a part-funded, part-traded service, but with greater clarity of role, better communication of its work and growth in its trading. It would continue to work closely with the local Teaching School Alliances and the Regional Schools Commissioner;
- Explore, through an external facilitator such as the Virtual Staff College working with local schools and Multi-Academy Trusts, if there is a more collaborative and integrated structure for school-to-school challenge and support that could be developed;
- Scope with other partners, such as other local authorities, whether there are opportunities and appetite for a shared service;
- Consider whether the function could be delivered through a delivery partnership or a contractual arrangement.

The discussion of the possible ways forward needs to be carried out involving schools, and the Committee may wish to consider carrying out an enquiry day itself, doing this.

10. Conclusions

- A higher percentage of Dorset pupils achieve a good level of development at the end of reception than those nationally, the gap between Free School Meal (FSM) pupils and others is higher than national but lower than those in the South West.
- 80% of year 1 pupils pass the Phonics assessment – 1% below the national. The FSM gap is larger than the national and South West.
- Performance at Key Stage 1 has dipped below the national average for the first time; Maths is a particular concern, as is the gap between disadvantaged pupils and others.
- Less than half of year 6 pupils in Dorset achieved the expected standard in the combined reading/writing/maths measure (43%), compared to 53% nationally.
- In terms of progress between Key Stage 1 and Key Stage 2, Dorset ranks 118 for Reading, 149 for Writing and 149 for Maths out of 150 authorities.
- Progress between Key Stage 1 and Key Stage 2 for disadvantaged pupils is amongst the lowest in the country.
- 64% of pupils achieved the Basics indicator (C+ in English & Maths) at Key Stage 4 in 2016 – 6% above the national.

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- Dorset has a lower disadvantaged gap than the national, south west and statistical neighbour average for the Key Stage 4 Basics measure.
- Progress between Key Stage 2 and Key Stage 4 is broadly in line with the national. The disadvantaged gap is higher than the national but lower than the statistical neighbours.
- Consideration must be given to the direction of travel of arrangements for school support and challenge and the Education Advisory Service.

Sara Tough

Corporate Director for Children, Adults and Communities

June 2017

Scrutiny Review - Planning & Scoping Document

<p>What is the Purpose of the Review?</p> <ul style="list-style-type: none"> • <i>Specify exactly which Outcome(s) the review is examining?</i> • <i>Also being clear what the review is <u>not</u> looking at</i> • <i>What is the Scrutiny Review seeking to achieve?</i> • <i>Where possible refer to VFM issues of service cost, service performance and/or customer satisfaction.</i> 	<p>Special Educational Needs Budget – Review</p> <p>The High Needs Block (HNB) of the Dedicated Schools Grant supports children with SEN or other needs to help them be Safe, Healthy, Independent and Prosperous through the power of learning.</p> <p>This work is not looking at the Written Statement of Action arising from Dorset’s recent OfSTED SEN inspection nor the Joint Strategy which is in development, nor the future work of South West Audit in this area.</p> <p>At the last meeting, a member raised the apparent reductions in the HNB, the possible impact on children and requested greater transparency of decision-making. This review seeks to give more information and address the issues arising from this budget.</p>
<p>What are the Criteria for Selection?</p> <ul style="list-style-type: none"> • <i>Why has this particular topic been considered to be a priority issue for scrutiny?</i> • <i>Which of the principle criteria promoted by the Centre for Public Scrutiny does it satisfy?</i> 	<p>Members of the Committee recognised the importance of this matter and asked for it to be treated as a matter of priority.</p> <p>This scrutiny can provide “critical friend” challenge, voice some public concerns and may lead to process improvement.</p>
<p>What are the Indicators of Success?</p> <ul style="list-style-type: none"> • <i>What factors / outcomes will demonstrate that this Scrutiny Review has been a success?</i> 	<p>Increased knowledge about the High Need Block, how it is deployed, the issues arising from increased demand and the statutory processes of the Dorset Schools’ Forum through which it is governed.</p>
<p>What Methodology / Approach is to be followed?</p> <ul style="list-style-type: none"> • <i>What types of enquiry will be used to gather evidence.</i> <p><i>Following a structured and proportionate review process, which is likely to involve the active consideration of evidence, direct representation(s), a review of financial, performance and risk data</i></p>	<p>The approach recommended to the Committee is an enquiry morning. This would cover:</p> <ul style="list-style-type: none"> • Data and demand trends • Detail of the HNB and its £5.8m overspend in 2016/17 • Underlying issues and causes • Control actions undertaken



<p><i>to arrive at an objective opinion against some Key Lines of Enquiry;</i></p>	
<p>What specific resources & budget requirements are there? <i>What support is required for the review exercise?</i></p> <ul style="list-style-type: none"> • <i>specialist staff</i> • <i>any external support</i> • <i>site visits</i> • <i>consultation</i> • <i>research</i> 	<p>The involvement of Finance staff will be required for this work.</p> <p>The Committee may wish to invite heads of different types of schools to contribute their perceptions and the Chair of Schools Forum</p>
<p>Are any Corporate Risks associated with this Review? <i>Identify any weaknesses and barriers to success</i></p>	<p>This restricted grant budget supports the learning of increasing numbers of vulnerable pupils. There is a significant demand-led risk linked to the High Needs Block, as although it is within the ring-fenced Dedicated Schools Grant, any overspend is held within the Council's accounts until it can be repaid from the DSG in future years.</p>
<p>Who will receive the review conclusions and any resultant recommendations?</p>	<p>Officers will have due regard to the review's conclusions and these will be reported back to Schools' Forum.</p>
<p>What is the Review Timescale?</p> <ul style="list-style-type: none"> • <i>Identify key meeting dates and any deadlines for reports or decisions.</i> 	<p>As it is the last half of the Summer Term, and given current capacity, it is suggested that the outputs be made available for the Committee in November.</p>
<p>Who will lead the Review Exercise?</p> <ul style="list-style-type: none"> • <i>Identify a nominated:</i> <ul style="list-style-type: none"> - <i>Elected Member</i> - <i>Lead Officer</i> 	<p>Lead Officer – Jay Mercer supported by Lee House and Gerri Kemp</p> <p>Elected member to be agreed by the new committee.</p>
<p>Media Interest / Publicity</p> <ul style="list-style-type: none"> • <i>Communications Plan</i> • <i>Do we need to publicise the review to encourage community involvement?</i> • <i>What sort of media coverage do we want? (E.g. Fliers,</i> 	<p>As this topic has already had media exposure, there is likely to be significant public and partner interest. It will be important to communicate the Council's role as the steward of these funds and the pressures caused by demand on a budget set by central government.</p> <p>Method : press release</p>



<i>leaflets, radio broadcast, press release, etc.)</i>	
Completed by: Date:	Jay Mercer
Approved by Scrutiny Committee Date:	

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Scrutiny Review - Planning & Scoping Document

<p>What is the Purpose of the Review?</p> <ul style="list-style-type: none"> • <i>Specify exactly which Outcome(s) the review is examining?</i> • <i>Also being clear what the review is <u>not</u> looking at</i> • <i>What is the Scrutiny Review seeking to achieve?</i> • <i>Where possible refer to VFM issues of service cost, service performance and/or customer satisfaction.</i> 	<p>Racial and Hate Crime- Review of practice across partners</p> <p>During the last year the committee took a particular interest in the trends associated with racially motivated hate crime, with a particular interest around the impact of Brexit. At that time there were reports of increases in hate crimes that appeared to be above what was deemed normal volumes.</p> <p>Recent data has indicated that this was not a sustained pattern. However, the committee felt it important to be informed as to the approaches that the council and its partners have towards dealing with issues of inclusion, around race and other protected characteristics, in Dorset.</p> <p>The corporate plan objective of Safe clearly covers this area of interest, making sure the citizens of Dorset are free from intimidation and discrimination. The committee committed to investigating further our responses to issues of hate and race crimes and charged officers with the development of a scoping document.</p> <p>The intention of the review is to provide assurances where possible and identify areas where improvement is required.</p>
<p>What are the Criteria for Selection?</p> <ul style="list-style-type: none"> • <i>Why has this particular topic been considered to be a priority issue for scrutiny?</i> • <i>Which of the principle criteria promoted by the Centre for Public Scrutiny does it satisfy?</i> 	<p>The intention of the review is that the committee can offer the constructive ‘critical friend’ challenge to the council and its partners and allows those affected by the issue to share their experiences.</p> <p>The analysis of both the issues and partners response to it will allow for some commentary on how we might do things differently if that is the outcome of the review.</p> <p>The data provided to the committee only tells part of the story in terms of trends and outcomes. What is as important is that the lived experience of those who have been subjected to racially motivated hate crime and those who work to ameliorate the impact through their work is noted.</p>
<p>What are the Indicators of Success?</p> <ul style="list-style-type: none"> • <i>What factors / outcomes will demonstrate that this Scrutiny Review has been a success?</i> 	<p>This reviews success can be measured as follows:</p> <ul style="list-style-type: none"> • Increased knowledge about the issues and protective factors • Assurances that services through the partnership are working across this agenda



	<ul style="list-style-type: none"> • Gaps in service provision • New ways to deliver at low cost and no cost. • Celebration of work that is making a difference.
<p>What Methodology / Approach is to be followed?</p> <ul style="list-style-type: none"> • <i>What types of enquiry will be used to gather evidence.</i> <p><i>Following a structured and proportionate review process, which is likely to involve the active consideration of evidence, direct representation(s), a review of financial, performance and risk data to arrive at an objective opinion against some Key Lines of Enquiry;</i></p>	<p>The approach recommended to the committee is one of an enquiry morning. This will cover:</p> <ul style="list-style-type: none"> • Current volume and trends • Reporting issues- under or over reporting • Focus on particular groups • Direct experiences of race and hate crime • Support and Interventions. • Cost of Intervention • Even Better if!
<p>What specific resources & budget requirements are there?</p> <p><i>What support is required for the review exercise?</i></p> <ul style="list-style-type: none"> • <i>specialist staff</i> • <i>any external support</i> • <i>site visits</i> • <i>consultation</i> • <i>research</i> 	<p>The enquiry morning will involve a range of external partners who will be invited to participate in formal submission the committee. However it is intended that part of the enquiry morning will take the form of a workshop, facilitated by officers working with invited parties to consider ways in which the current work around the issues can be enhanced.</p> <p>In addition desk top research will be undertaken to support good practice to which the committee can effectively benchmark</p>
<p>Are any Corporate Risks associated with this Review?</p> <p><i>Identify any weaknesses and barriers to success</i></p>	<p>We want to ensure that people are and feel safe. This is part of our corporate plan and as such we may find that we are not meeting that objective. The enquiry morning could provide reassurance that we are.</p>
<p>Who will receive the review conclusions and any resultant recommendations?</p>	<p>The resulting output from the review will be made publically available and shared with all who participated. If required an action plan will be developed to support greater partnership working across agencies and services.</p>
<p>What is the Review Timescale?</p> <ul style="list-style-type: none"> • <i>Identify key meeting dates and any deadlines for reports or decisions.</i> 	<p>The suggestion is that given pressure on diaries that this review is scheduled for September with a requirement that outputs are made available to the committee in November.</p>



