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Agenda

Dorset County Council

Meeting:	People and Communities Overview and Scrutiny Committee
Time:	10.00 am
Date:	4 July 2018
Venue:	Committee Room 1, County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ

David Walsh (Chairman)	Shane Bartlett	Derek Beer
Graham Carr-Jones	Katharine Garcia	Mary Penfold
Byron Quayle	Mark Roberts	Clare Sutton
William Trite	Kate Wheller	

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 29 June 2018, 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:
Tuesday, 26 June 2018

1. **Apologies for Absence**

To receive any apologies for absence.

2. **Appointment of Vice-Chairman**

To consider nominations from Councillors Shane Bartlett and Mary Penfold for the appointment of Vice-Chairman for the year 2018/19.

3. **Terms of Reference** 5 - 6

To note the Committee's Terms of Reference.

4. **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.

5. **Minutes** 7 - 14

To confirm and sign the minutes of the meeting held on 21 March 2018.

6. **Progress on Matters Raised at Previous Meetings** 15 - 20

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

7. **Public Participation**

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

8. **Outcomes Focused Monitoring Report: July 2018** 21 - 50

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

9. **People and Communities Overview and Scrutiny Committee: Annual Report 2017-18** 51 - 68

To consider the Committee's Draft Annual Report.

10. **Progress on Scrutiny Items**

    a) Homelessness in Dorset: Review of Evidence 69 - 88

    To consider a report by the Senior Assurance Manager.

b) Social Isolation: Final Report of the Member Working Group — 89 - 104

To consider the final report.

c) Update on Special Educational Needs and Disability Improvement Plan and Working with Schools — 105 - 112

To consider a report by the Director for Children's Services.

d) Mental Health Review - Responses — 113 - 162

To consider the responses from organisations to the recommendations arising from the Enquiry Day held on 13 December 2017.

e) Integrated Transport Review — 163 - 172

To consider a report by the Service Director, Economy, Natural and Built Environment.

f) Delayed Discharges Performance — 173 - 184

To consider an update report by The Transformation Programme Lead for Adult and Community Forward Together Programme.

11. **Work Programme** — 185 - 190

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.

12. **Questions from County Councillors**

To answer any questions received in writing by the Chief Executive by not later than 10.00am on 29 June 2018.

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People and Communities Overview and Scrutiny Committee

Terms of Reference

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

Dorset County Council

People and Communities Overview and Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park,
Dorchester, Dorset, DT1 1XJ on Wednesday, 21 March 2018.

Present:
David Walsh (Chairman)
Mary Penfold (Vice-Chairman), Derek Beer, Graham Carr-Jones, Katharine Garcia,
Andrew Parry, Byron Quayle and William Trite.

Members Attending
Jill Haynes, Cabinet Member for Health and Care

Officers Attending: John Alexander (Senior Assurance Manager - Performance), Diana Balsom (Commissioning Manager, Housing and Prevention), Paul Beecroft (Communications Officer (Internal)), Harry Capron (Assistant Director - Adult Care), Nicky Cleave (Deputy Director of Public Health), Helen Coombes (Transformation Programme Lead for the Adult and Community Forward Together Programme), Sian Critchell (Finance Manager), Doug Gilbert (Advisor - Children's Services), Siobain Hann (Commissioning Manager, Partnerships), Nick Jarman (Interim Director for Children's Services), Ciara Ryan (Better Care Fund Project Manager), Mark Taylor (Group Manager - Governance and Assurance) and Helen Whitby (Senior Democratic Services Officer).

(Notes: 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 **Wednesday, 4 July 2018**.)

Apologies for Absence
11 Apologies for absence were received from Clare Sutton and Kate Wheller.

Code of Conduct
12 There were no declarations by members of disclosable pecuniary interests under the Code of Conduct.

Cllrs Katharine Garcia and Andrew Parry declared personal interests in minutes 7 and 8 as Governors of the Atlantic Academy and Ferndown Upper School respectively.

Minutes
13 The minutes of the meeting held on 10 January 2018 were confirmed and signed, subject to

Minute 6 - Admissions Arrangements 2019-20 and Transport Policy 2018-19
Cllr Clare Suttons' vote against Recommendations 2 and 4 being added.

Matters Arising
Minute 4 – Progress Report
The Committee were advised that a detailed report on the Review of Integrated Transport would be provided for the next meeting.

Progress on Matters Raised at Previous Meetings
14 The Committee considered a report by the Transformation Programme lead for Adult and Community Forward Together Programme which set out outstanding actions from

previous meetings and an update on identified reviews.

Noted

Public Participation

15 Public Speaking

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).

Outcomes Focused Monitoring Report, March 2018

16 The Committee considered a report by the Transformation Programme Lead for Adult and Community Forward Together Programme which set out performance against the 2017-18 Corporate Plan and population indicators for the Healthy and Independent outcomes. The report also included performance measures which showed the Council's services' contribution and impact on outcomes, risk management information relating to outcomes and population indicators, and some value for money information relating to the three service directorates.

Particular attention was drawn to the continuing increase in the number of hospital admissions for alcohol related conditions, particularly women, the small reduction in the proportion of children reaching a good level of development at age 5, and the 18% fall in the proportion of social care clients reporting sufficient social contact between 2015-16 and 2016-17.

Members noted that the Cabinet had recently agreed to care villages being developed in Wimborne and Bridport, to provide housing and other services. Subject to planning permission, it had also agreed a programme of modular housing on the same sites which would provide quicker, temporary accommodation which could be relocated once the care villages were built. With regard to whether this would be developed in other areas, it was confirmed that a detailed needs assessment was being carried out across all districts and would be completed the end of April 2018. Then consideration would be given to how these needs could best be met.

The Cabinet Member for Health and Care reminded the Committee that the Council could not address social isolation, it could only provide care that was necessary. It was hoped that work with communities would help reduce social isolation in future.

With regard to successful completions of alcohol treatment services, Dorset's performance was better than the national average of 39.5%. A new integrated all age service had been commissioned in the last six months and it was hoped that the good performance would continue and where possible be increased.

The reduction in the number of clients engaging with Livewell Dorset from the most deprived quartile was disappointing, however, this group was difficult to engage. It was hoped that the number of contacts would be doubled across the Public Health Dorset area next year with the service being brought back in-house from April 2018. A new on-line digital offer was also being developed to allow for more engagement with people in different ways.

In response to questions, members noted that it was hoped that the current 5,000 contacts per year relating to smoking, obesity, exercise and alcohol, would be increased to 10,000. Most contacts were by telephone when trained people would discuss behaviour change, brief interventions and signpost people to the support they needed. People were then contacted again later to see whether there had been any change in their behaviour.

With regard to the proportion of people who use services, and carers, who find it easy to find information about services, this information was drawn from the Annual Adult Social Care Survey which gave an indication of trends. Over the next 12 months efforts would be made to make it easier for people to know how much they had available for care and find alternative providers. There was a need for better coordination with GP practices so that people could be supported better at home in order to prevent unnecessary hospital admissions. Work was also underway to better understand the support people needed in trying to access services by creating community capacity.

As people were likely to seek help from pharmacies, a member asked whether there was any liaison with them. It was explained that Public Health had contact with pharmacies via the Pharmaceutical Needs Assessment (PNA). A meeting between Public Health and Adult Social Care was planned in April and among the items being discussed would be how capacity could be used to best effect, including contact pharmacies. Members noted that the Dorset Health and Wellbeing Board had oversight of the PNA and that Public Health commissioned some services from pharmacies.

Noted

Delayed Discharges Performance

17 The Committee considered a report by the Transformation Programme Lead for Adult and Community Forward Together Programme which provided an update on delayed discharge performance within the Dorset Health and Wellbeing Board area. A presentation was also used to provide additional information.

The Council had a role to play in ensuring people left hospital when they were ready for discharge and, although there had been pressures on acute hospitals across the country, Dorset had performed comparatively well. There had been particular pressure over last six months and, although historically Dorset had been in the bottom ten performing local authorities, over the last year it had improved to 126/151. This was a huge achievement.

Members were provided with an update on the position with regard to discharges for people with mental health issues and work being undertaken to address availability of accommodation, to develop provider relationships, to increase workforce capacity, and the use of micro-businesses to respond to local need.

The Better Care Fund had provided some funding for discharge planning in community hospitals, for support and reablement services. Better Care Funding was at risk if performance did not meet set targets.

Members raised several issues - whether the number of days could be translated into the number of people affected, reasons for delayed discharges, the effect of closure of community hospitals and loss of beds, whether people leaving hospitals were provided with essentials at home, intermediate placements and whether best practice from other local authorities was gathered.

In response, members noted that the Council now received daily information about hospital patients in relation to discharge; front line staff were motivated to get people out of hospital when they were medically fit for discharge; staff were aware of the pressure caused by delayed discharges; care package shortages and availability of residential care were the main reasons for delays; the on-going work with providers to identify issues at an early stage; Salisbury and Yeovil Hospitals were included in all work undertaken; and all hospitals had follow up schemes to support those being discharged. Attention was drawn to the fact that Dorset's improvement had been

based on people returning home, where other authorities' good performance had been based on the use of residential care.

The Cabinet Member for Health and Care referred to the glitch in performance in August 2017 and explained that this was due to carers being on holiday and there being fewer carers to cover duties. She also reported on a recent meeting of social care leads where Somerset's work on micro-businesses had been explained. She would be investigating this further.

If Dorset was to make further significant progress, this would be achieved by better partnership working and use of new or alternative types of service. A forward plan had been devised.

Members asked for some case studies to be provided for a future meeting.

Resolved
That some case studies be provided for a future meeting.

Dorset Education Performance - Where we are now and last level of Results

18 (Cllrs Katharine Garcia and Andrew Parry declared personal interests in the minute below as Governors of the Atlantic Academy and Ferndown Upper School respectively.)

The Committee considered a report by the Interim Director for Children's Services on Dorset Education Performance - where we are now and the last level of results.

Members noted that in Dorset there was a mixed economy of academies and maintained schools. The report showed Dorset's performance in terms of rankings for the 150 local authorities under the categories of attainment and disadvantaged gap. Attention was drawn to areas where performance was less than the minimum standards, that Dorset Middle Schools made less progress and the impact this had on overall performance, the two new schools in Key Stage 4, concerns for schools within Weymouth and Portland and secondary school performance generally

The Chairman reminded officers that an inquiry day on education performance had been planned last year, but this had been delayed. The Committee's previous report had identified issues and actions to be explored and the purpose of the current report was to provide an update on performance since then. Performance had not improved and no changes had been made as a result of the previous report. The Committee's role was to identify any issues and scrutinise steps taken to address these and improve performance.

The Interim Director for Children' s Services explained how resources had been delegated to schools over a period of years which had resulted in maximum delegation to schools, making them all but autonomous, and reduced responsibilities for local authorities. So any attempt to bring about improved performance would have to be at the strategic level where there were prescribed duties in law, or in partnership and co-operation with schools. Of particular concern were schools in Weymouth and Portland and especially Portland where there were low levels of social mobility and education attainment. Rapid improvement was needed and efforts would need to be focused to bring about change.

The pressure on schools and teachers by development and the delay in building new schools was highlighted. It was explained that Dorset could respond well to demand. Dorset schools had always performed well but schools in other areas were now outperforming them and even though the Ofsted regime raised performance, Dorset schools were no longer performing as well as they did. With the maximisation of delegation to schools, the Council only ran central services where schools, through

the Schools Forum, allowed it to retain funding.

In response to questions, members noted that figures only included learners in Dorset schools, children taught out of area would be included in figures for those areas, Dorset did provide education for children from other areas, performance of Dorset children placed out of county was not compared to children placed in Dorset by other local authorities but these were few in number, looked after children attainment was reported to the Corporate Parenting Board, and the authority needed to do all it could to close the gap between attainment of looked after children and their peers.

Resolved
That officers contact similar local authorities to establish how they managed school performance and relationships with schools and report their findings to the meeting on 10 October 2018.

The Relationship Between the Council, Schools and Academies

19 (Cllrs Katharine Garcia and Andrew Parry declared personal interests in the minute below as Governors of the Atlantic Academy and Ferndown Upper School respectively.)

The Committee considered a report by the Interim Director for Children's Services regarding a more clearly defined relationship between the Council and schools of all types and consultation with schools to establish their needs and wants in terms of a relationship with the Council, and to take account of the overall financial position, traded services, operational environment, collaboration, critical challenge and support, and the national context. The report had been considered by the Cabinet on 7 March 2018.

The Council's priority would be to focus on advice, improvement, shared responsibility for the quality of education and opportunities for schools to influence the areas with which the Council should be involved. The suggested consultation would be by way of the Dorset Secondary Heads Association and individually with primary schools.

Members expressed the concern that the Committee had been asked to scrutinise the report after the Cabinet had reached a decision. The Cabinet's decision was read out and members commented that they hoped scrutiny would be carried out pre-decision in future. That said, members supported the Cabinet's decision.

With regard to the policy for smaller schools, members agreed that in order to preserve rural schools, they should be encouraged to develop into larger academies or federated schools in order to make best use of resources and take advantage of economies of scale.

In view of the poor performance of Portland schools already noted, it was suggested that officers contact other similar local authorities to establish how they managed school performance and relationships with schools. Members asked for this information to be provided for their meeting on 10 October 2018.

Resolved
1. That the Cabinet decision be supported.
2. That officers contact similar local authorities to establish how they managed school performance and relationships with schools and report their findings to the meeting on 10 October 2018.
3. That the report's recommendations in relation to small rural schools be supported.

Mental Health Enquiry Day December 2017

20 The Committee considered a report by the Commissioning Manager, Partnerships, which reported on the outcomes of the Mental Health Enquiry Day held on 13

December 2017.

The report included a summary of the key issues identified (consistency, accessibility, community facing and style and culture) and areas for action. The Council had already acted on the findings it was responsible for but some identified actions were for other organisations to respond to.

The enquiry day was considered to have been very useful in identifying mental health issues across Dorset. Both service users and carers had taken part and relayed their experiences of services provided.

The need to manage the boundary between the work of this review and the Dorset Health Scrutiny Committee in order to reduce the potential for duplication was highlighted.

It was noted that a joint commissioning group was to be set up with the Dorset Clinical Commissioning Group which would include operational and commissioning teams. This would use one care pathway in order to build capacity, and would identify both short and long-term accommodation and more community support.

It was agreed that the report be sent to appropriate organisations with an invitation for them to consider the recommendations arising from the enquiry day. This would be followed up at a later date to establish what action, if any, they had taken.

Resolved

1. That the report be sent to appropriate organisations for them to consider the recommendations arising from the enquiry day.
2. That a follow up letter be sent at a later date to establish what action, if any, these organisations had taken.

Homelessness

21 The Committee received an update on the review of homelessness.

A discussion had been held with the Lead Member around homelessness and causes and social factors contributing to it. It was suggested that a summary report be provided for the next meeting setting out facts, figures, trends, impacts on people and services, the Council's approaches, work done in partnership, what worked and did not work as a means of determining the way forward.

Members recounted their experience of homelessness and fully supported the suggested approach.

Resolved

That a report as set out above be provided for the meeting on 4 July 2018.

Workforce Capacity Review

22 The Committee received a presentation from the Transformation Programme Lead for Adult and Community Forward Together Programme which provided a summary of the adult social care sector and workforce in Dorset.

The Committee were reminded that officers were asked to focus on the recruitment and retention of workforce following the Inquiry Day into the Cost and Quality of Care on 13 February 2017. They were provided with information about the size and structure of the workforce in Dorset, recruitment and retention, a staffing overview, demographics, pay, qualifications, training and skills and current initiatives to increase recruitment and retention of staff.

It was important for care providers to move away from their focus on hourly pay and

casual contracts, towards more long-term investment and sustainability in order to offer the best deal to the workforce. The Council's commissioners had been asked to establish how many workers were needed within their segment of the market in order to try to meet this demand. Somerset had been particularly successful in setting up micro-providers in communities to meet people's care needs and Dorset were taking steps to follow this lead.

With regard to the level of service micro-providers might give, it was explained that they could provide people with more choice and flexibility as to how they spent their money.

Noted

Work Programme

23 The Committee considered a report by the Transformation Programme Lead for the Adult and Community Forward Together Programme which detailed the updated work programme for 2017-18.

The following items were added to the work programme:-

- an update on the Mental Health Review for the meeting on 10 October 2018
- a briefing note on homelessness on 4 July 2018

Officers were asked to establish whether the Safeguarding Overview and Scrutiny Committee were to review adoption and fostering.

Resolved

1. That the above items be added to the work programme.
2. That officers establish whether the Safeguarding Overview and Scrutiny Committee were to review adoption and fostering.

Questions from County Councillors

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

Meeting Duration: 10.00 am - 12.35 pm

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People and Communities Overview & Scrutiny Committee

Dorset County Council

Date of Meeting	4 July 2018
Officers	Local Members All Members Lead Director Helen Coombes, Transformation Programme Lead for Adult and Community Forward Together Programme
Subject of Report	**Progress on Matters Raised at Previous Meetings**
Executive Summary	This report records:- (a) Cabinet decisions arising from recommendations from the People and Communities Overview and Scrutiny Committee meetings; and (b) Outstanding actions identified at the last and previous meetings. 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.
Impact Assessment:	Equalities Impact Assessment: N/A
	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.

	Budget: No VAT or other cost implications have been identified arising directly from this programme.
	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
	Other Implications: None
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	Name: Helen Whitby, Senior Democratic Services Officer Tel: (01305) 224187 Email: h.m.whitby@dorsetcc.gov.uk

Progress on Matters Raised at Previous Meetings

Date of Meeting	Minute Number and subject reference	Action Required	Responsible Persons	Comments
10 January 2018	4	**Review of Integrated Transport** An Inquiry Day was held on 26 February 2018.	**Lead Member:** Cllr Derek Beer **Lead Officer:** Matt Piles, Service Director - Economy **Other Members:** Cllrs Andrew Parry, Mary Penfold and Bill Pipe	Final report is included in agenda for this meeting.
	4	**Homelessness** Information has been collected.	**Lead Member** Cllr Clare Sutton **Lead Officer:** Diana Balsom, Strategic Commissioning Manager **Other Members:** Cllrs William Trite and David Walsh	An evidence paper is included in the agenda for this meeting.
	4	**Social Isolation** A series of meetings had been scheduled.	**Lead Member:** Cllr David Walsh **Lead Officer:** Paul Leivers, Assistant Director Early Help and Community Services	Final report to be considered at this meeting.

			Other Members: Cllrs Derek Beer and Andrew Parry	
	4	**Mental Health** A workshop was held on 13 December 2017.	**Lead Member:** Cllr Mary Penfold **Lead Officer**: Harry Capron	The Transformation Programme Lead for Adult and Community Forward Together Programme has asked organisations sent the recommendations for a response. Received responses are attached to the agenda.
	4	**Implications of Brexit for Dorset County Council** Lead Members are currently drawing up the terms of reference for the Group.	**Lead Member:** **Lead Officer:** Matt Piles, Service Director - Economy	The second meeting was to be held on 11 July 2018 but the Lead Member is questioning whether the Group should continue to meet. As the Group was sent up with the agreement of the Committee (and the Economic Growth Committee) members are asked to agree to this.
21 March 2018	13	**Minutes** <u>Admissions Arrangements 2019-20 and Transport Policy 2018-19</u> Cllr Sutton's request for her votes against two of these recommendations to be noted in the minutes was agreed.		The minutes have been amended and re-published.
	17	**Delayed Discharges Performance** Members asked for case studies to be provided.		Case studies were provided to members by email on 17 May 2018 and an update report is on the agenda for this meeting.

	18/19	**Dorset Education Performance and The Relationship between the Council, Schools and Academies** Officers were asked to contact similar local authorities to establish how they managed school performance and relationships with schools and report their findings to the meeting on 10 October 2018.		An item has been added to the agenda for the meeting on 10 October 2018 but an update is provided for this meeting.
	23	**Work Programme** Officers were asked to establish whether the Safeguarding Overview and Scrutiny Committee had an item on adoption and fostering on its work programme.		Adoption and fostering does not feature on the Safeguarding Overview and Scrutiny Committee's work programme.

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People and Communities Overview and Scrutiny Committee

Dorset County Council

Date of Meeting	4 July 2018
Officer	Local Members All Members Lead Director Helen Coombes, Transformation Programme Lead for the Adult and Community Forward Together Programme
Subject of Report	**Outcomes Focused Monitoring Report: July 2018**
Executive Summary	The 2017-19 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 **Safe, Healthy** and **Independent**, with a **Prosperous** economy. The People and Communities Overview and Scrutiny Committee has oversight of the **Healthy** and **Independent** corporate outcomes. The Corporate Plan includes objective and measurable **population indicators** 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. This is the first monitoring report for 2018-19. As well as the most up to date available data on the population indicators within the "Healthy" and "Independent" outcomes, the report includes: • **Performance measures** by which the County Council can measure the contribution and impact of its own services and activities on the outcomes; • **Risk management** information, identifying the current level of risks on the corporate risk register that relate to our

	outcomes and the population indicators associated with them. 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.
Impact Assessment:	**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 the Corporate Plan.
	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). 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.
	Budget: 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.
	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: Current: Medium Residual: Low 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.
	Outcomes: The Overview and Scrutiny Committees each have a primary focus on one or more of the outcomes in the County Council's Outcomes Framework: Safe, Healthy, Independent and Prosperous. The People and Communities Overview and Scrutiny Committee has oversight of the Healthy and Independent corporate outcomes, and these two outcomes are therefore the primary focus of this report.
	Other Implications: None

Recommendation	**That the committee:** i) Considers the evidence of Dorset's position with regard to the outcome indicators in Appendix 1 and 2; and: ii) Identifies any issues requiring more detailed consideration through focused scrutiny activity.
Reason for Recommendation	The 2017-19 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	1. Outcomes Monitoring Report July 2018 – **Healthy** 2. Outcomes Monitoring Report July 2018 – **Independent**
Background Papers	*Dorset County Council Corporate Plan 2017-19*, Cabinet, 28 June 2017 https://www.dorsetforyou.gov.uk/corporate-plan-outcomes-framework
Officer Contact	Name: John Alexander, Senior Assurance Manager Tel: (01305) 225096 Email: j.d.alexander@dorsetcc.gov.uk

1. Corporate Plan 2017-19: 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 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.

1.6 Members are encouraged to consider all of the indicators and associated information 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 Alcohol, Drugs and Healthy Weight

There has been a decline in reported performance for some of the "healthy lifestyle" performance measures, as follows:

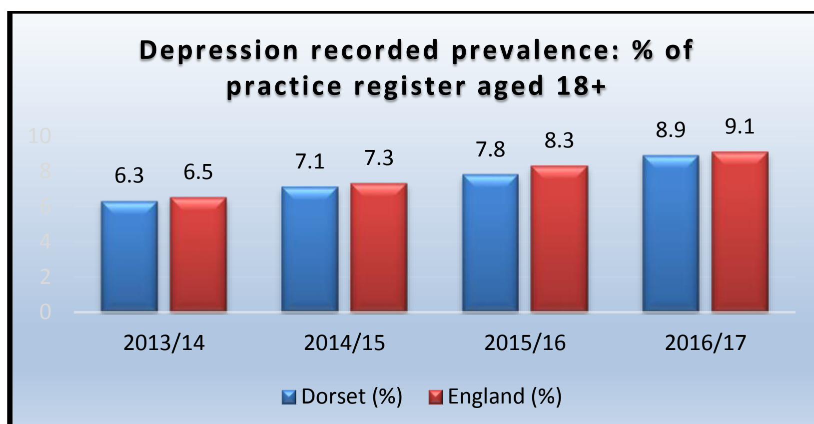
- The proportion of clients of the alcohol treatment service drinking less at 3 months has fallen from 80% to 60% between Quarter 3 and Quarter 4;
- The proportion of LiveWell Dorset clients making a 5% weight loss has fallen from 47% to 37% between Quarter 3 and Quarter 4;
- The percentage of young people successfully completing substance use treatment has fallen from 100% to 90% between Quarter 3 and Quarter 4.

The fall in the proportion of clients of the alcohol treatment service drinking less at three months, and also the proportion of clients making a 5% weight loss, could be explained by a change in recording practice. The service has recently been brought in-house and is in the first period of trialling new reporting practices and systems. By the next quarter it will be clearer if the change is real or not.

The new figure (90%) for the percentage of young people successfully completing substance use treatment is likely to be more accurate than before. Public Health Dorset now commissions the service directly, and previously people leaving were being recorded as exiting successfully if they had derived any benefit from their treatment. Now, success is only recorded if clients have genuinely completed the full course of treatment recommended by the relevant professionals.

2.2 Mental Health

2.2.1 A new population indicator for mental health prevalence has been introduced this quarter - *"Depression recorded prevalence: % of practice register aged 18+".* This measures the percentage of people registered with their doctor as suffering from depression, and is likely to be more accurate, and more up to date, than the previous indicator, which was based on the number of people answering "Long-term mental health problem" to the question in the GP Patient Survey "Which, if any, of the following medical conditions do you have?"



This confirms the widely reported year on year increase in the number of people suffering from depression, which is slightly lower than the national figure. The People and Communities Committee has had a strong focus on mental health this year, including a dedicated inquiry day on the issue, and there is a further update on the July agenda as a substantive item.

2.3 Percentage of children with good attendance at school

2.3.1 Total absence from school in Dorset across all schools is 4.9%, but in secondary schools it has risen from 5.4% to 5.7%. Possible factors could include an increase in mental health/anxiety issues, and an increase in unauthorised absence due to family holidays.

2.4 NEETs, and Jobs Without Training

2.4.1 The percentage of 16 to 18 year olds not in education, employment or training has risen slightly from 3% to 3.1%. For care leavers, however, the figure has risen more sharply, from 15.7% to 20%. The percentage of 16-17 year olds in jobs without training has risen from 2.3% to 3%.

2.4.2 Data on NEETs and Jobs Without Training should be treated with some caution; it is subject to seasonal fluctuation, and is affected by seasonal employment, and also by the employment 'journey' of young people, some of whom leave formal education in December and begin to find low-skilled jobs without training in March. However, the figures appear to be moving in the wrong direction, albeit slowly, and the Committee may wish to monitor the trends closely over the coming year.

2.5 Delayed transfers from hospital care

2.5.1 Revised year-end data was released in May 2018, which brought the total number of social care attributable delay days to 7,036 for the full year. This resulted in a year-end position of 121st out of 151 local authorities - an improvement from 124th last year, but still in the bottom quartile nationally. DCC performance in the second half of the year was considerably better than the first, and early indications are that this is continuing in the new year. We ended the year 390 days better than our Better Care Fund target. Provisional 2018-19 DTOC targets have recently been provided. These targets represent a 38% reduction in delays compared to 2017-18, and we are required to achieve them by the end of September 2018. The July Committee will be receiving some DTOC case studies, as requested at their previous meeting.

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Appendix 1

Healthy

Outcome Sponsor – Dr David Phillips

Director of Public Health

Outcomes Focused Monitoring Report

JULY 2018

The following pages have been provided to summarise the current position against each outcome indicator and performance measure. This will help the council to identify and focus upon potential areas for further scrutiny. All risks are drawn from the Corporate Risk Register and mapped against specific population indicators where relevant. Any further corporate risks that relate to the 'Healthy' outcome is also included to provide a full overview. Please note that information relating to outcomes and shared accountability can be found on the Dorset Outcomes Tracker.

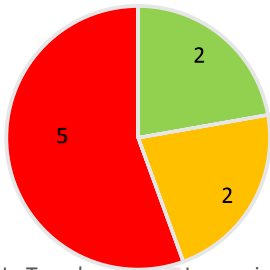
Contents

Population Indicator	Page No
Executive Summary	3
01 Inequality in life expectancy between population groups	4
02 Rate of hospital admissions for alcohol related conditions	6
03 Child and Adult excess weight	7
04 Depression recorded prevalence (QOF): % of practice register aged 18+	8
05 Under 75 mortality rates from cardiovascular diseases	9
06 Levels of physical activity in adults	10
Corporate Risks that feature within HEALTHY but are not assigned to a specific Population Indicator	11
Key to risk and performance assessments	12
Contact	13

DRAFT

Corporate Plan 2017-18: Dorset County Council's Outcomes and Performance Framework
HEALTHY – Executive Summary

Population Indicator
(9 in total)



Suggested Indicators for Focus

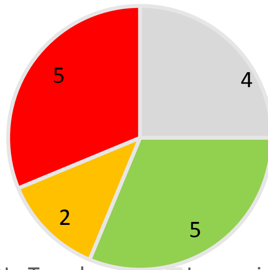
Inequality in life expectancy between different population groups (male and female)

Rate of hospital admissions for alcohol-related conditions (female)

Depression recorded prevalence (QOF): % of practice register aged 18+

Under 75 mortality rates from cardiovascular diseases

Performance Measure
(Currently 16 in total)



Suggested Measures for Focus

Proportion of people who use services and careers who reported that they had as much social contact as they would like

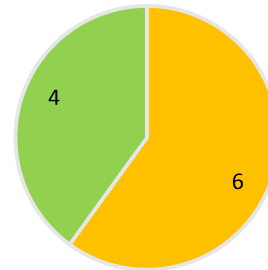
Proportion of clients of alcohol treatment service drinking less at 3 months

% of young people succesfully completing substance use treatment

Proportion of clients making 5% weight loss

Emotional and behavioural health of looked after children

Risk(s)
(Currently 10 in total)



Suggested Risks for Focus

There are currently no high or deteriorating risks on the corporate risk register that are associated with the HEALTHY outcome.

DRAFT

HEALTHY: 01 – Population Indicator Inequality in life expectancy between population groups - Outcome Lead Officer Jane Horne; Population Indicator Lead Officer David Lemon		
DORSET - Previous (March 2015) - 5.4 Male; Latest (March 2016) - 6.0 Male		2013 2014 2015 2016 2017
DORSET - Trend WORSENING	R	
COMPARATOR - Benchmark (England) BETTER 9.2 (Average)	G	
DORSET - Previous (March 2015) – 5.0 Female; Latest (March 2016) - 5.7 Female		2013 2014 2015 2016 2017
DORSET - Trend WORSENING	R	
COMPARATOR - Benchmark (England) BETTER 7 (Average)	G	

Story behind the baseline: People in Dorset generally live longer lives compared to the average for England, however there are differences in life expectancy between the most and least deprived communities in Dorset. The slope index of inequality (SII) is a high-level indicator that reflects this disparity; a value of greater than 1 indicates that those in the poorer areas have a lower life expectancy than those in the most affluent areas in Dorset, with the higher the value the greater the gap. Although the SII in Dorset is lower than the England SII for both males and females, there has been little change in the SII for males for around the last 8 years.

For women, there has been a sustained increase in inequalities over the last 5 years, although this is not yet statistically significant. This could be because the health of women in poorer areas has worsened, that is has improved only for women in the most affluent areas, or a combination of the two. Differences in opportunities, in access to or take up of services, and in health outcomes along the life course all contribute to these inequalities in life expectancy. For example, those in poorer areas may find it more difficult to access or engage with traditional services; the Live Well Dorset service has focused on trying to get greater engagement in these areas. Loneliness and social isolation also affects more people in these areas.

Due to KS4 regrading we have removed 'Inequality gap level 2 qualification including E & M' and 'Free School Meal Gap of those achieving 9-4 in English and Maths' has been introduced.

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

Performance Measure(s) – Trend Lines	
Proportion of people who use services who reported that they had as much social conatct as they would like Previous 2015-16 – 50.13%; Latest 2016-17 – 41.3%	14-15 15-16 16-17 17-18
Proportion of carers who use services who reported that they had as much social conatct as they would like Previous 2014-15 – 28.5%; Latest 2016-17 – 35.4%	14-15 15-16 16-17 17-18
Proportion of clients engaging with Live Well Dorset who are from the most deprived quartile Previous Q3 2017-18 – 27%; Latest Q4 2017-18 – 27%	Q3 16-17 Q4 16-17 Q1 17-18 Q2 17-18 Q3 17-18 Q4 17-18
Free School Meal Gap of those achieving 9-4 in English and Maths (new) 2016-17 – 29.4%	29.4% 2015-16 2016-17

HEALTHY: 01 – Population Indicator Inequality in life expectancy between population groups - Outcome Lead Officer Jane Horne; Population Indicator Lead Officer David Lemon (Cont'd)		
Corporate Risk	**Score**	**Trend**
No associated current corporate risk(s)		
Value for Money - UNDER DEVELOPMENT	**Latest**	**Rank**

What are we doing?

Addressing inequalities is a statutory duty of the local authority and sets the context within which we assess other indicators and priorities. It is firmly embedded within the Dorset Joint Health and Wellbeing Strategy, and the Prevention at Scale (PAS) portfolio of the Sustainability and Transformation Plan (STP), overseen by the Dorset Health and Wellbeing Board (DHWB). DHWB brings together partners across Dorset to work collectively.

DRAFT

HEALTHY: 02 – Population Indicator Rate of hospital admissions for alcohol-related conditions - Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Will Haydock

DORSET – Previous (2016) – 690 Male; Latest (2017) – 690 Male		2012 2013 2014 2015 2016 2017
DORSET - Trend UNCHANGED	A	
COMPARATOR Benchmark (England) BETTER 827 (Average)	G	
DORSET – Previous (2016) – 409 Female; Latest (2017) – 637 Female		2012 2013 2014 2015 2016 2017
DORSET - Trend WORSENING	R	
COMPARATOR - Benchmark (England) BETTER 474 (Average)	G	

Story behind the baseline: 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. Admission rates remain higher for men than women, but whilst the rate for men is mostly static, the rate among women appears to be rising. This relates to ta 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; while this age group suffers the most health impacts, patterns of drinking are usually established earlier in the life course. 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 the pattern of consumption all play a role. Individuals from lower socio-economic groups are more likely to suffer harm from alcohol, despite average lower rates of consumption.

The new figure (90%) for the percentage of young people successfully completing substance use treatment is likely to be more accurate. Public Health Dorset now commission the service directly, and previously people leaving were being recorded as exiting successfully if they had derived any benefit from their treatment, whereas now success is only recorded if clients have genuinely completed the full course of treatment recommended by the relevant professional. **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.

Performance Measure(s) – Trend Lines

Proportion of clients of alcohol treatment service drinking less at 3 months Previous Q3 2017-18 – 80% Latest Q4 2017-18 – 60%	Q3 16-17 Q4 16-17 Q1 17-18 Q2 17-18 Q3 17-18 Q4 17-18
Alcohol treatment service successful completions Previous Q2 2017-18 – 48.6% Latest Q3 2017-18 – 48.7%	Q2 16-17 Q3 16-17 Q4 16-17 Q1 17-18 Q2 17-18 Q3 17-18
% of young people successfully completing substance use treatment – qtrly Latest Q2 2017-18 – 100% Latest Q3 2017-18 – 90%	Q1 16-17 Q2 16-17 Q3 16-17 Q4 16-17 Q1 17-18 Q2 17-18 Q3 17-18

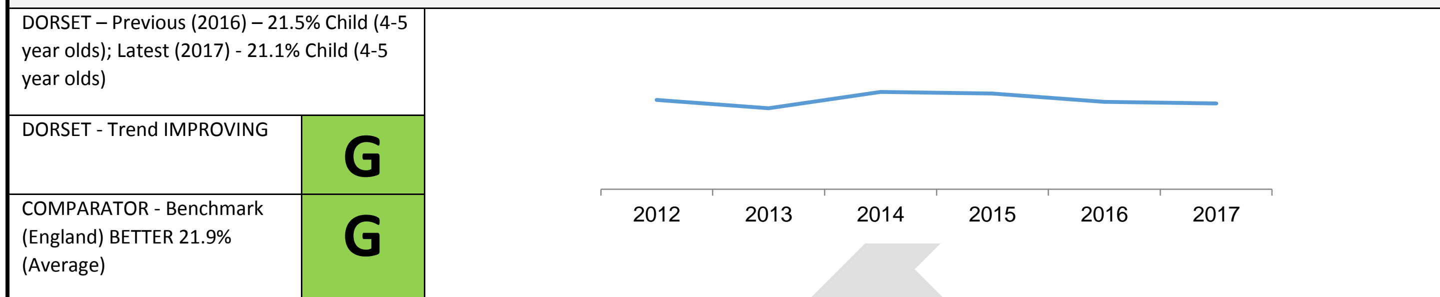
Corporate Risk	Score	Trend
04p – Lack of support for the location of a drugs and alcohol recovery hub	MEDIUM	UNCHANGED
Value for Money - UNDER DEVELOPMENT	**Latest**	**Rank**

What are we doing? The pan-Dorset strategy for alcohol and drugs (2016-2020) covers three themes: prevention, treatment and safety. The Live Well Dorset service supports people to reduce the amount of alcohol they drink, and our alcohol treatment services (HALO data) support those who are dependent on alcohol. Across Dorset the PAS work has a focus on alcohol, improving the identification of people at risk of future harm from alcohol and increasing the number of people connected to Live Well for support. All of which should reduce the harm related to alcohol experienced by Dorset residents.

