

# People and Communities Overview and Scrutiny Committee

**Dorset County Council**



Date of Meeting	21 March 2018
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	<b>Outcomes Focused Monitoring Report, March 2018</b>
Executive Summary	<p>The 2017-18 Corporate Plan sets out the four outcomes towards which the County Council is committed to working, alongside our partners and communities: to help people in Dorset be <b>Safe, Healthy and Independent</b>, with a <b>Prosperous</b> economy. The People and Communities Overview and Scrutiny Committee has oversight of the <b>HEALTHY</b> and <b>INDEPENDENT</b> corporate outcomes.</p> <p>The Corporate Plan includes objective and measurable <b>population indicators</b> by which progress towards outcomes can be better understood, evaluated and influenced. No single agency is accountable for these indicators - accountability is shared between partner organisations and communities themselves.</p> <p>This is the fourth and final monitoring report against the 2017-18 corporate plan. As well as the most up to date available data on the population indicators within the “Healthy” and “Independent” outcomes, the report includes:</p> <ul style="list-style-type: none"> <li>• <b>Performance measures</b> by which the County Council can measure the contribution and impact of its own services and activities on the outcomes;</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Risk management</b> information, identifying the current level of risks on the corporate risk register that relate to our outcomes and the population indicators associated with them.</li> </ul> <p>The People and Communities Overview and Scrutiny Committee is encouraged to consider the information in this report, scrutinise the evidence and commentaries provided, and decide if it is comfortable with the trends. If appropriate, members may wish to consider and identify a more in-depth review of specific areas, to inform their scrutiny activity.</p>
<p>Impact Assessment:</p>	<p><b>Equalities Impact Assessment:</b> 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 the Corporate Plan.</p> <p><b>Use of Evidence:</b> 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). There is a lead officer for each outcome whose responsibility it is to ensure that data is accurate and timely and supported by relevant commentary.</p> <p><b>Budget:</b> The information contained in this report 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><b>Risk:</b> 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>However, where “high” risks from the County Council’s risk register link to elements of service activity covered by this report, they are clearly identified.</p> <p><b>Other Implications:</b> None</p>
<p>Recommendation</p>	<p><b>That the committee:</b></p> <ol style="list-style-type: none"> <li>Considers the evidence of Dorset’s position with regard to the outcome indicators in Appendix 1 and 2; and</li> <li>Identifies any issues requiring more detailed consideration through focused scrutiny activity.</li> </ol>

## Outcomes focused monitoring report

Reason for Recommendation	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.
Appendices	<ol style="list-style-type: none"><li>1. Population and Performance January 2018 – <b>Healthy</b></li><li>2. Population and Performance January 2017 – <b>Independent</b></li><li>3. Financial benchmarking information: Adult Social Care</li><li>4. Value for Money: Economy and the Environment</li><li>5. Value for Money: Children's Services</li></ol>
Background Papers	<i>Dorset County Council Corporate Plan 2017-18</i> , Cabinet, 28 June 2017 <a href="https://www.dorsetforyou.gov.uk/corporate-plan-outcomes-framework">https://www.dorsetforyou.gov.uk/corporate-plan-outcomes-framework</a>
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## 1. **Corporate Plan 2017-18: Dorset County Council's Outcomes and Performance Framework**