<p>Who will lead the Review Exercise?</p> <ul style="list-style-type: none"> • <i>Identify a nominated:</i> <ul style="list-style-type: none"> - <i>Elected Member</i> - <i>Lead Officer</i> 	<p>Lead Officer – Patrick Myers supported by Ian Grant and Claire Shiels</p> <p>Elected member to be agreed by new committee.</p>
<p>Media Interest / Publicity</p> <ul style="list-style-type: none"> • <i>Communications Plan</i> • <i>Do we need to publicise the review to encourage community involvement?</i> • <i>What sort of media coverage do we want? (E.g. Fliers, leaflets, radio broadcast, press release, etc.)</i> 	<p>There will be a requirement to communicate the review with the intention of eliciting contact with members of the public with knowledge and experience of the issues of interest. It will be important to communicate with the wider public the council's position to tolerance and inclusion. The review is a demonstration of how seriously the council takes this issue.</p> <p>Method: press release.</p>
<p>Completed by: Date:</p>	<p>Patrick Myers</p>
<p>Approved by Scrutiny Committee Date:</p>	

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Scrutiny Review - Planning & Scoping Document

<p>What is the Purpose of the Review?</p> <ul style="list-style-type: none"> • <i>Specify exactly which Outcome(s) the review is examining?</i> • <i>Also being clear what the review is <u>not</u> looking at</i> • <i>What is the Scrutiny Review seeking to achieve?</i> • <i>Where possible refer to VFM issues of service cost, service performance and/or customer satisfaction.</i> 	<p>The purpose of this review is to look at both internal and external workforce capacity. This will include Children and Adults social care, providers and the whole health and care sector. It will look at recruitment and retention of staff to deliver services to adults and children in Dorset and how this could be improved.</p> <p>This will link to both the Children's and Adult workforce plans and the Dorset Workforce Action Board.</p> <p>This review relates to the Corporate Plan in ensuring that we have a social care workforce which can help to ensure:</p> <ul style="list-style-type: none"> • Children and vulnerable adults are safe wherever they are • Children and families know what it is to be healthy and happy • People in Dorset are independent <p><u>Internal Workforce</u></p> <p>In 2015 Adult and Community Services undertook a full review of all the teams and services as part of the Forward Together programme.</p> <p>In response to this review and the level of agency spend in Children's Services and Adult Services we have implemented recruitment and retention initiatives.</p> <p>Key workforce priorities for Adult Services are:</p> <ul style="list-style-type: none"> • The Adult Social Care Delivery Programme requires significant additional capacity in the locality teams to undertake re-assessments • Meeting our Better Care and joint working commitments • Enhancing practice through training and reflective practice • Increasing the number of Best Interest Assessors (BIA'S) and Practice Educators <p>Children's Services have continued to employ a number of agency social workers in order to meet safeguarding requirements. This was 40.5 full time equivalent in the final quarter of last financial year (2016-17). However, a number of strategies have been employed to reduce the number of agency workers and the associated costs. This has included a</p>
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more aggressive recruitment campaign using the microsite used by adults and children. This has resulted in 23 social worker posts either being filled or offered recently in Children's Services.

In addition to the recruitment site, Children's Services are continuing to participate in the Department for Education's Step Up to Social Work campaign which fast tracks the development of qualified social workers. Work is taking place on the development of a Pan-Dorset Health & Social Work and Health Care Academy with Bournemouth & Poole to help develop further social workers in both adults and children. Children's and Adult Services has also had a presence at key events to promote working and living in Dorset such as the Community Care Roadshow. Children's Services have also successfully secured a major bid from the Department for Education called Reinvigorating Social Work (RSW). It is anticipated that this will help in improving retention of social workers.

External workforce

A regional approach to address the above workforce issues, is called Proud to Care South West and at the heart of the campaign is the collaboration of sixteen authorities forming the south west branch of ADASS and the integrated approach to care and health with Health Education England. This demonstrates the public sector leading by example, working jointly across sectors and organisations, and producing a reference point for the Private, Voluntary and Independent (PVI) sector who are being encouraged to work together for the benefit of client/patient experience and financial efficiency.

The work of Health Education England and its interactions with the six Sustainability and Transformation Plans (STPs) across the region provides valuable interface along with the councils in siting this work and in positioning its importance for the campaign to be developed in years 2-5.

The work on the evaluation of the first year and proposals as to investigating in detail the "Barriers and Attractors to Care" will inform the approach to retention for the year two campaign.

Alongside this is the Provider engagement programme for both Domiciliary and Residential/Nursing providers. This has a clear plan for engagement with all stakeholders and is led in full collaboration with the CCG.

The Dorset Workforce Action Board is responsible for the strategic direction and delivery of Dorset's Workforce Strategy, which sets out its approach to the organisational, leadership and workforce development of health and social care organisations in Dorset. The Board is responsible for ensuring



	<p>this approach is aligned to and delivers Dorset's Sustainability and Transformation Plan</p> <p>The Sustainability and Transformation Plan sets out how we will deliver changes to health and social care services in Dorset.</p>
<p>What are the Criteria for Selection?</p> <ul style="list-style-type: none"> • <i>Why has this particular topic been considered to be a priority issue for scrutiny?</i> • <i>Which of the principle criteria promoted by the Centre for Public Scrutiny does it satisfy?</i> 	<p>The Care Act 2014 defines new responsibilities for local authorities and the NHS. One key element is in relation to securing sufficiency and quality in adult social care markets. Central to the success of those markets is an effective, well-supported and stable workforce. It is, however, proving challenging to recruit and retain such a workforce both locally and nationally across all care sectors and all grades.</p> <p>The intention of the review is that the Committee can offer the challenge to the Council and its partners on the effectiveness of the current initiatives.</p> <p>The analysis of both internal and external workforce initiatives and impacts from Dorset County Council and its partners will allow for commentary on how we might do things differently.</p>
<p>What are the Indicators of Success?</p> <ul style="list-style-type: none"> • <i>What factors / outcomes will demonstrate that this Scrutiny Review has been a success?</i> 	<p>The indicators of success for this review would be that current strategies have been reviewed for effectiveness, improvements made to those strategies where possible and new strategies explored. For example the number of agency works reducing across adults and children's would be a key success criteria. Improvement in recruitment and retention rates across the workforce is a key indicator and the Skills for Care and Health National minimum data sets may help assess the position.</p>
<p>What Methodology / Approach is to be followed?</p> <ul style="list-style-type: none"> • <i>What types of enquiry will be used to gather evidence.</i> <p><i>Following a structured and proportionate review process, which is likely to involve the active consideration of evidence, direct representation(s), a review of financial, performance and risk data to arrive at an objective opinion against some Key Lines of Enquiry;</i></p>	<p>a. The broad nature of the issues faced here lend themselves to two strategic enquiry events: one of internal and the other on external workforce challenges and to consider initiatives, impact and analysis across the workforce sectors. Two half day enquiry events could produce a collective approach on our participation in multi-agency workforce initiatives, and what else needs to take place for internal recruitment and retention.</p> <p>b. Utilising workforce data Intelligence from workforce leads across service providers and commissioners.</p> <p>c. The expectation within Children's is that the number of agency workers has reached a peak and that this will steadily reduce for the remainder of the year. This is born out the recent success of recruitment campaigns and the resulting recent appointments. Information has already been collated on social care staffing numbers including the number staff starting and leaving.</p>



<p>What specific resources & budget requirements are there? <i>What support is required for the review exercise?</i></p> <ul style="list-style-type: none"> • <i>specialist staff</i> • <i>any external support</i> • <i>site visits</i> • <i>consultation</i> • <i>research</i> 	<p>A significant percentage of agency workers within the social care workforce has and will have a significant impact on the delivery of council services. This is due to the cost of agency staff which is significantly higher than recruiting permanent staff. This therefore impacts on the budget available to deliver front line services.</p> <p>Input from commissioning, operations and workforce leads will be required depending upon final scope.</p>
<p>Are any Corporate Risks associated with this Review? <i>Identify any weaknesses and barriers to success</i></p>	<p>Inability to attract and retain suitably qualified specialist safeguarding staff within Adults and Children's Services is currently on the corporate risk register with a risk rating of high. Market failure due to workforce shortage and service closure is a high level commissioning risk.</p>
<p>Who will receive the review conclusions and any resultant recommendations?</p>	<p>The resulting output from the review will be made available to:</p> <p>Cabinet Health and Well Being Board. Joint Commissioning Boards as part of sharing with partners</p>
<p>What is the Review Timescale?</p> <ul style="list-style-type: none"> • <i>Identify key meeting dates and any deadlines for reports or decisions.</i> 	<p>The proposal is to schedule the review for September with the outputs being made available to Committee in November.</p>
<p>Who will lead the Review Exercise?</p> <ul style="list-style-type: none"> • <i>Identify a nominated:</i> - <i>Elected Member</i> - <i>Lead Officer</i> 	<p>Lead Officers: Harry Capron & Rick Perry</p> <p>This may change depending upon the finally agreed scope. For example this may be a commissioning lead if the scope is primarily sector wide or operational if it is DCC recruitment and retention.</p> <p>Elected Members' lead to be agreed by new Committee</p>
<p>Media Interest / Publicity</p> <ul style="list-style-type: none"> • <i>Communications Plan</i> • <i>Do we need to publicise the review to encourage community involvement?</i> • <i>What sort of media coverage do we want? (e.g. Fliers, leaflets, radio broadcast, press release, etc.)</i> 	<p>There will be a requirement to communicate the review with the wider public to demonstrate how seriously the Council takes workforce recruitment challenges.</p>
<p>Completed by: Date:</p>	<p>Harry Capron & Patrick Myers 8 June 2017</p>