HEALTHY: 03 Population Indicator Percentage of Children and Adults with excess weight - Outcome Lead Officer Jane Horne; Population Indicator Lead Officer David Lemon

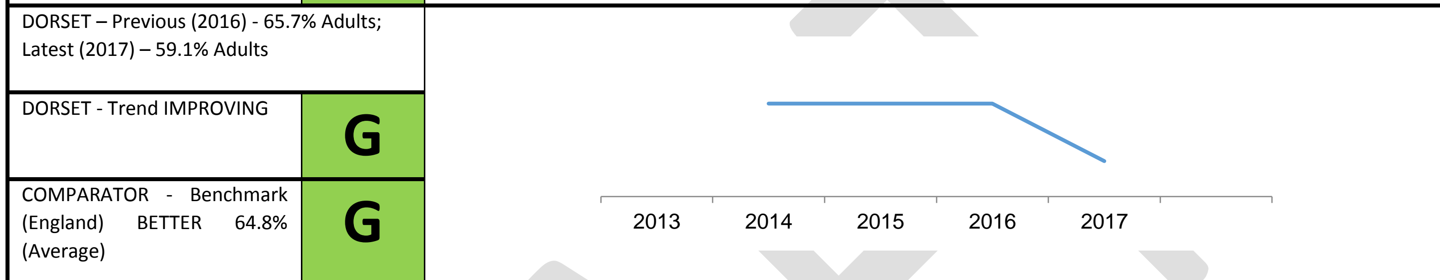
DORSET – Previous (2016) – 21.5% Child (4-5 year olds); Latest (2017) - 21.1% Child (4-5 year olds)

DORSET - Trend IMPROVING	G
COMPARATOR - Benchmark (England) BETTER 21.9% (Average)	G



DORSET – Previous (2016) - 65.7% Adults; Latest (2017) – 59.1% Adults

DORSET - Trend IMPROVING	G
COMPARATOR - Benchmark (England) BETTER 64.8% (Average)	G



Story behind the baseline: Since the 1990's, rates of excess weight (overweight and obesity) have risen across England, so much so that England now has one of the highest rates of obesity in Europe. In Dorset, 21.5% of children aged 4-5 are categorised as having excess weight, 27.3% of children aged 10-11, and 65.7% of adults. Whilst some data suggests that the increase may now 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, whilst children with parents who are overweight or obese are more likely to be so themselves. Obesity is associated with a range of problems. Excess weight in pregnancy increases the risk of miscarriage, stillbirth and gestational diabetes. Obese children are more likely to suffer stigmatisation because of their obesity, and adults may have significant mental ill health brought about because of obesity. Physically, there are links between obesity and type 2 diabetes, cardiovascular disease and several cancers, with a growing burden on public sector resources. For example, NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, and wider costs to society estimated to reach £49.9 billion per year (Foresight 2007). Locally we may see more house-bound individuals needing care, or special equipment being needed in school rooms and gyms. The fall in the proportion of LiveWell Dorset clients making a 5% weight loss could be explained by a change in recording practice. The service has recently been brought in-house and we are in the first period of trialling new reporting practices and systems. We will know by the next quarter if the change is real or not.

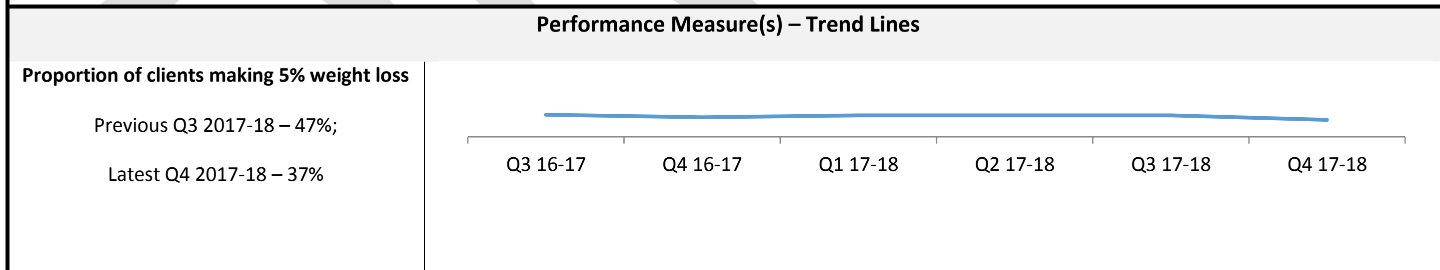
Partners with a significant role to play: Schools – academies and local authority run, Children's centres, Dorset County Council services including transport and education, District Council services including planning, leisure and environmental health, Dorset CCG and GPs, Acute hospital trusts, Community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

Performance Measure(s) – Trend Lines

Proportion of clients making 5% weight loss

Previous Q3 2017-18 – 47%;

Latest Q4 2017-18 – 37%



Corporate Risk	**Score**	**Trend**
No associated current corporate risk(s)		

Value for Money - UNDER DEVELOPMENT	**Latest**	**Rank**

What are we doing? Obesity is a complex multi-faceted disorder, connected with most of the other population indicators in this section, and it requires an integrated approach to tackle. It is one of the four key lifestyle issues that the Live Well Dorset service supports people to change. As part of the Prevention at Scale portfolio of the Sustainability and Transformation Plan, overseen by the Dorset Health and Wellbeing Board, there is a focus on increasing the number of people connected to Live Well for support, with referrals from partners across the system.

HEALTHY: 04 Depression recorded prevalence (QOF): % of practice register aged 18+ - Outcome Lead Officer Jane Horne; Population Indicator Lead Officer David Lemon

DORSET – Previous 2015-16 – 7.8%; Latest 2016-17 – 8.9%	
DORSET - Trend WORSENING	**R**
COMPARATOR - Benchmark (England) BETTER 5.2% (Average)	**G**

13-14 14-15 15-16 16-17 17-18

Story behind the baseline: This new indicator provides a measure of the number of people living with depression, which, as widely reported, is on the increase. The indicator shows the prevalence of depression as recorded on GP practice registers. Mental health is one of the two main causes of sickness absence in the working age population, at an estimated cost of around £8 billion per year in the UK. Our childhood has a profound effect on our adult lives, and many mental health conditions in adulthood show their first signs in childhood.

On January 21, the Daily Telegraph published some useful national data on mental health, sourced from MIND, the NHS, Young Minds, and the RCN: 1 in 4 people will experience a mental health problem each year; the average age of onset for depression, as diagnosed now, is 14, compared to 45 in the 1960s; There was a 116% rise in young people who talked about suicide during Childline (UK) counselling sessions in 2013-14, compared to 2010/11; mental health trust budgets in England were cut by 8.25% from 2011 to 2015; there was a 20% rise in referrals to community mental health teams in England from 2011-15; 2,100 Beds for mental health patients have been closed from 2011 to mid-2016 in England; In England as of May 2016, 41% of people referred to a talking therapy have a three month wait between referral and treatment.

*Regarding emotional and behavioural health of looked after children the Strengths and Difficulties Questionnaire should be completed for every child looked after for at least 12 months and aged 5 to 16 years-old as at the end of March. A score of: 0 to 13 is considered normal; 14 to 16 is borderline; and 17 to 40 is a cause for concern.

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.

Performance Measure(s) – Trend Lines

Number of children with Social Emotional Mental Health needs (SEMH)

Previous 2015-16 – 1459

Latest 2016-17 – 1335

13-14 14-15 15-16 16-17 17-18

Emotional and behavioural health of looked after children

Previous Q1 2017-18 – 12.1

Latest Q2 2017-18 – 14.6 (*see note above)

Q1 16-17 Q2 16-17 Q3 16-17 Q4 16-17 Q1 17-18 Q2 17-18

Corporate Risk	**Score**	**Trend**
No associated current corporate risk(s)		

Value for Money - UNDER DEVELOPMENT	**Latest**	**Rank**

What are we doing? Schools are the key universal service promoting young people's emotional health and wellbeing.

Our Emotional Health and Wellbeing strategy and a key strand of the Prevention at Scale work, connected closely with the Children's Alliance for Dorset, is a focus on developing improved pathways and support to improve child mental health and wellbeing, including risk taking behaviour, using the THRIVE model across the whole system.

HEALTHY: 05 Population Indicator Under 75 mortality rates from cardiovascular diseases - Outcome Lead Officer Jane Horne; Population Indicator Lead Officer David Lemon

DORSET – Previous (2015) 55.1 – Male; Latest (2016) 54.8 – Male

DORSET – Previous (2015) 14 Female; Latest (2016) 15.6 Female

DORSET - 2016 combined – Previous (2015) 33.7; latest (2016) 34.4

DORSET – Trend WORSENING	R
COMPARATOR - Benchmark (England) BETTER 46.7 (Average)	G

54.8 male
34.4
15.6 female
2012 2013 2014 2015 2016 2017

Story behind the baseline: Whilst rates of premature mortality from cardiovascular disease (CVD) nationally have been falling significantly over the last five decades, this remains the second biggest cause of death nationally after cancer. The dramatic reductions in deaths have been due to reductions in smoking, better management of cholesterol and hypertension, and improved treatments following a heart attack or stroke. However, the decline in deaths has flattened out in more recent years as improvements in these factors have been increasingly offset by increases in obesity and diabetes and reductions in physical activity. Although rates in Dorset overall are significantly lower than the England average, there is significant variation between and within districts, with rates from GP practices in the most deprived communities being 3-4 times that in the least deprived communities. CVD is the biggest contributor to inequalities in life expectancy.

Please note that unfortunately we are no longer able to provide a male female split and have added an additional trend line that represents the revised combined data approach. We have kept the historical data for male and female as a helpful comparison.

Partners with a significant role to play: 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.

Performance Measure(s) – Trend Lines

Proportion of clients smoking less at 3 months following smoking cessesation course

Previous Q3 2017-18 – 50%

Latest Q4 2017-18 – 64%

Q3 16-17 Q4 16-17 Q1 17-18 Q2 17-18 Q3 17-18 Q4 17-18

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

What are we doing? Many of the actions we take to prevent CVD need to start early, in pregnancy or childhood, and link with the other population indicators in this section. Healthy behaviours in childhood and the teenage years also set patterns for later life. The Live Well Dorset service supports people to change four key lifestyle issues: stopping smoking, reducing alcohol intake, increasing physical activity and healthy weight.

A key focus of the PAS STP work overseen by the DHWB, is to increase the number of people connected to Live Well for support, with referrals from partners across the system.

HEALTHY: 06 Population Indicator Levels of physical activity in adults - Outcome Lead Officer Jane Horne; Population Indicator Lead Officer David Lemon

DORSET – Previous (2015-16) – 69%; Latest (2016-17) – 69%		Chart: 2011-12, 2012-13, 2013-14, 2014-15, 2015-16, 2016-17
DORSET – Trend UNCHANGED	A	
COMPARATOR - Benchmark (England) BETTER – 57.7% (Average)	G	

Story behind the baseline: In May 2016 Sport England published 'Sport England: Towards an 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 Dorset Joint Health and Wellbeing Strategy, PAS and the STP all have a focus on increasing physical activity. Benefits of increased physical activity include reduced risk from CVD, diabetes, many musculoskeletal conditions and improved mental wellbeing, so there is a link with many of the other population indicators in this section. Keeping our countryside, including our AONBs, accessible and in good condition facilitates physical activity. Ideally, we would like to survey AONB condition every 5 years but this has not been possible in recent years due to diminished resources. However, the Dorset AONB landscape condition assessment is being re-done this year. Though, the pace of change on a landscape scale is slow. In terms of Rights of Way maintenance, despite significant reduction in overall funding across the Countryside services, the outputs for ROW jobs have doubled over the last 5 years and for the first time we now complete more jobs than there are new jobs coming in, so we are able to start working through the back log – which is highly beneficial for helping people to access the RoW network and therefore be more physically active.

Partners with a significant role to play: 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.

Performance Measure(s) – Trend Lines

Measure	Trend chart
Good landscape condition in AONB Latest 2007 – Good 29%	2006, 2007, 2008, 2009, 2010, 2111
Proportion of clients increasing their physical activity at 3 months Previous Q3 2017-18 – 20% Latest Q4 2017-18 – 32%	Q1 17-18, Q2 17-18, Q3 17-18, Q4 17-18
Interim Rights of Way measure 2017 Logged 2924 Joined 2938	2924 Logged 2938 Joined 2012, 2013, 2014, 2015, 2016, 2017

Corporate Risk	Score	Trend
No associated current corporate risk(s)		

Value for Money - UNDER DEVELOPMENT	Latest	Rank

What are we doing? This is one of the lifestyle issues that the Live Well Dorset service supports people to change, and there is work with partners across the system to recognise the many opportunities available to people, including using local rights of way and green space. This is a key part of the Healthy Places work stream of PAS, which also refers to active travel. DHWB oversees the PAS portfolio and brings together partners across Dorset to work collectively on these issues.

Corporate Risks that feature within HEALTHY but are not assigned to a specific POPULATION INDICATOR (All risks are drawn from the Corporate Risk Register)		
07f – Failure to successfully implement the Dorset Care record (cost; time; quality) with partners	MEDIUM	UNCHANGED
10m - The services are not sufficiently outward facing, and the skills of the voluntary sector are not realised	MEDIUM	UNCHANGED
01t - Sexual health services remain with Public health Dorset. Provider contract agreement and service delivery at a time of significant budget reduction	MEDIUM	UNCHANGED
09f - failure to adapt services and communities to the impacts of a changing climate	MEDIUM	UNCHANGED
12p - Lack of school nurses in Lyme Regis affecting NCMP data collection	MEDIUM	UNCHANGED
11m – Structure of commissioning team does not align to future strategy	LOW	UNCHANGED
07b - Dispute between Clinical Commissioning Group and local authority if expectation exceeds capacity to deliver	LOW	IMPROVING
12b - Lack of public support or legal challenge to a major change in policy (arising from the Care Act)	LOW	UNCHANGED
11k - Transfer of commissioning responsibility for health visitors	LOW	UNCHANGED

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

Responsibility for Indicators and Measures	
Population Indicator relates to ALL people in each population **Shared Responsibility** Partners and stakeholders working together Determining the **ENDS** ***(Or where we want to be)***	**Performance Measure** relates to people in receipt of a service or intervention **Direct Responsibility** Service providers (and commissioners) Delivering the **MEANS** ***(Or how we get there)***

CONTACT

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Dorset County Council

Appendix 2

Independent

Outcome Sponsor – Helen Coombes

Interim Transformation Programme Lead

Outcomes Focused Monitoring Report

July 2018

The following pages have been provided to summarise the current position against each outcome indicator and performance measure. This will help the council to identify and focus upon potential areas for further scrutiny. All risks are drawn from the Corporate Risk Register and mapped against specific population indicators where relevant. Any further corporate risks that relate to the 'Independent' outcome is also included to provide a full overview. Please note that information relating to outcomes and shared accountability can be found on the Dorset Outcomes Tracker.

Contents

Population Indicator	Page No
Executive Summary	3
01 Percentage of children 'ready to start school' by being at the expected level at early years	4
02 Percentage of children with good attendance at school	5
03 Percentage achieving expected standard at KS2 in reading, writing and maths	6 & 7
04 Percentage of 16-18-year olds not in education, employment or training (NEET)	8
05 Delayed transfers from hospital care (number of bed days)	9
06 Proportion of clients given self-directed support	10
Corporate Risks that feature within INDEPENDENT but are not assigned to a specific Population Indicator	11
Key to risk and performance assessments	11
Contact	12

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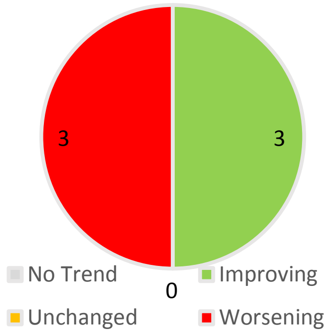
Corporate Plan 2017-18: Dorset County Council's Outcomes and Performance Framework
INDEPENDENT – Executive Summary

Population Indicators (6 in total)



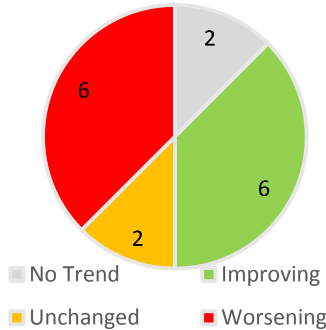
Suggested Indicators for Focus

% of children 'ready to start school' by being at the expected level of Early Years Foundation Stage.

Percentage of children with good attendance at school

Percentage of 16-18-year olds not in education, employment or training (NEET)

Performance Measures (Currently 16 in total)

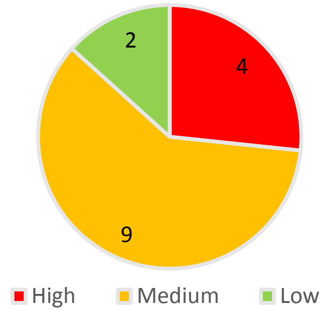


Suggested Measures for Focus

Percentage of 16-17-year olds in jobs without training

Percentage of care leavers that are NEET

Risks (Currently 15 in total)



Suggested Risks for Focus

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

02d – Failure to deliver Education, Health and Care Plans (ECHP) within Statutory Timelines

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

07i Capacity, capability and financial pressures on partner organisations impact negatively on the delivery of the Better Care Fund objectives

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

DORSET – Previous (2016) – 70.1%; Latest (2017) – 68.8%	
DORSET - Trend WORSENING	R
COMPARATOR - Benchmark (South West) BETTER – 70.5% (Average)	R

2013 2014 2015 2016 2017

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. 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 of this nationally. Areas for focused improvement in Dorset relate to literacy and mathematics. The achievement gap between children eligible for Free School Meals and those who are not has increased slightly and is greater than national average, but like the regional average, which has remained at 21% for the last 4 years. Although there has been a small reduction in the proportion of vulnerable 2-year-old children taking up their free entitlement to early years education, this is still in the highest quartile nationally and remains significantly higher than nationally.

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

Performance Measure(s) – Trend Lines

% of 2 year old children benefiting from funded early education

Previous 2016 – 85%

Latest 2017 – 81%

2015 2016 2017 2018

Inequality Gap EYFS

Previous 2016 – 20.4%

Latest 2017 – 22%

13-14 14-15 15-16 16-17 17-18

Corporate Risk	Score	Trend
No associated current corporate risk(s)		

Value for Money - UNDER DEVELOPMENT	Latest	Rank

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

INDEPENDENT: 02 Population Indicator Percentage of children with good attendance at school - Outcome Lead Officer Sally Longman; Population Indicator Lead Officer Claire Shiels

DORSET – Previous (2015-16) 95.3%; Latest (2016-17) 95.1%		
DORSET - Trend WORSE	R	
COMPARATOR – Benchmark (Statistical Neighbour) SIMILAR 95.3% (Average)	A	13-14 14-15 15-16 16-17 17-18

Story behind the baseline: Story behind the baseline: Good school attendance is important to ensure that children get the most important start in life. Children who miss school often fall behind and there is a strong link between good school attendance and achieving good results at GCSE. Good attendance at school is also linked to preparing for adulthood and employment opportunities later in life. Total absence from school in Dorset (across all schools) is 4.9%, like levels nationally and regionally, and in secondary schools has risen from 5,4% to 5.7%. Possible factors could include an increase in mental health/anxiety issues, and an increase in unauthorised absence due to family holidays. 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. Responsibility for pupil attendance primarily rests with the parent/carer, with schools responsible for monitoring and encouraging attendance where there are problems. The local authority will support this role through the offer of early help where appropriate and providing an enforcement role regarding parents/carers who fail to ensure that their children attend school regularly.

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.

Performance Measure(s) – Trend Lines

Measure	Trend
Total Primary Absence Previous 2015-16 – 4 Latest 2016-17 – 4	13-14 14-15 15-16 16-17 17-18
Total Secondary Absence Previous 2015-16 – 5.4 Latest 2016-17 – 5.7	13-14 14-15 15-16 16-17
Looked after Children Overall Absence Previous 2015-16 – 4 Latest 2016-17 – 3.8	13-14 14-15 15-16 16-17 17-18

Corporate Risk	**Score**	**Trend**
No associated current corporate risk(s)		

Value for Money - UNDER DEVELOPMENT	**Latest**	**Rank**

What are we doing?

- Trade an attendance service to schools
- Issuing penalty notices to parents
- Providing early help through Family Partnership Zones
- Providing intensive family support packages through Dorset Families Matter (our local Troubled Families Programme)

INDEPENDENT: 03 Population Indicator Percentage achieving expected standard at KS2 in reading, writing and maths - Outcome Lead Officer Sally Longman; Population Indicator Lead Officer Claire Shiels		
DORSET – Previous (2016) 45%; Latest (2017) 57%		2014 2015 2016 2017 2018
DORSET - Trend IMPROVING	G	
COMPARATOR - Benchmark (Statistical Neighbour) WORSE 58.7% (Average)	R	

Story behind the baseline: Standardised Assessments are undertaken in Year 6 or Key Stage 2. For the first time in 2016 they were used to test the understanding of understanding of the national primary curriculum. Achievement at Key Stage 2 influences pupil's attainment at GCSE as well as a range of other outcomes. Disadvantaged pupils are less likely to achieve well at KS2. Progress measures were introduced in 2016 which compare pupil's results with the achievements of other pupils nationally with similar prior attainment. This is important as it ensures that schools can demonstrate progress with all pupils, whether they are low, middle or high attainers as any increase in attainment reflects the school's work with that pupil. They are fairer to schools in challenging circumstances as they recognise schools that are doing well with pupils that may have had poor prior attainment. A score worth 0 means that pupils on average do about as well at KS2 as those with similar prior attainment nationally. A positive score means pupils in this school on average do better and a negative score means that pupils on average do worse at KS2 than those with similar prior attainment nationally.

A negative score does not mean that pupils are not making progress, rather it means they made less progress than other pupils nationally with similar starting points. Overall the proportion of pupils achieving expected standards in reading, writing and maths (Level 4, RWM) has improved and the proportion of schools with fewer than 65% of children achieving expected levels in reading, writing and maths has reduced significantly. The attainment of Level 4, RWM of disadvantaged pupils remains like previous years. Improvements have been made in progress scores in reading and maths, and progress in reading remains the same as in previous years.

Performance Measure(s) – Trend Lines

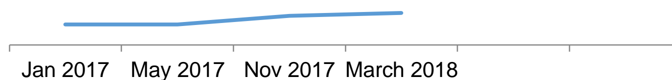
Measure	Trend
Progress between age 7 and age 11 reading Previous 2015-16 = - 0.6 Latest 2016-17 = - 0.6	12-13 13-14 14-15 15-16 16-17
Progress between age 7 and age 11 writing Previous 2015-16 = - 3.4 Latest 2016-17 = 1.6	12-13 13-14 14-15 15-16 16-17
Progress between age 7 and age 11 Maths Previous 2015-16 = - 1.9 Latest 2016-17 = - 1.5	12-13 13-14 14-15 15-16 16-17
Percentage of schools with fewer than 65% level 4 RWM Previous 2015-16 = 18% Latest 2016-17 = 6%	2012 2013 2014 2015 2016 2017
KS2 level 4 RWM disadvantage pupils Previous 2015-16 = 23 Latest 2016-17 = 22	12-13 13-14 14-15 15-16 16-17

INDEPENDENT: 03 Population Indicator Percentage achieving expected standard at KS2 in reading, writing and maths - Outcome Lead Officer Sally Longman; Population Indicator Lead Officer Claire Shiels **(Cont'd)**		
Corporate Risk	**Score**	**Trend**
No associated current corporate risk(s)		
Value for Money - UNDER DEVELOPMENT	**Latest**	**Rank**

What are we doing? The Dorset Education Advisory Service engages with all schools, Multi-Academy Trusts, Federations, Academies and colleges to celebrate and promote good practice; monitor performance and challenge standards; identify schools at risk of underperforming through interrogating qualitative and quantitative data; provide advice and support in response to difficult circumstances; identify and remove barriers to ensure best outcomes.

The service prioritises schools that are significantly below the Dorset and national average to provide the necessary level of support and advice to improve standards. Dorset County Council works with the regional school's commissioner and a range of teaching school alliances/partnerships across the county to improve standards. Teaching school alliances/partnerships access additional funding; provide training and professional development; and offer school to school support.

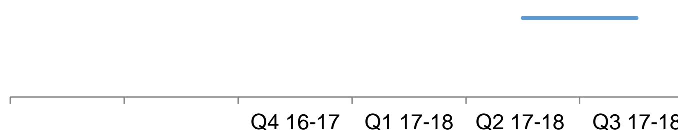
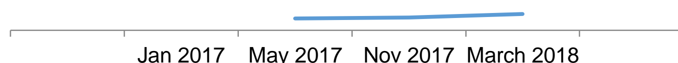
INDEPENDENT: 04 Percentage of 16-18-year olds not in education, employment or training (NEET) - Outcome Lead Officer Sally Longman; Population Indicator Lead Officer Claire Shiels

DORSET – Previous (Nov 2017) 3%; – Latest (March 2018) 3.1%		
DORSET - Trend WORSENING	**R**	
COMPARATOR – WORSE Benchmark (South West) 2.9%	**G**	

Story behind the baseline: The number and proportion of (academic age) 16 and 17-year olds who are NEET is like November, however variation throughout the year is to be expected as people are more likely to change courses or drop out in the first term. Although the Dorset figure would suggest that Dorset has more young people you are NEET than regionally, it is important to note that perform extremely well at tracking young people, with a much lower proportion young people who are 'not known' (2.7%) than regionally (5.3%) and nationally (5.9%). This will impact on the proportion who are NEET. The Department for Education now report on the combined figure of the % 16-17-year olds NEET and whose activity is not known and on this indicator measure Dorset performs better (5.7%) than the south west region (5.3%) and nationally (8.4%). It is suggested that the committee replaces the current population indicator with the combined indicator of % NEET and % Not Known as it better reflects the issue and is in line with DfE thinking, enabling us to benchmark more effectively. The highest concentrations of NEET young people remain in Purbeck, Christchurch and Chesil areas of Dorset. There has been a further increase in the proportion of care leavers who are NEET, which we will continue to monitor.

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

Performance Measure(s) – Trend Lines

Percentage of offers of education or training made to 16-17-year olds Previous – NEW Latest – Qtr. 3 17-18 – 93.6%	
Percentage of 16-17-year olds in jobs without training Previous Nov 2017 – 2.3% Latest March 2018 – 3%	
Percentage of care leavers that are NEET Previous Nov 2017 – 15.7% Latest March 2018 – 20%	

Corporate Risk	Score	Trend
CS04 Performance targets for young people in jobs without training are not in line with national average	**MEDIUM**	**UNCHANGED**

Value for Money - UNDER DEVELOPMENT	Latest	Rank

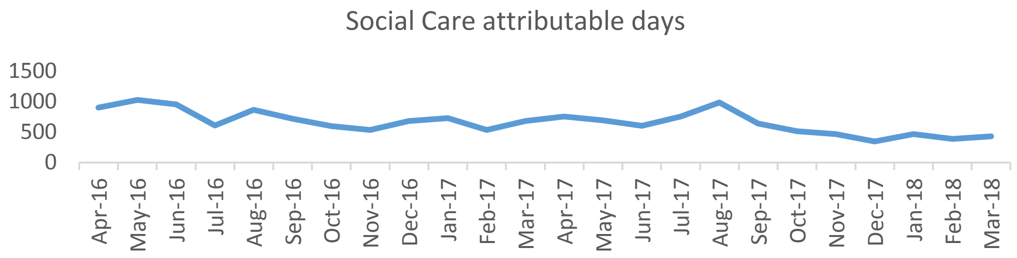
What are we doing? We use data to identify and work with young people who are more likely to become NEET and offer them support through both our contracted Information, Advice and Guidance Service, provided by Ansbury Guidance as well as through offering support through Family Partnership Zones. We have and will continue to target resources to support children in care and carer leavers and children and young people with special educational needs/disabilities as well as support to help support young people who are NEET back into education, employment and training. We work with and facilitate education and training providers to come together to ensure that there are a range of opportunities available for 16 and 17-year olds to enable them to participate in education and training.

INDEPENDENT: 05 Population Indicator Delayed transfers from hospital care (number of days – Social Care attributable) - Outcome Lead Officer Sally Longman; Population Indicator Lead Officer Martin Elliott

DORSET – Previous (Qtr 3 2017-18) 1,328; Latest (Qtr 4 2017-18) 1,286

DORSET - Trend IMPROVING

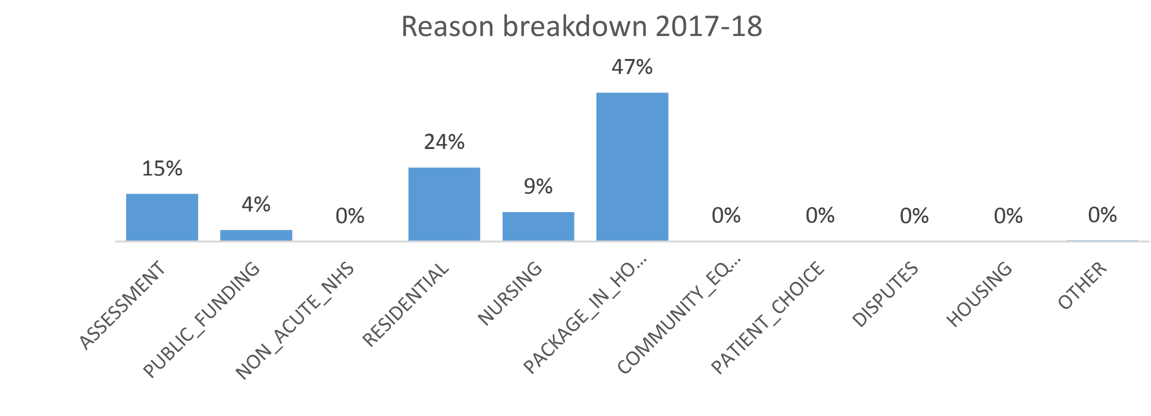
COMPARATOR – National Ranking – 121st out of 151 (Full year) – Trend IMPROVING



Story behind the baseline: Revised year-end data was released in May 2018; this bought our total number of Social Care-attributable days to 7,036 for the full year. This resulted in a final year-end position of 121st; an improvement from 124th last year. However, this still leaves us in the bottom quartile nationally. That said, our performance in the second half of the year was considerably better than the first, and early indications are that this is continuing in the new year. We ended the year 390 days better than our BCF target. "Awaiting Care Package in own home" was by far our biggest reason for delay; representing 47% of all days recorded in the year. This was followed by "Awaiting Residential Home placement" (24%) and "Awaiting Completion of Assessment" (15%). We have recently been provided with provisional 2018-19 DTOC targets. These targets represent a 38% reduction in delays compared to 2017-18, and we are required to achieve them by the end of September 2018.

Performance Measure(s) – Trend Lines

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



Corporate Risk	Score	Trend
07i Capacity, capability and financial pressures on partner organisations impact negatively on the delivery of the Better Care Fund objectives	**HIGH**	**UNCHANGED**
Value for Money - UNDER DEVELOPMENT	**Latest**	**Rank**

What are we doing? We have been working hard on the DTOC positions in all hospital's environments. Maintaining focus on cases that require early attention in order that we can return people back into the community. We have struggled in securing care specifically in Hospital Teams because of the social care market that is unable to provide care services. This means that we continue to struggle to establish flow out of the hospital settings. The High Impact Changes project is currently being developed and is aligned to the Better Care Fund Plan. This will provide the framework and governance for any changes so that commissioning and operational change is undertaken with an understanding of the impact in this area. A scoping exercise relating to performance within all High Impact Changes is currently underway. This will enable a consistent and collaborative approach to the issues with a focus upon what is replicable across Dorset with all partners. Initial scoping has had a particular focus on Home First, recognising it is best for people to be supported to return home to recover from their admission to Hospital, its interdependency with the other changes and the potential impact on delayed transfers of Care that a revised model may have. Given the severity of the situation specifically in Poole and Dorset County Hospital we have set up the following activities to be completed within the next 6-8 weeks:

- Outcomes Based Accountability with all key stakeholders to walk through the current process around DTOC with a focus on securing solutions
- Planning with Poole Hospital to look at a day event with all key stakeholders in a live situation to seek solutions and secure change to the way we work to improve flow out of the hospital.
- Establishment of weekly integrated 1hour Learning set to consistently work at options and solutions to improving our DTOC performance across the whole system.
- Joint visit to Somerset planned with Dorset County Hospital to look at their approach to DTOC.
- Working alongside Commissioners to approach DTOC and the reablement pathway
- Meeting with Independent Sector to discuss and seek support in relation to the challenges we face with DTOC

The output from the above actions will be tracked to harness solutions and reported into AD Operations as part of the target set for improving DTOC position.

INDEPENDENT: 06 Population Indicator Proportion of clients given self-directed support - Outcome Lead Officer Sally Longman; Population Indicator Lead Officer Jon Goodwin

DORSET – Previous (Q3 2017-18) - 96%; Latest (Q4 2017-18) – 97.6%		Q4 16-17 / Q1 17-18 / Q2 17-18 / Q3 17-18 / Q4 17-18
DORSET Trend IMPROVING	G	
COMPARATOR – Benchmark (England) BETTER – 86.9% (Average)	G	

Story behind the baseline: For the final quarter of 2017-18 the results published contain data from both our legacy and new integrated case management system. Going forward from quarter 1 of 2018-19 these results will be based upon data from our new integrated case management system, MOSAIC, only. About clients in receipt of direct payments, we would have expected this to increase towards the end of the year because of the implementation of the Dorset Care Framework (based on experience from other framework implementations) however we are seeing a reduction at the end of Q4 and this will continue to be monitored and investigated. Preliminary analysis of the Adult Social Care Survey for 2017-18 suggests that older people living in Residential care are least likely to have sought information. People with a learning disability are the most satisfied group for this measure whereas younger adults without a learning disability are generally less satisfied with their search for information. **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.

Performance Measure(s) – Trend Lines

Proportion of people who use services, and carers, who find it easy to find information about services Previous 2016-17 (Annual Measure) – 72.1% Latest 2017-18 (Annual Measure) – 72.6%	13-14 / 14-15 / 15-16 / 16-17 / 17-18
Proportion of clients given direct payments Previous Q3 17-18 – 21.6% Latest Q4 17-18 – 19.8%	Q3 16-17 / Q4 16-17 / Q1 17-18 / Q2 17-18 / Q3 17-18 / Q4 17-18

Corporate Risk	Score	Trend
03c Failure to meet primary statutory and legal care duties -Mental Capacity Act/Deprivation of Liberty Safeguards	**MEDIUM**	**IMPROVING**
03d Breach of the Deprivation of Liberty Safeguards (Community DOLs)	**MEDIUM**	**UNCHANGED**
07g Failure to develop Sustainability and Transformation Plans to achieve place based commissioning as part of the integration with health	**MEDIUM**	**IMPROVING**
11e Market failure (supply chain) with negative effect on service delivery within Adult and Community Services	**LOW**	**UNCHANGED**
Value for Money - UNDER DEVELOPMENT	**Latest**	**Rank**

What are we doing? The data from MOSAIC will be quality assured with a series of case audits to ensure the criteria for reporting personalisation are being met (e.g. clients have been informed about a clear, upfront allocation of funding allowing them to plan their support arrangements; and agreed a support plan making it clear what outcomes are to be achieved with the funding; and been informed that they or their representative can use the funding in ways and at times of their choosing). This will also allow for further investigation around the take up of Direct Payments. To develop the market to respond cost-effectively to the care & support needs of those living in very rural areas and improve access to Direct Payments or Individual Service Funds we are looking to pilot community micro-enterprise's. These are either a small business, social enterprise or charity offering flexible and person-centred services or support at a very local level. There is a growing evidence base demonstrating the positive impact of these initiatives in supporting local communities to respond to local need through both formal and informal care and support. The pilot will need to be supported by robust promotion of personalisation and the further development of personal budgets is a key strand in enabling choice and control. As part of the review of Early Help Services we are also looking at the Information, Advice & Guidance offer & the Community Front Door. Recent engagement activity has involved a review of care and support arrangements within Extra Care Housing schemes across Dorset to inform commissioning of providers and provide a fairer charging structure for all residents. Engagement meetings at all schemes has taken place and currently residents are completing questionnaires about their preferences. Due to the recent GDPR changes and current arrangements the Carers in Crisis Scheme is also being reviewed. A survey has been recently completed by carers about the support they want in planning for emergencies. The outcome will be used as part of commissioning the carers offer. The number of Carers registering to receive Caring Matters continues to increase, on the 15th Nov 2017 we had 1460 carers who had registered in the preceding 12 months and were still on the register compared to 1127 carers in Nov 2016. The development of the new self- funder pathway was scoped with members and voluntary sector partners during December - March. A bid was submitted to the Social Care Digital Innovation Programme on 1 June 2018 for funding support to incorporate digital technology within key parts of this new service design. Initial engagement to assist the scoping and business cases for Personal Travel Budgets and Home First (hospital assess to discharge) will be undertaken as two workshops with community members at the Making It Real Forum on 7 June. Workshops will also take place during July - September with range of service user and wider stakeholders to co-produce a new integrated service for Mental Health and Learning Disability Services across social care and health.