- 1.1 The corporate plan includes a set of "population indicators", 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.
- 1.2 Each indicator has one or more associated **service performance measures**, which measure the County Council's own specific contribution to, and impact upon, corporate outcomes. For example, one of the population indicators for the "Healthy" outcome is "Under 75 mortality rate from cardiovascular disease (CVD)". A performance measure for the County Council (or the services we commission, such as *LiveWell Dorset*) that should have an impact on this is "The proportion of clients smoking less at three months following a smoking cessation course", since evidence shows that smoking significantly increases the likelihood of CVD.
- 1.3 Unlike with the population indicators, the County Council is directly accountable for the progress (or otherwise) of performance measures, since they reflect the degree to which we are making the best use of our resources to make a positive difference to the lives of our own customers and service users.
- 1.4 Where relevant, this report also presents **risk management** information in relation to each population indicator, identifying the current level of risks on the corporate register that relate to our four outcomes.
- 1.5 Efforts continue to present an analysis of the **value for money** of County Council services to sit alongside the performance information in this report. In the interim, Appendix 2 of this report provides financial benchmarking information for Adult Social Care, Appendix 3 provides a value for money analysis of some key areas of work for the Environment and the Economy Directorate, and Appendix 4 provides equivalent information for Children's Services.
- 1.6 Outcome lead officers work to ensure that the commentaries on each page of these monitoring reports reflect the strategies the County Council has in place in order to improve each aspect of each outcome for residents. The commentary seeks to explain the strategies we have in place to make improvements – such as smoking cessation – and then report on the success of those strategies.
- 1.7 Members are encouraged to consider all of the indicators and associated information that fall within the remit of this committee at Appendix 1 and Appendix 2, 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.

## 2. **Suggested areas of focus**

- 2.1 At the beginning of both of the performance appendices to this report, there is a summary of progress with all of the population indicators and performance measures, and some suggestions for areas upon which the committee might wish to focus its consideration and scrutiny. These areas have been highlighted because they are currently showing a worsening trend. They are briefly summarised below, and full commentaries are provided within the body of the main reports, including the strategies currently in place to drive improvement.

## 2.2 Population Indicators

### 2.2.1 HEALTHY 02: *Rate of hospital admissions for alcohol related conditions*

As discussed by this committee in January, rates of hospital admissions related to alcohol are much higher than 30-40 years ago, due to a combination of higher levels of alcohol consumption and improved data recording. Since January, 2017 data has been published, which shows a continuing upward trend for women and a static trend for men (although admission rates remain higher for men than women). This relates to a faster rise in average rates of drinking amongst women than men in the past 30 years. Admission rates are highest amongst those aged 40-64 for both men and women, whereas in their parents' generation, men were more likely to drink heavily – hence the sharper rise amongst women.

### 2.2.2 INDEPENDENT 01: *Percentage of children 'ready to start school' by being at the expected level at Early Years*

This indicator helps us to understand school readiness and is made up of the building blocks for child development. There has been a small reduction in the proportion of children reaching a good level of development at age 5, and Dorset remains in the 3rd quartile for this nationally.

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. 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.

Dorset County Council provides a range of early childhood services for children aged 0 to 5 years and their families including children centre activities; parenting support, information, advice and guidance; outreach work in the family home; and support with literacy and reading in libraries. We also provide support to early years settings on the quality of education provision and work in close partnership with our health partners who provide maternity services and health visiting services to ensure that children get the best start in life. We are currently reviewing our 0-5 offer to ensure that we make the best use of our resources and respond to emerging need and policy changes.

## 2.3 HEALTHY: Performance measures

### 2.3.1 *Proportion of people who use services who reported that they had as much social contact as they would like*

This figure is drawn from the annual Adult Social Care Survey. There was an 18% fall in the proportion of social care clients reporting sufficient social contact between 2015-16 and 2016-17 (from 50.13% to 41.3%). Social isolation is a significant issue in Dorset, and is known to have a negative impact on life expectancy.<sup>1</sup>

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

The 2017-18 Adult Social Care Survey is currently being undertaken. Each year we take part in this national user survey designed by NHS Digital and over 1200 questionnaires have been sent to a random sample of service users accessing long term care and support. The survey asks questions about satisfaction with care and support services, their quality of life, feeling safe and social isolation. It is the best tool we have to hear the customer's voice and the difference care and support services make to their daily lives.

### **Overcoming isolation and promoting independence - innovative solutions**

An important factor in promoting independence and reducing isolation for our social care clients is trying to ensure that appropriate housing is available to them close to good amenities and vibrant communities. Over the next four years, we need to address the housing needs of an anticipated 258 Adult Social Care clients who will need rehousing, including around 160 in the next year, due to discharge from hospital, moving on from home, or current inappropriate accommodation. These are mainly clients with Learning Disabilities or Mental Health problems, many of whom have complex needs, and for whom the limited supply of general needs housing available through the Housing Register is usually inappropriate.