Approved by Scrutiny Committee Date:	
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People and Communities Overview and Scrutiny Committee

Dorset County Council



Date of Meeting	26 June 2017
Officer	Corporate Director for Children, Adults and Communities
Subject of Report	Social Inclusion
Executive Summary	This report provides an update on work in relation to social inclusion and sets out proposals for the approach of the task group. Changes to membership of the Committee means that some discussion of which members are on the task group is appropriate.
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>It is known that lack of social contact and loneliness is a concern for users of adult social care services. In the 2016 Adult Social Care Survey for Dorset the data suggests that insufficient social contact is more likely for those who rate their health poorly, those who live in the community and those who feel it is difficult for them to access places in their local community. The Dorset 2016 Survey of Adult Carers indicates that 64.6% of carers did not have as much social contact as they would like and 14.1% saying that they have little social contract and feel socially isolated.</p>
	<p>Use of Evidence:</p> <p>Evidence from national and local research will be used to inform the work of the group and it is proposed to initiate further public consultation to inform the group and underpin the recommendations to the Committee in due course.</p>
	<p>Budget: The issue of social isolation is relevant in a number of council services. Consideration of the issue will assist the Council achieve value for money in expenditure.</p>

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	<p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: HIGH Residual Risk HIGH</p> <p>The area of work is high at this point because the costs of activity linked to this area will over £1 million and it is an important contributor to keeping people and families independent. It is proposed that part of the group's work includes discussion and consideration of risk.</p>
	<p>Other Implications:</p> <p>Voluntary Organisations make an important contribution to work in local communities to overcome social isolation. Social isolation can have detrimental effects on people of all ages which in some cases can contribute to safeguarding concerns.</p>
<p>Recommendation</p>	<p>It is recommended that the Committee</p> <ul style="list-style-type: none"> (i) membership of the group is considered and revised as appropriate (ii) makes any comments and observations on the proposed approach
<p>Reason for Recommendation</p>	<p>To identify convenient dates for meetings and to ensure that the Committee has an opportunity to contribute to the work programme.</p>
<p>Appendices</p>	<p>Appendix 1: Summary of research and information. Appendix 2: Briefing note on loneliness and social isolation.</p>
<p>Background Papers</p>	<p>People and Communities Overview and Scrutiny Committee 11 October 2016 - Report of the Director for Adult and Community Services – Working with Dorset's Communities, Social Capital and Community Development</p>
<p>Officer Contact</p>	<p>Name: Paul Leivers, Assistant Director Early Help and Community Services Tel: 01305 224455 Email: p.leivers@dorsetcc.gov.uk</p>

1. Background

- 1.1 The People and Communities Overview Committee resolved at its meeting on 11 October 2016 that a task and finish group be established comprising David Walsh, Steve Butler, Fred Drane, William Trite and Kate Wheller to look at setting up a pilot project in a deprived and isolated area where digital take-up was lower, to build community capacity to address social isolation, with a view to rolling this out across Dorset. As the Partnership for Older People Programme (POPP) was seen as integral to this work they would be included in the Group's membership. Engagement with organisations in the voluntary and community sector will be important in this work. Officers were asked to identify possible areas for a pilot by using available information.

2. What is Social Isolation?

- 2.1 Social isolation is the lack of social interaction, contact, or communication with other people. Those who are socially isolated have an absence of relationships with family and friends, or other forms of social networks. Social isolation may be expressed through physical separation with others, social barriers, or psychological mechanisms.
- 2.2 However, there are factors that are protective and these need to be considered as part of our approaches to the above. These environmental, social and psychological factors include:
- a) Good interpersonal relationships (supportive relationship with at least one person, perceived social support)
 - b) Community tolerance of difference and diversity
 - c) Family cohesion (positive parent-child relations)
 - d) Social connectedness and social capital
 - e) Academic/sporting connections
 - f) Belonging
 - g) Effective coping skills repertoire (social skills, problem-solving skills).

Protective factors that may reduce the risk of social isolation in older people include:

- a) High income and education levels
 - b) Good health
 - c) Having a meaningful and diverse social network
 - d) Strong social networks with friends and confidants
 - e) The number of close relationships with children
 - f) Long-term residence in a community
 - g) Having a spouse or partner.
- 2.3 In terms of the Corporate Plan the following extract relates to the topic of isolation.
- Outcome: People in Dorset are INDEPENDENT
- Priority(s): People are part of inclusive communities
- People remain happily independent and stay in their own homes.

3. Update and proposed approach of the group

- 3.1 The key issues identified in an officer discussion with the chair of the group, David Walsh were:

Social Inclusion

- a) Need for discovery and bringing together of key national reports and local documentation, e.g., Age UK and Joseph Rowntree reports. These will be placed on a Sharepoint Site which is accessible.
 - b) Ascertain if Public Health have done a literature search already and if not, request one.
 - c) Collate data and information which will inform identification of people who may be socially isolated, e.g., Dorset Waste Partnership, Digital, Public Health, Adult Social Care Outcomes Framework, Children's Services, customer journey work and the impact of transport changes. Consider the scope for profiling and predictive modelling for consideration of this collated data and evidence.
 - d) Framework for consideration of the issue to include:
 - What can individuals do for themselves?
 - What could communication do in relation to this issue?
 - What is the County Council role?
 - e) Creation of Sharepoint site for Overview Committee report, minutes, external research information and developing work of the Working Group.
- 3.2 The research and information team have undertaken further research and this is attached at Appendix 1. Colleagues in Public Health have advised that they undertook work in Poole on this subject and this provides learning for the group. Appendix 2 is a briefing note and summary of the literature written by Public Health colleagues on loneliness and social isolation. Beaminster and Blandford and their surrounding areas have been identified as places which are appropriate to consider for this work. The rationale for Beaminster is because local community leaders have identified social inclusion as an important local subject and work has been underway for some time. Blandford has been identified based on likely indicators of social isolation and lack of take-up of broadband in some areas which may inform the question in relation to digital isolation. Blandford demonstrates a wide range of take-up of superfast broadband, with very high take-up (100%) in the relatively affluent Riverside and Portman ward just outside the town, above average take-up (50%) in Blandford Hilltop ward which is characterised by new developments and young families and below average take-up (22%) in the most deprived ward of Blandford Old Town. Our experience is that low take-up is often associated with both social and digital deprivation. Understanding how this subject relates to with people with mental health issues is an important dimension of this work.
- 3.3 At this point it appears that more information is available in respect of adults and in view of this it is proposed that the Young Researchers are asked to investigate the question of social isolation with children and young people and to present their findings to the task group and possibly the Committee in due course.
- 3.4 The young researchers have undertaken investigations that have examined the impact that various factors have had on health and wellbeing. They are well placed to explore the issues surrounding social isolation among children and young people. However we need also to explore those factors that impact on families in relation to social isolation. These include lone parenting, parenting a child who has additional needs and the issue of rural isolation.
- 3.5 We should also be cognisant of the impact of developmental issues in relation to social isolation. For example poor language acquisition at age 5 has been evidentially linked

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to social isolation at age eight, which means we must see isolation as an outcome that can be avoided through our efforts around prevention at scale and early action.

3.6 The following structure is proposed for the working group's meetings:

<p><u>Meeting 1</u></p> <ul style="list-style-type: none">• Shared understanding of the purpose of the group• Discussion of the issue and the previously circulated national reports and local information.• Presentation of learning by Public Health colleagues• Overview of research into the local position to date• Digital exclusion• Understanding contribution of the children's researchers• Understanding potential contribution of the Citizen's Panel <p><u>Meeting 2</u></p> <ul style="list-style-type: none">• The work and consideration given by Poole Borough Council – presentation by officer• View from the voluntary and community sector.• What questions would members like to explore with representatives in Beaminster and Blandford and with children and young people.• Social inclusion from a risk perspective <p><u>Meeting 3</u></p> <ul style="list-style-type: none">• Insight from Beaminster – meeting in Beaminster <p><u>Meeting 4</u></p> <ul style="list-style-type: none">• Insight from Blandford – meeting in Blandford <p><u>Meeting 5</u></p> <ul style="list-style-type: none">• Presentation of findings by young researchers• Discussion to inform final report and/or any further work required. <p><u>Meeting 6</u></p> <ul style="list-style-type: none">• Summary of findings and conclusions• Agreement of recommendations for Committee to consider recommending to the Cabinet

4. **Conclusion**

4.1 This report provides an update and proposal for the Committee to consider.

Sara Tough

Corporate Director for Children, Adults and Communities
June 2017

Summary of research and information.**Social Isolation and Loneliness***Policy & Research Group, Chief Executive's*

Loneliness and social isolation are complex conditions which are beginning to receive increased attention. The negative health outcomes associated with social isolation and loneliness have been well researched, with the lack of social connections comparable to smoking 15 cigarettes a day, and loneliness shown to increase the risk of premature death in older people. There are also strongly identified connections between loneliness and mental health, with feeling lonely having a negative impact on your mental health, and having a mental health problem increasing your chance of feeling lonely.

Research has tended to focus on the older demographics and whilst the risks are greater across older generations they can occur at all stages of the life-course. The effects can accumulate over time so it is important to be aware of risk factors across all stages so prevention strategies can be put in place.

The proposal of the research group was to focus analysis on 3 target groups:

- Adult service users
- Children/ young people
- The 'general public'

Two smaller geographic areas were also considered, Beaminster and Blandford.

The following is an outline of analysis to date with proposed next steps:

Adult service users:

Data from the Adult Social Care Survey 2016 was mapped to identify geographical hot spots of service users who are dissatisfied with their amount of social contact and how they spent their time. These 2 questions were taken to represent indicators of being 'socially isolated' and 'lonely'.

Q8a: "thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?"

- | | |
|---|---|
| 1 | I have as much social contact as I want with people I like |
| 2 | I have adequate social contact with people |
| 3 | I have some social contact with people, but not enough |
| 4 | I have little social contact with people and feel socially isolated |

There were a total of 516 respondents with 114 answering either 3 or 4 which was taken to represent a greater risk of being social isolated and lonely. A higher proportion of these were females and in the 18-64 age bracket.

Q9a - Which of the following statements best describes how you spend your time?