Corporate Risks that feature within INDEPENDENT but are not assigned to a specific POPULATION INDICATOR (All risks are drawn from the)		
01c Failure to ensure that learning disability services are sustainable and cost-effective	HIGH	UNCHANGED
02e Failure to meet statutory and performance outcomes for young people in transition	HIGH	UNCHANGED
02d - Failure to deliver Education, Health and Care Plans (EHCP) within Statutory Timelines	HIGH	UNCHANGED
01k Negative financial impact as we reshape our services to ensure they are care act compliant	MEDIUM	UNCHANGED
07c Failure of the Early Help partnership	MEDIUM	UNCHANGED
07h Lack of momentum in agreeing the joint funding protocol with the CCG	MEDIUM	UNCHANGED
12e - Good quality management / financial information is not clear enough or properly utilised to support decision making within Adult & Community Services	MEDIUM	IMPROVING
12f - Failure to meaningfully consult, engage and communicate with children & young people and other stakeholders (including staff and other sector groups) as part of service redesign within the Children's Services Transformation Programme	MEDIUM	UNCHANGED
01a - Overspend to the Adult & Community Services Directorate Budget and meet the structural deficit	LOW	IMPROVING

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

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

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People and Communities Overview and Scrutiny Committee

Dorset County Council

Date of Meeting	4 July 2018
Officer	Local Member David Walsh, Chairman Lead Director Helen Coombes, Transformation Programme Lead for the Adult and Community Forward Together Programme
Subject of Report	**People and Communities Overview and Scrutiny Committee: Annual Report 2017-18**
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:	**Equalities Impact Assessment:** Giving appropriate consideration to equalities is a key aspect of good governance, but there are no equalities issues arising directly from this report.
	Use of Evidence: 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.
	Budget: None in the context of this specific report.

	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
	Outcomes: The Overview and Scrutiny Committees each have a primary focus on one or more of the outcomes in the County Council's Outcomes Framework: Safe, Healthy, Independent and Prosperous. The People and Communities Overview and Scrutiny Committee has oversight of the Healthy and Independent corporate outcomes, and these two outcomes are therefore the primary focus of this report.
	Other Implications: None
Recommendation	That the committee scrutinises the Annual Report for 2017-18 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 2017-18
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Dorset County Council

Appendix 1

People and Communities Overview and Scrutiny Committee

Annual Report 2017-18

Most people are healthy and make good lifestyle choices.

***But…** unfortunately, this is not the case for everyone. For example, there are many people who suffer from poor mental health, and there are parts of the county where life expectancy is low.*

If we can help and encourage people to adopt healthy lifestyles and lead active lives, they will be more likely to avoid preventable illnesses as they grow older, and life expectancy will improve.

The strong link between a healthy environment and physical and mental health and wellbeing is well known. We will work hard to ensure our natural assets are well managed, accessible and promoted, and that waste and pollution are minimised and controlled.

Dorset County Council Corporate Plan 2017-19

Confident people living in strong, supportive and vibrant communities are vital to independent living.

***But**… we need to help more of our young people be confident and successful learners into adulthood –helping them to remain independent and happy.*

We also have a high number of older people who are isolated and lonely. By coordinating the efforts of social care, health and other agencies, we are striving to help people remain happily independent in their own homes and able to make informed choices about their support needs.

This requires us to identify and work with vulnerable families at an early stage, to help them stay close and look after each other.

Dorset County Council Corporate Plan 2017-19

Working Together for a Strong and Successful Dorset

Dorset County Council

Foreword

Once again: It has been a privilege to chair this very busy committee, working with proactive, enthusiastic members, from all parties, supported by very knowledgeable officers who not only share but instil their passion for "good" scrutiny.

This is the second year that the committee structures agreed by council have been based on the new outcome focused forward plan, aligned with Dorset County Council's Corporate Plan. Consequently, the People and Communities Overview and Scrutiny Committee's remit is to oversee what the council does to help people in Dorset be as **healthy** and **independent** as possible.

It still feels like a fresh way of focusing scrutiny, 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." This way of working really does work and being part of something that actually delivers in a positive way for the people of Dorset is a pleasure.

Covering the many different issues scrutinised over the past year, members, through "Task and Finish Groups", "Workshops" and "Inquiry Days" were able to dig deep into issues, causes and possible solutions and look at the best ways forward. The issues chosen for the committee to scrutinise came from a Work Programme populated by members themselves and the experiences of their communities. The findings coming out of the committee not only impact the lives of our constituents in Dorset but are a catalyst for work on a wider, even national, forum. One such piece of work was a workshop held on Mental Health involving all stakeholders as well as service users themselves. The workshop focused not only on access to services and service provision, but scrutinised wider factors, such as housing, benefits, commissioning and the need for safe places. The report, derived from the workshop and further scrutiny, was sent to the appropriate organisations with an invitation for them to consider the recommendations arising from the day. We will follow up later to establish what actions have been taken.

It has been a great team effort and I would like to thank all those members of the Council's Scrutiny Committees for their hard work. A special "Thank You" to Cllr. Mary Penfold, Vice Chairman for the P&COSC in standing in for me whilst I was incapacitated. Now let's get back to work and take "scrutiny" to new heights.

David Walsh

Chairman, People and Communities Overview and Scrutiny Committee

Committee Membership 2017-18

David Walsh (Chairman)

Shane Bartlett

Derek Beer

Graham Carr-Jones

Katharine Garcia

Mary Penfold

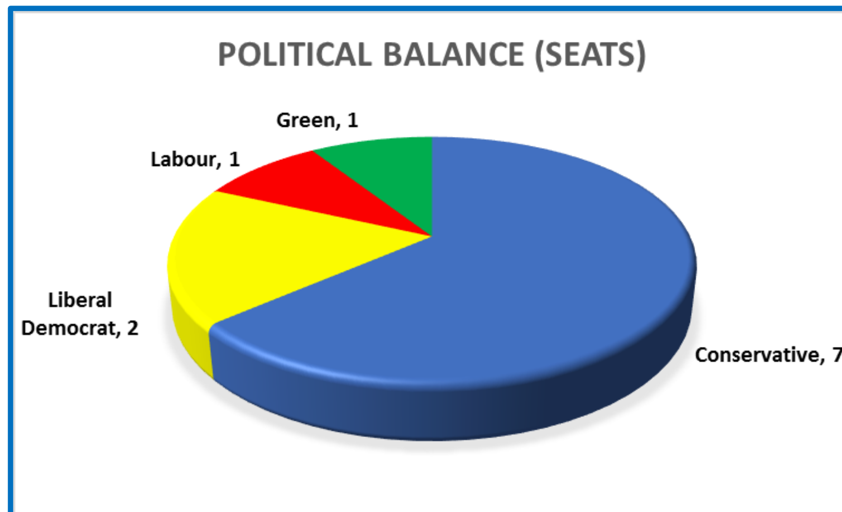
Byron Quayle

Mark Roberts

Clare Sutton

William Trite

Kate Wheller



Background: Outcomes Focused Scrutiny

Dorset County Council's Corporate Plan is 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.

Historically, scrutiny at the County Council reflected directorate structures and was 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 forward, 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 oversee what the council does to keep people in Dorset **safe***
- **People and Communities** Overview and Scrutiny Committee: *To oversee what the council does to help people in Dorset be as **healthy** and **independent** as possible*
- **Economic Growth Overview and Scrutiny Committee:** *To oversee what the council does to make Dorset's economy more **prosperous**.*

Our councillors also separated 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. An 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 our overview and scrutiny arrangements is that councillors want to ensure 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). Changing the focus of each committee has meant 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.

This Annual Report summarises the work of the People and Communities Overview and Scrutiny Committee during its second year – the committee's purpose, the work in which it has been directly involved, 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) 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.

Key Lines of Enquiry

In selecting, refining and focusing areas for possible scrutiny, members frequently work with lead officers on a scoping exercise, looking at progress towards key outcomes within their committee's remit and asking:

i) If we do nothing, where is the trend heading? is this OK?

ii) What's helping and hindering the trend?

iii) Are services making a difference?

iv) Are they providing Value for Money?

v) What additional information / research do we need?

vi) Who are the key partners we need to be working with (including local residents)?

vii) What could work to turn the trend in the right direction?

viii) What is the Council's and Members role and specific contribution?

Key Outcomes

What have we achieved and influenced?

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

Monitoring Corporate Plan outcomes

At each of its four meetings in 2017-18, the committee received a report on progress with the "People in Dorset are Healthy" and the "People in Dorset are Independent" outcomes in the corporate plan. The reports focused on the six big "Healthy" issues and the six big "Independent" issues identified in the corporate plan, as follows:

Healthy

- Inequality in life expectancy between different population groups
- Rate of hospital admissions for alcohol-related conditions
- Child and adult excess weight
- Prevalence of mental health conditions
- Under 75 mortality rate from cardiovascular diseases
- Levels of physical activity in adults

Independent

- The percentage of children “ready to start school” by being at the expected level at Early Years Foundation Stage
- The percentage of children with good attendance at school
- School achievement at age 11
- Percentage of 16 -18-year olds not in education, employment or training (NEET)
- The rate of delayed transfers from hospital care
- Proportion of clients given self-directed support and/ or direct payments

The monitoring reports also include performance measures by which the County Council can measure the contribution and impact of its own services and activities on the Corporate Plan's outcomes. As can be seen below, the evidence from these reports helped shape, but did not dictate, the agendas for the committee throughout the year.

Local Government Reform

In June, Rebecca Knox, the Leader of the County Council, presented a report on proposals for the Council to be part of two joint committees, with other Dorset councils, to develop future governance arrangements and service provision across the County and support the development of the Future Dorset proposal for Local Government Reorganisation. She asked the Committee to consider an amendment to the report that the County Council's seats on the Joint Committee should be

limited to six, irrespective of the number of councils that might join later. The committee unanimously made this recommendation to the County Council.

Educational Attainment in Dorset

Jay Mercer, The Assistant Director for Prevention and Partnerships in Children's Services, attended the committee's first meeting of the year to present a report on the self-assessment of Dorset's Education Performance in 2016. He discussed the outcomes for the different key stage areas, highlighting areas of disappointing performance and the apparent contradiction between poor performance and good Ofsted inspection results.

Members discussed the report in detail, expressing concern and disappointment about the current situation. They questioned whether poor attainment is linked to social and economic disadvantage and asked how schools that are not performing well are being supported and whether successful schools can be used to help under-performers. They also discussed current funding arrangements and asked whether the Council is putting pressure on Central Government regarding funding allocations.

Later in the year, Key Stage 4 results for the 2016-17 academic year were released, and Dorset's performance had declined further. In March 2018 the Interim Director for Children's Services, Nick Jarman, came to the committee to discuss ways in which the County Council could influence improvements. His report drew attention to areas where performance is below the minimum acceptable standards. Dorset Middle Schools are making poor progress, and there is particular concern about Weymouth and Portland secondary schools, where low educational attainment contributes to Weymouth and Portland being ranked as the third worst area of the country for the prospects of disadvantaged young people.

The committee questioned why Dorset schools have performed well in the past, but are now outperformed by schools in other areas. The Director explained that resources have been extensively devolved to schools over a period of years, making them virtually autonomous and greatly reducing the influence of local authorities. Any efforts to improve performance need to be either at the strategic level where the local authority continues to have some legal duties, or in partnership and co-operation with schools.

In conclusion, the committee asked officers to contact similar local authorities to establish how they manage school performance and relationships with schools and report their findings to the meeting in October 2018.

The Relationship Between the Council, Schools and Academies

Following the discussion on attainment, the Director presented ideas about the future relationship between the Council and schools of all types, as more become academies. He discussed the need to engage with schools to understand their needs and preferences. The report had been previously considered by the Cabinet.

He explained that the County Council's priority will be to focus on advice, improvement, shared responsibility for the quality of education, and opportunities for schools to influence the areas with which the Council should be involved. There will be a consultation exercise with the Dorset Secondary Heads Association, and individually with primary schools. Members agreed that in order to preserve rural schools, they should be encouraged to develop into larger academies or federated schools to make the best use of resources and take advantage of economies of scale.

Members expressed their disappointment that the Committee had been asked to scrutinise the report after the Cabinet had already reached a decision. The Cabinet's decision was read out and members

commented that they hoped scrutiny would be carried out before decisions were made in future. However, members supported the Cabinet's decision.

Brexit

In October, the Committee considered a report by Matthew Piles, the Service Director for the Economy, which set out how Brexit might affect the Council and proposed how the Council should organise its resources for planning, preparing for and shaping future policy. The report was also considered by the Economic Growth Committee. It sought members' views on preparations for Brexit in order to minimise and mitigate risk and maximise any opportunities for the Council to progress corporate aims. It suggested that a Brexit Advisory Group should be established to progress this, involving members.

The Economy and Enterprise Team Leader then outlined scoping work that had been undertaken, and emphasised the need to focus effort on opportunities to influence outcomes from Dorset's perspective. He also informed the Committee that the Council is represented on a national working group looking at the implications of Brexit.

The Committee discussed the report, and in particular the implications for non-UK citizens working in the UK, the possibility of more of the future workforce coming from commonwealth countries, the need for a consistent approach to be taken across the whole County, and, as the whole country has the same issues and needs the same answers, a plea for no duplication of effort. Members supported the establishment of a Brexit Advisory Group with member representation. In order to take the matter forward the Committee referred it to the Overview and Scrutiny Management Board.

Race and Hate Crime

Race and Hate Crime was identified by the Committee as an area for review during 2016-17, following some evidence of an increase in incidents after the Brexit referendum. Some members were aware of incidents within their electoral divisions, and others were not. The committee discussed whether the issue needed a review, and decided that in light of incidents nationally, some evidence of the under-reporting of incidents, and to better understand the local situation, the review should go ahead and other members should be invited to take part and share their experience. A half day review was proposed.

Later in the year, however, following the completion of a scoping document for the review, it emerged that more recent evidence showed a downward trend in race and hate crime. Members decided that, on balance, time and resources would not be best used on a review of the issue. Should incidents increase again then this decision will be reconsidered. Reassurance was also drawn from the number of other agencies monitoring the issue.

Social Inclusion

Social inclusion was identified by the committee as an area of focus during 2016-17 and a scoping report had since been produced which set out a possible review methodology. Links between social isolation, loneliness, deprivation, and life expectancy were highlighted, and the impact of cuts to rural transport services and the importance of community transport schemes were discussed. It was suggested that the review should focus first on Beaminster and Blandford to try to understand the issues, and then use the lessons learned from this to consider a more generalised approach. 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.

A group was set up to take the review forwards, led by the Chairman of the Committee, and a schedule of meetings arranged with an agreement that the group would report its findings to the June 2018 meeting.

Concept picture of modular housing on DCC land at the proposed Wareham Care Village

Meanwhile in January 2018, the Outcomes Monitoring Report noted an 18% fall in the proportion of social care clients reporting sufficient social contact between 2015-16 and 2016-17. In this context, the committee welcomed the Cabinet's recent decision to agree to 'care villages' being developed in Wimborne and Bridport, to provide housing and other services for social care clients and key workers. Their proximity to these thriving communities should help lessen isolation for this client group. Subject to planning permission, the Cabinet also agreed a programme of modular housing on the same sites which would provide quicker, temporary accommodation which could be relocated once the care villages were built. With regard to whether this concept would be extended to other areas, it was confirmed that a detailed needs assessment was being carried out across all districts and would be completed by the end of April 2018. Following this, consideration will be given to how these needs could best be met.

Community Transport

Community Transport was identified as an important area of focus during 2016-17, not least because of its significance to social isolation. A scoping report was presented to the Committee in June.

Many local members described their experience of the problems faced by communities because of cuts to rural bus services, and they supported community transport as a means of addressing these. Officers are working with communities, local Transport Action Groups, operators and the Clinical Commissioning Group to explore options to look at alternative provision. However, communities themselves need to come forward with ideas for solutions for their areas. One councillor observed that there are many effective transport groups around the County, and he felt that there is a need to promote the schemes that are available and encourage new ones to develop.

The need to support local towns and their businesses was emphasised, and the important role played by community transport in Bridport, Weymouth and Portland. Attention was drawn to changes to school arrangements on Portland from September 2017, with no corresponding transport plan in place to support this.

Review of Integrated Transport

The review of integrated transport took place on 26 February 2018, involving delegates from local authorities, transport providers and the health service.

Afterwards, Matthew Piles, the Service Director for the Economy and the Natural and Built Environment, commented that a lot of the frustrations in the community were related to ability to access health services. He suggested that communication needs to be improved to promote community transport schemes and help people to understand that solutions can be found by communities working together. A full report from the day is due to be presented to the Committee in July 2018.

The committee supported the idea of an inquiry day on the issue, but by October it became clear that other committees, including Economic Growth, were also interested in scrutinising community transport and the Overview and Scrutiny Management Board was coordinating these exercises to avoid duplication.

In the end, an inquiry day was held on the broader theme of integrated transport, at the Dorford Centre, in February 2018. A full report from the day is due to be presented to the Committee in July 2018.

Home to School Transport Assistance Eligibility Policy

The Committee considered a report by Nick Jarman, the Interim Director for Children's Services, on proposed changes to this policy. The changes are aimed at making entitlement easier for families to understand. Members were reminded that a series of price increases for Post 16 transport were agreed two years previously. Families in receipt of working families tax credit or free school meals remain eligible for a 50% discount. According to the report, the increases had been reviewed by Dorset Travel for consistency, were competitive with other councils, and were moving the council closer to full cost recovery.

While members supported the need for policies to be clear and understandable, there was nevertheless discomfort about the proposed fare increases. These included concerns about travel distances for children on Portland, and that the lack of assistance may mean that more families will choose to home educate, causing further disadvantage. Members were clear about the need for a good communications plan to explain the reasons behind the increases, and called for greater awareness that price increases are likely to result in more parents driving their children to school, thus increasing congestion and impacting on cost recovery, and that a decision should be delayed pending further information being sought, given the concerns expressed.

It was suggested by some that any increase should not be more than inflation, but others pointed out that if this was the case, a similar decision about increases would be needed in subsequent years. Members also commented that it would have been helpful if the report had included how figures were calculated by Dorset Travel, how many pupils will be affected and what safeguards exist for those most at risk.

The Interim Director for Children's Services referred to the Children's Services budget and the need to address a £7m funding gap with a significant part being attributed to home to school transport. He said that if the increases were not agreed, any shortfall would have a serious impact on the Council's budget and savings would still have to be found from elsewhere, resulting in equally difficult decisions needing to be made in other areas. On that basis, the committee agreed to support the policy, although not unanimously.

Mental Health

Increased awareness of the growing prevalence of mental health problems led the committee to prioritise the issue for scrutiny during 2016-17. A workshop was organised for December 2017 involving the Clinical Commissioning Group, key professional staff and service users, and taking into account a recent review of Children and Adults Mental Health Services by the Dorset Health Scrutiny Committee as well as members' views about children's mental health, access to services and service provision. Other prominent issues at the workshop were housing and benefits, commissioning, and the need for safe spaces.

A full report on the workshop was presented to the March 2018 committee, which included a summary of the key issues identified and priorities for action. The day was considered to have been

very useful in identifying issues with mental health provision in Dorset. The Council was already acting on the findings within its own areas of responsibility, but some actions required the activity of other agencies. Also, the importance of managing the boundary between the work of this review and that of the Dorset Health Scrutiny Committee, to minimise duplication, was emphasised. It was noted that a joint commissioning group was being set up with the Dorset Clinical Commissioning Group which will include operational and commissioning teams. This will use 'one care pathways' in order to build capacity and identify short and long-term accommodation and more community support.

It was agreed that the report should be sent to appropriate organisations with an invitation for them to consider the recommendations arising from the day. This would be followed up later to establish what actions they had taken.

Quality and Cost of Care

In February 2017 the committee organised a multi-agency inquiry day into the quality and cost of care. This investigated the key issues of staff recruitment and retention, training, key worker accommodation, staff benefits, respite care and joint working with other authorities.

In June, the committee discussed progress since then. A working group has been established by the committee to look at workforce issues, and it added a review of the Better Care Fund to its work programme. An invitation was issued to members from a care provider to visit a care home and many were keen to do this.

The committee discussed recent press articles indicating that several small care providers are going out of business, impacting upon the County Council's provision of care. There is a national shortage of nursing and skilled staff and this means that some smaller providers cannot sustain their businesses. Locally work is going on across organisations to try to help providers to recruit and keep staff. It is likely that more nursing care will be needed in future and this needs to be considered when planning future capacity.

Workforce Capacity

After the Inquiry Day into the Cost and Quality of Care, officers were asked to focus on the recruitment and retention of the adults' and children's social care workforce, linked to the financial efficiency of the County Council. This should include looking at the possible impact of Brexit, external initiatives, multi-agency action, and at evidence of “what works” to make improvements.

In March 2018 the committee were provided with information about the size and structure of the workforce in Dorset, staff turnover, demographics, pay, qualifications, training and skills and current initiatives to improve recruitment and retention.

The importance was emphasised of encouraging care providers to move away from their focus on hourly pay and casual contracts, towards more long-term investment and sustainability. The Council's commissioners have been asked to establish how many workers are needed within their segment of the market to try to meet this demand. The possibility is also being explored of setting up micro-providers in communities to meet people's care needs, an initiative with which Somerset County Council has achieved some success.

Delayed Transfers of Care

The committee looked at Delayed Transfers of Care during 2016-17, following which members asked to be given an update in March 2018 looking at performance over the winter months so they could decide whether any further scrutiny was needed.

By their January meeting it was already clear that significant pressures were being experienced in local acute and community hospitals. Up to the beginning of the week of the meeting, Adult Social Care was keeping within its targets, but the NHS was struggling. Cases of flu were increasing and this was starting to affect the system.

In March the committee received the report and presentation from officers on latest performance. The Council has a crucial role to play in ensuring people leave hospital when they are ready to leave and, although there have been pressures on acute hospitals across the country, Dorset has performed comparatively well - historically, Dorset has been one of the ten worst performing local authorities, but over the last year it has improved to 126th out of 151.

Members were provided with an update on the position regarding discharges for people with mental health issues, and work to address the availability of accommodation, develop provider relationships, increase workforce capacity, and use micro-businesses to respond to local need. The Better Care Fund has provided some money for discharge planning in community hospitals, and for support and reablement services. However, Better Care Funding is at risk if performance does not meet targets.

Members raised several issues: can the number of 'delay days' be translated into the number of people affected? Can the reasons for delayed discharges be analysed? What has been the impact of the closure of community hospitals and the loss of beds? Are people leaving hospital provided with essentials at home? Are intermediate placements available? Has best practice from other local authorities been analysed?

In response, members were told that the Council now receives daily information about the discharge of hospital patients; front line staff are motivated to get people out of hospital when they are medically fit to leave; staff are aware of the pressure caused by delays; care package shortages and the availability of residential care are the main reasons for delays; all hospitals have follow up schemes to support those being discharged. Attention was drawn to the fact that Dorset's improvement is due to people returning home, whereas other authorities' good performance is down to the use of residential care. If Dorset is to make further significant progress, this will be achieved by better partnership working and the use of new or alternative types of service. Members asked for some case studies to be provided for the July meeting.

Budgets for Adult and Community and Children's Services

In January, the committee received presentations from Helen Coombes, the Transformation Programme Lead for the Adult and Community Forward Together Programme, and from Nick Jarman, the Interim Director for Children’s Services, on the 2018-19 budgets for their directorates, so that members could provide feedback on the proposals to the Cabinet.

The Children's Services presentation compared the cost of service delivery (£66m) to the available funding (£58m) and outlined proposals for saving £6.3m, leaving £1.8m to meet. The director explained how more is being done to recruit foster carers, to help reduce the number of children in care. There has been a review of payment rates, bringing them into line with other authorities, and an incentive scheme initiated to encourage foster carers to look after harder to place children. For Adult and Community Services, savings of £9.3m are needed during 2018-19 and the Committee was given an explanation of how this will be achieved. Attention was drawn to the increasing number of older people living longer in Dorset and the increasing complexity of their needs. More safeguarding work is impacting on the number of assessments and reviews undertaken, and financial pressures are caused by people not planning for their future at an early enough stage. Early advice is needed to help people make better financial decisions about their future.

Dorset County Council

One member drew attention to the reluctance of some older people to apply for attendance allowance, and asked whether steps are being taken to address this. Ms. Coombes responded that more is being invested in the welfare service, and to district councils' revenue and benefits services, to inform people about the allowance and of the need to plan for the future.

The work Tricuro is doing in Weymouth to make better use of its centres was showcased, as was the rising cost of the Council's transport to get people to day centres and the reduction in income this causes. Members were reminded that since 2007 the policy has been for people to have individual personal budgets so that they have choice and control over how the money allocated to them can be best used for their benefit. The Council is trying to increase awareness of this through use of social media, financial advisers and banks.

Alcohol related harm

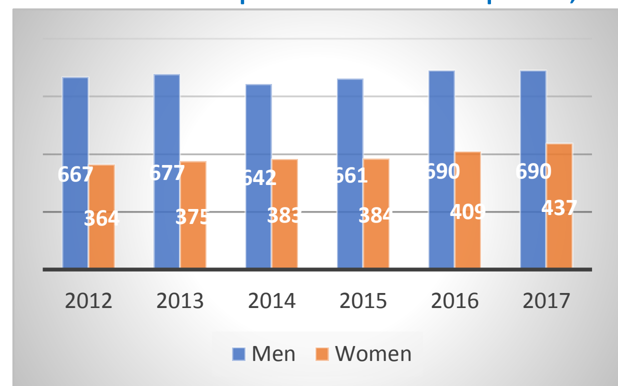
The outcomes monitoring report in October drew attention to the rising number of alcohol related admissions to hospital, particularly among women. Members asked for a briefing paper on the issue of alcohol related harm, which they received at the following meeting in January.

The briefing paper emphasised how alcohol related harm impacts on all four of the County Council's outcomes, and for various reasons affects more deprived communities more than more affluent ones. It carries implications for child and adult safety, crime, health and wellbeing, housing and homelessness, and workforce absenteeism.

Alcohol misuse has a significant impact on County Council services, including Public Health and child and adult safeguarding, as well as the services of many other agencies, including district and borough councils, the health service, the blue light services and businesses. The issue is an important part of the Sustainability and Transformation Plan, scrutinised through Dorset's Health and Wellbeing Board. Any further efforts to tackle the problem will therefore need to involve a joint approach by the agencies involved.

Other related issues were discussed by the committee. For example, the outcomes monitoring report showed that only 25% of clients engaging with the Public Health commissioned Live Well Dorset service were from the most deprived quartile of the population. The report also showed that the prevalence of mental health conditions, often related causally or consequentially to alcohol misuse, is increasing, while funds for mental health services have been cut by 50%.

Alcohol Related Hospital Admissions: rate per 100,000



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. 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 among women faster than men in the past 30 years. Admission rates are highest among 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. One third of Dorset's population falls within this age range – slightly higher than in England and Wales as a whole. Younger people are less likely to be heavy drinkers, and Dorset has a smaller percentage of younger people than the general population.

Helen Coombes added that many people using alcohol or substances were not looking for medical intervention. The discussion therefore broadened to the wider issues of deprivation, the lack of social mobility in parts of the county, and homelessness. The committee returned to the issue of alcohol

related harm in March, as new data in the Outcomes Monitoring Report showed a further rise in the number of women admitted to hospital for alcohol related conditions. This was alongside a reported dip in the number of successful completions of alcohol treatment services.

Nicky Cleave, the Assistant Director for Public Health Dorset, attended the March committee to discuss alcohol treatment services and Livewell Dorset. She pointed out that while the rate of successful completions for alcohol treatment services in Dorset - 45.9% - had declined recently, it remains higher than the national figure of 39.5%. A new integrated all age service has been commissioned in the last six months and it was hoped that the performance would improve as a result.

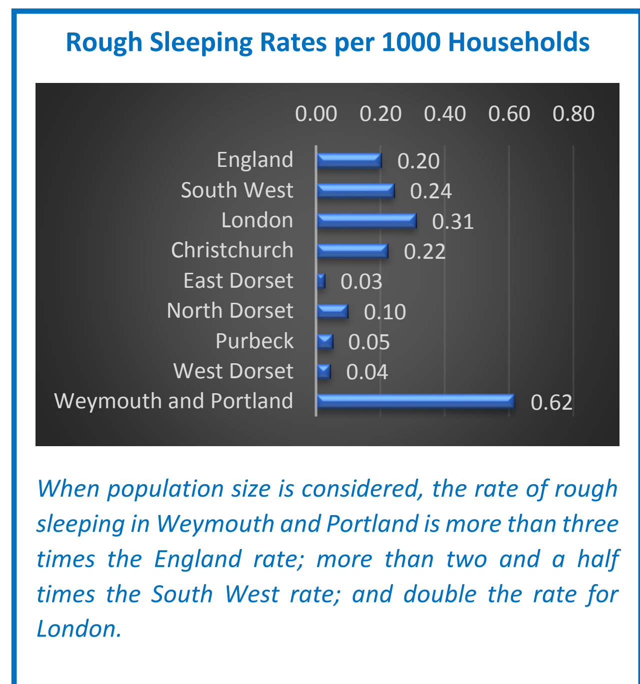
She acknowledged that the reduction in the number of clients engaging with Livewell Dorset from the most deprived quartile was disappointing. This is a difficult group to engage, and it is hoped that the number of contacts will double across Dorset next year with the service being brought back in-house from April 2018. A new on-line digital offer is also being developed to provide more flexible ways for people to engage.

Homelessness

In October, David Walsh, suggested that with homelessness on the increase, the committee should instigate a review of the evidence, to help them gain a better understanding of the situation in Dorset, and how the County Council works with district and borough councils and other partners. They also wanted to consider the impact that the 2018 Homelessness Reduction Act will have. Clare Sutton agreed to be the lead member.

In January, the committee further noted that there are overlapping elements between a number of the topics upon which the committee, and the other overview and scrutiny committees, have been focussing; alcohol and substance misuse, mental health, poor educational attainment, social isolation and a lack of social mobility are arguably all connected by the common factors of deprivation and social inequality.

Rough Sleeping Rates per 1000 Households



When population size is considered, the rate of rough sleeping in Weymouth and Portland is more than three times the England rate; more than two and a half times the South West rate; and double the rate for London.

Homelessness relates to all four of the outcomes in the County Council's Corporate Plan. In particular, rough sleepers do not live in a safe environment; they are many times more likely than other people to be the victims of violence and abuse. Street homelessness also has implications for anti-social behaviour, and contributes towards an increased fear of crime in the areas it affects. Homeless people, particularly rough sleepers, often struggle to lead healthy lives; drug and alcohol abuse, poor mental and physical health, infections, hepatitis and tuberculosis are all more common with homeless people, and rough sleepers have an average age at death of just 43. Interventions to alleviate homelessness need to prioritise helping people to have greater control and choice over their lives and become, and remain, independent. Poverty and deprivation lead to homelessness, and street homelessness contributes to a sense that some areas, such as Weymouth, are becoming less safe, more run down and less prosperous, which affects businesses and visitor numbers.

All of these issues will be considered in detail in a review of the evidence to be presented by officers to the committee at its July 2018 meeting.

Conclusion - Looking to the Future

The thematic approach to scrutiny adopted by the Overview and Scrutiny Committees has identified and sought to better understand a range of key issues facing Dorset and its communities, and constructively challenged public sector approaches to making a positive difference with the resources that are available.

Through 2018-19 the committees will work to refine the conclusions that arise from this work, so that they can contribute to the base of evidence available to the various committees of the new Dorset Council. Armed with the best information available, the new unitary council can enable better, more joined-up approaches to the issues with which this committee and others have wrestled, such as mental and physical health, social isolation, homelessness and deprivation.

People and Communities Overview and Scrutiny Committee

Dorset County Council

Date of Meeting	4 July 2018
Officer	John Alexander, Senior Assurance Manager **Lead Member:** Clare Sutton
Subject of Report	**Homelessness in Dorset: Review of Evidence**
Executive Summary	In October 2017 The Chair of the People and Communities Overview and Scrutiny Committee, Cllr. David Walsh, suggested that with homelessness on the increase, the committee should instigate a review of the evidence, to help them gain a better understanding of the situation in Dorset, and how the County Council works with district and borough councils and other partners. They also wanted to consider the impact that the Homelessness Reduction Act 2018 will have. Cllr. Clare Sutton agreed to be the lead member. This report addresses those issues, and makes some suggestions for further action which the Committee may choose to consider.
Impact Assessment:	**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 the Corporate Plan. Homelessness is a clear example of a problem that impacts on different demographic groups unequally. The overwhelming majority of rough sleepers, for example, are men aged 25 to 40. Homelessness is more likely to afflict people with mental and physical ill health. Poverty and deprivation often lead to homelessness. Any work to address homelessness by implication also addresses inequalities in outcomes.
	Use of Evidence: This report draws on many sources of evidence, each of which is clearly identified in the main body of the report and in the accompanying footnotes.

	Budget: None at this stage.
	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
	Outcomes: Homelessness relates to all four of the outcomes in the County Council's Corporate Plan. For example, rough sleepers do not live in a **safe** environment. Homeless people often struggle to lead **healthy** lives. Interventions to alleviate homelessness need to prioritise helping people to have greater control and choice over their lives and become, and remain, **independent**. Poverty and deprivation lead to, and result from, homelessness, and therefore the **prosperity** of an area and the people in it is important. This report seeks to identify the key evidence with regard to homelessness in Dorset, in order to inform any further interventions to address it, which is an important part of OBA methodology.
	Other: None
Recommendation	That the committee: i) Reviews the evidence at Appendix 1, and considers the importance of homelessness as an issue facing Dorset and its public services; ii) Prioritises actions that should be taken to address the issue in Dorset, both in the short and the longer term; iii) On the basis that this is currently a cross authority issue on which the new Dorset Council will be well placed to make progress, makes recommendations for future activity to the Shadow Overview and Scrutiny Committee; and: iv) Appoints a lead member and a lead officer to take these recommendations forward into the Shadow Authority
Reason for Recommendation	The evidence in this report suggests that homelessness has been a growing problem in Dorset in recent years, bringing with it other issues related to the wellbeing of those it affects. A number of agencies, including the County Council, are seeking to address this. This committee is invited to consider whether more could and should be done to seek improvement.
Appendices	Homelessness in Dorset: Review of Evidence
Background Papers	None

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Homelessness in Dorset: Review of Evidence

Background

In October 2017 The Chair of the People and Communities Overview and Scrutiny Committee, Cllr. David Walsh, suggested that with homelessness on the increase, the committee should instigate a review of the evidence, to help them gain a better understanding of the situation in Dorset, and how the County Council works with district and borough councils and other partners. They also wanted to consider the impact that the *Homelessness Reduction Act 2018* will have. Cllr. Clare Sutton agreed to be the lead member.

Homelessness relates to all four of the outcomes in the County Council's Corporate Plan. At the sharp end of homelessness, for example, rough sleepers do not live in a **safe** environment; they are many times more likely than other people to be the victims of violence and abuse. Homeless people often struggle to lead **healthy** lives; poor diet, poor mental and physical health, drug and alcohol abuse, infections, hepatitis and tuberculosis are all more common with homeless people, and rough sleepers have an average age at death of just 43. Interventions to alleviate homelessness need to prioritise helping people to have greater control and choice over their lives and become, and remain, **independent**. Poverty and deprivation lead to homelessness, and street homelessness contributes to a sense that some areas, such as Weymouth, are becoming less safe, more run down and less **prosperous**, which affects businesses and visitor numbers. All of these issues are considered in greater detail below.