Plans are already in place to use County Council land for a range of innovative solutions to address these needs. These include "care villages" located close to existing amenities in areas such as Bridport and Wareham, which will include care services, extra care housing, and key worker accommodation.

We are already developing advanced proposals, in partnership with Purbeck District Council, to supplement this with high quality, modern, prefabricated modular housing - initially 30 units, with the possibility of this rising to 150 units (see [Supply of housing to meet need of people with Adult Social Care need](#), Cabinet, 7-03-18).

There are a number of advantages to this approach:

- Modular accommodation can be sourced and onsite within a 6 month period compared to up to three years for traditional approaches such as design and build, or purchase and refurbishment.
- It offers flexibility - with modular housing we can develop a portfolio of houses across the County, and site works and utility connections are low cost and allow the units to be easily disconnected and the units moved to another site. This means that we can site the units to meet local demand on sites that the Council owns at relatively low cost. This lends itself to a model whereby sites identified for future development can host modular housing prior to development (often two to three years).
- Modular housing is considerably cheaper at £45,000 per unit against £100,000 for a house in multiple occupancy or £216,000 for single occupancy.

Understandably, the issue of affordable housing is usually discussed within the context of economic growth and **prosperity**. It is important to note, however, that innovative solutions such as this can make a powerful contribution to all four of the County Council's outcomes, providing **safe** and **healthy** homes for vulnerable people and their carers, alongside appropriate service provision, which can significantly reduce hospital admissions and give people the opportunity to live more **independent** lives.

#### *2.3.2 Clients engaging with Live Well Dorset from the most deprived quartile*

There has been a slight but consistent decline in this figure – from 28.3% at quarter 2 2016-17, to 25.1% at quarter 2 2017-18. Differences in opportunities, in access to or

take up of services, and in health outcomes along the life course all contribute to inequalities in life expectancy, and the Live Well Dorset service has focused on trying to get greater engagement among more deprived communities.

### 2.3.3 *Alcohol treatment services – successful completions*

Public Health commissions treatment services for dependent drinkers of all ages including support to under-18s who have been identified as having an issue with alcohol. This may involve medical detox, and continuing talking therapies, usually through group work but also one-to-one. Dorset has prioritised funding for alcohol treatment as part of the Public Health grant, but this grant is under pressure and reducing. Dorset engages more people in treatment services than most other areas and has higher success rates. However the percentage of successful completions has declined over the last year, from 50.1% at Quarter 3 2016-17 to 45.9% at Quarter 2 2017-18.

### 2.3.4 *Emotional and behavioural health of looked after children*

Data for this measure is drawn from the ‘Strengths and Difficulties Questionnaire’, which should be completed for every child looked after for at least 12 months and aged 5 to 16 years-old. A score of 0 to 13 is considered normal; 14 to 16 is borderline; and 17 to 40 is a cause for concern. At Quarter 2 2017-18 the average score in Dorset was 14.6 (i.e. borderline), up from 12.1 the previous quarter. The quarter before that – Quarter 4 2016-17 – the figure was as high as 19.8 – “cause for concern”. It should, though, be noted that as children enter and leave care, the questionnaire will have a slightly different cohort each time it is administered, so fluctuations are to be expected; longer term trends should, though, be monitored.

## 2.4 INDEPENDENT: Performance measures

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

This figure is drawn from the Annual Adult Social Care Survey, and fell from 74% in 2015-16 to 72.1% in 2016-17. More widely, a public consultation carried out in Dorset in February 2017 identified that only 18% of respondents could easily find information and advice they trust about adult social care and their general well-being. Over 35% found it difficult to find this information and advice. Most carers felt that they had little or no information about medical conditions and the impact this would have on the person they care for, at the point of diagnosis. A carers' workshop has been held to review the structure and type of information carers feel that they need. The outcome of this will be used to develop a new carers information hub on Dorset for You, and we are implementing a refreshed carers pathway in conjunction with the CCG.