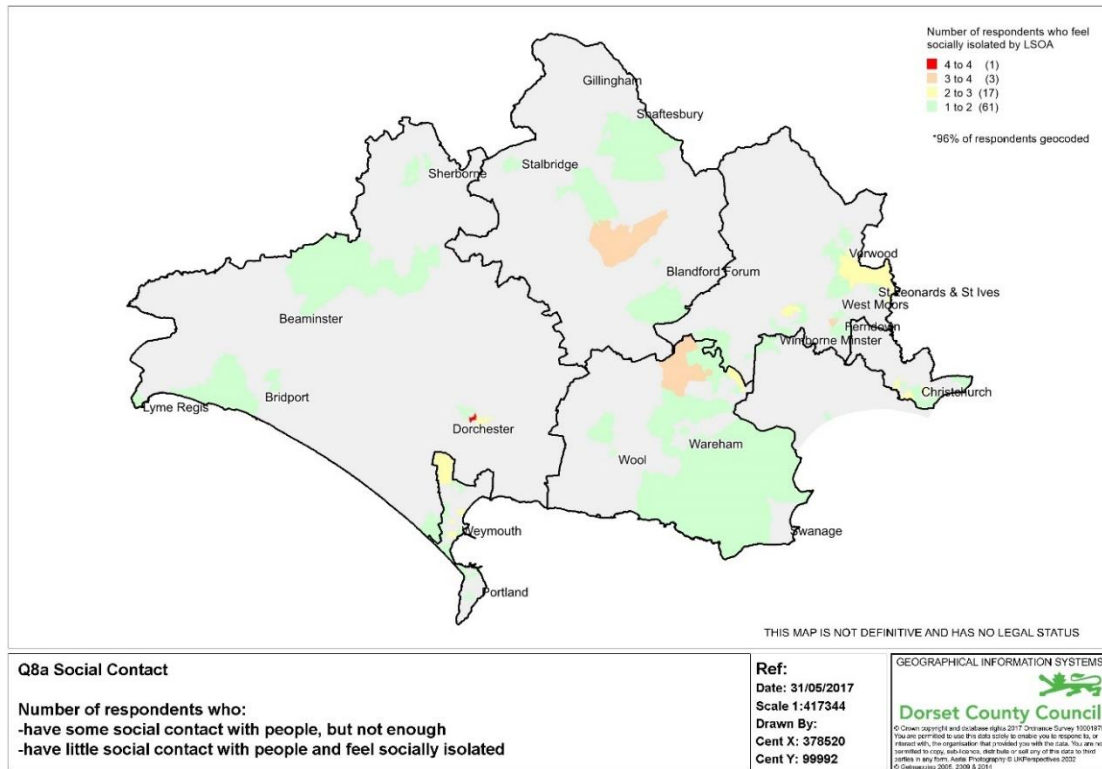
- | | |
|---|--|
| 1 | I'm able to spend my time as I want, doing things I value or enjoy |
| 2 | I'm able to do enough of the things I value or enjoy with my time |

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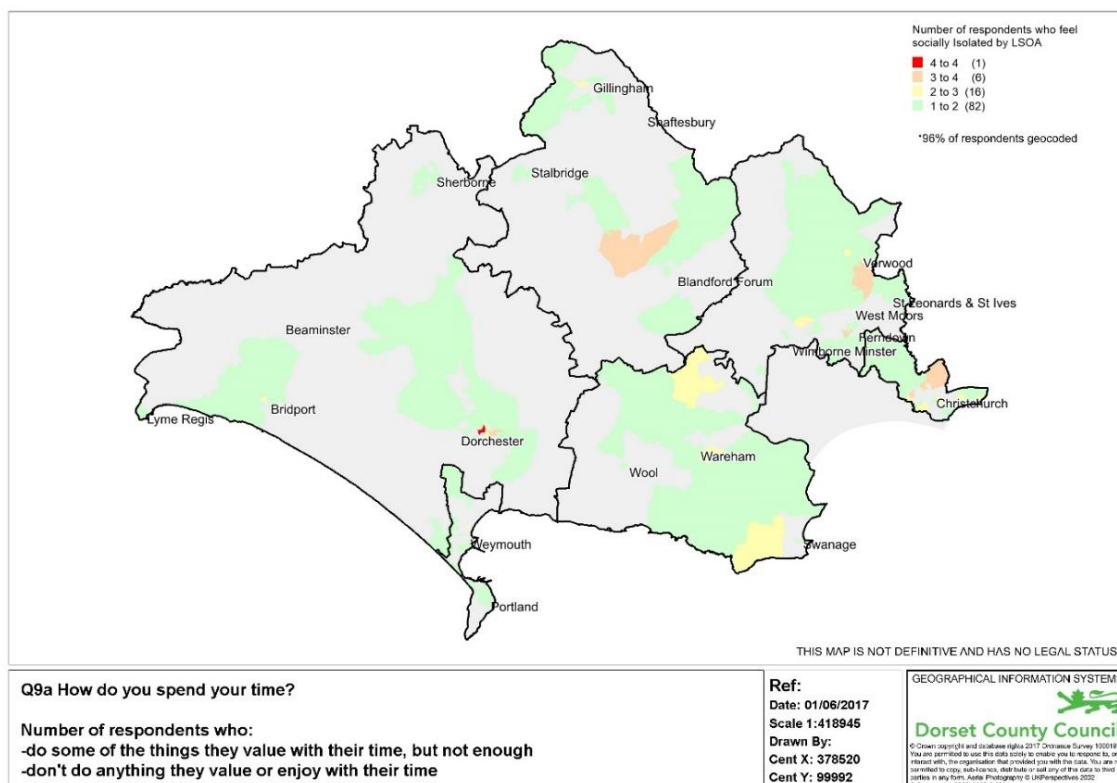
3	I do some of the things I value or enjoy with my time but not enough
4	I don't do anything I value or enjoy with my time

141 answered either 3 or 4 which was taken to represent a greater risk of being social isolated and lonely. A higher proportion of these were females and in the 65-84 age group.

The maps show geographically the greatest numbers 'at risk':



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Responses for both questions showed a greater proportion of social care users not having enough social contact or not involved in valuable activities in the Dorchester area in particular, along with Shillingstone, Stourpaine, Verwood, Burton, parts of Weymouth and Swanage.

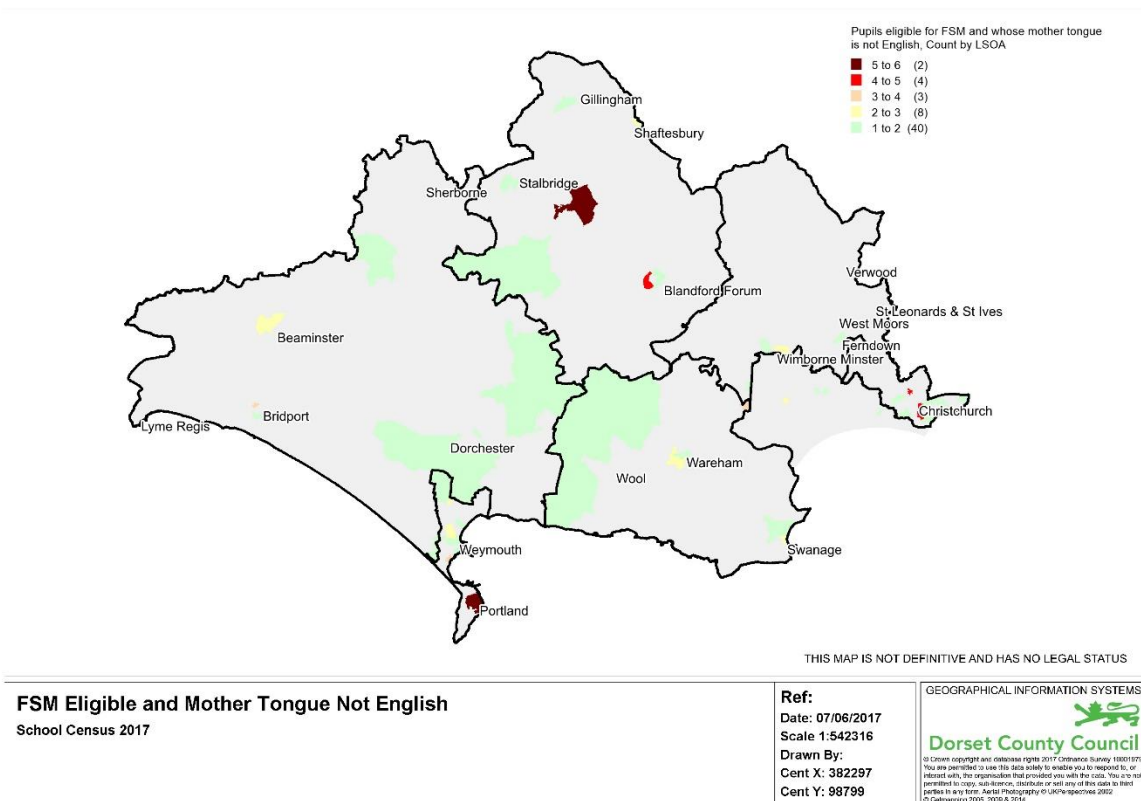
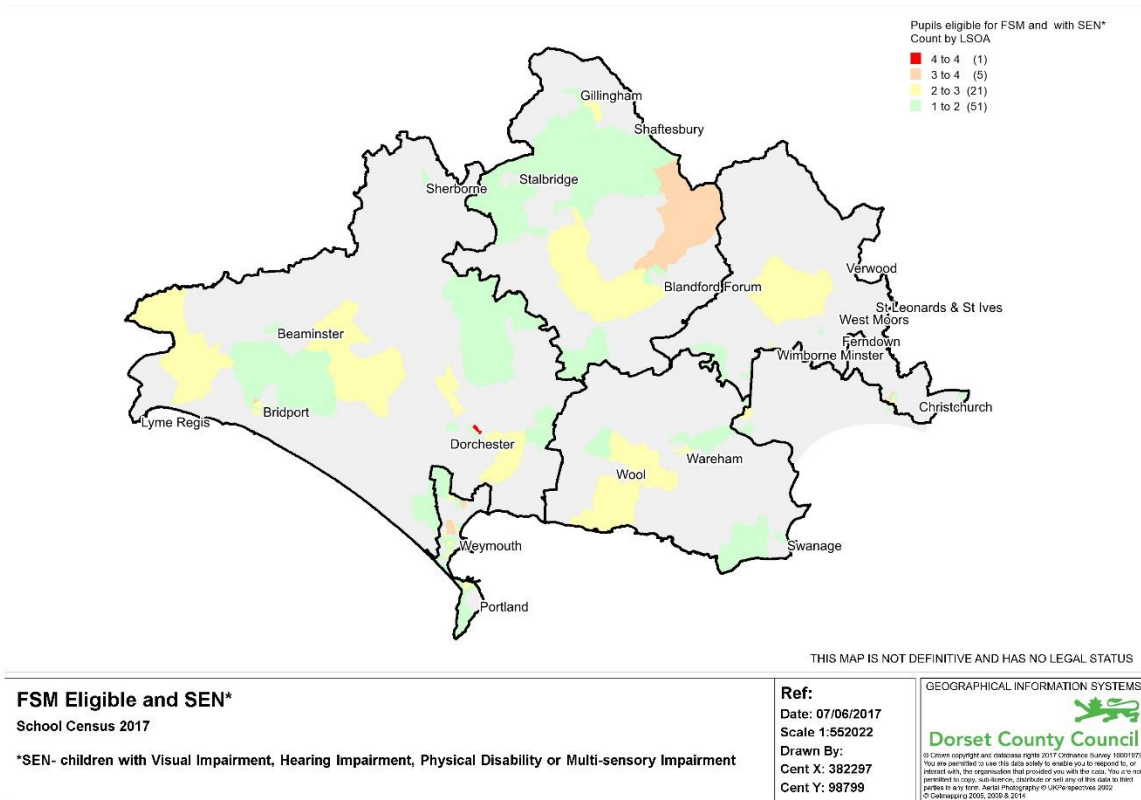
Numbers in these groups for both questions are low so should be treated with caution. It would be recommended to use survey results from more than one year to develop a more robust picture in further analysis.