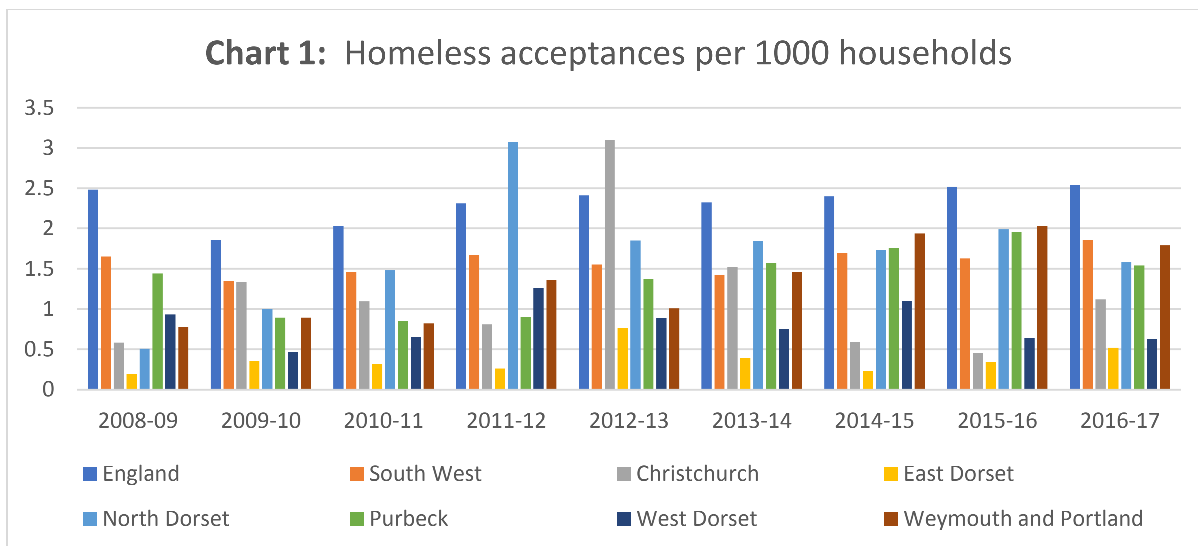
Homelessness is, of course, a far broader issue than simply "rough sleeping". A person (or household) is defined as statutorily homeless if they do not have accommodation that they have a legal right to occupy, or which it would be safe and appropriate for them to live in, even if, for the time being, they still have a 'roof over their heads'. When the two new unitary councils are created in Dorset in April 2019, those councils will inherit the statutory homelessness duties of the current six district and borough councils, and new legislation - the *Homelessness Reduction Act 2018* - has now changed the way in which those duties must be fulfilled. These statutory duties, and the new legal requirements, are explained later in this paper. We will examine the approach of local authorities and their partners to preventing homelessness, and responding to it when it occurs. The objective is to look at the role of public and voluntary sector partners in attempting to deal with homelessness in all its forms, in order to facilitate a discussion on what more might be done with the resources available.

Rates of homelessness in Dorset

Statutory homelessness

Chart 1[1] shows the rate of households, per 1000 households in the population, accepted as being homeless and in priority need (and therefore entitled to be rehoused by the local authority) in each of the six Dorset district and borough councils, each year since 2008-09. This is compared to the equivalent figures for the South West, and England as a whole. Most of these households will spend a period of time in temporary accommodation while they await permanent housing.

[1] https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness



These figures suggest that there has indeed been a steady increase in the rate of households accepted as homeless and in priority need over this nine-year period. Over the last three years, the rate in Weymouth and Portland has been higher than elsewhere in the county; prior to that, North Dorset had the highest rate three times, Christchurch twice and Purbeck once. In recent years, there has been a greater tendency for Dorset districts to exceed the South West overall figure than there used to be - Weymouth and Portland, North Dorset, and Purbeck each have done this in three of the last four years. North Dorset actually exceeded the England rate in 2011-12, as did Christchurch the following year.

Chart 2 looks at the numbers of households accepted as homeless and in priority need, by year, for the six Dorset districts and boroughs - irrespective of the number of households in each area overall. This again shows that in the last three years has Weymouth and Portland had the highest numbers. Prior to that, the highest numbers were seen in North Dorset in each year from 2009 to 2014.

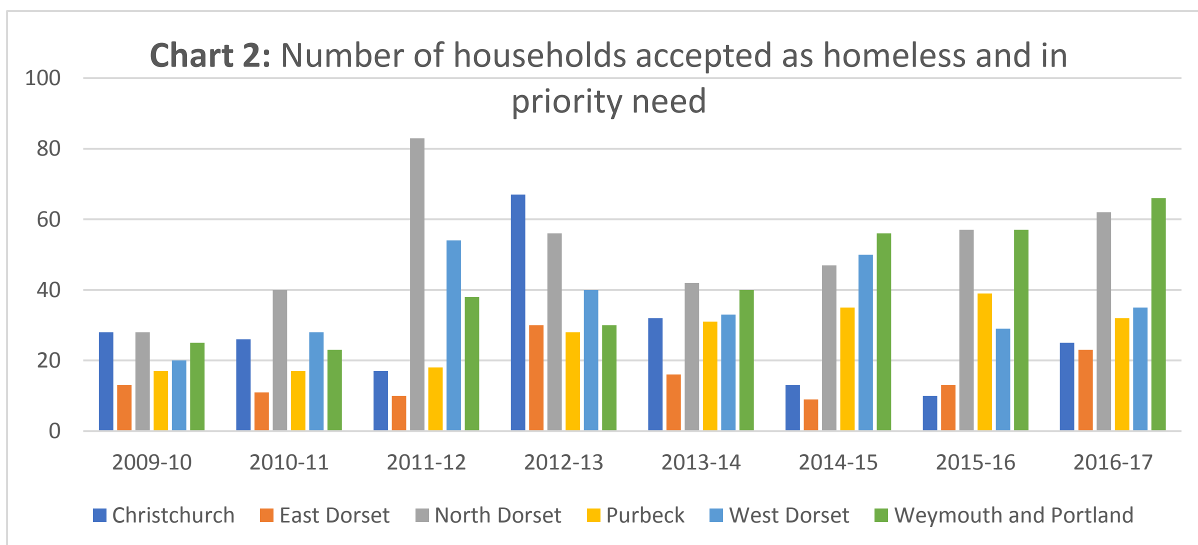
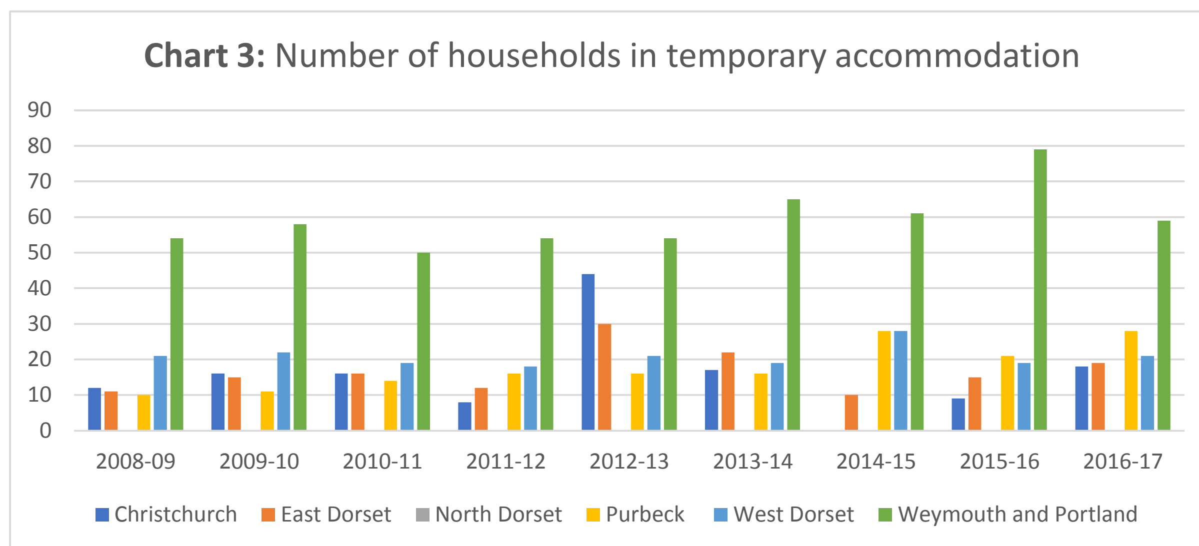


Chart 3 shows the number of households that, once accepted as being in priority need, were residing in temporary accommodation in each area. As can be seen, Weymouth and Portland consistently has far more households living in temporary accommodation, whether leased by the local authority, or bed and breakfast. This is mainly because there is more temporary accommodation available in Weymouth and Portland than there is in West Dorset or North

Dorset, and the Dorset Councils Partnership (DCP) is therefore more likely to temporarily rehouse homeless people in that borough, regardless of where they present.



Rough sleepers

For the last eight years the government has produced an annual statistical release presenting "rough sleeping counts" for each local authority in England. The figures represent the numbers of people seen or thought to be 'sleeping rough' in the local authority area on a ‘typical night’ – a single date chosen by the local authority. The 2017 count was carried out between 1 October and 30 November. Rough Sleepers are defined as: "people sleeping, about to bed down or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments), and people in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or “bashes” which are makeshift shelters, often comprised of cardboard boxes) ... The definition does not include people in hostels or shelters, people in campsites or other sites used for recreational purposes or organised protest, squatters or travellers."[2]

Nationally, the number of rough sleepers identified by this count in 2017 was 4,751, marking a 73% increase in the last three years and a 169% increase since the count was first instigated. Overall, London had the highest number (1137). The South West is the region with the fourth highest number (580), after the South East and the East.

It is important to note that, as the *Centrepoint* homelessness charity points out, "These figures are shocking, but they only attempt to count the number of people sleeping rough on one night. We know there are thousands more young people who are hidden homeless – sofa-surfing for months on end, sleeping on public transport or staying with strangers just to find a bed for the night".

Chart 4 shows the rough sleeping count over the last eight years for the districts and boroughs of Dorset.

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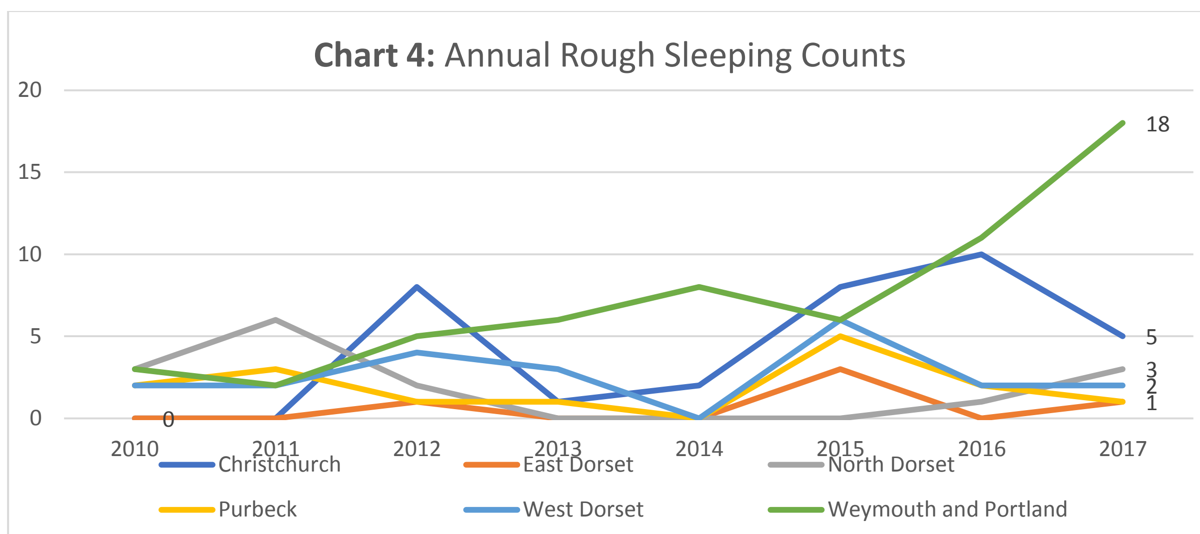
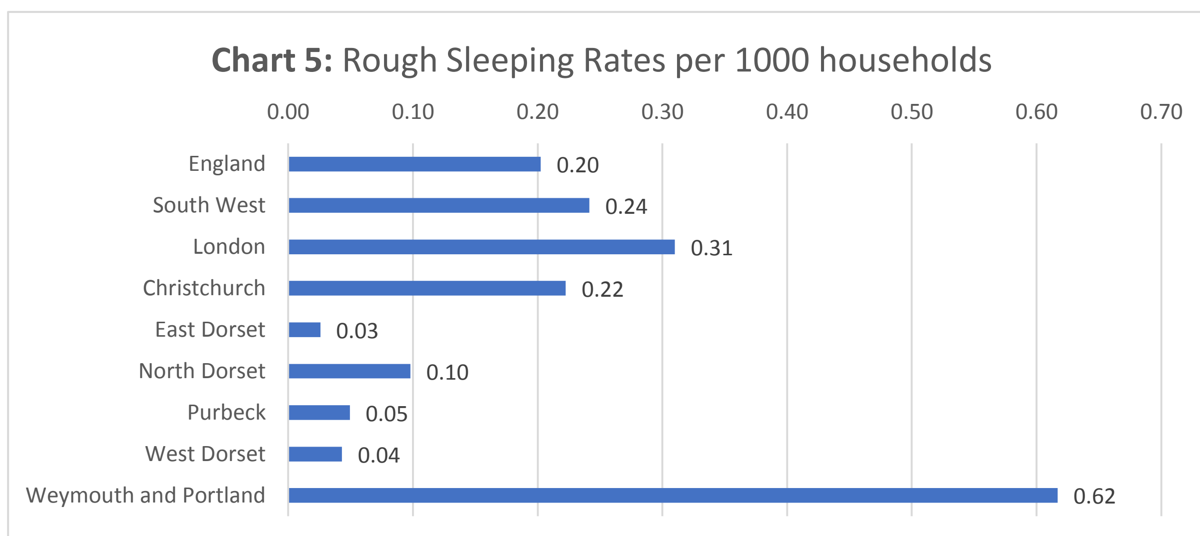
[2] *Rough Sleeping Statistics, Autumn 2017, England (Revised),* Ministry of Housing, Communities and Local Government (MHCLG), February 2018



These figures show that while most of the districts in Dorset have seen rises and falls in the numbers of rough sleepers over the eight years of the count, in Weymouth and Portland the number has risen significantly - a rise from 3 to 18 since 2010, and from 6 to 18 in the last two years alone. Of those 18 people, 14 were male, 15 were UK nationals, and all were over 25 years old (apart from 2 whose age was unknown).

Chart 5 shows the rough sleeping count as a proportion of the number of households living in each area, and compares this with the South West region, London, and England as a whole.



When population size is considered, the rate of rough sleeping in Weymouth and Portland is more than three times the England rate; more than two and a half times the South West rate; and double the rate for London. Of the other Dorset districts, only Christchurch has a rate of more than 0.2 per 1000 households - the rate for England. All five have a rate lower than the South West region as a whole.

Of the 326 local authority areas in England, Weymouth and Portland has the 17th highest rate of rough sleepers. Of the areas with the 20 highest rates, seven (including Weymouth and

Portland) are coastal, and five are London boroughs. Only one other area in the South West region is in the top 20 - Exeter, which has the 15th highest rate of 0.65 / 1000. Bournemouth, with a rate of 0.53, is in 21st place.

The high prevalence of rough sleeping in coastal towns is probably linked to generally higher than average levels of deprivation in these areas. A 2017 report from the Social Market Foundation[3] suggests that many coastal areas have faced "Structural, long-standing economic and social problems following the decline of domestic tourism in the UK... many coastal communities are poorly connected to major employment centres in the UK, which compounds the difficulties faced by residents in these areas. Not only do they lack local job opportunities, but travelling elsewhere for work is also relatively difficult." Anecdotally, many people are also drawn to coastal towns to take advantage of seasonal work in the summer months, and then remain after the work ends.

Weymouth and Portland shares characteristics of deprivation with many other seaside towns - low average income, relatively high unemployment compared to the rest of Dorset, poor economic growth and low skill levels. Melcombe Regis in Weymouth is within the 10% most deprived neighbourhoods in England[4], and the government's Social Mobility Commission recently ranked the prospects for disadvantaged young people growing up in Weymouth and Portland as the third worst in the country.[5] There is also evidence of cross-migration of rough sleepers between Bournemouth and Weymouth - the actions of the authorities towards rough sleepers in one of these towns can impact on numbers in the other. Additionally, frontline agencies such as the Lantern report that Weymouth's position at the "end of the line" of train services from London results in the town being the final destination for some rough sleepers.

A report commissioned by the Guardian newspaper, published on 11 April 2018, found that nationally the number of rough sleepers dying on the streets has more than doubled in five years, from 31 in 2013 to 70 in 2017, and this is likely to be an underestimate as local authorities are not required to categorise deaths in this way. The average age of a rough sleeper at death is 43 - half the average UK life expectancy. Rough sleepers are 17 times more likely to be victims of violence, nine times more likely take their own lives, and twice as likely to die from infections. Hepatitis and tuberculosis are relatively common. Severe winter temperatures have led to more deaths. Three rough sleepers died on the streets of Weymouth in 2016-17, and this is not an exceptional figure according to homelessness support organisations in the town.

The causes of homelessness

The four most common reasons for people to become homeless and approach Dorset local authorities for support are: coming to the end of Assured Shorthold Tenancies; parental evictions; violent relationship splits; and friends or other relatives no longer being willing to accommodate applicants.[6]

Behind these circumstances lie multiple other factors that make it difficult for many people to access or maintain adequate accommodation. The benefit cap brought into force by the *Welfare Reform Act 2012* and the *Benefit Cap (Housing Benefit) Regulations 2012* limits the amount households who claim certain benefits can be paid, so that when all benefits are calculated, housing benefit or universal credit may be reduced so that total benefits do not exceed the benefit cap limit. The benefit cap was further lowered in Autumn 2016. This has led to a number of tenants falling into arrears, often resulting in eviction. The reduction in housing benefit that can be claimed by tenants has excluded many people from accessing

[3] Living on the Edge: Britain's Coastal Communities, Social Market Foundation, September 2017
[4] Public Health England Local Health Profiles 2015
[5] https://www.gov.uk/government/publications/social-mobility-index-2017-data
[6] Dorset Homelessness Strategy 2015-19: Annual Update Report 2016-17

housing, as rents in Dorset are relatively high and not fully covered by the benefit, leading to a chronic shortage of supply for people with limited resources.

The much-publicised delay in Universal Credit payments being received by claimants has also resulted in rent arrears and evictions, exacerbated by benefits being paid directly to tenants rather than landlords, and therefore often not being used to pay rent on time due to other conflicting needs. This is also increasing the reluctance of landlords to let properties to benefit claimants, further reducing the available supply of private rented housing.

People often become 'visibly' homeless after previous contact with non-housing agencies, such as mental health services, drug rehabilitation services, the criminal justice system and social care agencies. A number of "safety net" services, such as support for people suffering from mental health and/ or substance dependency, are non-statutory and have seen significant cuts during the recent period of austerity, making it more difficult to prevent homelessness from occurring.

Rough sleeping and "Multiple Exclusion Homelessness"

An increasing and statistically robust body of evidence has demonstrated that for many people experiencing more extreme forms of homelessness such as rough sleeping, it is not just a housing issue but something that is inextricably linked with a range of complex and chaotic life experiences which lead to social exclusion. This has become known as "Multiple Exclusion Homelessness." This is compounded by the fact that many people experiencing multiple exclusion do not meet statutory homelessness criteria and cannot access social housing. The most complex needs have been shown to be experienced by homeless men aged between 20 and 49, and particularly men in their 30s - which, as reported in the 2017 rough sleeper count, is the demographic group of the great majority of rough sleepers in Weymouth and Portland, and indeed the rest of Dorset.

With some of these issues - such as mental health and substance abuse - there is a "chicken and egg" factor - both of these problems can lead to homelessness, and homelessness can lead to both. Estrangement from family networks and lack of contact with children can impact on emotional health and wellbeing; the lack of an address means people are often unable to register with a GP and cannot be referred to Community Mental Health Teams, so health, and mental health, issues escalate.

Accounts from a number of "on the ground" agencies in Dorset bear this out. People experiencing, or threatened with, "street" homelessness commonly face "multiple exclusions" that include some combination of: substance misuse issues; poor mental health; institutional experiences (e.g. prison and the care system); "street culture" activities (e.g. street drinking; begging; anti-social behaviour); fleeing domestic abuse.

Research summarised by the Joseph Rowntree Foundation[7] helpfully evidences the median ages at which these various life experiences first occur for homeless people, facilitating a better understanding of the critical intervention points for different types of preventative work where progression into long term rough sleeping might be averted. The earliest occurrences tend to be leaving home or care and substance abuse. At a slightly older age, factors including anxiety and depression, petty crime, becoming the victim of violent crime, sofa surfing, and spending time in prison become more prevalent. As people approach and enter their 30s, begging, intravenous drug use, bankruptcy and divorce become significant factors. For older multiply excluded homeless people, more 'official' forms of homelessness (applying to the council for support; staying in hostels and other temporary accommodation) become more common, as do other adverse life events such as eviction, repossession and redundancy.

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[7] *Tackling homelessness and exclusion: Understanding complex lives*, Joseph Rowntree Foundation, September 2011

Most multiply excluded homeless people will also report some level of childhood trauma such as abuse and neglect, further emphasising the importance of early intervention and prevention approaches with vulnerable young people to avoid progressively bad life outcomes. "Events such as abuse, bullying, witnessing alcoholism, domestic violence, as well as - as is often the case - experiencing these factors in combination, affects the way a child comes to perceive the world and their place within it. Such events not only affect childhood wellbeing, they echo throughout adulthood in the development and maintenance of self-esteem and the ability to form meaningful relationships."[8]

Community Safety: Impact on neighbourhoods

Data on the risks faced by multiply excluded homeless people - from violence and abuse, suicide and self-harm, hypothermia, infections, drugs and alcohol, and a range of other factors - suggest that it is they themselves for whom safety is the greatest concern. Nevertheless, the impact on the "look and feel" of a neighbourhood with a large number of rough sleepers can be significant. In Weymouth and Portland, street homelessness is more evident in the Melcombe Regis area - the town centre and the seafront - than in other parts of the borough.

Indeed, actual "rough sleepers", as defined by the government for the purpose of the rough sleeper count, comprise only one part - perhaps a minority - of the total number of multiply excluded people with a visible street presence. Many of them, in Weymouth and elsewhere, may look like "rough sleepers", but actually use "street living" for a range of reasons, even though they have a roof over their heads at night, for example in a hostel, by 'sofa-surfing', or some other means. Some use the town centre of Weymouth for begging, for example. Nearer the beach, street drinking and drug taking are more prevalent. In some cases, people will use the street for these activities because it would not be tolerated in, for example, a hostel, and could result in eviction. For others, the street is often a safer alternative than drinking or taking drugs "hidden away", where they may be vulnerable to violence and abuse from others.

Evidence of these issues has become increasingly visible in Weymouth in particular, but also in Dorchester. These are relatively small towns, and observant residents and visitors will not have to look too far or wait too long to witness begging, street drinking, drug taking and dealing, discarded drug paraphernalia, and some of the unnerving behaviour that can accompany these things. Whatever the realities, there can be little doubt that this contributes to the perception of an area that is "not safe", and where crime and anti-social behaviour is a threat. Some of the mitigations put in place - multiple signs warning of CCTV cameras, increased police presence, or specialised bins for the disposal of needles, for example - while largely helpful, can also contribute to this sense of menace. As multiple letters in the Dorset Echo testify, all of these factors contribute to a sense of a town that is becoming more run down and less safe, which is likely to negatively impact on a local economy so reliant on tourism and visitor numbers.

Drug and alcohol abuse and anti-social behaviour also put pressure on Accident and Emergency Services, ambulance services, the Police, and other agencies involved in community safety.

In 2016, senior representatives from a number of public agencies - including local authorities, the Police, the Health Service and Housing Associations - formed a multi-agency board to seek solutions to these and other issues facing the residents, businesses and visitors of Melcombe Regis. In 2017 the Melcombe Regis Board agreed a four-year joint strategy to identify and pursue ways of tackling homelessness, community safety, health and wellbeing, deprivation and community cohesion, and where possible to access external funding opportunities to help regenerate the area. The Board's work is in its early days, but there is a

[8] ibid.

widespread consensus that partnership approaches such as this are the key to addressing the problems that Melcombe Regis and other similar areas face.

OPCC Problem Solving Forum

The Office of the Police & Crime Commissioner (OPCC) recently hosted its inaugural Problem Solving Forum in partnership with Bournemouth Council for Voluntary Services (CVS), looking at the issue of homelessness. Housing associations and a range of organisations providing support, mentoring and advocacy, emergency provision, drug and alcohol services, funding, outreach and specialist work with offenders and ex-offenders attended from across the county. Participants took part in structured workshops on housing, support, finance and health to identify what each organisation could offer and what gaps remain in local service provision.

The PCC said: “I pledged to set up problem solving forums to introduce multi-agency innovation to long-standing problems. We need fresh approaches to issues like homelessness. Rough sleeping has been a persistent and complex issue for centuries and it is unrealistic to think this can be resolved overnight. However, I am confident that we can capitalise upon the abundance of commitment that was evident at the forum."

The role of district and borough councils

At present, the statutory housing authorities in Dorset are the six district and borough councils. From 1 April 2019, the new unitary Dorset Council will replace five of these as the statutory housing authority, with Christchurch's duties being met by the new Bournemouth, Christchurch and Poole unitary council.

On 3 April 2018, the *Homelessness Reduction Act 2018* came into force, and the additional requirements and implications of this Act are considered below.

Until 3 April this year, the duties of local authorities have been proscribed by the *Housing (Homeless Persons) Act 1977*, the *Housing Act 1996*, and the *Homelessness Act 2002,* which legally oblige housing authorities to provide free advice and assistance to households who are homeless or threatened with homelessness within 28 days. Housing authorities have a duty to make suitable accommodation available to applicants and their households if they are satisfied they: are eligible for support (essentially, this means having an indefinite right to remain in the UK); are unintentionally homeless; have a local connection to the area in which they are applying; and are from a specified 'priority need' group.

Priority need groups include households with dependent children or a pregnant woman, and people who are vulnerable in some way e.g. because of mental illness or physical disability. In 2002 the priority need categories were extended to include applicants aged 16 or 17; aged 18 to 20 who were previously in care; vulnerable because of time spent in care, in custody, or in HM Forces; or vulnerable because of having to flee their home because of violence or the threat of violence. Where households are found to be ineligible for support, intentionally homeless, not in priority need, or without a local connection, the authority must still assess their housing needs and provide advice and assistance to help them find accommodation for themselves.

Given the nature of multiple exclusion discussed above, it might be expected that many people who are, or may become, rough sleepers would have a "priority need", and therefore be entitled to rehousing by local authorities. Possible grounds would include mental health, time spent in care, and general vulnerability. The reality is more complex. Some do not qualify because they do not have a local connection. Many more are deemed to be intentionally homeless. This does not necessarily mean they have left previous accommodation by choice. A person is considered intentionally homeless, for example, if they have been evicted from their most recent secure accommodation because they have failed to keep up with rent or

mortgage payments and are deemed to have been able to do so. Similarly, eviction for anti-social behaviour, or use of the accommodation for illegal activity (e.g. taking drugs), or damaging or neglecting the accommodation, are all likely to be considered as intentional homelessness. In practice, many people in these circumstances will not approach the local authority for support at all, because they will assume they will be defined as intentionally homeless.

The Dorset Homelessness Strategy

The *Homelessness Act 2002* required local housing authorities to undertake a review of homelessness every five years, and formulate an effective strategy to deal with it. The Dorset district and borough councils have a joint homelessness strategy, the most recent of which runs from 2015 to 2019.

The Dorset Homelessness Strategy has five priorities:

1. To prevent homelessness and minimise the use of temporary accommodation
2. To maximise housing options to all clients in housing need
3. To ensure the most vulnerable are assisted and supported
4. To increase access to the private rented sector
5. To promote and extend multi-agency working in delivering the Homelessness Strategy

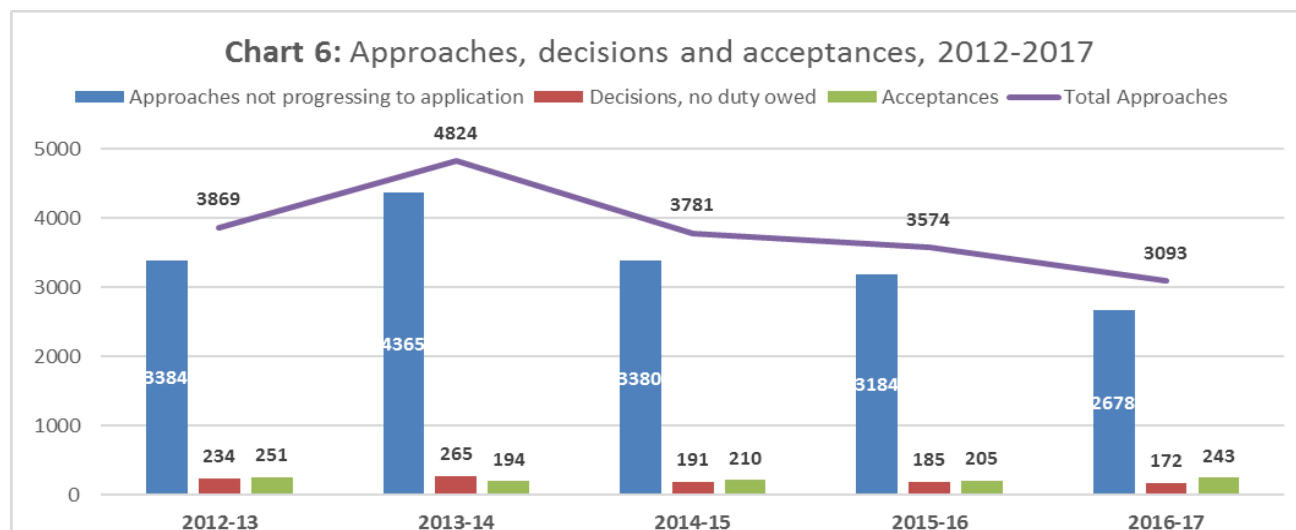
Most of the work of Dorset local authority homelessness services is to do everything possible to prevent homelessness, and if possible to support households remain in their present accommodation. When a person or household approaches the council as eligible, threatened with homelessness (i.e. likely to become homeless within 28 days) and in possession of a valid "Notice to Quit", a housing advisor will examine the issues over the 28 days to see if homelessness can be prevented or delayed. They will work with both the tenant and the landlord to try to buy time, and avoid the applicant having to go into Bed & Breakfast accommodation.

If an applicant is shown to have a local connection, is in priority need, and is unintentionally homeless, they would be put on the housing register with a priority banding (there are bronze, silver, gold, and emergency bandings corresponding to the urgency of an applicant's personal circumstances). After the 28 days of prevention work, if they become homeless, they may be admitted to bed and breakfast, usually for a maximum of six weeks, and/ or temporary accommodation leased from a private landlord or a Housing Association. Eventually they will be offered social housing or private rented accommodation. In the latter case, the council can provide rents in advance and deposits, and potentially six months' rent in advance in special circumstances.

The figures for 2016-17 show a significant decrease of 40% in the number of households placed into Bed and Breakfast since the previous year - the lowest figure for six years. Furthermore, the number of families with, or expecting, children residing in Bed and Breakfast accommodation for six weeks or more has reduced significantly over the last three years, from a high of 35 in 2012-13 to the lowest recorded figure of 12 in 2016-17.

The councils work closely with several partner agencies to try to prevent homelessness and to provide support to homeless people. They include the Citizens Advice Bureau, Nightstop, Shelter, The You Trust services (including social inclusion, domestic abuse and housing intervention and support), The Lantern, EDP, Nightstop and Pilsdon. Partner agencies received over 4,650 referrals for assistance in 2016-17.

Chart 6 gives some indication of the success of Dorset's district and borough councils and their partner agencies in helping households avoid homelessness.[9]



Interestingly, the number of approaches to the six councils for housing support has declined each year from a high of 4,824 in 2013-14 to 3,093 in 2016-17, and the reasons for this are unclear. Approaches range from simple requests for advice that are quick and straightforward to deal with, to complex issues requiring significant interventions. In recent years, applicants have approached the councils with increasingly complex needs, and this is reflected in the fact that whilst the number of approaches has reduced, there has been an increase in the number of applicants in priority need to whom the authorities owe a rehousing duty. In 2013-14, of the 4,824 approaches for support, 194 (4%) resulted in the councils accepting a full duty to rehouse. Of the 3,093 approaches in 2016-17, there were 243 (8%) such acceptances - so the acceptance rate has doubled in three years. Even so, 92% of approaches did not result in a full duty, demonstrating that for the clear majority of people who approach the councils for advice and support, homelessness is avoided.

The Homelessness Reduction Act 2018

This Act, which came into force on 3 April this year, places new legal duties on English councils to intervene at an earlier stage to prevent homelessness, and to provide intensive, personalised and meaningful help to people to access appropriate housing, irrespective of local connection, intentionality or priority need.

The definition of "threatened with homelessness" has now been extended to mean "likely to become homeless" within 56 days, as evidenced by a "Notice to Quit", rather than 28 days as previously. A Notice to Quit can be anything from a formal Section 21 notice, to a statement from, for example, parents that a person can no longer remain at their home. Anyone who is in this position, who is eligible (i.e. with a right to remain in the UK), and who approaches the local authority for support, will be invited to complete an application to join the housing register.

A housing officer will be appointed to manage the support they receive and stay with them throughout the process, and they will receive a personal housing plan, which will be a live document, accessible on-line and updated regularly. The 56 day "prevention duty" can be extended if there is a reasonable prospect that homelessness will be avoided. If prevention fails, or the applicant only approaches when they actually become homeless, an assessment

[9] Dorset Homelessness Strategy 2015-19 - Annual Update Report 2016-17

will be made to decide if they would be in priority need and therefore be owed temporary accommodation.

If the applicant is not in priority need, the authority will still owe a further 56 day "relief duty", providing advice and assistance to secure accommodation to anyone who is homeless and has a local connection to the area. At the relief stage, if the applicant does not have a local connection, they will be referred back to the last place where they do have a local connection. If relief fails, the 'main duty' begins, at which point the criteria of intentionality will be assessed, and if the applicant is unintentionally homeless, the statutory duty begins. There are now more options for discharging this duty - for example, into six-month assured shorthold tenancies.

Furthermore, local authorities now must ensure that the advice and information they provide is tailored to meet the needs of specific at-risk groups including care leavers, people leaving prison, people who have left the armed forces, survivors of domestic abuse and those suffering from a mental illness. And from 1 October 2018, institutions such as care authorities, prisons, hospitals and jobcentres will have a legal duty to refer clients at risk of homelessness to housing authorities. Consequently, the number of approaches to councils for support, which (as can be seen in Chart 6 above) has decreased significantly over the last five years, is likely to increase substantially.

The new Act will considerably increase the homelessness workload of Housing Authorities, and some extra resources have been made available by the government to help with this (more may well be needed). However, most housing professionals acknowledge that the Act is a step in the right direction, and may well mean that fewer vulnerable people slip through the net and are helped to find suitable accommodation.

The role of the County Council

As a social care authority, the County Council's main role with regard to housing and homelessness lies in commissioning services for vulnerable adults. As such, the client group is often people with multiple and complex needs who do not meet statutory homeless criteria - the multiply excluded" people discussed above.

Most County Council services with this client group are non-statutory and vulnerable to cuts in funding as the pressure on local government finances grows. Before April 2018, the Council's approach was largely an accommodation based model, providing hostel-type provision, either in large hostels such as Melcombe House and Church Street in Weymouth, or in smaller satellite units. As part of this model, support was provided to help residents deal with their personal issues and sustain a tenancy.

The accommodation-based model was supplemented by some community-based "floating" provision offering short-term interventions for people with multiple and complex needs, helping them to address wider issues and be supported into locally sourced independent accommodation. This service was called Dorset Housing Intensive Support Service (DHISS) and was commissioned to You Trust.

The accommodation-based support model was widely perceived to be both expensive and ineffective, with the commissioned provider acting as both landlord and support service. As such, support was focused on avoiding or repaying arrears, producing a conflict in the provision of support, with staff having a policing role as well as a support role. This created a disincentive for vulnerable people to seek help from support staff, out of fear of losing their accommodation - which in turn often led to an increase in unhealthy "coping" mechanisms such as offending and alcohol/ drug abuse.

In April 2016, Adult and Community Services piloted a new model of delivery to provide pre- and post-tenancy support to people facing multiple exclusions, including those with substance misuse issues, poor mental health, offending, anti-social behaviour and/or hidden disabilities, very often in combination. This led to the newly commissioned Integrated Prevention and Support Service, which began operating in April 2018.