The “My Life, My Care” website, other websites and leaflets were the most popular ways for people to find information. The positives about “My Life, My Care” will be taken forward in the development of a new information website and engagement with users is taking place to shape this.

## 3.0 **Summary of Committee Activity in Response to Outcome Reports**

### 3.1 Inequality in life expectancy between population groups

3.1.1 This indicator is consistently identified as a “cause for concern” in outcomes reports. Life expectancy data only changes gradually - the issue is to understand and prioritise the work we and our partners do to reduce inequality in health outcomes. The Sustainability and Transformation Plan (STP) for Dorset has identified a Prevention at Scale work plan to focus at a system level on improving inequalities and the Overview

and Scrutiny Committees are careful not to duplicate oversight of this work elsewhere. Nevertheless, the People and Communities Committee has chosen to focus activity on some areas known to contribute to inequality in life expectancy, upon which the County Council can have an important impact. These have been:

### 3.1.2 *Social Isolation*

The committee set up a review group which suggested focusing first on Beaminster and Blandford to try to understand the issues, and then using the lessons learned to consider in order a more generalised approach. Links between social isolation, deprivation, loneliness and community transport were highlighted. It was intended the review would consider social inclusion among all age groups, with the Young Researchers helping to collect and understand the views and experiences of young people. Progress has been slow so far, but a schedule of meetings has now been arranged to progress the review and a progress report will be submitted to the committee in June 2018.

### 3.1.2 *Mental Health*

Data in the “Healthy” outcomes report suggests that mental health conditions have become increasingly prevalent in Dorset over the past few years – poor mental health is known to be another factor that reduces life expectancy as well as being one of the two main causes of sickness absence in the working aged population. DCC is an active partner in implementing the Dorset CCG Acute Care pathway, and has prioritised Learning Disability and Mental Health in the Better Care Fund to accelerate integrated approaches.

The People and Communities held a workshop on 13 December 2017 involving the CCG, key professional staff and service users. This took into account the review of Children and Adults Mental Health Services by the Dorset Health Scrutiny Committee and members' views about children's mental health. A number of issues arose, including access to services, housing and benefits, commissioning and the need for safe places. A full report will be presented to the committee at this meeting.

### 3.1.3 *Alcohol related harm*

Alcohol misuse also affects life expectancy (see paragraph 2.3.3, above), and as such affects socially disadvantaged groups more acutely, since ill effects are exacerbated by factors from which poorer people are more likely to suffer (mental ill health, inadequate housing, poor diet, other substance misuse, etc.) The committee asked for a longer briefing paper on the issue, which they considered in January. While it was recognised that this was already a focus of concern for the STP, and therefore the Health and Wellbeing Board, the decision was taken to include some consideration of alcohol related harm in a review of homelessness in Dorset which the committee had previously initiated. An update on progress with scoping this review will be provided at this meeting.

## 3.2 Education performance

- 3.2.1 Within the corporate plan, education performance at Key Stage 2 appears within the “Independent” outcome, whereas Key Stage 4 and above are part of the “Prosperous” outcome. While there are logical reasons for this, it does create the possibility for duplication between the People and Communities Committee and the Economic Growth Committee (or alternatively, of education performance “falling down the crack” between the two). The Overview and Scrutiny Management Board continues to monitor this.



## Outcomes focused monitoring report

3.2.2 A report on education performance at Key Stage 4 was actually presented to the People and Communities Committee, where the links between poor attainment and social disadvantage were discussed. The committee in June 2017 decided to have an inquiry day on the issue, but although this has been acknowledged as a priority area for review this has not yet happened. Key stage 4 performance has also been discussed at the Economic Growth Committee.

### 3.3 Delayed Transfers of Care

3.3.1 Delayed Transfers of Care have been highlighted in outcomes reports as a cause for concern, since the total number of delayed transfers in Dorset has increased. However the proportion that are "DCC accountable" has improved through targeted work to reduce the number of delayed days in Community Hospitals. During the winter of 2017-18, Significant pressures were experienced in local acute and community hospitals - although the social care element continued to perform well. A full report will be provided at this meeting.