Nonetheless these results are a useful guide to targeting interventions in these areas. The added context available to take from the survey in terms of age, gender, reason for support and how support is provided enable specific interventions to be developed.

Children/young people:

Data from the school census allows us to identify groups at risk of social isolation and loneliness by considering certain variables which increase this risk. These include - free school meals (an indicator of family low income), sensory impairments (visual, hearing), physical disability, and language spoken. The following maps show areas at risk when the variable of being eligible for free school meals and having a SEN (special education need of visual or hearing impairment, physical disability or multi-sensory impairment) are combined and mapped, along with that of free school meal eligibility and language spoken not English:

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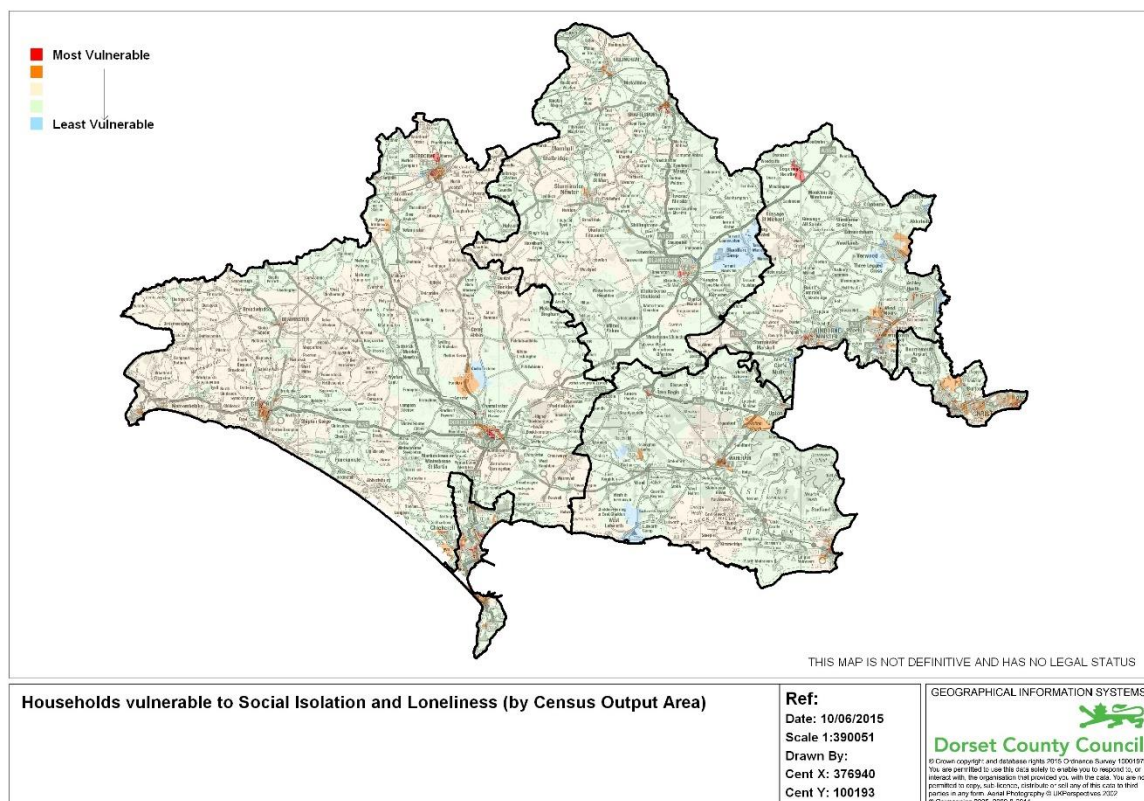
The maps clearly show geographical areas at greater risk of loneliness and isolation in children and young people. With hot spots in Dorchester, parts of Portland, parts of Blandford and around

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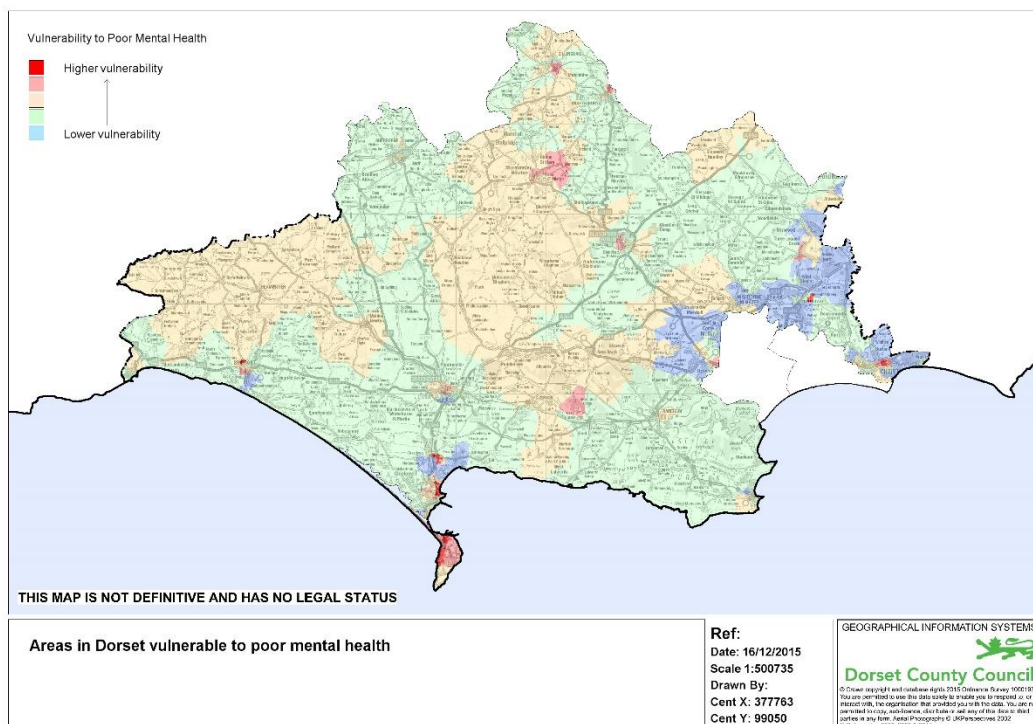
Stalbridge. Again numbers combining the variables are low and so should be treated with caution, it may be more powerful to consider using more than one year's data for further analysis. Irrespective they are a useful guide to establishing where children and younger people may be at greater risk of loneliness and social isolation, enabling targeted support packages and interventions.

The 'general public':

Research using MOSAIC socio-economic data from Experian has created 'a social isolation and loneliness index' to apply to the general public to identify areas with a high vulnerability to loneliness. The index included variables that are potential drivers of isolation and loneliness - factors such as low income, health, community safety, singles households and not owning a car were all included when assessing. These were then mapped across Dorset to display households most vulnerable:



Further research using MOSAIC data has also identified a 'mental health index' to identify areas with a high vulnerability to poor mental health across the County which can be used to indicate risk of loneliness. The index included variables measuring self-reporting of common mental health issues as well as diagnostic data. Factors such as multiple deprivation, low income, low education attainment and low levels of social capital all have a significant relationship with vulnerability to poor mental health and subsequently risk to loneliness.



Both maps are useful guides to understanding the potential scope of the problem across the County, picking out hot spots in Blandford, Dorchester, and Portland, along with Melcombe Regis and some parts of Christchurch and Bridport. Further work will look to combine them both to develop a more targeted view.

Beaminster & Blandford:

The areas of Blandford and Beaminster are very different so the populations at risk will also be different along with the types of interventions and strategies put in place.

Whilst Beaminster is a small rural market town with a population of approximately 3,100, Blandford is a larger town with approximately 10,600 people. Beaminster has a greater proportion of over 65s, at 34% of its population, and subsequently a greater proportion of retired and economically inactive residents. There is a greater proportion of widowed residents and residents with limited day to day activities, and higher proportions providing unpaid care. Conversely, Blandford has a younger demographic but a greater proportion of unemployed residents and those single and living alone. Blandford also has more deprived areas. The ethnic diversity is also greater in Blandford with a higher proportion of BME population than in Beaminster and higher representation of households who do not have English as a main spoken language.

All the variables outlined above can be taken as risk factors to social isolation and loneliness, but the different issues in both areas demonstrate the different approaches to interventions and support needed.

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Next Steps:

More work is to follow in profiling the households at risk and mapping this information. It is acknowledged there may be gaps in the data analysed above and so profiling these alongside socio-economic data could identify more household types likely to be risk.