Integrated Prevention and Support Service

The Integrated Prevention and Support Service (IPS) is a whole system approach, combining housing, health and wellbeing, based on the 2016 pilot. The service helps multiply excluded people, often vulnerable adults whose tenancies are at risk. People can self-refer, or be referred by other agencies, such as district housing teams (particularly where clients have failed to meet statutory criteria), Community Mental Health Teams (CHMTs), GP surgeries, etc. There is a single point of contact, commissioned to You Trust, which triages approaches and refers clients onwards to the agencies best able to help and support them. These could be the Lantern, the Pilsdon Community, the Emergency Local Assistance service, or Housing First (managed by Shelter), all of whom are funded by the County Council.

These agencies are expected to coordinate their activity and work as a single, joined up model. The strengths of the IPS model include the fact that people do not need an address to register (which they do to sign on for a GP) and can then access other services, like CMHTs. Also, IPS takes clients on an ongoing journey, rather than just short-term help, offering on-going support even if tenancies repeatedly fail, potentially helping people into stability and employment.

The Lantern

The Lantern Community Resource Centre, based in the Park District of Weymouth, has a strong track record of supporting people and sustaining them over the longer term, offering specialised and tailored housing, benefits and debt management advice, advocacy, and help with rent in advance or rent deposits. The Lantern has a strong focus on mental health and works in close partnership with the Community Mental Health Teams. They run themed support and advice drop-ins, covering domestic violence, outreach services for both mental and physical health, life skills training like basic cookery, alongside benefits and homelessness applications. They have a clear ethos of developing strong, trusting and long-lasting relationships with their clients.

Housing First

Housing First is an internationally evidenced intervention, which has proven highly successful in supporting people with multiple and complex needs to maintain housing. The main premise is that an individual should not need to prove they are ready for housing, and are not expected to resolve all their personal issues, such as drug and alcohol abuse, as a condition of their tenancy. Instead they are given a permanent offer of their own home, along with an intensive long-term support package to enable them to maintain it.

A permanent offer of a home does not mean that they will remain in the same place for the rest of their life. It means that the offer of housing is permanent; if they lose or leave their accommodation, they will be supported to find another home. Relationships can last many years, sometimes with periods of dormancy.

The County Council is initially funding 11 units of accommodation (seven in Weymouth and four in the North and East of the county), capped at £10,000 each, managed by Shelter, to cover housing costs and individual support needs. The service is commissioned to Shelter, who finds the accommodation (which doesn't have to be in Dorset), works with the landlords, and provides ongoing support.

Potential clients will be referred by agencies like the Lantern, and the service is for very vulnerable people with chaotic housing histories. There is a strong evidence base that shows that once the chaos of people's lives abates and their housing situation stabilises, their lives will stabilise more generally. Evidence suggests that, across all services and all countries, 70-90% of clients sustain their tenancies.

The Pilsdon Community

The Pilsdon Community in Bridport offers relatively short-term accommodation to anyone who would benefit from living in a community setting, including single homeless people, and people with mental health or addiction problems. No local connection is required. Twenty paces are available, and applicants initially stay at the community for a week on a trial basis. No alcohol or drugs are allowed on the premises. One clear advantage is that there is an agreement with housing authorities that residents will be given a 'gold' housing priority banding if they are staying at the Pilsdon.

Emergency Local Assistance

This County Council support service succeeded the government funded "supporting people" allowance, which was first ringfenced, and then cut. It is a non-statutory service, and its current funding expires in April 2019, and is therefore vulnerable. It usually helps people struggling as a result of benefit cuts or delays, or people leaving refuges or prison. They offer help with benefits realisation, often recovering significant amounts of money; the Return on Investment for the £200k pa budget for ELA can be anywhere between £500k and £2m. They can also help clients purchase basic items for setting up a home, such as reconditioned white goods. People can be referred from this service to IPS.

Value for Money

The 2016 pilot compared the value for money of accommodation-based support with the community-based "floating" support offered by DHISS. As the new IPS service has only just become operational, data is not available to assess its cost-effectiveness, and while it is not directly comparable to DHISS, the approaches have much in common, so the cost effectiveness comparison gives a valid insight into what may be expected of the new IPS service.

As can be seen by these figures, community-based support appears more cost-effective. However, the previous DHISS service offered short-term interventions only, and for some service users facing multiple exclusions, longer term support is needed. This is a key principle of the new IPS service, which will continue to be evaluated.

Accommodation-based support

- 84 units of accommodation-based provision (hostels and smaller satellite units)
- £500k annual contract price
- Average annual funding per service user = £4,857
- 46% achieved a positive move on (24 people)
- Cost per successful move-on = £17,000 (i.e. cost of move on as a proportion of total contract price)

DHISS Community-based provision

- Average contract price £500k
- Average annual funding per service user = £501
- range of provision reaching 1096 people

- 21% received support to achieve independent living
- Cost per successful move-on = £8,333

<u>Opportunity costs</u>

While it is difficult to accurately determine cost avoidance per client, the following New Economy Unit Cost Database data for 2015[10] provides an indication of some of the potential savings if homelessness and rough sleeping are avoided:

- Cost of dealing with an incident of anti-social behaviour: £673
- Cost of Arrest – detained, per incident: £719
- Alcohol misuse- Estimated annual cost to health services per dependent drinker: £2,015
- Drug misuse –savings resulting from a reduction in drug related offending, health and social care costs, per person: £3,727
- Ambulance cost of call out: £223
- A&E attendance: £117
- Rough sleeper average annual local authority expenditure: £8605

Bus Shelter Dorset

Dorset County Council contributed £11,500 from its Community Innovation Fund to the charity *Bus Shelter Dorset*, set up in 2016 by Emily and Eddie McCarron. The charity converted a double decker bus, donated by the bus company *Damory*, into a mobile shelter for rough sleepers to sleep safely and off the streets. The bus is parked at the Beach car park off Preston Beach Road in Weymouth, and started admitting guests in January 2018.

The double-decker bus has been converted to provide sleeping pods for 17 adults – 14 men and three women – to sleep and keep warm overnight. The site includes two portable toilets, an outside seating area, a wood burner, and a mobile combined kitchen and shower unit. There is an area for volunteers to sleep and a consultation area.

All referrals for the bus must come from statutory agencies. Clients staying on the bus are expected to engage with existing services and be willing to receive support. They have the use of a PO Box so that they can apply for work, register with a GP and make benefit claims. They are supported with their life skills, benefits, health and housing by trained volunteers, who work alongside other agencies, including the Lantern, to encourage guests on the bus to move into suitable accommodation and help them break the cycle of homelessness and integrate back into society. Anecdotally, the bus has already helped reduce the number of rough sleepers in Weymouth.

Emily McCarron told the *Dorset Echo:* "it is everyday things like haircuts which help homeless people to get their lives back on track. We have guests on the bus who are very appreciative of their warm bed, hot meal each night and support; which would not have been possible

[10] New Economy Unit Cost Database

without committed volunteers, donations and businesses pulling together to make it a success."

Looking Forward

- The County Council's Integrated Support Service has only just become operational, but is based on well-evidenced research into "what works", in particular the Housing First Model and community-based provision, and the close partnership working with providers such as the Lantern. The impact of the approach needs to be closely monitored.

- Funding for the non-statutory Emergency Local Assistance service is set to expire in in April 2019. Members may wish to take a view on the future of this important, valuable and cost effective service in the new Dorset Council.

- The *Homelessness Reduction Act* is widely considered by practitioners to be a step forward, since it provides for more personalised and more long-term support for those in housing need and places fewer restrictions on who is eligible for support.

- The Act requires local authorities to tailor the advice and information they provide to ensure that it meets the needs of at-risk groups. Research clearly shows that men aged between 25 and 40 are particularly at risk from accumulating multiple complex needs that can lead to progressively bad outcomes, including homelessness. The specific vulnerability of this group arguably needs more recognition.

- Local authority Children's Services have a major role in preventing homelessness. Children in Care are disproportionately likely to find themselves homeless after leaving care. Early Intervention and Prevention initiatives, such as Dorset Families Matter and Family Partnership Zones, have a crucial role in avoiding children going into care, with the acknowledged poor outcomes this often leads to in later life. Children in care also need consistency of placements, help with developing life skills and good transitional support when they leave.

- The Act also places more responsibility to help and support "multiply excluded" people on Housing Authorities (i.e. the districts and boroughs) so it is important that there is close coordination between them and the County Council and its Integrated Support Service, which is seeking the same outcomes. The County already works closely with the districts and boroughs, and Local Government Reorganisation presents a major opportunity to unify housing support and social care approaches. A series of workshops is currently underway involving both tiers of local government, alongside all the local providers (the Lantern; You Trust; Pilsdon etc.) in order to facilitate a smooth and coordinated transition towards the new legislative and organisational landscape.

- The Weymouth Bus Shelter initiative is seen as a real step forward in terms of providing a safety net for those in greatest need, and is already reported to have reduced rough sleeping in the town since the last government count in November 2017. It is to be hoped that this leads to a longer-term reduction that is evidenced by the 2018 count.

- Ultimately, the main problem is the shortage of affordable, appropriate housing. Building more homes, particularly one-bed homes, would make a big difference, and cheaper, more flexible solutions such as modular housing could also be considered. Encouraging Housing Association and private landlords to accept more homeless people, including those with complex needs, would be a major step forwards, and a willingness of local authorities to effectively act as tenancy agents, accepting most of the risk and investing in improvements where necessary, may be a cheaper alternative to building new units.

- The Local Housing Allowance - which is used to work out how much housing benefit people can get if they rent their home from a private landlord - is widely seen as unrealistically low, prohibiting many people who are homeless or threatened with homelessness from affording private sector rents. Local authorities could consider lobbying central government for an increase to the LHA.

Conclusion

Clearly, homelessness is a complex issue, but also an important one which impacts on all four of the County Council's outcomes. It is therefore important that we continue to focus on what can be done to improve the position, and that this issue is also recommended for further work through the People and Communities Overview and Scrutiny Committee. Possible further questions to explore include:

1. Can we learn from the experience of other areas that have been successful, through effective partnership working, at alleviating or eliminating homelessness? Southwark is notable in this regard, and there will be other examples.
2. What contributions and input from the National Health Service are, or should be, in place to tackle or prevent homelessness? Are they effective?
3. Is communication and "sign-posting" of available support adequate and effective? How do we know?
4. What is the relative cost of private rented accommodation in Dorset, compared to public sector provision? Should this be a factor in deciding whether to prioritise building new accommodation, or accessing private sector rental housing?

Possible Key Lines of Enquiry

After reflecting on the information and evidence contained within this report, in order to consider potential opportunities or influence available to the County Council, elected members may find the following Key Lines of Enquiry helpful in structuring their consideration of the issue:

1. If we do nothing, where is the trend heading? is this OK?
2. What's helping and hindering the trend?
3. Are services making a difference?
4. Are they providing Value for Money?
5. What additional information / research do we need?
6. Who are the key partners we need to be working with (including local residents)?
7. What could work to turn the trend in the right direction?
8. What is the Council's and Members role and specific contribution?

John Alexander
Senior Assurance Manager
May 2018

Acknowledgements:

Diana Balsom, Strategic Commissioning Lead, Dorset County Council
Andy Frost, Community Safety and Drug Action Manager, Dorset County Council
Sarah How, Housing Options Manager, Dorset Councils Partnership

People and Communities Overview and Scrutiny

Dorset County Council

Date of Meeting	4 July 2018
Officer	Paul Leivers, Assistant Director: Commissioning, Community Services, Partnerships and Quality
Subject of Report	**Social Isolation: Final Report of the Member Working Group**
Executive Summary	This is the report of the Member Working Group which considered social isolation and loneliness. The group members at various stages were David Walsh, Kate Wheller, Andrew Parry and Derek Beer. The group met on six occasions, benefiting from presentations, insight and discussion with a number of local organisations and people. The group also reviewed a range of national research. The group recognised the need to ensure a focus which identified key areas for action because of the size of the social isolation subject. Serious detrimental impacts on the health and wellbeing of people who are socially isolated were noted. Major issues identified which contribute to social isolation include: (i) Public service reliance on digital access to services (ii) safe online use (iii) Long working hours and, (iv) People travelling long distances to work and not living in the community where they worked (v) Dispersal of families nationally as people move for jobs or retirement (vi) Travel, transport and access (vii) Rurality. Social isolation is an issue of concern to people of all ages in Dorset. Key areas for future action and work are: (i) Developing resilience for individuals from the earliest age

<table>
<tr><td></td><td>(ii) Confidence-building
(iii) Encourage local communities through volunteering and other means to develop local solutions
(iv) Provide continuity where we can e.g. by keeping the same bus numbers.</td></tr>
<tr><td>Impact Assessment:</td><td>Equalities Impact Assessment:

The National Institute for Clinical Excellence is clear that participating in a range of activities can improve or maintain older people's mental health and wellbeing by preventing loneliness and social isolation (Mental wellbeing and independence for older people (Quality Statement 137, published 2016).

The 2016 Adult Social Care Survey for Dorset showed that 44% of people who use services reported that they had as much social contact as they would like. The data suggests that insufficient social contact is more likely for those who live in the community and those who feel it is difficult for them to access places in their local area. Respondents living in Purbeck were least satisfied with their amount of social contact. Dorset ranked 89/152 local authorities.

The Dorset Race Equality Council reported some concern about social isolation of gypsy and traveller community children.

Research undertaken by the young researchers with 2,758 young people reported 41% of them struggled to make friends, 9% did not feel included in their family, rural respondents felt most isolated from opportunities compared to their urban counterparts and young people rely heavily on their parents and carers to get them to where they need to go.

The evidence and insight clearly shows that social inclusion is important for people of all ages. There are also indications that sometimes people can be socially excluded by the behaviour and action of others which can cause feelings of social isolation for some people or their parents or carers. Councils have a statutory duty under the Equalities Act 2010 to foster good relations between different people when carrying out their duties.

It is envisaged that more specific Equality Impact Assessments will be required in due course as specific proposals are developed.</td></tr>
<tr><td></td><td>Use of Evidence:

Appendix 2 is a briefing note prepared by Public Health Dorset in relation to this subject. Appendix 3 provides an overview of information and evidence. Further insight and information was provided by representatives of a number of local organisations, national websites and local research on the experience and views of children and young people.</td></tr>
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<tr><td></td><td>Budget:

This report has no direct budget implications but further action addressing the question of social isolation will ensure efficient and effective use of budgets in relation to both directly-provided and commissioned services.</td></tr>
<tr><td></td><td>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: MEDIUM
Residual Risk MEDIUM

A key risk is that failure to address the issue compromises achieving the strategic priorities set out in the council's outcomes.</td></tr>
<tr><td></td><td>Outcomes:
Achieving independence is the primary one where discussions started. However, the contribution to health became apparent in respect of mental health concerns arising from social isolation together with a contribution to safety in relation to scams and cold calling.</td></tr>
<tr><td></td><td>Other Implications:

Voluntary Organisations have a vital contribution to overcoming social isolation.</td></tr>
<tr><td>Recommendation</td><td>It is recommended that the Committee receives the report of the Member Scrutiny Group attached at Appendix 1 and:

a) decides whether it agrees that the key issues identified in the report and addressing them at a strategic level across council activities and expenditure will combat social isolation and should be recommended to the Cabinet (Appendix 1, paragraph 4.2);

b) draws the attention of the Cabinet to the potential benefit of further action being taken on a corporate basis informed by the toolkit of the Campaign to end Loneliness (Appendix paragraph 6.1 b))

c) notes that the Youth Council will be monitoring progress on actions (Appendix 1 paragraph 4.1)

d) that the Cabinet considers these recommendations with a view to drawing these findings and associated action to the attention of the Shadow Executive for the new Dorset Council</td></tr>
</table>

	and the Health and Wellbeing Board. (Appendix 1, paragraph 6.2)
Reason for Recommendation	To recognise the detrimental impact that social isolation has on the safety, health and independence of people and communities.
Appendices	Appendix 1: Report of the Member Working Group on Social Isolation Appendix 2: Briefing Note: Loneliness and Social Isolation prepared by Public Health Dorset Appendix 3: Research Report on Loneliness and Social Isolation in Dorset
Background Papers	Report of the Director for Adult and Community Services to the People and Communities Overview and Scrutiny Committee on 11 October 2016 - Working with Dorset's communities, Social Capital and Community Development. Scrutiny Review – Planning and Scoping Document – approved by the People and Communities Overview and Scrutiny Committee on 11 January 2017. Report of the Corporate Director for Children, Adults and Communities to the People and Communities Overview and Scrutiny Committee on 26 June 2017 – Social Inclusion. Dorset Young Researchers 2017-2018 – full report into the topics of social isolation, volunteering and young people's aspirations.
Officer Contact	Name: Paul Leivers, Assistant Director: Commissioning, Community Services, Partnerships and Quality Tel: 01305 224455 Email: p.leivers@dorsetcc.gov.uk

1. Introduction

1.1 This report introduces the findings and recommendations of the Member Scrutiny Group which considered the topic of social inclusion. The Member Group was set up following consideration of a report to the People and Communities Overview and Scrutiny Committee in October 2016. That initial report was much broader in subject matter entitled "Working with Dorset's communities, Social Capital and Community Development". The Committee resolved that loneliness and isolation was the scrutiny focus that it wished to take and it was noted that Blandford and Beaminster provided opportunities for more in-depth consideration. The planning and scoping document for the work was approved by the Committee on 11 January 2017.

2. Work of the Member Group and the issue of social isolation

2.1 The agreed approach was that the scrutiny process would examine and consider whether there was a problem and the nature and scope of it. The review did not aim to solve the problem but to report to the People and Communities Overview and Scrutiny Committee with a view to it considering and making a decision on any next steps. The indicators of success were defined as whether there is a clear understanding of the issue which effectively enables the Committee to decide, what, if any, further action is required. This understanding would also bring out how the council currently addresses any of the issues identified.

2.2 Members who sat on the group were Councillors Walsh, Wheller, Parry and Beer. Initially chaired by Councillor Walsh, the chairmanship was transferred to Kate Wheller. The group met six times with contributions from a number of officers from local authorities, a range of voluntary and community sector organisations and individuals with insight into this area, including the Dorset Young Researchers. A research and information fact sheet was prepared to support this work and this is attached at Appendix 2. Public Health Dorset also prepared a Briefing Note on: Loneliness and Social Isolation and this is attached at Appendix 3. A wide range of further local and national information and websites were used to inform the group's consideration of this major societal issue and concern.

2.3 At an early stage, councillors discussed and understood that the risk in considering such a large subject was that no overall conclusions and useful proposals for action would be made. This was mitigated by the group agreeing that it was important to focus and target its work and report to the committee, bearing in mind that it is for the committee to decide what future action if required.

2.4 The work plan of the group and its meetings included:

- Briefing from Public Health
- Insight from discussion and information sharing with representatives from Citizens Advice in Dorset (CAID), Borough of Poole, Homestart, Dorset Race Equality Council, Beaminster Town Council, Yarn Barton, the Dorset Young Researchers facilitated by the Participation People who also provided a written report on their research work in 2017-2018 into the topics of social isolation, volunteering and young people's aspirations
- Discussion of the issues, evidence and information from national sources between officers and councillors
- Discussion of the main areas that the working group wished the final report to cover.

2.5 The report of the Member Working Group on its scrutiny work on social isolation is attached at Appendix 1 for consideration by this Committee and the recommendations from the group are set out above in this covering report.

2.6 The scrutiny of the Member Working Group shows that social isolation is a concern for people of all ages and which has an impact on successful achievement of the council's outcomes.

2.7 The relationship between social isolation and digital deprivation was considered. Increasing reliance on digital communications by public and private sectors was understood by the group to cause or contribute to additional isolation among those lacking the skills or motivation to make use of it. Digital inclusion activity could mitigate this, to help those suffering social isolation connect to friends, family and their community as well as access other benefits such as employment, support, entertainment, education etc. Additional, sensitively delivered digital inclusion activity in areas understood to experience high social isolation could be explored further.

3. Concluding Remarks

3.1 The context of imminent Local Government Review means that consideration of how the findings and recommendations from this scrutiny work can be used is needed. This is reflected in the recommendation to consider drawing attention to the issues arising from social isolation to the new Dorset Council. The health and wellbeing related to this also means that this will be of interest to the Health and Wellbeing Board and could be considered as part of Prevention at Scale.

Debbie Ward
Director for Adult and Community Services
June 2018

Appendix 1

Report of the Member Working Group on Social Inclusion to the People and Communities Overview and Scrutiny Committee

1. Definition

1.1 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 or friends, or other forms of social networks. Social isolation can come from physical separation from others, social barriers or psychological mechanisms. Loneliness is a feeling experienced by a person. It is possible for someone to be socially isolated but not feel lonely and for someone to feel lonely whilst being in a crowd.

2. What does the research, evidence and insight say?

Nationally

2.1 Premature death for people who are lonely and socially isolated
Digital deprivation is associated with older people, ill health/ Long-term conditions, low income and social-economic groups DE

Locally

2.2 CAB data identifies a number of key groups in relation to social isolation: older people, ill health, mental health and rurality. Socially isolated people are at an increased risk of being scam victims and prey to loan sharks

2.3 A fact sheet of research and information on social isolation is attached at Appendix 2.

3. Opportunities

3.1 Key opportunities noted include:

- Volunteers are available
- Encourage local volunteering; this has potential for local community solutions which have both local benefits and overcome social isolation and, also, if a lonely or socially-isolated person can volunteer means it addresses the issue for them with chance of building confidence and self-esteem.
- Information safe use of social media to assist over social isolation, appreciating that this is a concern for people of all ages.

4. The issues and recommended areas for action

4.1 Because the subject is such a big one the group identified this as a risk in that it may lead to not moving anything further forward and action. The group concluded that the way to mitigate this risk was to focus and target effort.

4.2 Key issues identified were:

- Reliance of public services on digital access
- Mediation and support for people with low digital skills or confidence
- Cost of access to digital services if on low income and mobile phone is the only way to access
- Concerns about safety in use of social media

- Long working hours - lack of time and people not working in the same community that they live in.
- Dispersal of families as children move away from Dorset to get jobs or attend higher education and older people move to the area.
- Rurality - transport if no car; rural villages with busy roads and no pavements can contribute to people being concerned to walk safely and go out and therefore to becoming socially isolated.
- Second homes have an impact.
- When developing new communities, a number of planning considerations potentially had an impact on reducing social isolation, including: public transport and good infrastructure, sustainable travel, services in local area (including community infrastructure levy) and building community.

4.3 One of the meetings of the Scrutiny Group was devoted to a presentation from the Dorset Young Researchers, discussion of possible action and writing of pledges by those attending. All councillors were impressed by the quality of the work done by these researchers and their recommendations and calls to action in relation to social inclusion are reproduced in full below. They are followed by pledges made by decision makers at this meeting. These are again reproduced in full. Members of the working group are pleased to use this report to convey the thoughtful and considered views from children and young people. We are also pleased that our scrutiny work will be supported by a six-month review on progress and scrutiny by the Youth Council.

Recommendations and call to action from the Dorset Young Researchers Report:

1. GPs, NHS, Sexual Health Services, CAMHS and other health services should do more to promote their services to all young people but especially young men aged 15 and under.

2. Work with businesses and schools to ensure young people living rurally get access to the same opportunities - including help with transport, communication and specialised support staff. Help young people to travel independently with accessible independent travel schemes aimed at those aged 12- 16.

3. Use Personal, Social, Health and Education lessons AND parent's evenings to help young people and adults set up social media accounts and learn about privacy settings, together. Dorset County Council staff need to do this too both those who work with children and young people and those who don't.

4. Develop a Dorset "10 signs of when someone is depressed" for young people poster and display in schools and at youth groups. Dorset to lead on a digital campaign in partnership with Mental Health organisations and schools. At the same time, help Dorset Youth Council promote the Self Help Mental Health Wheels. Add clear signposting to services to support them and prevention services, not just Children and Adolescent Mental Health Services. Young people know what happens when they get diagnosed with a Mental Health condition, they don't know what is available before that to prevent that from happening.

Pledges by decision makers from the Dorset Young Researchers Report

The following 6 recommendations, made in partnership with decision makers from the overview and scrutiny group on Social Isolation in March 2018:

1. To write to all secondary schools to request more work experience opportunities for young people.
2. To work to see the re-establishment of through ticketing on busses.
3. To promote the work of the Young Researchers to colleagues.
4. To maintain contact with the Young Researchers and break down information so that everyone can understand the implications.
5. To help everyone in Dorset overcome social isolation and loneliness.
6. To try to help support services such as CAMHS more easily accessible for young people.

4.1 The key areas proposed for action are:

- Developing resilience for individuals from the earliest age
- Confidence-building
- Encourage local communities through volunteering and other means to develop local solutions
- Provide continuity where we can e.g. by keeping the same bus numbers

5. Outcomes

5.1 The outcome of achieving independence is the primary one and where the discussions started. However, the contribution to health became apparent in respect of mental health concerns arising from social isolation and contribution to safety in relation to scams and cold calling whether by phone or on the doorstep.

6. Recommendations

6.1 The Member group takes the view that the best way to report to members of the People and Communities Overview Committee on its Scrutiny work is to:

a) Emphasise key areas where it believes that addressing them at a strategic level across council activities and expenditure will combat social isolation

b) Recommend to the Cabinet that further action is taken by using the toolkit provided by the Campaign to end Loneliness https://campaigntoendloneliness.org/guidance/ and by consideration of the issues by the Health and Wellbeing Board

b) The key areas for action are:

- Developing resilience for individuals from the earliest age
- Confidence-building
- Encourage local communities through volunteering and other means to develop local solutions
- Provide continuity where we can e.g. keeping the same bus numbers.

6.2 In reporting to the Committee and making these recommendations the group fully appreciates that the setting up of the new Dorset Council is under way and that member and officer time will appropriately focus on this. Having examined the evidence and considered this topic the group has no doubt that addressing the question of social isolation

will continue to be an important matter for the future health and wellbeing of people in Dorset and therefore of interest to the new council. In light of this the group wishes to further recommend that the Cabinet considers this matter with a view to commending that this matter is considered by the Shadow Executive for the new Dorset Council as well as the Health and Wellbeing Board.

Cllr Kate Wheller
Portland Harbour
Member Champion for Children, Young People and Adults who are Disabled (0-25 years)

Cllr Derek Beer
Shaftesbury

Cllr Andrew Parry
Ferndown
Cabinet Member for Economy, Education, Learning and Skills

June 2018

Appendix 2

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 (Steptoe, 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 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.

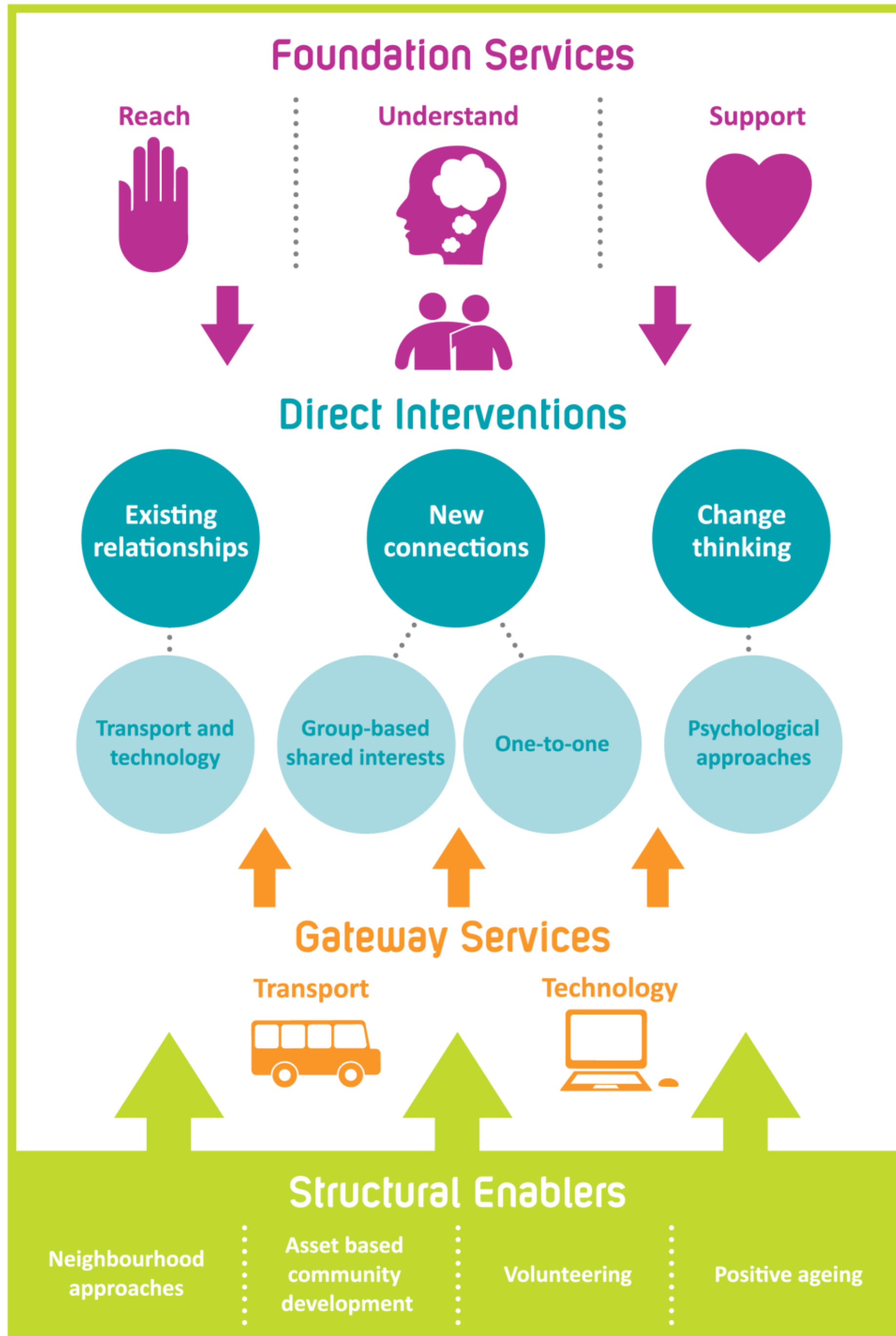
Research has also shown that there are many potential risk factors or triggers for loneliness or social isolation including:

- 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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Appendix 3

Loneliness and Social Isolation in Dorset

Welcome to **ourcommunities** bitesize research bulletin on loneliness and social isolation in Dorset. This edition will include a local perspective on a national issue using data to build a picture of areas where residents have a high vulnerability to loneliness.

Big Numbers Box

14,000 Households

Highly vulnerable to social isolation/loneliness In Dorset

1 in 5 Households

Vulnerable to social isolation/loneliness In Dorset

Box 1: Why loneliness is of importance in the county

Over recent years, the problems associated with loneliness and social isolation, especially among older people, has become a national priority. National research indicates that loneliness and social isolation can be detrimental to people's physical and mental wellbeing. Stress, depression and dementia are just some of the problems that can be worsened. Not only that, loneliness can have serious impacts on health and social care as well as other local authority services.

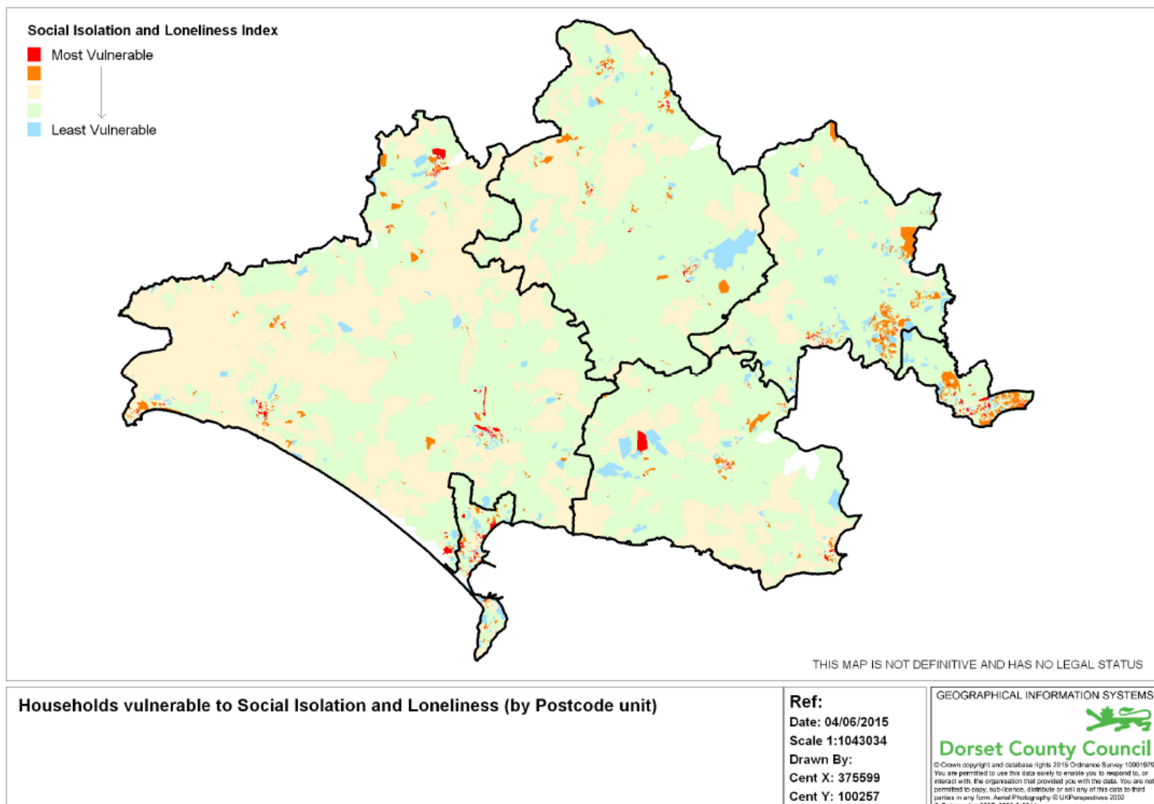
1 in 5 Dorset households are vulnerable to social isolation/loneliness

Box 2: Factors contributing to loneliness

Although loneliness and isolation in older age has been shown to be a serious public health issue, these issues are not just the effect of the aging process; many different factors play a part. The environment, life events and social factors (for example, a person's personality, where they live, access to transport and personal circumstance) can all combine to amplify or alleviate loneliness and social isolation. It is clear, however, that it is very much an issue in the older population.

Dorset is a rural county with an increasing elderly population. This alone could mean that there are many areas where the most vulnerable can feel both lonely and isolated.
It is important to reach, understand and support lonely individuals and aim to tackle loneliness with adequate services and support.

In addition, the population of Dorset is expected to increase over the next 20yrs by almost 9% and this is driven by an increase in the older population of which a 114% increase is projected for over 85 year olds – this could lead to even more people in Dorset suffering from social isolation/loneliness.



Box 3: Identifying those at risk

To identify those at most risk we need to identify areas where loneliness is most prevalent.

Using Experian MOSAIC data, a 'social isolation and loneliness index' has been created to identify areas with a high vulnerability to loneliness. The index included variables that are potential drivers of isolation and social isolation - factors such as low income, health, community safety, single households and not owning a car were all taken into consideration when assessing the potential for loneliness.

Those areas across Dorset with households most vulnerable to loneliness and social isolation can then be identified once mapped, as seen above.

What can be done?

The data and research that has been undertaken here can be used to help identify households potentially at risk. The 'loneliness map' could enable resources to be targeted at the people and places that need them the most.

This work should also be utilised in future research and help to inform and prioritise future service delivery and early intervention initiatives that combat loneliness and social isolation in the future.

Like more info?