Work in the areas of Blandford and Beaminster needs an understanding of the scope of the issue in these geographies and as such, consider the best ways of engaging with the communities based upon their different demographics and tailoring those support packages.

Suitable outcome measures need to be agreed, along with baselines taken and an audit of current activities. Research has identified that greater loneliness and social isolation in an area can increase GP visits, anti-depressant usage, hospital admissions, A&E visits, and social care support packages – all quantifiable outcomes that could be used as measures for success should this data be accessible.

There is also a need for further data development. Whilst a number of the variables are considered to increase risk for social isolation and loneliness, there are data gaps in the understanding of mental health, in particular that of children and young people. As acknowledged, effects can accumulate over time, so interventions at an early stage of the life course are key to minimising impacts.

Nicola Dench
Policy & Research
Chief Executives

Briefing Note: Loneliness and social isolation

Introduction

Public Health colleagues have written this briefing note on loneliness and isolation. This briefing will help the task group to appreciate what the literature says and to focus its work on social inclusion.

Background

The terms social isolation and loneliness are often used interchangeably, but are distinct concepts:

- Social isolation - an inadequate quality and quantity of social relationships with other people at different levels (for example one to one, in a group or as a community)
- Loneliness - an emotional response that people may experience regardless of the extent of their social relationships.

Extensive research shows both social isolation and loneliness are associated with higher rates of death. The most recent article from the English Longitudinal Study of Aging (ELSA), shows that while loneliness is often linked with health problems that may explain this higher rate, social isolation may in itself predict this higher rate (Stephens, 2013). A systematic review in 2010 found that if you imagine a group of 100 people, by the time half had died there would be 5 more people alive with stronger social relationships than with weaker relationships. This impact is similar to that seen when comparing people who smoke 15 cigarettes a day with non-smokers. (Holt-Lunstad, 2010)

In terms of physical health, both socially isolated and lonely older adults report worse physical health, and this adds together for those who are both (Cornwell, 2009). Studies have also shown an impact on use of health and social care resources, for example loneliness associated with increased use of accident and emergency services (Geller, 1999) and social isolation associated with readmission (Mistry, 2001) and delays in discharge following hip fracture (Landeiro, 2015).

Loneliness has also been linked to depression, irrespective of other factors (Aylaz, 2012), and is linked with excessive use of alcohol, with those dependent on alcohol feeling lonelier than others and those who depend on alcohol who also feel lonely being less likely to change their situation (Robinson, 2011). Social networks may be less supportive in those with alcohol misuse (Akerlind, 1992) and with both loneliness (Ong, 2012) and social isolation (Cacioppo, 2003), people may suffer more or recover less well from stress.

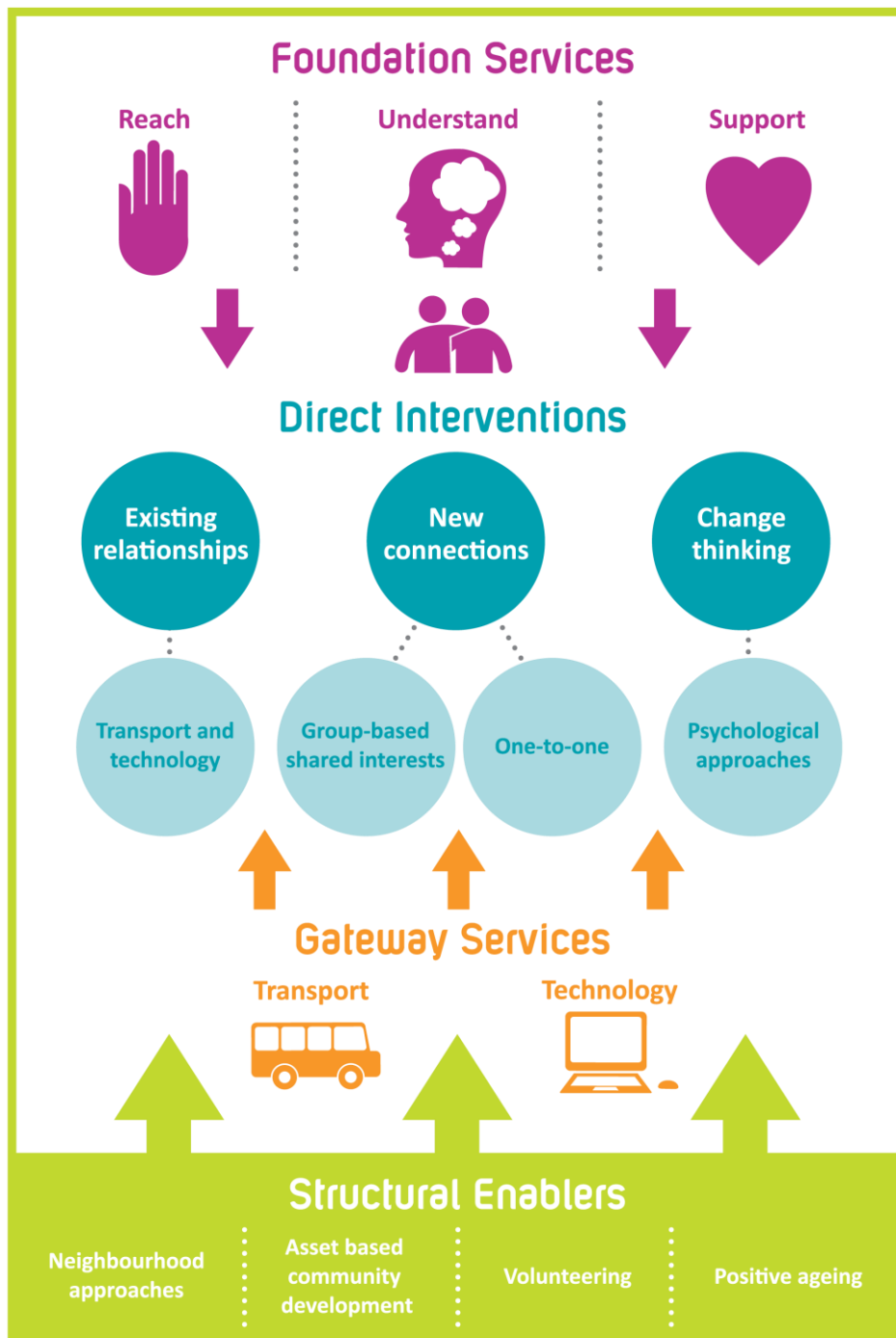
Research has also shown that there are many potential risk factors or triggers for loneliness or social isolation including:

- Living alone
- Suffering a bereavement
- Becoming a carer or giving up caring
- Retirement
- From an ethnic minority group
- Being gay or lesbian
- Having a mobility problem
- Having a sensory impairment

As people age they may have increasing numbers of such risk factors or triggers and age itself is also a risk factor, with 10% of over 65s feeling lonely most of the time.

Framework for interventions

A range of potential interventions can support people identified as lonely, socially isolated or at risk of these. Key is using local knowledge and resources to understand and address issues within neighbourhoods and communities, with support from a range of agencies including the third sector to build and communities own capacity to tackle loneliness.



Framework From Campaign to End Loneliness

Local picture

Of the 180,000 people aged over 65 in Bournemouth, Dorset and Poole, we would expect 18,000 to be lonely most of the time, based on national figures. Altogether over 100,000 people live alone locally, of whom more than half are 65 or over, whilst 25,000 people over 65 are acting as unpaid carers (10,000 in B&P, 15,000 Dorset).

Locally over 5,000 people are registered with visual impairment, over half of these are registered as severely impaired (blind), and a third also have a hearing impairment

Local services

There are a wide range of local services that support people locally.

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People and Communities Overview and Scrutiny Committee **Briefing Note on Community Transport**

26th June 2017

What is Community Transport?

Community transport is a service provided by the local community in response to specific local transport needs. The schemes run on a not-for-profit basis, or as a social enterprise, often involving volunteers to manage and deliver the service. Community transport is regarded as an effective, flexible, small scale solution for meeting the travel and mobility needs of specific individuals and local groups.

Community transport solutions connect:

- Socially isolated people to essential services and facilities.
- Older people or those with a disability to essential medical services.
- Local people with schools, libraries, shops, friends, clubs and community events
- Community and youth groups with social, recreation and entertainment centres.

Community transport can offer the following benefits for a local community:

- Give individuals greater independence and improve their well-being and quality of life.
- Often the ideal response to a local travel/transport problem.
- The use of volunteers can reduce the overall cost of travel.
- May provide employment and/or access to employment in the local area.
- Strengthens rural communities across a district.
- Work with local transport action groups and parish councils to help solve transport issues.
- Flexibility over time, route and destination.

Public and School Transport Review

The consultation for Dorset County Council's [Public and School Transport Review](#) ran for 8 weeks between 27 May and 22 July 2016 and sought people's views on their proposals for the future of subsidised bus services in Dorset.

The transport review was needed because the existing subsidy driven approach was not working and central government is reducing funding for Dorset County Council which means the Council has to make big savings to balance the budget. As a result, the public transport subsidy needs to be reduced by £1.5m plus the cost of school transport services must be reduced by £850,000. These savings must be in place by 2017/18. It will not be possible to retain the current public bus network within the revised budgets so many existing services will change.