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01305 224614
Data source: Dorset County Council, Experian

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People & Communities Overview and Scrutiny

Dorset County Council

Date of Meeting	4 July 2018
Cabinet Member(s) Andrew Parry – Cabinet Member for Economy, Education, Learning and Skills Local Member(s) INSERT NAME(S) – County Councillor for … Lead Director(s) Nick Jarman –Director for Children's Services	
Subject of Report	**Update on the Special Educational Needs and Disability Improvement Plan & Working with Schools**
Executive Summary	Ofsted and the Care Quality Commission carried out a joint inspection in January 2017. This subsequently led to a Written Statement of Action (WSOA) which was approved by Ofsted in July 2017. The WSOA provided an improvement plan that both Dorset County Council (DCC) and the NHS Dorset Clinical Commissioning Group (CCG) were committed to in response to the four areas of weakness identified. This report provides an update on the significant progress that has been made with the improvement plan so far in enabling a three year improvement drive within the Special Education Needs and Disability Services for children and young people. This report also includes an update on the consultation with schools around the future relationship with the local authority and the support being provided to schools in the Weymouth & Portland area.
Impact Assessment:	Equalities Impact Assessment: Not Applicable

Please refer to the protocol for writing reports.	Use of Evidence: (Ofsted/CQC Dorset Local Area Inspection January 2017 WSOA July 2017
	Budget: N/A
	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: MEDIUM Residual Risk LOW
	Outcomes: To improve the outcomes of children and young people across Dorset.
	Other Implications: Failure to issue Education Health Care Plans on time can lead to children and young people being without appropriate educational provision or without appropriate support to transfer to adult care placements.
Recommendation	Members are asked to: 1. Note the significant progress that has be made in improving the service provided to children and young people and their carers with SEND post the Ofsted inspection. 2. Note the work that has taken place around the consultation on the future relationship with schools 3. Support the continued drive to raise standards in Dorset schools
Reason for Recommendation	To build on the improvements that have been achieved in improving the Special Educational Needs and Disability Service for children and young people in Dorset. To continue to focus on raising standards across all Dorset schools
Appendices	
Background Papers	1. Dorset's SEND Written Statement of Action

Officer Contact	Name: Rick Perry Tel: 01305 225292 Email: r.perry@dorsetcc.gov.uk

1. BACKGROUND

1.1 During the period 23 to 27 January 2017, the Office of Standards in Education (OfSTED) and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Dorset. The purpose was to judge the effectiveness of the implementation of the special educational needs and disability reforms as set out in the Children and Families Act 2014. As a result, the inspectors produced a letter summarising the findings of the joint inspection.

1.2 Although the inspection identified many strengths, there were four main aspects in which significant weaknesses in local practice were identified. The local area was instructed to produce and submit a Written Statement of Action (WSOA) to Ofsted that explained how the following significant weaknesses would be addressed:

- Weaknesses in strategic planning with health and social care, which included the need for clear monitoring and evaluation arrangements to ensure that leaders are held to account for improving children and young people's outcomes.
- Low conversion rates from old-style statements of Special Educational Need (SEN) to new Education Health and Care Plans (EHCPs) and lack of timely completions of these plans with appropriate and personalised outcomes within 20 weeks.
- A significant proportion of parents described their concerns at the extent of the delays, the lack of support, communication, transparency and involvement at a strategic and individual level.
- Weaknesses in monitoring and quality assurance procedures to challenge and support provision and improve outcomes for children and young people.

1.3 The WSOA was produced, setting out how each of these aspects could be addressed, and it was deemed fit for purpose by Ofsted in July 2017 and was published on the Dorset For You website. It set out the priorities and actions that needed to be undertaken to make the experience of children and young people with Special Educational Needs or Disabilities (SEND) and their families a good one in relation to the services the authority and other agencies provide.

2. STRATEGIC PLANNING WITH HEALTH & SOCIAL CARE

2.1 Following the approval of the WSOA, robust project management and governance was put in place to ensure progress against the WSOA. This has taken the form of a project manager and project support officer who manages the day-to-day running of the project and ensures that the project is delivered to plan and on time.

2.2 In addition, the SEND Delivery Group is running monthly and holds officers and partners to account against the tasks contained in the WSOA. The group runs as a project board and includes representatives from across a range of organisations involved in SEND including health, special schools, elected members, Dorset Parent Carer Council, social care and other DCC officers.

2.3 The SEND Delivery Group has provided an invaluable place for health, social care and DCC officers to work collectively and develop plans strategically. This has resulted in:

- An education, health and care joint strategy for SEND
- A joint performance management framework for monitoring and evaluating progress for children with SEND

3. TIMELINESS OF EDUCATION & HEALTH CARE PLANS

3.1 Key weaknesses identified within the Ofsted Inspection were around the Education & Health Care Plans (EHCPs). This related to the conversion of old statements into EHCPs and the completion of the new EHCPs within the statutory timelines.

3.2 A key focus of the SEND team has been to clear the backlog of transfers and improve the timeliness of any new EHCP plans coming in. This has included prioritising the support given to Looked After Children (LAC) with SEND who require an EHCP assessment. The table below shows the progress that has been made against the transfer of statements into the new EHCPs:

	Sep	Oct	Nov	Dec	Jan	Feb	March
Number of conversions from statements to final EHCPs	9	34	104	65	132	164	293
% of conversions to final EHCPs completed	47%	58%	63%	70%	80.76%	83.6%	100%

3.3 By the end of March, all of the old statements were successfully transferred into EHCPs in line with the Department for Education statutory requirements. This result was achieved by optimising the existing and new resources that came into the SEND team as a result of funding approved through cabinet. The new resources that were put in place included:

- Agency & temporary review officers
- SEND Planning Co-ordinators
- SEND Manager
- Temporary Team Leader
- Business Support
- Complaints Officer
- Enhance Agency Work
- Speech & Language Therapy provision
- Communication Support Assistant
- Partnership & Co-production Manager
- Contract Officers
- Data Systems/Finance Officer
- Advocacy

3.4 New EHCPs go through a series of gateways. The first is to complete an initial assessment and make a decision about whether to proceed to the next stage from 6 weeks of the EHCP being submitted. The second is to make a decision about whether to issue a plan. This has to be done within 16 weeks. The final gateway is to have the EHCP completed within 20 weeks. These timescales will be the focus of the

team going forward over the next period with a completion date of end of June 2018. This will then result in 100% of new assessments being completed within statutory timescales. It is anticipated that the improvements to the whole service will be completed by 31 March 2020.

4. INVOLVING CHILDREN, YOUNG PEOPLE & FAMILIES IN DEVELOPING OUR PROVISION

4.1 Parents raised concerns during the inspection about the lack of support, communication, transparency and involvement at a strategic and individual level. A joint plan has been agreed and is being implemented to improve communication. Representatives from the Dorset Parent Carer Council sit on the SEND Delivery Group and are helping to inform the improvements going forward.

4.2 A Partnership & Co-production Manager has been employed to ensure good engagement with children, young people, parents and carers. A joint participation strategy and young person's forum are currently being put in place. Two SEND events are currently being planned and will take place in June and July 2018.

4.3 The Local Offer is a webpage for parents and carers of children and young people with SEND. It provides information, advice and guidance and is a statutory requirement for all local authorities. Work has taken place on improving the information as well as moving the web pages over to the new Dorset for You platform. The site has an on-line feedback form. Work will take place to make further improvements over the next period.

4.4. A number of documents are produced both in processing EHCPs and promoting the SEND offer with parents and carers. Clear and detailed information has been added to the local offer on EHCPs. A range of template letters, forms and correspondence have been reviewed and improved to ensure accessibility for parents and carers.

5. IMPROVING MONITORING & QUALITY ASSURANCE

5.1 A new SEND Advisor has been appointed as part of the Schools & Learning Advisory Service. This has enabled the authority to focus on working with schools in meeting the needs of SEND children and young people within the school setting and monitoring their progress in school. A self evaluation framework has also been used with the SEN Co-ordinators in schools to then identify improvements.

5.2 A multi-agency auditing tool has been agreed with health colleagues. This will be used to identify themes for improvement. This will run in conjunction with the performance framework which is populated by health, education and social care. In addition, the appointment of a complaints officer for DCC has enabled complaints to be dealt with more quickly and learning from these to be fed back into service improvements.

5.3 Following the Ofsted inspection, officers from the DfE have closely monitored progress in how the authority is jointly working with health improving services. They attend the SEND Delivery Group on a monthly basis and carry out regular monitoring visits. The most recent monitoring visit from the DfE was very positive about the improvements being made and they congratulated the SEND Delivery Group on transferring all the old statements to EHCPs within the statutory timescale at the end of March 2018.

6. Consultation with Schools

6.1 In the cabinet paper dated 7 March 2018, one of the recommendations was to authorise officers to conduct a consultation with schools, academies and free schools to establish their needs and wants in terms of a relationship with the Council.

6.2 Shortly after this cabinet paper recommendation was adopted, Children's Services was successful in recruiting to two significant posts within the Schools & Learning part of the Directorate. These two posts are the Assistant Director for Schools & Learning and the Senior Manager for Educational Services. The Assistant Director post has already commenced and the senior manager post is to commence shortly. This has delayed the commencement of any formal consultation in readiness for their arrival.

6.3 However, work has progressed with The Staff College. Formally launched in July 1999 the Virtual Staff College, now The Staff College, acts as the professional development arm of the Association of Directors of Children's Services. The college works with a number of local authorities in similar strategic arrangements to support the development of sector-led approaches to school effectiveness. They have been working with Dorset to build upon and strengthen existing partnership structures within Dorset. The goal is to help create a schools led effectiveness model, effectively redrawing the relationship between schools and the local authority (LA) in such a way that schools will lead in partnership with the LA.

6.4 The key objectives of this approach are:

- To support Dorset County Council and its partners as they transform their approach to school effectiveness and establish a model that:
  - Has robust accountability sitting firmly with schools.
  - Defines and clarifies the changing the role of the local authority over the short, medium and longer term.
- To promote collaborative thinking which contributes to ongoing development.
- To provide the opportunity for an open exchange of ideas and input and encourage an iterative way of working.
- To facilitate design discussions in order to review progress and plan future content.

6.5 School leaders attended a launch event led by the Staff College on the 29th January, 2018 which provided initial ideas and models for future partnership working.

6.6 A workshop will be delivered on 9 July 2018. This will be facilitated by The Staff College and will include headteacher colleagues as well as local authority officers. This work will progress the redefining of the relationship between the council, schools and academies. A clearly defined relationship between the Council, schools and academies is a requirement of the OFSTED Framework for LA School Improvement Inspections.

7. School Support

7.1 Dorset's school improvement team are tasked with supporting and challenging maintained schools to improve standards throughout the year. The team target maintained schools where there is the greatest need. Academies have greater autonomy and are able to buy in support from the school improvement team. The Regional Schools Commissioner acts on behalf of the Secretary of State for Education and takes action in underperforming schools.

7.2 In recent months, a series of Ofsted visits have highlighted concerns about a number of secondary schools in the Weymouth & Portland area. Officers have supported the schools in the following ways:

- Helping to secure £60K worth of additional funding for Budmouth School specifically targeted at school improvement.
- 4-6 weekly LA support and challenge visits to the maintained schools to agree improvements.
- Commissioning school-to-school and external support.
- Working in partnership with the Regional Schools Commissioner.
- Organising robust monitoring and evaluation meetings with key stakeholders to review progress against school priorities and agree future actions.

8. Summary and Conclusions

a) There has been significant progress against the weaknesses identified by Ofsted in its SEND inspection of January 2017.

b) There will be a continued focus on SEND service improvement over the next 2 years. This will include:
   - Joint working arrangements between health, social care & education through the SEND Delivery Group.
   - All EHCPs meeting the six, sixteen and twenty week milestones.
   - Further improvements in the way professionals engage with children, young people, parents & carers around SEND.
   - Monitoring and quality assurance processes continuing to be reviewed and improved.

c) The relationship between the Council, Schools and Academies will be progressed through working with The Staff College and wider consultation. This will be enhanced by appointments made in the Education and Learning arm of the Children's Services Directorate.

d) The School Improvement team will continue to provide significant support to targeted secondary schools within the Weymouth & Portland area.

Nick Jarman
Director for Children's Services
June 2018

People and Communities Overview and Scrutiny Committee

Dorset County Council

Date of Meeting	4 July 2018
Officer	Senior Democratic Services Officer
Subject of Report	**Mental Health Review Responses**
Executive Summary	A member lead enquiry day into mental health in Dorset was carried out on 13 December 2017. The day was well attended with a mix of people with lived experience, their carers and wider community and statutory stakeholders. The major element of the day was group work to explore key areas of support and service provision and identify key gaps, constraints and possible solutions. The outcome of the day was to identify areas of work which were drafted into a delivery plan. The delivery plan was considered by the Committee on 21 March 2018 when it was agreed that it would be sent to appropriate organisations for consideration. The Delivery Plan is attached. Since then, organisations have been contacted to establish their response to the Delivery Plan. Responses are attached in Appendix 2.
Impact Assessment: *Please refer to the protocol for writing reports.*	Equalities Impact Assessment: The completion of the equality quality impact assessment will form part of the project plan development to inform and support key lines or enquiry and activity.

	Use of Evidence: Formal consultation event.
	Budget: Within existing commissioning and operational budgets of the Clinical Commissioning Group and Dorset County Council
	Risk Assessment: To be completed once formal delivery plans in place.
	Outcomes: Mental Health is primarily considered within the **Healthy** outcome of the 2017-19 corporate plan. However, it carries clear implications for other outcomes. In particular, mental ill-health has an impact on the ability of people to lead **Independent** lives - interventions to improve outcomes for people with mental health problems need to prioritise supporting them to exercise greater control and choice over their lives and live as independently as possible. Mental health also has implications for the safeguarding of both children and adults, and as such it is an element of the **Safe** corporate outcome.
	Other Implications: The work will seek to engage with: • The voluntary and community sector to support early help • Advocacy groups to keep the voice of the user at the centre of the work • Statutory agencies to ensure a joined-up approach to delivery and best use of available resources
Recommendation	The Committee is asked to consider the responses received and consider whether any further action is needed.
Reason for Recommendation	Members of the People and Communities Committee and Dorset Health Scrutiny Committee requested that work be carried out to further understand the needs of mental health services users and their carers in the communities of Dorset, ensuring that Dorset County Council can fulfil its commitments under the four key outcomes:
Appendices	Appendix 1 - Report to the meeting on 21 March 2018 Appendix 2 - Responses from the Dorset Clinical Commissioning Group and Dorset Healthcare NHS Foundation Trust
Background Papers	None

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APPENDIX 1

People & Communities Overview & Scrutiny Committee

Dorset County Council

Date of Meeting	21 March 2018
Officer	Siobain Hann Commissioning Manager, Partnerships
Subject of Report	**Mental Health Enquiry Day December 2017**
Executive Summary	A member lead enquiry day into mental health in Dorset was carried out on 13 December 2017 at the Dorford Centre, Dorchester. The day was well attended with a mix of people with lived experience, their carers and wider community and statutory stakeholders. Presentations were provided on: • the Acute Care Pathway by the Dorset Clinical Commissioning Group • Co-production by the Dorset Mental Health Forum • Integrated Prevention Service by Dorset County Council Commissioning The major element of the day was group work to explore key areas of support and service provision and identify key gaps, constraints and possible solutions. The outcome of the day was to identify areas of work that could be drafted into a delivery plan moving forward. The issues raised have been collated according to the key delivery areas of personalisation:

	• Service • Practice • Commissioning/Joint working To move the work forward it has been recommended that practice and service are owned by the project group delivering new joint working arrangements between social care and health. A joint commissioning group lead by Dorset County Council and the Clinical Commissioning Group is proposed to bring together the work of the Acute Care Pathway (ACP) and a commissioning review of social care services and early help in line with the findings of the enquiry day. The key themes that emerged from the day are as follows: (i) Consistency There are significant differences in the level, scope and style of services across the county (ii) Accessibility Across Dorset, people are finding it hard to access services that meet their specific need (iii) Community Facing There is disengagement of local communities' due to the image and perceptions of mental health which focus at the complex end of the scale (iv) Style and Culture (Personalisation) The style of service provision (in both health and social care) does not always lend itself to a person-centred recovery focused approach Further detail of the issues raised are set out in the appendices attached. These will be drawn together and embedded into existing or planned areas of work, for example, the project group for integrated working with Dorset Healthcare University Trust, and a proposed Joint Commissioning Group with the Clinical Commissioning Group.
Impact Assessment:	Equalities Impact Assessment:

	The completion of the equality quality impact assessment will form part of the project plan development to inform and support key lines or enquiry and activity.
	Use of Evidence: Formal Consultation event
	Budget: Within existing commissioning and operational budgets of the Clinical Commissioning Group and Dorset County Council
	Risk Assessment: To be completed once formal delivery plans in place
	Other Implications: The work will seek to engage with: • The voluntary and community sector to support early help • Advocacy groups to keep the voice of the user at the centre of the work • Statutory agencies to ensure a joined-up approach to delivery and best use of available resources
Recommendation	The Committee is asked to note and comment on the workshop activity, findings and summary of future ideas.
Reason for Recommendation	Members of the People and Communities Committee and Dorset Health Scrutiny Committee requested that work be carried out to further understand the needs of mental health services users and their carers in the communities of Dorset, ensuring that Dorset County Council can fulfil its commitments under the four key outcomes: • Safe • Healthy • Independent • Prosperous
Appendices	• Summary table of key issues identified • Summary of workshop notes • Areas for action
Background Papers	Report Attached

Officer Contact	Name: Siobain Hann Tel: 01305 224679/7104679 Email: s.hann@dorsetcc.gov.uk

Debbie Ward
Director for Adult and Community Services
March 2018

MENTAL HEALTH ENQUIRY DAY

REPORT ON OUTCOMES

1. Introduction

1.1 One in four people in the UK will suffer from mental ill health each year[1], with approximately 11,400 people over 65 years old in Dorset living with Dementia by 2025.[2]

1.2 These statistics illustrate the significance of varying forms of mental health on the community of Dorset and this need requires a response from both the statutory, and voluntary and community sectors.

1.3 Dorset County Council Adult and Community Services, under the Care Act 2014, have a statutory responsibility to provide information, advice and support as well as the right to an assessment and the provision of care for the most vulnerable members of our community.

1.4 The local authority has set out four high level outcomes that drive it's work in meeting its key statutory responsibilities, these are:

(a) Safe
(b) Healthy
(c) Independent
(d) Prosperous

1.5 To meet the challenges of these high-level outcomes and the responsibilities upon it to support our communities, Dorset County Council Adult and Community Services has set out an ambitious transformation programme with the vision to:

" … work with people, communities and other organisations to improve and maintain their wellbeing, to live as independently as possible, recognising some individuals and groups may need more support than others."

1.6 This report and the work that will be derived from it will be carried out within the context of the County Council's statutory duties and the transformation vision which sets out the key principle of personalisation.

2. Mental Health Enquiry Day

[1] Government response to the Five Year Forward View for Mental Health 9th Jan 2017.
[2] The State of Dorset – Health and Social Care Report 2017. Dorset County Council

2.1 The Lead Member for Mental Health within the People and Communities Committee undertook to carry out an enquiry day to help the authority better understand the challenges faced by people in Dorset who experience mental ill health and to consider opportunities to address them.

2.2 The event was carried out with support from Adult and Community Services officers on 13 December 2017 and involved stakeholders from Council Members, the Local Authority mental health teams, the Clinical Commissioning Group, Dorset Police, Dorset Mental Health Forum, Housing, Mental Health Providers and service users and carers.

2.3 The structure of the day included an introduction and intentions of the day by Councillor Mary Penfold and Harry Capron, Assistant Director, Operations – Adult and Community Services and presentations by the Dorset Clinical Commissioning Group on the work and outcomes of the Acute Care Pathway (ACP) and the Dorset Mental Health Forum on Co-production and their experience of the work of the ACP, and Dorset County Council Commissioning on Integrated Prevention Service.

2.4 This was followed by group discussions on key topic areas which the group members were asked to break down into gaps, constraints and solutions. These were fed back to the group and have subsequently been collated to provide more formal feedback to attendees as part of the view seeking process.

2.5 The day provided a significant amount of feedback and solutions to address key issues. This report seeks to present the findings and set out actions to address the issues raised within the context of the key principle of personalisation as set out in section one of this report, and to deliver this through a culture and process of co-production.

3. Personalisation and Co-Production as the key principles and culture of future work.

3.1 The Department of Health description of Personalisation is as follows:

> "… every person who receives support, whether provided by statutory services or funded themselves will have choice and control over the shape of that support in all care settings."

The intention behind personalisation is to ensure that services are tailored to meet the needs of individuals rather than the more historical "one size fits all" approach.

There is evidence from the enquiry day that service users and carers managing mental health and specifically dementia and dual diagnosis are still not reaping the benefits of the opportunities created through personalisation.

Personalisation is achieved through the building blocks of Commissioning and Joint Working, Practice and Service as defined though the activity of co-production. This is illustrated in the diagram below which is a variation on the National Health Service House of Care.

3.2 The Dorset Mental Health Forum was a key partner in the Mental Health enquiry day and were asked to present the concept of co-production and their experiences of this

within the work of social care and health and most specifically in relation to the recent work to design the Acute Care Pathway for Mental Health.

The presentation provided many thought provoking ideas and quotes to help set the culture of engagement for the day. This included a definition of the term Co-production as set out by Boyle and Harris in 2010 and a definition of recovery attendees to reference back to in their discussions.

3.3 "Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change".

"…Recovery is about taking back control over your own life and your own problems, about not seeing your problems as being uncontrollable, or that their control is just the province of experts. It is about understanding yourself what is possible and what you can do to help yourself." (Repper 2009)

4. Findings by theme

4.1 The enquiry day sought to utilise group discussions within specific community and service areas to help focus the discussions. These were:

(a) The Mental Health Act
(b) Employment, benefits and Debts
(c) Access to Services
(d) Crisis Care
(e) Housing

4.2 The feedback was collated and has been set out within this report against the key areas of personalisation (see Appendix One):

(a) Practice
(b) Service
(c) Commissioning and Joint working.

5. Problem Statements and Objectives

5.1 In considering the above issues that have been raised under the areas of practice, service and commissioning, it is possible to see key themes or problem statements emerging from the view seeking. These in turn can be reflected back to become the overarching objectives of the work carried forward from the enquiry day.

(a) Consistency – There are significant differences in the level, scope and style of services across the country

(b) Accessibility – Across Dorset, people are finding it hard to access services that meet their specific need which is not dependent upon having a GP.

(c) Community Facing – There is disengagement of local communities due to the image and perceptions of mental health which focus at the complex end of the scale

(d) Style and Culture (Personalisation) – The style of service provision (in both health and social care) does not always lend itself to a person-centred recovery-focused approach

6. Ideas for the Future

6.1 To identify key projects or groups to take away and own the work derived from the findings of the day.

(a) Practice – Inform joint working development between health and social care such as requiring Integrated Services Managers to take back findings and feedback to their teams, utilising the expertise within those team to address issues and plan changes, good practice. For example, promoting person-centred working and recovery.

(b) Service – To inform the development of models of care and operating pathways and procedures for teams. This includes improving access to services for people with complex needs where access does not come via a GP, as well as investigating the responses from the local authority Adult Access Team.

(c) To develop future commissioning intentions through a formal Joint Commissioning Group where Dorset County Council and Dorset Clinical Commissioning Group can bring together the work of the ACP and the findings of the enquiry day. In particular issues where crisis services have been used when early intervention such as tenancy support, could have more effectively met and reduced the need.

Appendix One: Summary of key issues.

Personalisation Area	Key Issues
Practice	• Successful Integration There were many key areas that were raised as key elements for a successful integration of the health trust and social care operational teams. These included, information sharing, consistent practice, simplified systems for entry into statutory support and the need to ensure the new model enabled a positive shift in culture. • Communication The provision of information and advice easily accessible and understandable
Service	• Adequate Resource Concern was raised that changes to services as part of the Acute Care Pathway review and wider could have an impact on capacity across the county. That capacity needed to be in the right places. • Dual Diagnosis – Lack of access to mental health services where a person has needs around substance abuse.
Joint Working/Commissioning	• The public image of Mental Health The public perception of someone with mental health was seen as a barrier to people accessing help not only from statutory service but also from their own local community, including neighbours. People felt unable and unwilling to ask for help, seeing this as a move into dependency. • Information, Advice, Guidance and Support Concerns was voiced at the lack of information on what services are available, and advice and support in

	accessing them. This was particularly the case for those who may not be eligible for statutory support under the Care Act where there was a perception that you need to be crisis to access mental health services. • Early help and Prevention Care and Support is perceived to be targeted to the most complex need. Lack of support for those who have lower levels of mental health. Images and perceptions of mental health also create a barrier to those with lower levels of mental and need seeking support. Thereby reducing an escalation in ill health. • Accommodation Access to and stability of accommodation was key to discussions with issues around discrimination, quality, appropriate types of accommodation and benefits all being key factors to a person's ability to secure and maintain accommodation. • Financial Stability Employment and the ability to access with significant sickness records or the need to be flexible were key themes as well as the ability to access benefits. These had to be applied for electronically and did not take into consideration the specific issue around mental health, focusing more on physical health both in the application and appeals process. • Access to Services Each group raise issues of entry points and' access to services with complex and restrictive eligibility criteria to a wide variety of services. Often weighted to those most unwell, not recognising the spectrum of ill health. • Dementia Services Concerns around the current response to Dementia with a specific focus on the needs of those with early onset dementia.

	• Age specific services Further work to be completed to understand broad concerns around the under 18 years and over 65 year old groups.

Appendix Two: Summary notes of the Enquiry Day. To be completed and attached.

Service – Relates to social care and health services i.e. the CMHTs **Gaps**	**Constraints**	**Solutions**
MH Act		
• What about older people (Over 65's) • Time constraints on sessions from GP's/ CMHT's may not meet individual needs • Complex systems with entry points and criteria: • Not person centred • People have to fit into services • CFR's/retreats not accessible for people 'under the influence' • Info about services and how to access them • Trained staff/training and awareness	• CMHT eligibility criteria are not accessible for people with substance use • Organisational and accountability • May not wish/ be able to access retreats • Organisational agreement/ practicalities/modelling • Different accountabilities and information sharing constraints • Not visitable until too late. Prevent admission and subsequent consequences. Lack of understanding by statutory agencies • Many services/ complex access and eligibility criteria • Change in definition of public place for SI36 likely to increase no of sections	• Skilled assessment and signposting/response as appropriate • Capacity in the right place. • Acute hospitals • Move trained staff to areas where there is a need • Cultural shift for individuals/partners so they use the new model
Employment, Benefits and Debts		
• People become known through housing, but otherwise don't come to notice • Medical assessors for PIP etc are focused on physical health • People who don't meet CMHT criteria don't always get some level of support • Pathway- Do we pick up people early enough when they go off sick with MH? • Changes to ELA creating added pressures (And no longer ring fenced)	• DCH seeing spike in patients with needs and difference between known and unknown • Many people don't have diagnosis • Not always known to authorities • No address for claims etc • Not officially diagnosed • UC- Problems on how to claim and need for computer/online access. 6 weeks delay • Zero hours and poor contracts mean irregular pay, no ick pay etc	• YouTrust crisis intervention- Goes to people's homes to help with advice and forms etc. • Retreats and CFR's may offer more local places to assess and provide support & advice- Not in an acute environment • Assists can often be done at home (More relaxed environment)- As long as you 'justify' or ring to ask • Some good resources bit not in all areas (e.g.

• Young men with dementia not able to get attendance allowance of DLA/PIP also difficult • Inconsistency of support	• Services often non-statutory • get benefits (Lots of appeals court) Questions asked in court/asst. not appropriate and can deter people, especially those with MH. • Admissions lead to loss of independence • Drive towards full employment, but employers have not been employing people with poor history/sick record • Can be difficult for people to return to work • Gaps in CV's difficult to explain, need to have confidence in conversation • Rules at UC (Telling people to save up 6 weeks of rent) • Benefits paid to individuals rather than providers- Lacking skills to manage the money • Application for UC is online only and 'threat' of UC process is frightening • Carers often have to give up work sue to lack of flexibility by employer and unpredictable nature of MH • PIP- Looking for consistent need, but MH is not consistent	Comm. Resource Teams) • Need income to help integration or for self • Good links needed with Community Resource Teams and YouTrust • Can help people to get vol. work, but may affect benefits, can lead into employment though • Educating employers and schools is important • CAB brilliant at helping people with debts • CAB can help with advice and form filling etc (But capacity to help varies) • Dorset Advocacy will also help • YouTrust help with benefits and challenging • Comm. Res Team can help in Dorset, but some employers reluctant to employ people with Asperger's • Job carving- Dorset Healthcare to change the tasks and create jobs that individuals want to do- Making best use of peoples skills • Make interviews more accessible- Eg 'Live Interview' where someone watches a potential employee during a trial period thus avoiding interviews that can be intimidating • Need to support carers better- Provide compassionate leave and flexibility (Reduces staff turnover and sick leave) • 'Local induction' to support people in the first days and weeks. To help reduce number who

		leave almost immediately as feel they cannot cope with job (Environment, expectations etc) • Get the right person for the job • Work coaches through Job Centres- Will help with all aspects of looking for work • Working Links? DWP funded possibly only n Weymouth
Access to Services		
• Availability of voluntary services for people with Dementia	• Eligibility Criteria- Prevent people getting help • Lack of trust/knowledge about neighbours • People not wishing to be dependant (Not asking for help) • Rurality • Images of MH • Cultural differences and understanding • People unaware of rights • Belief that only very serious crisis' will receive a service	• Flexible form services • Community involvement (Eg Dementia friendly towns) • Link services to wider community services (Pub, community centres, social and faith groups) • One point of contact • Share power • Shift to prevention- Self-definition (Eg Of crisis) and share power • Involvement of faith and other community groups
Crisis Care		
	• Accessibility to services • Clear referral process	• GP's need to be more accessible • Community rooms provide education and support for professionals
Housing		
• Discrimination in community and housing	• Area, situation make it difficult for them E.g. Other people in block are 'chaotic' • Losing accommodation • Change of consultation- Modelling • Limiting thinking being brave to change • There isn't enough of a voice going up Nationally	• Choice and control in living situation • Need flexibility • Housing needs to be tied to their personal infrastructure • 'Trade advisor' and 'Check a trade' for housing and landlord checks • Driving up standards

Practice – This relates to systems and process of the operational teams **Gaps**	**Constraints**	**Solutions**
MH Act		
• Out Of Hours services are stretched too thin and generic model	• People/services not aware of step down options particularly recovery education centre	• 24/7 AMHP service separate from Out Of Hours co-located with crisis teams
Employment, Benefits and Debts		
• Is hospital DCH linking in with all the services available? Social workers notice inconsistent • Inconsistency of support	• Social Workers no longer able to give advice on benefits etc- Have to stick to stat. roles	• Build awareness for staff, some people maybe under the Psych. Liaison Service, but not all.
Access to Services		
Crisis Care		
• Safeguarding (Self neglecting) • Shared activates • Primary and secondary care • Catering for carers at times of crisis • Portland and North Dorset accessing crisis help	• Team boundaries	
Housing		
• Managing quality		• Help sooner

Commissioning/Joint working – Services that have to be designed and procured or where we need to work in partnership to design or change things such as housing and benefits. **Gaps**	**Constraints**	**Solutions**
MH Act		
• Gaps in commissioning: • CCG- MH • Public Health- Drug and alcohol • Safe places • And what about younger people 18 and under • Need for SB6 suite in West and more capacity in St Ann's	• Workforce (Lack of)	• Need a safe space. (Alcohol workers involved) • Joint strategic commissioning plans, 'Change the dialogue' and inclusive not exclusive responses • Social/community/faith based safe spaces. Statutory services support these developments. Building community resilience • Need pathways to recovery education sector

<table>
<tr><td></td><td></td><td>Integration and services designed around individuals</td></tr>
<tr><td colspan="3">Employment, Benefits and Debts</td></tr>
<tr><td>Now small organisations have to cover sick pay it's a disincentive to employ people (Sick pay is often more than wages)- Is there a cut off point below which employers are not liable, due to size of workforce, for EG for only 1 day per week?
Reduction in vocational support services (More for LD then MH?)</td><td></td><td></td></tr>
<tr><td colspan="3">Access to Services</td></tr>
<tr><td>Transport links
Carers services
Cultural
Services
Knowledge</td><td></td><td>Making services more easily accessed by those who need them, when they need them.</td></tr>
<tr><td colspan="3">Crisis Care</td></tr>
<tr><td>Rural community
Criteria too difficult
What happens if Rethink closes? They run the carers groups
Accommodations
Transport</td><td>Transport
Funding</td><td>Advice line
Budget taxi services</td></tr>
<tr><td colspan="3">Housing</td></tr>
<tr><td>Appropriate housing
Rules around Housing/Tenancy/Benefits
Understanding of valuable types of accommodation/housing
Owned by consumers
LGR/ New targets</td><td></td><td>Co-production of a range of accommodation such as shared lives, PA's and flats
A centre for communities. Building community capacity</td></tr>
</table>

Appendix 3: Areas for Action

1. Summary of Themes and Areas for Action (Major Challenges and responses) Timescales or feedback in a years' time (March 2019 OSC Meeting).

Theme	Action Area	Responsible Group	Contributors
Practice	Successful Integration	Integration Project Group	Service Users and Carers
	Communication Plan		
Service	Adequate resource	Integration Project Group	Service Users and Carers
	Dual Diagnosis		Service Users and Carers. Public Health?
Commissioning/Joint Working	MH Image		Service users and carers
	Information, Advice, Guidance and Support		Service users and carers
	Early Help and Prevention	Commissioning Group	Service users and carers
	Accommodation	Commissioning Group	Service users and carers
	Financial Stability	Commissioning Group	Service users and carers
	Under 18's	Children's Services	Service users and Carers Transitions
	Dementia Services Including early onset.	Dementia Services Project Group	Commissioning Group Service Users and Carers
	Over 65's		
	Access to Services Statutory	Integration Project Group	Service Users and carers
	Access to Services – Commissioned and Community	Commissioning Group	Service Users and carers Integration project Group?

Note: Activity and timescales to be determined by individual groups.

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NHS Dorset Clinical Commissioning Group

NHS Dorset HealthCare University NHS Foundation Trust

Dorset Health Scrutiny Committee
Mental Health Enquiry Day December 2017
Response to report from Dorset Clinical Commissioning Group and Dorset HealthCare

As requested this is the response from Dorset Clinical Commissioning Group (CCG) and Dorset Healthcare University NHS Foundation Trust (DHC) concerning the Mental Health Enquiry Day's recommendations.

We were specifically asked what we agree with and what we do not agree with but we have framed it slightly differently because there are no disagreements about the finding but there is a concern about duplicating work where it could be shared.

Agreement

1. It was a great pleasure for Dorset CCG and representatives from Dorset HeatlhCare to be involved in the Mental Health Enquiry Day. It was enlightening, lively, challenging and hopeful.

2. The key themes to emerge were the same key themes that emerged from the MH Acute Care Pathway Review and as such are helping to shape the implementation of the new MH Acute Care Pathway. The themes are the drivers for the service developments especially for the Retreats and for the Community Front Rooms that will be located in the DCC area.

3. The discussions were lively and highlighted the current challenges in mental health provision for example reductions in supported housing, the increase in the use of the mental health act, employment/benefits and mental health crisis care. All of which resonate with the CCG and Dorset HealthCare because these issues are being addressed through a number of transformation programmes in mental health.

4. The notion of developing a delivery plan is a sound one and will enable progress to be reported as needed to ensure that positive change happens. The CCG has a robust Mental Health Delivery Plan in place. The delivery plan focusses on the key areas of transformation including NHS mandated targets. The CCG is accountable to NHS England for the outcomes of the plan. The plan includes mental health crisis care, psychiatric liaison, waiting time and access targets for Crisis Resolution Home Treatment, Eating Disorders and Early intervention services. Also included is Individual Placement Support which focusses on employment.

5. Joint working and collaboration are welcome at all levels and the CCG and Dorset HealthCare are keen to collaborate and jointly work to deliver better mental health care including early help to prevent crisis escalation.

NHS Dorset Clinical Commissioning Group

NHS Dorset HealthCare University NHS Foundation Trust

Not disagreement but concern about duplication

1. The CCG has a Mental Health Delivery Plan in place and monitored to ensure the delivery of all the programmes of change in mental health services and so is it worth building on that rather than creating a new one that is in effect a duplicate? It would need work to develop it but it could be the basis without having another one that we have to monitor and work with.

2. Attached is the current MH delivery plan and this shows all the areas of development including access targets etc. The delivery plan is monitored through the Mental

   Health Integrated Programme Board (MHIPB) which has the governance responsibility for all 20 transformational programmes across the system including the MH ACP and Rehab and psychiatric liaison review and CAMHS transformation.

3. It is worth noting at this point that most of the key people involved in transformational programmes work across many projects and so the same people work together for most of the programmes.

4. The MHIPB has just been launched but key partners are involved/included on the board some key members plus invited people as and when required dependent upon the item being discussed. The board might be the best conduit for achieving joint work on the key areas highlighted in the MH enquiry day rather than having another joint commissioning group. Elaine Hurll, Senior Commissioning Manager, represents Bournemouth Local Authority at the MHIPB and Harry Capron has recently been invited to attend from DCC.

5. The MHIPB feeds up to the Integrated Community Primary Care Services Board to ensure that the CCG achieves the agreed objectives in the delivery plan.

Sally Sandcraft
Director of Primary and Community Care
Dorset Clinical Commissioning Group

Eugine Yafele
Chief Operating Officer
Dorset Healthcare Foundation Trust

NHS
Dorset
Clinical Commissioning Group

Dorset MH Delivery Plan

March 2018

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Dorset's Vision

NHS Dorset Clinical Commissioning Group

We are committed to tackling mental health with the same energy and priority as we have tackled physical illness in order to deliver parity of esteem in line with the Five Year Forward View (FYFV) for Mental Health as illustrated in the STP. Through our programme we aim to:

- Co-produce person-centred services and develop peer support further to enable people to be supported to recover
- Implement early intervention programmes to prevent the development of mental health problems
- Support as many people as possible to stay independent through integrated community services
- Improve support for people at times of crisis

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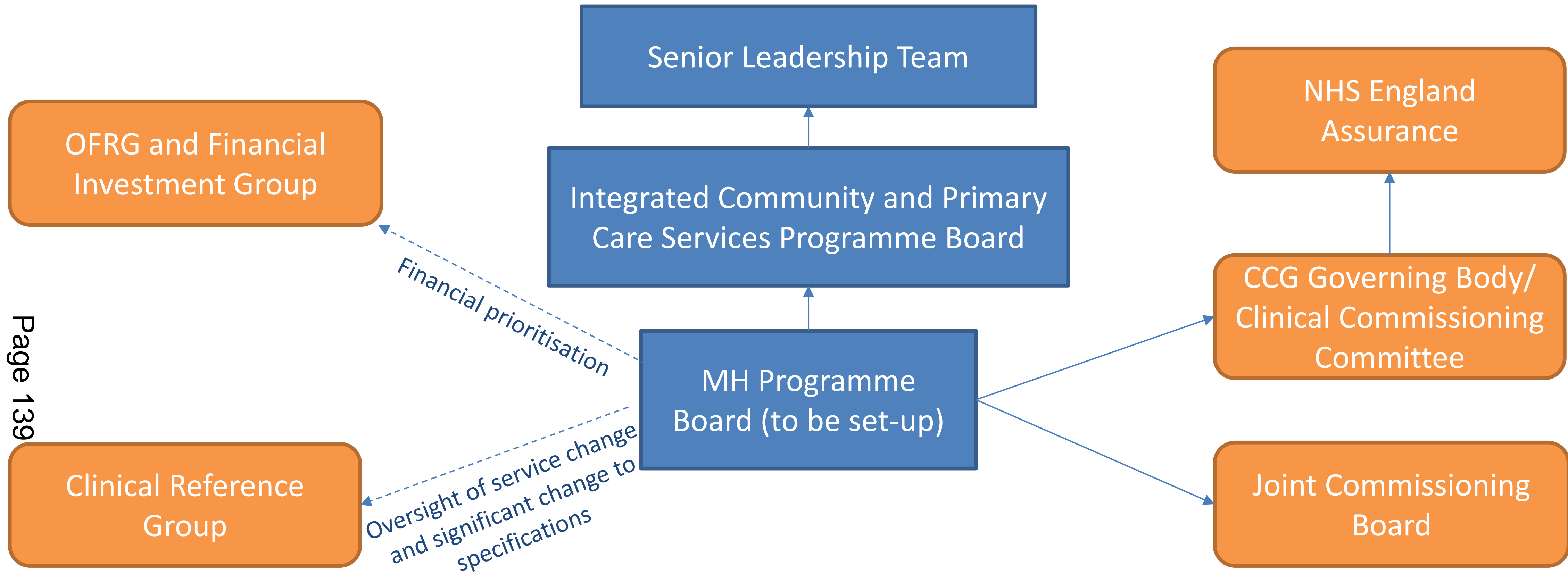
Governance

NHS Dorset Clinical Commissioning Group



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CYP Programme

NHS
Dorset
Clinical Commissioning Group

A Pan Dorset Emotional Well-being and Mental Health Strategy for Children and Young People is in place for 2016-20 and this is led by a local partnership between NHS Dorset CCG, Dorset County Council, Borough of Poole, Bournemouth Borough Council and Public Health Dorset. The initial Local Transformation Plan was delivered in 2015 and refreshed in October 2017.

http://www.dorsetccg.nhs.uk/Draft%20Dorset%20CYP%20Local%20Transformation%20Plan%2031%20October%202017.pdf

Key Actions	
LTP monitored through the CYP steering group and refreshed and approved to demonstrate delivery against CYP work streams and update against emerging opportunities	By 31 October each year
Assess opportunity to become involved in the Green Paper pilots	2018/19
Roll-out increased resource to enable crisis support until 10pm 7 day a week through psychiatric liaison	April 2018/19
Undertake needs analysis across partners and gap analysis against the THRIVE model to identify areas of focus and co-produce a sustainable 24/7 crisis response for CYP	2018/19 ongoing

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Core CAMHS Waiting Times

NHS
Dorset
Clinical Commissioning Group

The Dorset service performs within the top quartile of providers as outlined in the national benchmarking report. It is delivering the target assessment waiting times and moving towards 90% treatment waiting time. Investment in PWPs in 2018/19 will create more clinical time to focus on reducing variation in waiting times to treatment. The service has rolled-out the use of 'Current View' to identify need and develop corresponding pathways to ensure resource is deployed to minimise variation

	Dec 17 (rounded)
Tier 3 Assessment Waiting Time (% within 4 week target)	96%
Tier 2 Assessment Waiting Time (% within 8 week target)	98%
Referral to Treatment Waiting Time (% within 16 week target)	86%

Dorset is fully signed up to the CYP IAPT programme and staff are sent on training at Reading University. Dorset HealthCare is embedding the CYP IAPT across CAMH services

Current	Key Action	Date
Significant transformation planning and changes undertaken in 2017/18 including: referral pathway guidance and transition approaches for <25	DHC to continue to implement transformation plan to meet access targets. Access targets to be commissioned against the THRIVE model	2018/19 and ongoing 2019/20 contract
There are significant challenges regarding recruitment and there are hot spots in Bournemouth and Christchurch.	Workforce modelling to include these challenges and work to assess other workforce models working with HEE	2018/19 ongoing
MH workforce plan	Initial draft Final submission	Delivered Dec 2017 End March 2018

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CYP Access/ Expansion: 32%

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Dorset
Clinical Commissioning Group

Dorset is on track to deliver 30% access KPI in 2017/18 and is reporting this to NHS England. It is forecast to meet 2018/19 targets through the investment in PWPs in 2018/19 recurrently , expanding access to approximately 1000 further CYP

	16/17 Actual	17/18 Target	18/19 Target	19/20 Target	20/21 Target
Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community MH services in the reporting period	3873	3801	4036	4301	4440
Increase on 2016/17 in CYP receiving treatment (cumulative) (%) (42% increase, 1319 CYP overall between 16/17 and 20/21).	-	-72 (-1.9%)	163 (4.2%)	428 (11.1%)	567 (14.6%)
Total number of individual children and young people aged 0-18 with a diagnosable mental health condition**. (increase of 146 CYP or 1.16% between 16/17 and 20/21)	12557	12593	12630	12667	12667
Percentage of children and young people aged 0-18 with a diagnosable mental health condition receiving treatment from NHS funded community CAMH services.	30.8%	30.2%	32.0%	34.0%	35.1%

Action	Time scale
Invest in 7 PWPs to increase access to psychological support to additional c.1000 people per year: monitored through contract NB: These people are post and have been trained in 2017/18	2018/19 contract
Meet 32% access target (and potentially 2021 target) through above investment and LTP delivery of whole schools approach	2018/19: 32% 2019/20: 34% 2020/21: 35%
Assess opportunity to become a pilot site for Green paper recommendations	2018/19
National data reporting does not reflect DHC national data upload: A flaw in the code being used by NHS England was identified. The extraction is now comparable and DHC will continue to work with NHSE to ensure compliance	Completed

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CYP Eating Disorders

NHS Dorset Clinical Commissioning Group

Demonstrate progress in increasing access to services and progress towards the CYP ED standard

Additional recurrent investment of £376k was allocated through the CYP transformation plan in 2016/17 into the Dorset Healthcare ED service. This has enabled a new model of service provision to be developed in Dorset for young people (Dorset has an all age service) with an eating disorder and this is being shared across Wessex through the clinical network.

The Dorset CYP activity has been meeting 100% of urgent treatment within one-week throughout the year apart from a single breach in November due to a significant spike in referrals. It has delivered 100% of routine referrals within 4 weeks apart from a slight dip (83%) in April 2017.

Action	Time scale
Maintain delivery 2020/21 access targets for CYP ED including ongoing review of demand and capacity through contract monitoring	2018/19 ongoing
Quality standards for community services reviewed to identify baseline of current status of the integrated service against them: Dorset service is all age and there are plans for two quality networks	Q2 2018/19
Become a member of the RCP quality network for community ED services.	Dependent on above action: estimate 2019/20
Provide clinical advice and guidance on delivery of the integrated services	2017/18 Q4 ongoing

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CYP: Reduction in inappropriate OAP

NHS Dorset Clinical Commissioning Group

Dorset HealthCare's CAMHS Tier 4 unit – Pebble Lodge is fully accredited by the Royal College of Psychiatrists Quality Network for Inpatient CAMHS (QNIC). The unit has 10 beds and provides 24-hour specialist care and treatment for behavioural emotional and severe mental health difficulties. As a regional unit DHC works across the South with local commissioners, other providers and local authorities to ensure that young people remain connected with their local services. All staff on the inpatient unit are trained to a high level in Dialectical Behaviour Therapy (DBT)

DHC continues to use a bed management system to maintain oversight of admissions to out of area provisions. Admissions to out of area settings equivalent to Pebble Lodge are low, currently standing at seven, and both the locality teams and bed manager maintain communication with the provider and family and aim to repatriate to a Dorset bed in a short time frame. Young people are more often moved out of Dorset into higher level provisions, DHC maintain oversight and communication – currently there are two clients OOA in PICU and three in secure.

Through a partnership between Dorset HealthCare (DHC) and the Dorset Mental Health Forum, DHC employs young peer specialists on the unit to support recovery. DHC supports families and carers who have young people receiving care and has a dedicated transition nurse to facilitate timely discharge and initial community engagement. Dorset's community CAMH service and inpatient tier 4 service are both rated as good by the CQC.

Action	Timescale
Local provision already includes approaches to support step down from tier 4 facilities including day programmes and intensive community support through home treatment to enable effective discharge. Further work will be undertaken in to develop more effective partnership working with health and social care teams (across all levels of need and provision) to support families, which may impact upon the young person being able to return home or move to an appropriate level of residential care.	2018/19
As part of the NHS England initiative for new models of care, Dorset is in the process of developing a Wessex-wide inpatient bed management system. The function of this system will be: • Manage admissions, discharges and processes • Support inpatient/community providers • Oversight of patients and improved discharge management • Improved management of patients needing to 'step up' into inpatient provision and 'step down' from inpatient provision to community provision	End 2018/19
A business case for a Dorset CAMHS PICU is in development, under the new models of care programme: this would enable more people to be able to access appropriate care closer to home, reducing OAPs and more timely discharge .	2018/19 ongoing

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CYP: Workforce and data

NHS Dorset Clinical Commissioning Group

Demonstrate improved capacity and capability in the CYP workforce and demonstrate the ability to produce robust local and national data flows

The system is working with HEE to develop an overarching MH workforce plan, which includes CYP and it is engaged in the HEE workshops for the South region. This is reported up through the Dorset Workforce Action Group.

Investment in the further development of peer support is detailed in the local transformation plan and pilots of digital options for counselling are being planned for 2018/19 onwards. Local Authorities are developing the whole schools approach, lining up with the proposed developments in the Green Paper and this is funded through the CYP transformation funding. Seven Psychological Wellbeing Practitioners have been trained and are in place to deliver interventions in 2018/19, increasing the workforces and capacity to support CYP.

Dorset is fully signed up to the CYP IAPT programme and staff are sent on training at Reading University

Dorset has highlighted data issues between national feeds and local data submissions. NHS England have arranged specific workshops to look into these issues further as a result of this being highlighted in a number of areas. Dorset data specialists are attending these workshops to work with NHS England to develop a solution to these issues

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Perinatal

NHS Dorset Clinical Commissioning Group

Increase access to evidence based specialist perinatal mental health care. In 2018/19 9000 women nationally will have access to evidence based specialist PN care, working in partnership across the community and inpatient pathways. Services will engage with PNMH networks to support best practice

Dorset has approximately 7000 births per year and this accounts for 1% of births in England and Wales. Additional investment was made into the community service in 2016/17 to enable it to become Pan-Dorset.

Dorset has a NICE compliant Community Service and an inpatient service that has had approval from NHS England to expand from 5 to 8 beds. These services have integrated pathways in the provider trust.

A bid is being submitted to NHS England on 9 March to support the mandated expansion to 5% of Dorset's birth rate.

Year	Increase in women seen	Total
2017/18	(increased by 108 following expansion in 2016)	248
2018/19	102 (Subject to wave 2 funding)	350 (5% of birth rates)
2019/2020	35	385
2020/2021	35	420 (6% of birth rates)
Total Increase of women seen 172 by 2021		

Action	Time scale
Ensure continuing integration of PNMH in the development and roll out of the Better Births	2018/19/20
Continue to develop and enhance the specialist perinatal skills of the perinatal MDT	March 2019
To provide training to a small specialist group within the PNMH service to have enhanced skills in assessing relational risk between mum and baby and father and baby.	March 2019
Review and update of the integrated pathway as necessary	March 2020
Continue to engage with the Wessex and National perinatal clinical networks	2018/19 ongoing
Bid for Wave 2 non-recurrent funding for expansion of the service in 2018/19	9 March 2018
A business case for continuation of funding to be developed for the Finance Investment Group in 2018/19 prioritisation round	Dec 2018/ Jan2019
Monitoring of KPI	Ongoing through contract scorecard and lead PMH commissioner in CCG

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Perinatal: integration and training

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The service is integrated across a number of pathways:

- Midwives, obstetrician and PNMH consultant run joint clinics
- PNMH Health Visitors Champions are supervised by the specialist PNMH service manager – (HV completed PNMH champion training)
- Dorset PMNH team is an **integrated** Community and inpatient service
- GP Champions in PNMH for Dorset have been established through Wessex SCN

Training is supported and people are released to access this:

- All nurses did the NBO (Newborn behaviour observation system) training in 2017/18
- All staff complete the National PNMH training (Winchester): Bi annually – new staff complete it when they first start, biannually thereafter
- Annual training; updated to be aligned to the national Perinatal CCQI service standards for inpatient and community services (ref 6.2)

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Programme IAPT

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Dorset
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Increasing access to psychological therapies, so that at least 16.8% of people with common mental health conditions access psychological therapies in 2017/18, increasing to 19% in 2018/19.

All areas commissioning IAPT-LTC

Service meeting 50% recovery rate

75% of people access treatment within 6 weeks and 95% within 18 weeks

Dorset is on track to deliver the 16.8% access standard in 2017/18 and the financial case for ongoing expansion to 19% is currently going through the ACS' financial prioritisation process that will be finalised in March 2018.

Dorset is a member of the IAPT LTC wave 2 programme and this has been recognised nationally and being a well run project. Two thirds of the IAPT expansion is projected to come from people with a long-term condition. Initial focus has been on diabetes. The specification and scorecards have been updated to reflect the LTC service and monitoring requirements

Dorset is meeting the core standards

Action	Timescale
Financial approval received to deliver 19%	Confirmed
Continuance of expansion in line with expansion plan • Identification of and roll out plan for following LTCs: COPD, pain, CHD and MUS • Recruitment and workforce retention strategy (in line with workforce plan) • Monitoring through contract	2018/19 ongoing
Evaluation of Wave 2 LTC	February 2019
Assessment of funding shift and proposals for enactment	February 2019
Continue to meet core standards and maintain reporting through contract scorecard	2018/19 ongoing

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IAPT Expansion milestones

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Milestones

	Year 1 Q4 2016/17	Year 2 2017/18	Year 3 2018/19	Year 4 2019/20	Year 5 2020/21
Total extra number of people accessing treatment	168	1200 (800 LTC & 400 core)	2674 (1783 LTC & 891 core)	4948	7475
Total prevalence met	15.8%	16.8%	19.0%	22%	25%
Total people accessing treatment (in year)	12801	13833	15307	17581	20107

Delivery

Clinical Session Date - Quarter	No. of Referrals (first session in date period)
Quarter 1 2017	51
Quarter 2 2017	162
Quarter 3 2017	288

Require 299 referrals in Q4 to meet the LTC target of 800 in the first year of operation.

- approximately 100 have been accepted in January and the service predicts that c. 100 referrals will be accepted in both February and March
- fully recruited and embedded in the three acute hospital trusts for diabetes and working with the chronic pain service to see where the LTC offer sits.
- In terms of primary care the service is now integrated into community hubs/hospitals and 10 GP surgeries

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IAPT Workforce

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Dorset
Clinical Commissioning Group

IAPT Core and LTC

To achieve the expansion in 2018/19 with 2/3rd being within the Long Term Condition service the following additional staff will be required:

- 10.5 WTE HITs
- 2 WTE senior CBT therapists
- 2 WTE PWP team leads
- 2 WTE senior PWPs
- 6.34 WTE PWPs
- 1.34 WTE counsellors
- 2 WTE admin staff to support clinical staff

Recruitment will proceed once financial approval of the expansion has been confirmed. Further work is taking place regarding trainees in March and April 2018. The system is awaiting confirmation of places and funding of these from Health Education England

IAPT Employment Advisors

Dorset was successfully awarded £1,220,744 (total over 3 years) for 11 new Employment Advisors and 2 Senior Employment Advisors. All staff have been recruited. A Memorandum of Understanding has been signed and the service started on 1 June 2017 until 31 March 2020. National evaluation will be taken forward.

The MH Workforce plan, which is due for submission on 15 March will contain expansion requirements.

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Early Intervention

Expand capacity so that more than 53% of people experiencing a first episode of psychosis start treatment within two weeks of referral with a NICE-recommended package of care. All EIP teams to demonstrate improvement on domains relating to NICE concordance in CCQI self assessment

The Dorset service is performing at between 61% and 100% of people being treated within 2 weeks throughout 2017 and is therefore exceeding the access KPI.

The last self-assessment report was in 2016 and it was published in April 2017. The assessment covered measurement against the NICE Quality Statements for Psychosis and Schizophrenia in Adults , and recommendations drawn from the Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance published by NICE, NHS England and the National Collaborating Centre for Mental Health (NCCMH). The aim is to achieve a 'good' measure

Action	Timescale
2017/18 self assessment audit	End Jan 2018
Confirmation and actions to improve upon self assessment from 17/18	End Q1 18/19
Maintain performance at above the KPI requirement Additional funding case 2018/19	Ongoing and monitored through contract
Measure improvement against 2017/18 audit	Q1 19/20
Continue to work in collaboration with Wessex EIP clinical network	Ongoing

Psychiatric Liaison

NHS
Dorset
Clinical Commissioning Group

Ensuring that by 2020/21 all acute hospitals have all-age mental health liaison teams in place

24/7 Adult Psychiatric Liaison is commissioned and currently 2 CYP psychiatric liaison nurses are in post covering Mon-Friday 9-5pm

Winter resilience funding allocated to support PL services: issues regarding accessing workforce in short space of time and reported to NHS England.

Dorset is not in receipt of Wave 1 funding for Core 24.

Action	Time scale
Additional funding from CYP transformation fund being allocated to enable CYP cover in the liaison service 7 days a week until 10pm	2018/19 ongoing
Review of liaison services to enable a sustainable all age service to be developed. This will also include analysis to identify is there is a need for Core 24 under the CSR reconfiguration.	Completed end 2018/19.
Wave 3 funding bid, if modelling outlines demand for this level of service	TBC
24/7 services in place	2020/21

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Adult Mental Health

NHS
Dorset
Clinical Commissioning Group

From April 2018, delivering a one third reduction year-on-year in adults sent out-of-area for non-specialist acute mental health care, towards eliminating this practice by 2021. Commission effective 24/7 crisis response and home treatment teams

DHC has put a Discharge Lead nurse role in place to liaise and visit OAPs to establish discharge plans and facilitate discharge or transfer back to area. There is a direct link between this role and the COO. There is an OOA scorecard that is reported through the formal quarterly contract monitoring. Non specialist adult placements are only ever made if there is no bed availability in county and the risk is too high to support people through the CRHTT

- Average length of stay for individuals discharged
- Returned or transferred from OOA
- New patients place out of area
- Length of stay and number of placement by placement type and gender
- The cost of placements is available to the CCG

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24/7 CRHTTs have been in place since 2013. The recent co-produced Acute Care Pathway outlines a model of care to ensure there are alternatives to admission for people nearing or in crisis. This is being implemented over the next 3 years (detailed on the following page). The model, that was assured by NHS England, and had been through public consultation can be found at the following link:

https://www.dorsetsvision.nhs.uk/wp-content/uploads/2017/09/OBC-MH.pdf

The submission to NHS England for OAP reduction, which also outlines the baseline and trajectory can be found in Appendix 2.

Dorset HealthCare use ReQol (http://www.reqol.org.uk/p/overview.html). This is a new Patient Reported Outcome Measure (PROM) that has been developed to assess the quality of life for people with different mental health conditions. The friends and Family test is also used.

Dorset has just become a pilot site for the development of customer insight methodology with NHS England and the Kings Fund and further work on developing a meaningful insight system to driver service improvement will be developed in partnership over 2018/19

Actions

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Action	Time scale
Baseline audit of CRHTT	End Q3 2018/19
Implementation of NHS England assured Acute Care Pathway • Retreat pilot - if successful, roll out to Dorchester following year • Initial 4 beds at Forston • Procurement of CFRs and recovery beds • Roll out connection throughout 2019/20 • Additional 12 beds in the East – 2019/20/21 dependent on planning approvals	2018/19 ongoing April 2018-April 2019 April 2018 2018/19 / mobilisation 2019/20 2019/20 2019/20/21
Ongoing routine reporting of OAPs through contract and SITREPs against agreed trajectory	Ongoing
Undertake review and redesign of rehabilitation services	2018/19 and potentially Q1 2019/20 dependent on assurance and consultation need
Benchmark with other providers implementing NMCs e.g. London focussing on repatriation into community placements/ tenancies	Ongoing

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SMI Physical Health Checks

NHS Dorset Clinical Commissioning Group

60% of those on the SMI register to receive a complete list of checks and follow-up

The number of people on the Dorset SMI register was 7469 in 2015/16 : 60% of this is 4481. Over 550 people have had a health check under the CQUIN in 2017/18 to date and DHC continues to undertake these for the defined cohort of people.

A decision has been taken to focus on developing a sustainable health check model across the system and this will be the focus in 2018/19. Public Health Dorset is leading the task and finish group for health checks and the CCG is working in this team to look at how best to deliver health check consistently across Dorset and minimise duplication, whilst supporting access to this particular group of people.

In the current financial situation, a decision has been taken not to invest in delivering SMI health checks until a sustainable integrated model has been developed and agreed by the STP.

DHC will continue to undertake physical health checks for clients on their caseload on CPA

Action	Time scale
Financial investment decision for 2018/19	Confirmed that this is not able to be financed in 2018/19
Undertake multi-agency review and scoping of health checks and develop a sustainable model for Dorset, including SMI PHC	By end Q3 2018
Develop system business case for investment in 2019/20	By December 2018
Commission PHC with appropriate follow-up infrastructure and mechanisms	End Q4 2018/19

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Individual Placement Support

NHS Dorset Clinical Commissioning Group

25% increased access to individual placement support (IPS)

Currently there is no formal IPS service in Dorset. The STP has put a project plan in place that is being reported against through the Right Care work stream.

A project team has been working together to identify how to redesign current employment services into a more coherent IPS offering to support the strong evidence base of this type of service.

Action	Time scale
Co-produce a service development proposal for an IPS service with DHC and Dorset Mental Health Forum	By Q1 2018/19
Proposal taken through approval process	By end Q1
Implement in line with national requirements	2018/19 ongoing
Wave 1 bid submitted to support the reconfiguration	1 March 2018

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Dementia

Achieve and maintain dementia diagnosis of at least two thirds. Deliver against local plans to improve post diagnostic treatment for people living with dementia and their carers

Dorset is in the middle of a multi agency review which is coproducing a model of care for people with dementia and their carers. The aim of this is to support diagnosis uptake, referral to diagnosis in 6 weeks and the further development of post diagnostic treatment and care.

The diagnosis rates remain relatively static and have done so for the previous 1-2 years, with little improvement from investment in data harmonisation and other support activities.

The average 2016/17 referral to assessment times (from the memory support and advisory service to the specialist memory assessment service) were:

- 84.9% of patients seen within 4 weeks from referral to assessment
- 95.5% of patients seen within 6 weeks from referral to assessment

Action	Time scales
Dementia review complete	Q3 2018/19
Consultation on proposals	Q3 2018/19
Outline business case and approvals	Q4 2018/19
Implementation	From approval date
Diagnosis remedial plan reporting and action plan	Complete
Initial 6 week wait baseline identified	End March 2018
Continue to engage with Wessex Dementia clinical network	Ongoing

Dementia baseline and variation

NHS
Dorset
Clinical Commissioning Group

6 week referral to diagnosis

- Dorset is working with Wessex CN in conjunction with University Southampton Hospitals who are modelling the new proposed 6 week referral to treatment target. The University of Southampton received the data early January 18 in order to map the local Dorset position. They anticipate the modelling will take a couple of months therefore Dorset should receive initial findings in March 2018.
- Once modelling has been shared, the CCG will review in line with existing services and proposed modelling options as part of dementia services review
- Key barriers to meeting the target are being addressed through the development of pathway options in the Dementia Review
  - Referral point to MAS
  - Scans and requirement to scan
  - Options for primary care to undertake diagnosis in specific cases
  - Phlebotomy

BAME variation

- Across Dorset BAME people over 65 years old equate to 0.77% of population with the highest numbers in Bournemouth at 1.3% and the lowest in Dorset localities at 0.4%.
- Specific engagement events with BAME and other seldom heard community groups to ensure views are captured around specific needs are taking place currently and will feed into the proposed models of care.
- Analysis of variation in diagnosis rate will be undertaken and addressed in the SOC (end May 2018)

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Secure Care/ NCM/ Health and Justice

NHS Dorset Clinical Commissioning Group

Support regional implementation activities at STP level and delivery of MH new models of care

Dorset HealthCare was supported by CCG to bid for regional new models of care including Forensic and CAMH services. This includes developing options for a CAMHS PICU and low secure inpatient service for women.

Further models of care are being developed within the STP with NHS England commissioning additional perinatal beds. Integration with the CCG commissioned community services is a key focus of the delivery of this pathway as detailed earlier.

Dorset is already commissioned and delivers custody liaison service and probation services and this works in conjunction with the street triage services

Dorset is scoping the feasibility of developing an inpatient unit for people with a learning disability, who either have challenging behaviour or a co-morbid mental health presentation.

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Suicide Reduction

Deliver against local multi agency plans to reduce suicides by 10% by 2020/21

A draft multi-agency plan has been developed and the partners are working through this to finalise and agree it this financial year. This plan will be all age, rather than solely adults.

It has been agreed that this plan will form part of the crisis care concordat plan

The aim is to have an over-arching plan with each partner taking responsibility for its own plan as appropriate. Currently awaiting approval from a number of partners

Action	Time scale
Finalise draft plan ensuring evidence based interventions are made clear and in line with national guidance. **Plan will be uploaded on 30 March 2018**	Q4 2017/18
Confirm baseline suicide figures to base trajectory on and develop local trajectory where possible: year average is 70	Confirmed as 70 for all age (average)
Partner agency actions plans complete	End Q2
Implementation monitored through Crisis Care Concordat	End Q2 onwards

X-Programme

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Area		Action	Time scale
Finance	Ensure the CCG meets the finance investment standard	The CCG confirms that the investment standard will be met in 2018/19.	2018/19 ongoing
Data	Ensure that all provider are submitting data to NHS digital and support improvement of data quality.	Compile and regularly update the list of providers commissioned to deliver MH services in Dorset	2017/18 ongoing
		The CCG confirms that Dorset HealthCare is submitting timely data and information via all routes listed by NHS England. Any issue with data quality are addressed through the Data Quality Working Group (DQWG) or individual Data Quality meetings with the Trust.	2017/18 ongoing
	Providers must engage with CCQI to complete and submit self-assessment tools and subsequent validation in relation to all evidence-based treatment pathways	The CCG confirms that Dorset HealthCare engages with CCQI and has undertaken self-assessments across the following services: - Perinatal - Early Intervention - Psychiatric Liaison - Forensic Services Dorset HealthCare fully participates in CCQI programme which includes each specialty assessing other services on a yearly basis as well as meeting the required standards, learning and networking. Self Assessments will continue to be completed in line with each service specific timescale.	2017/18 ongoing
	Ensure a locally agreed suite of quality/outcome measures is in place which reflects mental, physical and social outcomes, in line with national guidance	The Trust are currently internally working on outcome based measures. This will be incorporated into the DQIP for 18/19 in order that the Trust share initial data/monitoring for review. CCG will work with the Trust to set up joint monitoring in year	Internal pilot 2017/18 and will be in DQIP in 2018/19 contract

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People and Communities Overview and Scrutiny Committee

Dorset County Council

Date of Meeting	4 July 2018
Officer	Service Director, Economy, Natural and Built Environment
Subject of Report	**Integrated Transport Review**
Executive Summary	On 26 July 2017 a report was presented to the People and Communities Overview and Scrutiny Committee on the role of community transport with a reduced public and schools transport budget. The committee requested that the findings in the report be presented on an inquiry day, similar to that of the previous community transport review day in 2014. The inquiry day was later expanded to include all travel to give a holistic view of travel in Dorset. This inquiry day was held on 26 February 2018 and attended by operators, councillors, officers, community groups, charities, community interest companies, transport action groups, health services and market influencers. The day looked at **Starting Well** with school travel, **Living Well** with public and community travel, **Living Better** on how to prepare for later living and finally looking at the **Next Steps** of integration with health provision. The sessions were followed with questions to gauge the groups desired outcomes from travel, to ensure the approach within the Passenger Transport Strategy and since the last review is correct.
Impact Assessment:	Equalities Impact Assessment: There are no specific EQIA issues arising from the scoping report, but any arising in the future will be addressed.
	Use of Evidence: The report is based on evidence of previous Scrutiny Committee reports and the Integrated Transport Review Day held on 26 February 2018.

	Budget: No implication
	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 *(i.e. reflecting the recommendations in this report and mitigating actions proposed)*
	Outcomes: N/A
	Other Implications: None.
Recommendation	The committee is asked to consider the report and support the approach taken by Dorset Travel to continue to support the Passenger Transport Strategy.
Reason for Recommendation	The changes since 2014 have addressed the holistic transport review needs and Dorset Travel is now progressing the further integration of travel across Dorset.
Appendices	None.
Background Papers	People and Communities Overview and Scrutiny Committee: Briefing Note on Community Transport, 26 June 2017
Officer Contact	Name: Christopher Hook, Service Manager, Dorset Travel Team Tel: 01305 225141 Email: c.p.hook@dorsetcc.gov.uk

1. Introduction

1.1 On 26 June 2017 the People and Communities Overview and Scrutiny Committee considered a briefing report on Community Transport. As a result, the Committee agreed that a review be undertaken by way of an inquiry day. However, at a later meeting between the Lead Member, supporting councillors and officers it was agreed that the inquiry day should be extended to incorporate all modes of transport; not just community transport.

1.2 As a result, the Integrated Transport Review Day was held on 26 February 2018. Key stakeholders for transport attended including representatives from parish, town, borough and district councils, Transport Actions Groups, community transport schemes and public transport operators.

1.3 The purpose of the review was to look at all aspects of transport services in Dorset, listen to the views of people at the forefront of these services and discuss possible solutions for the future.

1.4 The programme was split into four themed sessions:

- **Starting Well** - Mainstream School and Special Educational Needs
- **Living Well** - Public Transport and Community Transport
- **Living Better** - Transformation Programme
- **Next Steps** - Integrated Transport Planning and learning from others

2. Speaker

2.1 Councillor Derek Beer - Chairman

- People think that bus services are becoming less and less of an option.
- We aren't doing enough to tell people about what bus services are available.
- If usage continues to decline, the remaining services will be lost.
- The aim of today is to explore ways of making services we can be proud of.

2.2 Claire Fincham - Vale Coaches

- Vale Coaches have been awarded a seven-year contract for Sturminster Newton High School.
- This One School One Operator (OSOO) model makes communication with schools, students and parents much simpler.
- All route information is online.
- They have built a strong relationship with the school and can deal with issues quickly.

2.3 Gary Binstead - Senior Manager, Schools and Learning Service, Dorset County Council

- Education, Health and Care Plans (ECHP) are required for people with Special Educational Needs or a Disability (SEND) up to the age of 25.
- These plans identify education, health and social needs and set out additional support required (including support for travel).
- SEND travel in Dorset is 1.8 times more expensive compared to the national average.
- Reviews have resulted in better solutions for children and financial savings.

- In future parents will have one point of contact and will no longer expect a taxi and a passenger assistant as a default.

2.4 Andrew Wickham - Managing Director, Go South Coast

- Go South Coast have a strong track record of working in partnership with Dorset County Council (a recent example was Service 5 between Weymouth-Crossways and Dorchester)
- They have invested in a new fleet with significantly reduced harmful exhaust emissions.
- They have introduced contactless payments across their fleet.
- Go South Coast would welcome early consultation on roadworks arising on the network as well as early involvement in future planning policies.

2.5 Tim Christian - Dorset Community Transport (DCT)

- Dorset Community Transport operate without grant support.
- Their community transport services do not overlap with commercial services and target unmet public need.
- They help to reduce loneliness and isolation.
- They provide a high level of social value by offering independent living for people - offering access to shopping and other essential services.

2.6 Nigel Hodder - Chair of PING (POPP Interactive NeighbourCar Group) and Co-ordinator of Milton Abbas NeighbourCar

- Milton Abbas NeighbourCar is a sustainable volunteer car scheme that has more than 30 volunteer drivers, supporting 200 clients.
- Their primary aim is to support patients of Milton Abbas surgery.
- In addition, they offer transport for a range of social activities.
- The PING Group enables community scheme representatives to network on an informal basis.
- Barriers to progress are recruitment of drivers and replacement of existing co-ordinators

2.7 Helen Coombes - Interim Transformation Programme Lead, Dorset County Council

Dorset's vision for adult social care is to help people be healthy, happy and safe. Key outcomes are:

- Delivering good health and care - flexible, affordable, accessible.
- Promoting independence by helping people to help themselves.
- Enhancing wellbeing for local communities.
- The aim is to give everyone a personal travel budget and invest in travel training to help people maintain independence.

2.8 Damien Jones - Head of the Transport Co-ordination Service, Devon County Council

- Devon's approach is to integrate transport wherever possible.
- This involves working in partnership with the NHS for non-emergency patient transport.
- They provide a Patient Transport Advice Service (PTAS) that assesses eligibility for patient transport and books appropriate journeys.
- The overall aim is to review services from a patient/client perspective and make financial savings.

2.9 Belinda Ridout - Friends of Gillingham Station (FOGS)

- The Group was set up in 2016 with 12 volunteers who look after Gillingham station.
- They work with South Western Railway and the Blackmore Vale Community Rail Partnership.

3. Group Sessions

3.1 Each session was followed by facilitator-led discussions. The key points raised were as follows:

- The top of people's public transport wish list were:
  - Better integration of all transport
  - Better communication between authorities, operators and the public
  - Reliable services
  - Better accessibility
  - More transport for rural areas
  - More efficient use of shared taxis
  - Closer links between local authorities and the NHS
- Suggestions for Community transport were:
  - Promote via parish councils, local press/newsletters, in medical centres, new branding, social media and online
  - Gain new volunteers by holding public events, word-of-mouth, advertising in community, emergency and medical centres, awards and incentives.
  - We need to change the perceptions of community transport
  - Shared taxis should be considered more

4. Progress since Audit and Scrutiny Committee in November 2014

4.1 The progress made since the Audit and Scrutiny Committee meeting on Community Transport held on 25 November 2014 is as follows.

5. Dorset Travel Team

5.1 There was a restructure of Dorset Passenger Transport in July 2015 to form a more integrated transport unit with the rebranding of Dorset Travel.

5.2 A Holistic Transport Officer was appointed in 2015 to oversee the Holistic Transport Review to introduce a more integrated approach to deliver significant efficiencies and improve services for the public. Historically health, education, social care and local bus routes have developed independently and suffer from a lack of coordination.