The core transport network was redesigned and 7 routes were identified needing continued support. The county council has now awarded new contracts for supported public and schools transport services. The new contracts, which replace those due to expire in July, cover 7 core public transport routes and 13 secondary/upper schools (plus 5 middle schools). These have been

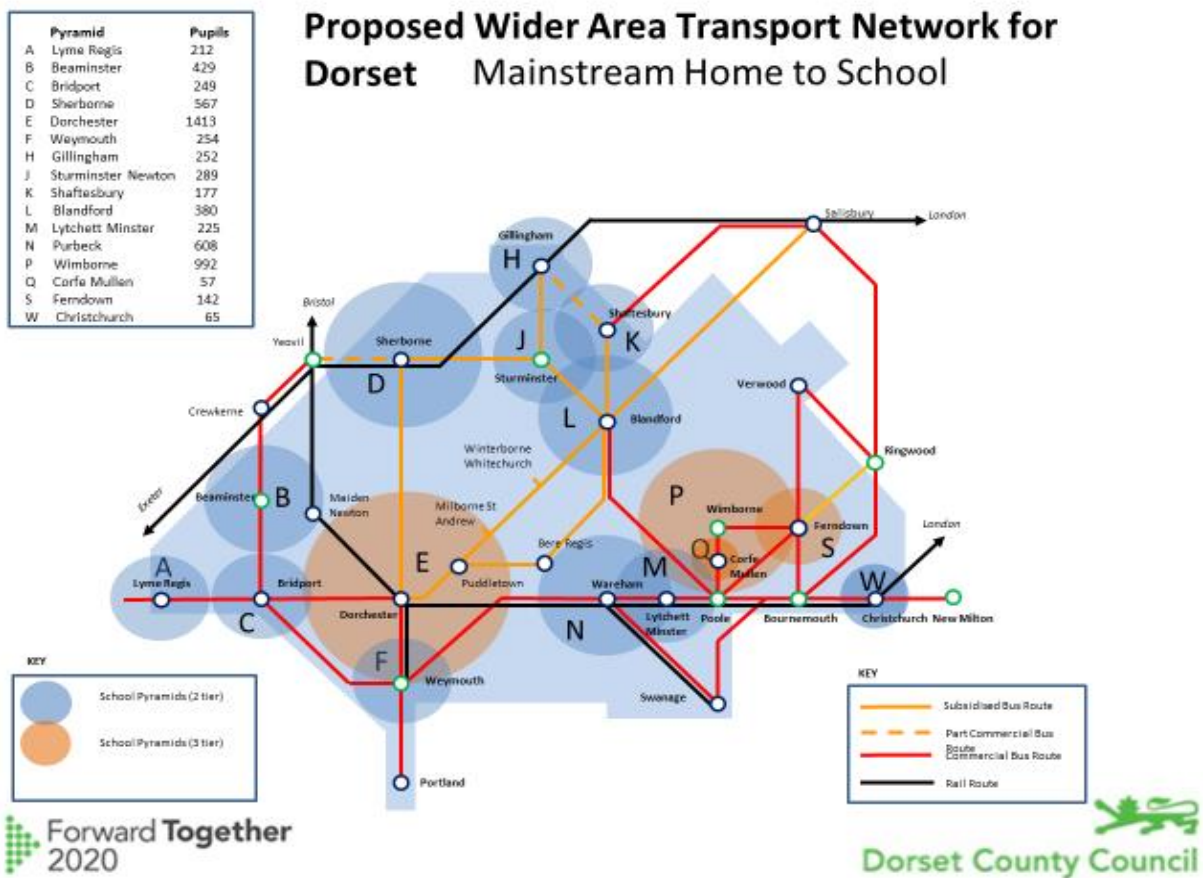
awarded to 4 local bus companies: Go South Coast (Damory), First Hampshire and Dorset, South West Coaches and Vale Coaches.

The new contracts cover two elements of travel support provided by the council, which represent a significant step towards realising the council’s Passenger Transport Strategy:

- a core network of public bus routes between Dorset’s market towns that help support Dorset’s economy by helping people travel to school, college, training or work; and
- school contracts allocated on a ‘one school, one operator’ basis where most appropriate. This provides a more simple approach for pupils, parents and schools, allowing schools to develop working relationships with a single bus company.

The 7 public transport routes between Dorset’s market towns will start operating on 24 July 2017. The new school transport contracts will start in September. The council has been working closely with bus operators and schools to make any changes to services as smooth as possible.

As a result of this Review, where commercial transport operation is not viable, some areas of Dorset will no longer have access to a public transport service and will therefore have unmet transport needs. Community transport brings both innovation and flexibility to fill these gaps in an inclusive way.



The role of community transport in Dorset

There are 64 schemes in Dorset that provide an invaluable service to thousands of local residents who have difficulty accessing public transport. These community transport schemes play an important role for helping people to access services in rural areas.

91% of Dorset (by area) has access to a community transport scheme (mainly Dial-a-Bus or volunteer car schemes) with more than 720 volunteer drivers. Currently there are 64 established schemes plus 20 trial schemes that have been introduced since April 2016.

The majority of new schemes are the weekly 'PlusBus' services operated by Dorset Community Transport (DCT). DCT operate a number of Mainstream School/Special Educational Needs (SEN) contracts across Dorset and are keeping their driver and vehicle in those rural areas to provide a community transport service between the morning and afternoon school runs. This keeps costs lower as the driver and vehicle are available and already in the area. This is a model that Dorset County Council would encourage other school transport operators to follow.

Dorset County Council, NORDCAT and SEDCAT are the other operators that have also introduced trial community transport services since April 2016.

Dorset Travel - Aims and Objectives

One of the aims of the Dorset County Council's Dorset Travel Team is to help residents in Dorset have access to a community transport service in areas where public transport is unavailable to help meet the needs of both current and potential passengers. The strategy encompasses key stakeholders such as local residents, community transport operators, Transport Action Groups, community groups, voluntary sector, POPP, District, Borough, Town and Parish Councils and their councillors.

The overall aim will be achieved via the following objectives:

- Targeting areas most affected by the Public and School Transport Review.
- To engage with key stakeholders in an on-going and constructive dialogue about how best we can maintain and improve our community transport services.
- To empower key stakeholders to set up new community transport schemes or to expand existing schemes in their area, particularly those areas with little or no public transport service.
- Funding initiatives, such as a Community Transport Grant, to support the establishment of new community transport services or to expand existing schemes to meet the need of local communities.
- Recruitment of volunteer drivers and co-ordinators to cope with additional demand for community transport schemes.

Engaging with Key Stakeholders

By engaging and working closely with communities and key stakeholders, a range of travel and transport options can be explored that could offer a more flexible community transport network.

Since January 2016, Dorset Travel have attended in excess of 45 community engagement meetings across the County involving councillors, parish councils, transport operators, members of the community and other interested stakeholders. These meetings have given the opportunity to discuss the outcome of the Transport Reviews, inform of existing Community Transport schemes and explain possible options for setting up new Community Transport schemes.

Community engagement meetings will continue throughout 2017. These meetings will focus on the areas shown on the map of Dorset's proposed wider area transport network that will not be served by a public transport service. All key stakeholders can be involved such as members of the community, District, Borough, Town and Parish Councils, councillors, parish transport representatives, transport operators and other interested parties such as housing associations or local businesses that may be able to assist, sponsor or contribute towards a community transport scheme.

Meetings have also been set up to bring together Chairs of all the Transport Action Groups (TAGs) to ensure that they are kept up-to-date with progress on the Transport Reviews, Community Transport Toolkit, etc so that this information can be disseminated back to their TAG members. TAGs have the necessary local knowledge and are an invaluable link to support their local communities that may be considering various transport solutions in their area. The TAG Leaders Meetings continue to be held on a 6-monthly basis.

A Community Transport Directory has been produced and is available on the community transport webpage on dorsetforyou. The Directory contains details of the established voluntary car schemes, dial-a-rides and other community transport initiatives across Dorset. A page is dedicated to each scheme and provides information such as areas served, eligibility, cost, days of operation and contact details for making enquiries and booking transport.

Condensed versions of the Community Transport Directory containing information only relevant to a particular zone have been produced for distribution at community engagement meetings. There is ongoing communication with the existing community transport schemes to ensure that this information is kept up-to-date.

In conjunction with the 2016 Bus Review, the Community Transport pages on dorsetforyou were updated and an interactive map illustrating where Community Transport schemes are located across Dorset was developed. Community transport schemes also appear on the "My Local" facility available on dorsetforyou.

Dorset Travel will engage with all transport operators, not just community transport operators. Therefore, community transport was discussed at a pre-procurement Market Engagement Event held for passenger transport operators in October 2016. It was suggested and encouraged that operators who are successful in the 2017 contract tendering process for Mainstream/SEN contracts could consider providing a community transport service during the time slot between morning and afternoon school runs, as DCT is already doing (see earlier).

Working with Others

In 2016, Dorset County Council produced a Community Transport Toolkit that provides useful help and advice to local volunteers and community organisations about setting up a new community transport scheme. The toolkit can be downloaded at www.dorsetforyou.gov.uk/community-

[transport](#). Reference copies were sent out to all Town and Parish Councils, libraries, Transport Action Groups and made available at community engagement meetings.

Dorset County Council has committed to supporting community transport and it has produced the Toolkit to help communities develop different travel/transport solutions tailored to the needs of residents. The document can inspire groups to set up new ways for local people to get out and about more easily.

The guide includes everything from gathering evidence and creating a business case, meeting the legislation and finding funding, to marketing, publicising and launching a new scheme. By guiding through the process step-by-step, the Toolkit will help communities decide which option best suits their needs and understand how schemes can be started and become successful.

In September 2016, Dorset County Council also introduced the initiative of Friends of the Bus Stop or Friends of Bus Service as an approach of allowing the community to take some ownership and pride in their local bus stops or bus service. For example, members of the Western Area Transport Action Group (WATAG) have become Friends of the Bus Stop which involves them reporting any issues relating to bus stops in their area and ensuring that bus timetables are kept up-to-date. All Transport Action Groups have been encouraged to become Friends of the Bus Stop and have been provided with the tools necessary to access timetable cases. There is also interest from Tarrant Hinton Parish Council to become Friends of Service 20 (the Blandford-Salisbury service).

To encourage and empower existing NeighbourCar schemes to consider expanding their operating criteria, an article was included in their first quarterly newsletter 'Rear View Mirror' of 2017. The article informed schemes that they will be entitled to additional funding from the Partnership for Older People Programme (POPP) if they wish to expand their criteria whether by providing transport for all age groups (not just the elderly or disabled), increasing their geographical coverage and/or by catering for all journey purposes rather than only medical appointments.

Dorset County Council has also offered assistance to community transport schemes to recruit new volunteers to help manage any increase in demand on their services. This support has included setting up Facebook ads, press releases and an article in the next Your Dorset newspaper.

Funding

Dorset County Council introduced a Community Transport Grant in October 2016. This Grant has been made available to support the establishment of new community transport services or to expand existing schemes to meet the need of local communities.

Groups can apply for a grant of up to £5,000 and all applications will need 50% matched funding of the total cost of the project. Projects should be non-profit making and applicants must be either registered charities, Parish or Town Councils or Parish meetings, voluntary organisations or a community group looking to establish a new community transport scheme.

The Community Transport Grant funds costs associated with starting up and operating a scheme. These include vehicle purchase costs, IT software that supports effective operation, marketing of schemes and training of staff or volunteers.