5.3 Dorset Travel's Holistic Transport Officer is currently seconded to Dorset CCG as their Integrated Transport Programme Manager to establish integrated transport solutions. A North Dorset Integrated Transport Pilot Project held its first meeting in March 2018 involving Dorset Travel, CCG and representatives from GP surgeries in North Dorset. As the first step, the GP surgeries are undertaking accessibility audits to establish the transport needs of their patients.

5.4 Dorset Travel has a Community Engagement and Infrastructure Officer who is available to give support and guidance on community transport to community groups, parish and town councils.

6. Dorset Passenger Transport Strategy

6.1 The Dorset Passenger Transport Strategy was published in February 2016 and the following are some references to community transport within the Passenger Transport Strategy:

- Improve accessibility and maximising public and community transport use through a strong partnership with transport providers and other client groups.

- Introduce a wider range of community transport initiatives to provide a more cost-effective solution to conventional subsidised bus services with a lead taken by the local community.

- Proactive community engagement, encourage communities to develop local solutions where subsidised public transport is not a practical or affordable option.

- Expand the role of community transport through joint working with the 'third' sector (voluntary groups and charitable organisations) and local communities to clearly define needs and to seek affordable, practical solutions.

- Ensure that up-to-date information on community transport is available to those who need it most, increasingly through the internet.

- Extend partnership working to deliver community transport initiatives through, or in collaboration with partners within the local authorities and third parties such as the NHS, educational establishments and employers.

7. Public and School Transport Review

7.1 The consultation for Dorset County Council's Public and School Transport Review ran for eight 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.

7.2 The transport review was needed due to increasing pressures on the authority's budget. As a result, the public transport subsidy was reduced by £1m and school transport services reduced by £850,000.

7.3 It was not possible to retain the existing public bus network within the revised budgets. It was therefore proposed to work closely with community transport operators, community groups and councillors to develop Dorset's community transport network. The remaining subsidy was prioritised for those core routes that can serve the most people and contribute the most to the economic wellbeing of the county.

7.4 The outcome of this review was implemented in summer 2017. As a result of this Review, some areas of Dorset no longer have access to a public transport service where commercial transport operation is not viable. Community transport brings both innovation and flexibility to fill these gaps in an inclusive way.

8. **Community and Transport Operator Engagement**

8.1 Since 2016, officers from Dorset Travel have attended in excess of 60 community engagement meetings across the County involving councillors, parish councils, transport operators, members of the community and other interested stakeholders. These meetings gave the opportunity to discuss the outcome of the 2016 Bus Review, inform of existing community transport schemes and explain possible options for setting up new community transport schemes.

8.2 It was highlighted at these meetings that community transport offers practical solutions to communities' needs. It is possible, with the right approach, to positively influence travel behaviour and for people to adapt to using community transport, eg planning and booking transport the day before. Overall, it can be more flexible in terms of timings and destinations and may also be used to link up with public bus routes and trains.

8.3 In September 2016, Dorset Travel 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 also become Friends of the Bus Stop and have been provided with the tools necessary to access timetable cases.

8.4 Meetings have been set up to bring together Chairs of all the Transport Action Groups (TAGs) to ensure that they are kept informed of progress on all transport matters 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 are held on a six-monthly basis.

8.5 Liaison continues between Dorset Travel and the Community Development Worker from POPP (now also incorporates Early Help as well as Older People). POPP Wayfinders and Champions can be utilised to share community transport information. Dorset Travel attends some of the PING (POPP Interactive NeighbourCar Group) meetings as guest speakers.

8.6 Regular meetings have been set up by Dorset Travel for community transport operators such as DCT (Dorset Community Transport), NORDCAT and SEDCAT (South East Dorset). This gives them the opportunity to update each other on existing operations and future plans and ensure that they have a cohesive approach to Dorset's community transport network.

8.7 Dorset Travel has engaged with all transport operators, not just community transport operators. 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 were 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.

8.8 The new model for providing travel to senior schools in Dorset has been successful. OSOO (One School One Operator) has been in place since September 2017 and has bedded down with fewer problems than might have been expected. Dorset Travel had some 97% of transport contracts up for renewal in 2017. The OSOO model covers 13 Secondary / Upper Schools with five co-located Middle Schools. The remaining schools transport has been tendered through the Dynamic Purchasing System (DPS) - this includes all SEN schools, Adult and Child Care. Approximately 450 routes were tendered and awarded through the DPS during Summer 2017. There is more emphasis on operators utilising their fleet, including community transport.

8.9 Dorset Travel officers attend a Cross Council Community Transport Meeting that meets six-monthly and involves Council Transport Managers in South of England. This gives Dorset Travel the opportunity to discuss any matters affecting transport both locally and nationally and to share good practice.

9. Community Transport Toolkit

9.1 In 2016, the Community Engagement Officer 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 and 500 booklet copies were printed. Reference copies were sent out to all Town and Parish Councils, libraries, Transport Action Groups and made available at community engagement meetings.

9.2 Dorset Travel 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.

9.3 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 helps communities decide which option best suits their needs and understand how schemes can be started and become successful.

10. Community Transport Grants and Support

10.1 The Community Transport Grant was introduced in October 2016 with up to £5,000 available for capital expenditure ie. vehicle purchase and £2,000 is available for revenue costs such as IT systems, training and marketing, etc. 10 grants have been awarded totalling £17,155. The Grants have been awarded to a variety of groups including schools, community groups, parish and town councils. Dorset County Council also continues to pay for the ‘dead mileage’ for Beaminster and Maiden Newtown Country Cars. However, some trips require no dead mileage payment as the nearest available driver is allocated to the passenger. Dorset Travel also administrates DBS checks for Country Cars volunteer drivers and covers their public liability insurance.

10.2 Existing NeighbourCar schemes had been offered further funding (via POPP) if they expanded their criteria, for example, providing transport for younger people.

10.3 Communities can also approach their local businesses, housing associations, parish and town councils for contributions/sponsorship towards their community transport service. This has been a successful tactic for Bus2Go and has ensured that their service remains viable.

10.4 Dorset Travel offers driver training to community transport drivers, such as driver awareness, emergency first aid, manual handling, safeguarding, customer care, fire and evacuation, driving assessments and full vehicle familiarisation.

11. **Community Transport Directory, dorsetforyou and Communications**

11.1 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.

11.2 A Community Transport Directory has been produced by Dorset County Council that is available on dorsetforyou's community transport webpage. 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. Trial community transport schemes are listed on a separate webpage.

11.3 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.

11.4 Community Transport has regularly featured in Dorset County Council's press releases since 2016. These include for the Community Transport Grant, Toolkit and launch of Southill Community Bus. Articles on Community Transport have also been included in nine consecutive publications of Dorset County Council's countywide quarterly newspaper – Your Dorset. A full two-page feature on Community Transport appeared in the July 2016 edition. The feature included information on the Toolkit and case studies on community transport schemes in the county.

11.5 Dorset Travel has worked with Communications Team colleagues to ensure that there continues to be a steady flow of information provided on community transport. This includes press releases, Facebook ads, Twitter, case studies, articles in Your Dorset and updates on the dorsetforyou webpages. Dorset Travel has publicised car-pooling to appeal to the younger age groups by using fun 'Gifs' on Twitter and Facebook that would catch their attention.

11.6 Area-targeted Facebook ads were used as an aid to recruit new volunteers as Facebook ads can target profiles registered to a particular area. Facebook is also a very cost-effective method of reaching people, especially when it is relevant to a specific geographical area where a scheme is in need of volunteers.

12. Results

12.1 Due to the introduction of the Community Transport Grant, there has been an increase in community transport schemes trialling throughout Dorset. These range from shared taxis to working directly with local CT operators to have bespoke schemes. The scheme in Southill, Weymouth which uses eight-seater shared taxis on the same three returns per day timetable as the previous bus service has been very successful. The Southill community uses their Community Transport Grant award to make up any shortfall which to date is around £300 used, whereas the previous public transport route would have been in excess of £10k over the same period. The scheme continues to be successful and the community has only used 25% of their grant in the previous nine months. They were also a feature of BBC Spotlight about how communities are adapting.

12.2 The area of coverage in Dorset that has access to a community transport scheme has increased from 91% in 2016 to 97% at May 2018. The number of established community transport services has increased from 64 in April 2016 to 89 established schemes in May 2018. The majority of new services 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.

Matthew Piles
Service Director
Economy, Natural and Built Environment
June 2018

People and Communities Oversight and Scrutiny Committee

Dorset County Council

Date of Meeting	21st March 2018
Officer	The Transformation Programme Lead for Adult and Community Forward Together Programme
Subject of Report	**Delayed Discharges Performance**
Executive Summary	This report and attached appendix have been coordinated to provide committee members with an update of delayed discharge performance within the Dorset Health and Wellbeing Board area. As a high priority nationally, much work has been afforded within the adult social care directorate to reducing delays from hospital, which often occur as a patient is awaiting onward transfer to home or community ‘step down’ services’. A delayed transfer of care (DToC) occurs when a patient is medically fit to leave hospital but is still occupying a bed. Within the report, what is meant by ‘delayed transfers’ is further explained. The current performance within Dorset is explained. Additionally, a summary of the work to improve performance has been included, along with local challenges and action plans. The Dorset area will continue to monitor and work to improve performance, whilst keeping the patient at the heart of our care.
Impact Assessment	Equalities Impact Assessment: Not required in this instance.

	Evidence for the report has been compiled from a number of sources, summarised below; • Local Business intelligence – metrics (local and approved data) • DTOC performance dashboard (NHSE data) • National Guidance (published) • Input from operational colleagues, collected weekly • Key leads action/performance plans
	Budget: The iBCF allocations for DCC are £7.432m in 2018/18, £9.768m in 2018/19 and £11.750m in 2019/20. The Better Care Fund Guidance introduced the expectation of each council to reduce social care attributable delayed transfers of care (DTOC) in 2017-18, with draft targets to be submitted by 21 July. The target was linked to the possibility of review of improved Better Care Fund (iBCF) funding in 2018/19 for areas that are performing poorly against the DTOC target. See risk assessment below.
	Risk Assessment: There has been one high risk identified for delayed discharges, outlined below: There is a significant risk that the agreed plans do not achieve the savings in line with local government funding reductions. Performance on admissions and delayed transfer of care continues to be challenging, which will impact on performance related funding. Performance indicators are largely based on health performance and therefore whilst the local authority can influence this risk, it cannot control it. The new BCF plan will ramp up performance expectations for both health and social car. High impact changes are being implemented and linked to winter planning.
	Other Implications: Delayed transfers are also a high priority for health and feed into the aims of the Sustainability and Transformation Plan. There are overlaps with the Property and Assets Programme as this links directly to accommodation capacity within the county.
Recommendation	It is requested that the Committee scrutinise the performance reported and advise of any further actions that should be taken.
Reason for Recommendation	To provide the Committee with an update addressing current delayed transfers performance and actions

Appendices	None
Background Papers	Monthly Delayed Transfers of Care Situation Reports, definition and guidance – NHS England
Officer Contact	Name: Ciara Ryan, Better Care Fund Project Manager Tel: 07824823004 Email: ciara.ryan@dorsetcc.gov.uk

1. Background

1.1 Reducing hospital delayed discharges is a high priority nationally due to the impact on NHS care as they reduce the numbers of beds for other patients. Additionally, they cause unnecessarily long stays in hospital which can lead to distress, detrimental effects on health and which puts patients at unnecessary risk, e.g. of infection.

1.2 A 'delayed transfer of care' (DToC) occurs when a patient is medically fit to leave hospital but is still occupying a bed.

1.3 NHS England are responsible for monitoring delayed transfers of care and define a patient as being ready for transfer when;

- A clinical decision has been made to confirm the patient is ready, and
- A multidisciplinary team has decided the patient is ready, and
- The patient is safe to discharge/transfer

Once a patient has met the criteria above, yet still occupies a bed – they are classed as a delayed transfer. As shown in Table 1 (below), delays can be attributed to health, social care or both and a patient should only be counted in one category of delay for each day.

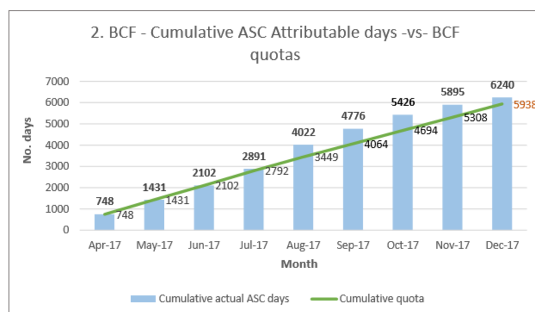
	Attributable to NHS	Attributable to Local Authority (Care)	Attributable to both
A. Awaiting completion of assessment	✓	✓	✓
B. Awaiting public funding	✓	✓	✓
C. Awaiting further non-acute (including community and mental health) NHS care (including intermediate care, rehabilitation services etc)	✓	×	×
D i). Awaiting residential home placement or availability	✓	✓	×
D ii). Awaiting nursing home placement or availability	✓	✓	✓
E. Awaiting care package in own home	✓	✓	✓
F. Awaiting community equipment and adaptations	✓	✓	✓
G. Patient or Family choice	✓	✓	×
H. Disputes	✓	✓	×
I. Housing – patients not covered by Care Act	✓	×	×

Table 1: Reasons for delay and responsibility

1.4 Patients can often be delayed waiting for onwards care. For example, intermediate care services occupy an important middle ground between primary and hospital care for patients leaving hospital. These services include bed-based care, rehabilitation and reablement services, which often provide a much-needed 'step-down' service for people moving between more intensive hospital care and independent living or social care.

2. DTOC Targets & performance

2.1. Reducing delays is a key focus for the Better Care Fund (BCF); the Department of Health set a target for delayed transfers to be reduced to no more than 3.5% of all hospital bed days by September 2017. Table 2 (below) shows the target number of adult social care attributable days in our BCF Plan and our actual performance. Once this data is accumulated (Table 3), this shows that year to date, Adult Social Care (ASC) attributed delays are 302 days over target.



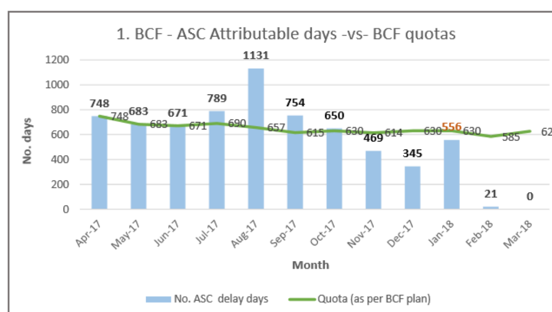


Table 2: Cumulative ASC Attributable days vs BCF quotas

Table 3: ASC Attributable days vs BCF quotas

2.2. As a local authority, there has been much improvement witnessed. Performance data for December 2017 displayed the most improvement with a reduction of 334 delays on the previous year's data. Despite this, there is a call for more work to be done as nationally, the Dorset area's ranking for adult social care delays is 126th out of 151; the bottom quartile.

2.3. Additional DTOC metrics include:

- **Permanent Admissions** - Long-Term Support needs of older people (aged 65 and over) met by admission to residential and nursing homes per 100,000 population. Often a correlation between good DTOC/poor permanent admissions and vice versa.
    - Target 2017-18: 524
    - On track to meet target
- **Reablement Effectiveness (91day indicator)** - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.
    - Target: 80%
    - Not on track to meet target (data quality is still being undertaken, an increase in performance is being witnessed retrospectively)

3. Work to date

3.1 There has been much work afforded to reducing delayed transfers of care, including;

- Engagement of a consultant to support DToC work
- Initiating weekly calls between partners to discuss performance and individual delays for patients with longer delays
    - Working together to find solutions
- High Impact Change action plans agreed with acute trusts and Dorset Healthcare – monitored and updated monthly
- Supported discharge by DToC workers based in hospitals – work is ongoing
- Data cleansing/reliable reporting to understand the true position - ongoing
- New data management system in place
- Project implementation group set up to address DToC
- Improved relationship building across partners
- Dorset Care Framework roll out to improve market capacity
- Winter pressure funds used to commission an additional 10 beds to support discharges
- Better Care Fund monitoring

3.2 Although not exhaustive, the above highlights the focus within Dorset to improving the numbers of delayed transfers, with the aim to further reduce and ultimately eliminate the number of wasted days because of delays.

3.3 The presentation accompanying the report will outline the current challenges to improving delays which have been attributed to adult and older persons' mental health and awaiting long term packages of care.

3.4 Relationship building, effective partnership communications and more detailed and accessible data have enabled teams to gain more clarity regarding current blockages in the system and the creation of action plans to mitigate the issues.

4. Forward Plan

4.1 The actions to address these challenges have been detailed within Appendix A, and are summarised below:

a) Adult and Older Persons' Mental Health (Appendix A, slide 4)

- Coordinate provider forums to discuss capacity building within existing business with a view to including new providers to increase business, build capacity and skills and support future tenders
- Initiate a Joint Commissioning Group with Dorset CCG to link with the Clinical Services Review Mental Health Acute Care Pathway work
- Work with the assets strategy to explore short and longer term accommodation options across the county

b) Awaiting Long Term Packages of Care (Appendix A, slide 5)

- Ongoing market management with regular contract management
- Improved use of demand information
- Ongoing review of legacy packages for improved planning
- Performance management of contact including new metrics on individual wait times
- Improve and simplify pathway management
- Joint Continuing Healthcare and Brokerage and pooled budget

4.2 Work will continue to develop with a heightened focus to significantly reduce the number of delayed discharges in the area. The approach will continue to put patients at the heart of the plans to ensure that improvements in one area do not lead to blockages in another area of the system.

4.3 Work will be aligned to, and focussed on the creation of a seamless and delay free patient journey, regardless of whether they are moving between health or social care.

5 Conclusion

This report had been coordinated for members of the committee to note the actions taken and future plan for the area of delayed transfers.

Helen Coombes
Interim Transformation Lead for Social Care
March 2018

Appendix A

DTOC Case Studies; Adult Social Care impact on safe and timely discharges

People & Communities Overview and Scrutiny Committee

May 2018

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onflict Resolution

P. suffered a stroke, resulting in Aphasia and cognitive impairment, impacting communication. Mrs P has a good relationship with her th ren and they support her, but not always daily. Over the past year they noted a decline in her cognition and that she had stopped going which was something she had previously enjoyed doing.

admitted to hospital owing a stroke – reviously living pendently with no formal care

essment; lack of capacity garding care needs and discharge decisions

Option 1: Return to own home

Option 2: Care Home placement

Conflict between her three children as to where Mrs P. should be discharged to

Home visit to assess reaction and functional ability. Mrs P expressed anxiety about returning home following the visit

Mrs P expressed the care home wasn't for her and the activities made her feel like she was back at school

Mrs P's MCA was reviewed due to her involvement in the process so far – this came back to say that she did have capacity regarding her care needs and discharge decisions

Mrs P discharged home with live-in carer to replicate a 4x package of care to see if this would meet needs

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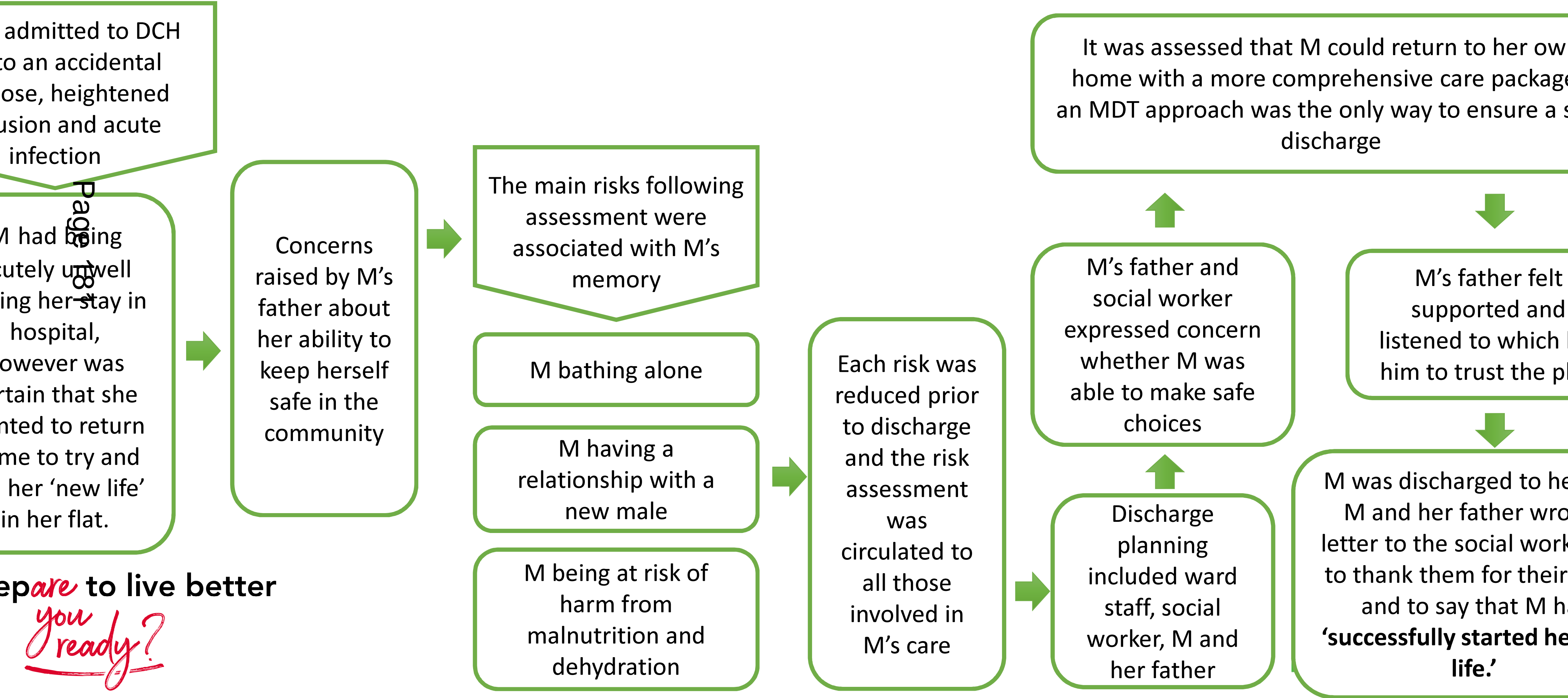
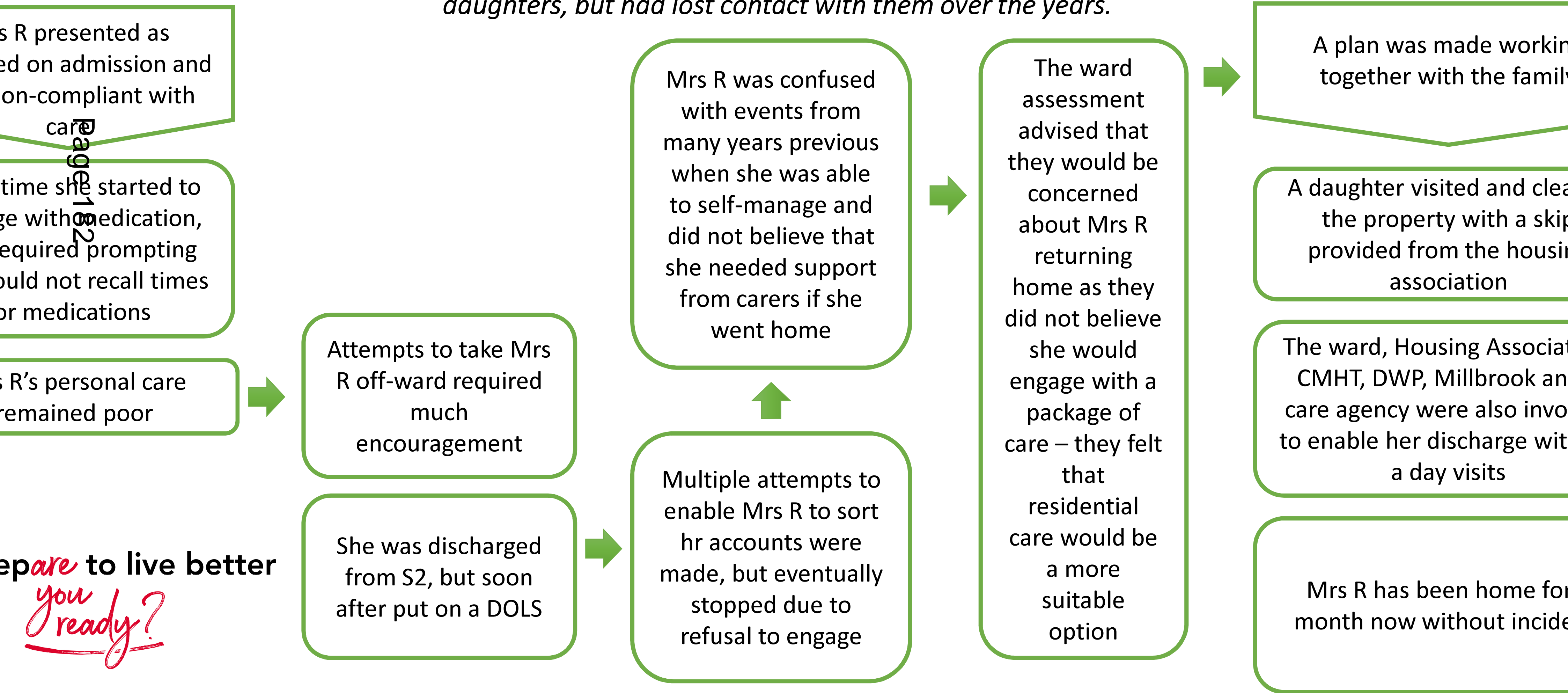
DT Approach to Safe Discharge

***a 45 year old woman who has suffered brain injury following a heart attack in her 30's. She has a history of alcohol use, seizures
cidal thoughts – she has 3 sons, is divorced and largely supported by her father. Following M's heat attack she spent 10+ years in
specialist brain injury unit out of county, before being discharged to her own independent flat with morning reablement visits.***



lf-Neglect OPMH Discharge

, a 69 year old female was detained under S2 of the Mental Health Act - her husband suffered a cardiac arrest and had been deceased f ast a few hours before being found. Mrs R had a history of self-neglect and had not left her home for many years prior to admission, he sband appeared to be her main carer (unclear how much he did for her), the emergency services found Mrs R in a state of long-term se eglect. Mrs R had disengaged from GP, dental and optometry support for several years and had never claimed her pension. She has two daughters, but had lost contact with them over the years.



DT Discharge to Own Home

lives in a village where her bungalow looks out to the local pub. Supported by her daughter who has just turned 70, family are important with grandchildren living locally. Prior to admission they were receiving support via a direct payment

nitted to DCH after a er of falls with limited mobility

It was recognised that rehabilitation would be required

Transferred to a community hospital

MDT on the ward advised 4 x daily care or placement within a residential home

Joint working with physio and OT identified that outcomes to support discharge could be met

Support required for;
Washing
Dressing
Meal support
Transfers to/from bed

No 24hr care needs

Care was identified and the client remains at home with 3 x daily care

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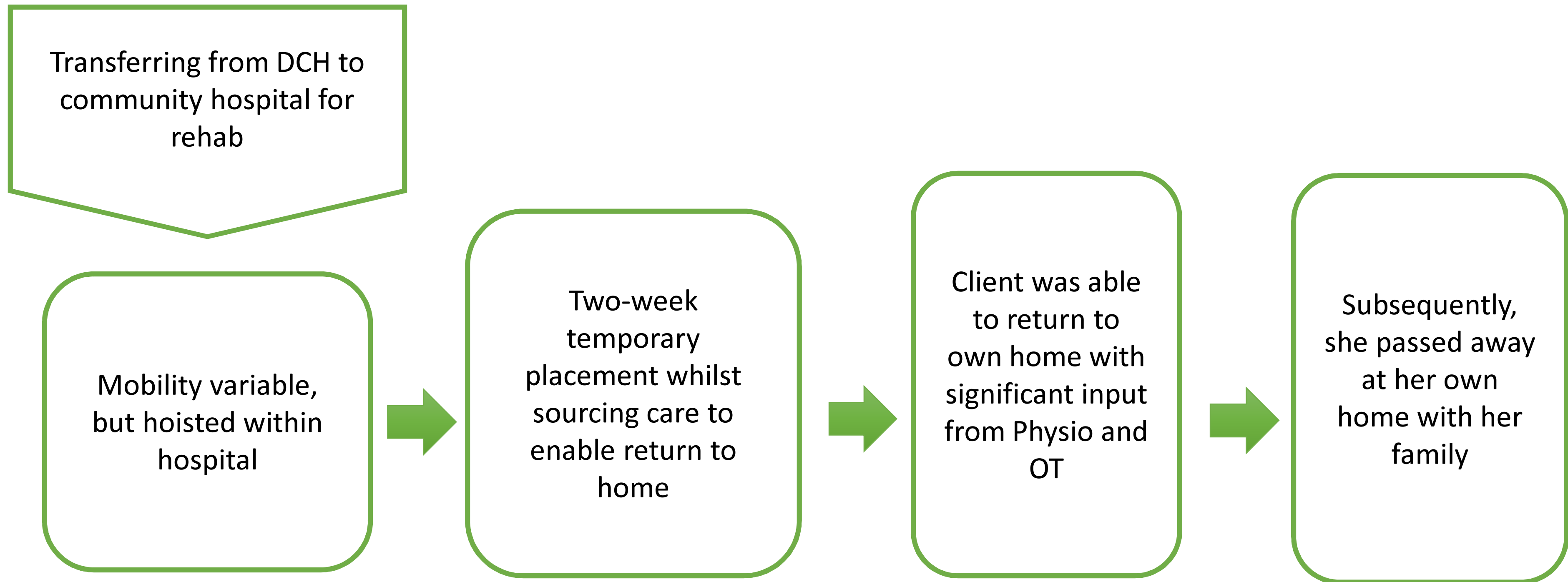
pported Return to Home Discharge

The client was admitted to Dorset County Hospital following a fall, she previously lived with her daughter in a park home.



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Forward Together

People and Communities Overview & Scrutiny Committee Work Programme

Chairman: Cllr David Walsh
Vice Chairman: Cllr

Dorset County Council

<table>
<tr><td colspan="2">Specific issues previously discussed by the Committee for potential further review:</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td><u>Topics Currently under Scrutiny Review</u>
• Cost and Quality of Care (Inquiry Day 130217)
• Integrated Transport (Inquiry Day 260218)
• Social Isolation (on going)
• Mental Health (Inquiry Day 131217, report to March and 4 July 2018 meetings)
• Homelessness (briefing report to 4 July 2018 meeting)</td><td rowspan="4">For the items listed to the left members are asked to:

• 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</td></tr>
<tr><td><u>Topics Identified for possible Review</u>
• Adoption and Fostering – Not on the work programme for the Safeguarding Overview and Scrutiny Committee
• Information, Advice and Guidance
• Integration of Health and Social Care, including the Better Care Fund</td></tr>
<tr><td><u>Other topics identified for Review</u>
• Elderly Care
• Local Government Review</td></tr>
<tr><td><u>Other topics not to be progressed</u>
• Race and Hate Crime
• Dorset Syrian Refugee Programme
• Dorset Education Performance
• Special Educational Needs Budget (referred to the Group set up by Cllr Deborah Croney
• Workforce Capacity
• Delayed Transfers of Care</td></tr>
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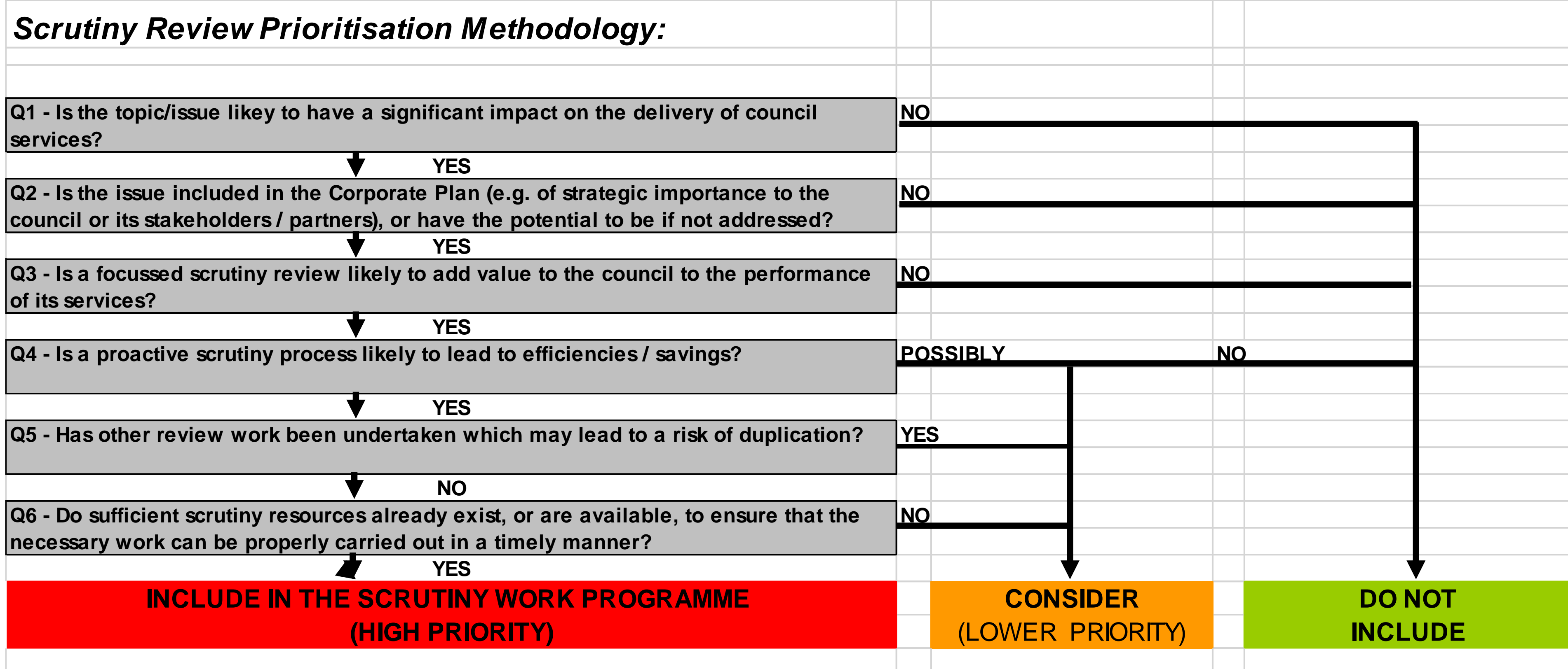
Forward Together



Dorset County Council

Forward Together

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
4 July 2018	1.	Outcomes Monitoring To consider a report by the Chief Executive		**Lead Member:** **Lead Officer:** **John Alexander** Senior Assurance Manager		
	2.	Draft Annual Report To consider the Committee's Draft Annual Report		**Lead Member**: Cllr David Walsh **Lead Officer**: John Alexander, Senior Assurance Manager		
	3.	Homelessness Evidence Review To consider an update report		**Lead Member**: Cllr Clare Sutton **Lead Officer**: John Alexander, Senior Assurance Manager		
	4.	Social Isolation Review To consider the final report.		**Lead Member:** Cllr Kate Wheller **Lead Officer:** Paul Leivers, Assistant Director - Early Help and Community Services		

Dorset County Council

Forward Together

Date of Meeting		Item/Purpose	Key Lines of Enquiry (KLOE)	Lead Member/Officer	Reference to Corporate Plan	Target End Date
	5.	Update on SEN and Disability Improvement Plan and Working with Schools To receive an update		Lead member: Cllr David Walsh **Lead Officer**: Nick Jarman, Interim Director for Children's Services		
	6.	Mental Health Review Responses To receive responses from organisations who were sent the recommendations from the Inquiry Day held on 13 December 2017.		**Lead Member:** Cllr Mary Penfold **Lead Officer:** Harry Capron, Head of Learning Disability and Mental Health		
	7	Integrated Transport To receive a report on the Inquiry Day held on 28 February 2018.		**Lead Member:** Cllr Derek Beer **Lead Officer: Matt Piles** Service Director - Economy, Natural and Built Environment		
	8.	Delayed Discharges Performance To receive an update.				
10 October 2018	1.	Outcomes Monitoring To consider a report by the Chief Executive		**Lead Member:** **Lead Officer: John Alexander** Senior Assurance Manager		

Dorset County Council

Date of Meeting		Item/Purpose	Key Lines of Enquiry (KLOE)	Lead Member/Officer	Reference to Corporate Plan	Target End Date
January 2019	1	Outcomes Monitoring To consider a report by the Chief Exec		**Lead Member:** **Lead Officer:** **John Alexander** Senior Assurance Manager		