Up to £5,000 is available for capital expenditure ie. vehicle purchase and £2,000 is available for revenue costs such as IT systems, training and marketing, etc.

As at June 2017, 4 Community Transport Grants have been awarded to:

- Bridport Town Council to fund a feasibility and scoping study for a Bridport Community Bus
- Thorncombe Parish Council to help support community buses serving Thorncombe and surrounding areas
- SPARK (community group in Southill, Weymouth) to establish a community bus service.
- Christchurch Dial-a-Bus to help purchase an accessible vehicle to meet existing demand and to provide a feeder service to scheduled public bus services for those areas that do not have direct access to public transport.

Seed funding of up to £2,000 is also available from the Partnership for Older People Programme (POPP) to set up a community car scheme. The community of Dewlish are in the process of setting up their own scheme.

Recruitment of Volunteers

Meetings have taken place between Dorset County Council and Volunteer Centre Dorset (VCD) to increase awareness of voluntary community transport schemes and to attract new volunteers. The Volunteer Centre is receiving a Voluntary and Community Sector (VCS) Strategic Grant from Dorset County Council's Chief Executive's Department to undertake some work to help support and add value to community transport schemes. VCD have undertaken to:

- Consult with groups about scope for expansion and increased usage.
- Look at sharing resources/volunteers.
- Look at how community/local buses can be used more extensively – especially for young people and those out of work.
- Target volunteer recruitment for community transport schemes.
- Provide specific links and information on the VCD website.

Regular updates are also provided on VCD's website and they included a full page article on community transport in their 2016 autumn/winter newsletter (3000 distribution). VCD also undertake to promote community transport through social media, develop posters and raise awareness through town and parish councils, village halls, etc.

Dorset Travel also offers assistance to community transport schemes to recruit new volunteers to help manage any increase in demand on their services. This support includes setting up Facebook ads plus any other PR and communications that may be required.

Communications Strategy

Community Transport has featured in a number of Dorset County Council's press articles, including the Community Transport Grant and the Toolkit. Articles on community transport have also been included in the last 6 publications of Dorset County Council's countywide quarterly newspaper – Your Dorset. This included a full 2-page feature on Community Transport in the July 2016 edition.

The feature included information on the Toolkit and case studies on Dorset's community transport schemes.

Dorset Travel has worked with Communications colleagues to ensure that there continues to be a steady flow of information provided on community transport during 2017. This includes press releases, Facebook ads, case studies, You Tube videos, articles in Your Dorset and updates on the dorsetforyou webpages.

Scrutiny Review

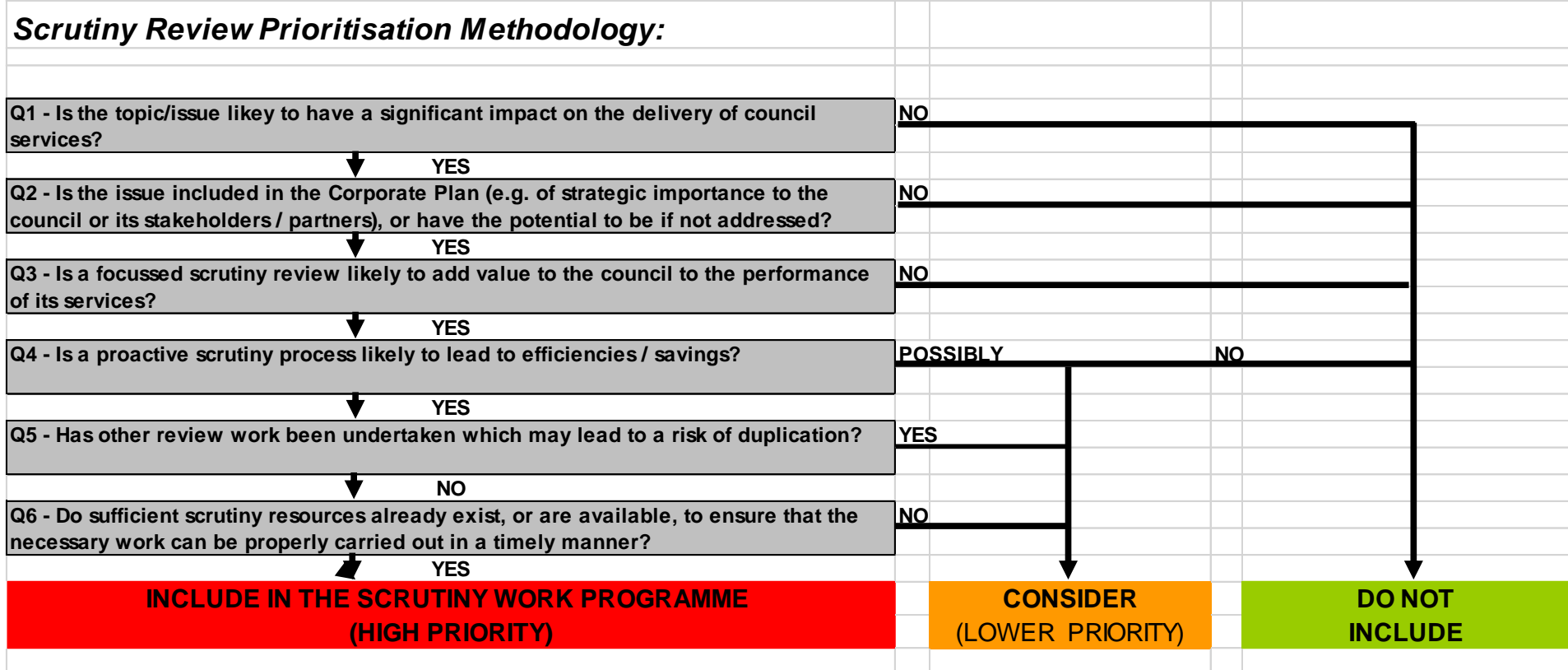
A meeting was held in March 2017 with Councillor David Walsh to discuss the community transport work carried out by Dorset Travel. Councillor Walsh suggested that a meeting of key stakeholders be set up after the new transport contracts had been awarded to discuss how to get the best out of community transport.

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People and Communities Overview & Scrutiny Committee Work Programme

Chairman: Cllr David Walsh
Vice Chairman: Cllr Mary Penfold

Specific issues previously discussed by the Committee for potential further review:	
Adoption and Fostering – working along-side the Safeguarding Overview and Scrutiny Committee	For the items listed to the left members are asked to: <ul style="list-style-type: none"> • Complete the prioritisation methodology • Identify lead Member(s) and lead Officer(s) • Provide a brief rationale for the scrutiny review • Indicate draft timescales • Assign the item to a meeting in the work programme
Special Educational Needs – accessibility and transport	
Mental Health	
Elderly Care	
Delayed Transfers of Care	
Integration of Health and Social Care, including the Better Care Fund	
Information, Advice and Guidance	
Housing – working along-side the Economic Growth Overview and Scrutiny Committee	The Chairman of the Economic Growth Overview and Scrutiny Committee is exploring the scrutiny of housing being led by the Dorset Tri-Borough Partnership (WDDC, W&PBC and NDDC). The Council could take part in the review as a partner, particularly regarding availability of land.



All items that have been agreed for coverage by the Committee have been scheduled in the Forward Plan accordingly.

Date of Meeting		Item/Purpose	Key Lines of Enquiry (KLOE)	Lead Member/Officer	Reference to Corporate Plan	Target End Date
26 June 2017 (10.00am)	1	<u>Draft Annual Report</u> To consider the Committee's first Annual Report.		Councillor: David Walsh John Alexander Senior Assurance Manager		
	2	<u>Corporate Plan</u> To consider the Corporate Plan		Councillor: John Alexander Senior Assurance Manager		
	3	<u>Dorset Education Performance 2016</u> To consider a report.		Councillor David Walsh Jay Mercer Assistant Director – Prevention and Partnerships		
	4	<u>Special Education Needs Budget</u> To consider a scoping report.		Councillor: Jay Mercer Assistant Director – Prevention and Partnerships		
	5	<u>Social Isolation</u> To consider a scoping report.		Councillor David Walsh Paul Leivers Assistant Director – Early Help and Community Services		

Date of Meeting		Item/Purpose	Key Lines of Enquiry (KLOE)	Lead Member/Officer	Reference to Corporate Plan	Target End Date
	6	<u>Racial and Hate Crime</u> To consider a scoping report.	What it is How they are recorded What the Council is doing	Councillor: Patrick Myers Assistant Director – Design and Development		
	7	<u>Review of Community Transport</u> To consider a scoping report.	The Holistic Transport Board – what it is doing and where it is going What has happened since the last cuts and review by the Audit and Governance Committee The Social Care perspective	Councillor David Walsh Matthew Piles Service Director - Economy		
	8	<u>Quality and Cost of Care</u> The Committee's recommendations were considered by the Cabinet on 5 April 2017. The outcome is noted at Item 5 on this agenda. To receive a verbal update.		Councillor David Walsh Sally Wernick Safeguarding and Quality Service Manager		
	9	<u>Social Care Workforce</u> To consider a scoping report.		Councillor Harry Capron Assistant Director, Adult Social Care Patrick Myers Assistant Director – Design and Development		
11 October 2017 (10.00am)	1	<u>Corporate Plan and Outcomes Monitoring Report</u> To consider the Corporate Plan and receive an update on Outcomes Monitoring.		Councillor: John Alexander Senior Assurance Manager		

Date of Meeting		Item/Purpose	Key Lines of Enquiry (KLOE)	Lead Member/Officer	Reference to Corporate Plan	Target End Date
January 2018	1	<u>Corporate Plan and Outcomes Monitoring Report</u> To consider the Draft Corporate Plan and receive an update on Outcomes Monitoring.		Councillor: John Alexander Senior Assurance Manager		
March 2018	1	<u>Corporate Plan and Outcomes Monitoring Report</u> To consider the Draft Corporate Plan and receive an update on Outcomes Monitoring.		Councillor: John Alexander Senior Assurance Manager		
June 2018	1	<u>Draft Corporate Plan and Outcomes Monitoring Report</u> To consider the Draft Corporate Plan and receive an update on Outcomes Monitoring.		Councillor: John Alexander Senior Assurance Manager		
October 2018	1	<u>Corporate Plan and Outcomes Monitoring Report</u> To consider the Draft Corporate Plan and receive an update on Outcomes Monitoring.		Councillor: John Alexander Senior Assurance Manager		