

# People and Communities Overview and Scrutiny Committee

**Dorset County Council**



Date of Meeting	4 July 2018
Officer	<p><u>Local Members</u> All Members</p> <p><u>Lead Director</u> Helen Coombes, Transformation Programme Lead for the Adult and Community Forward Together Programme</p>
Subject of Report	<b>Outcomes Focused Monitoring Report: July 2018</b>
Executive Summary	<p>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 <b>Safe, Healthy and Independent</b>, with a <b>Prosperous</b> economy. The People and Communities Overview and Scrutiny Committee has oversight of the <b>Healthy and Independent</b> corporate outcomes.</p> <p>The Corporate Plan includes objective and measurable <b>population indicators</b> by which progress towards outcomes can be better understood, evaluated and influenced. No single agency is accountable for these indicators - accountability is shared between partner organisations and communities themselves.</p> <p>This is the 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:</p> <ul style="list-style-type: none"> <li>• <b>Performance measures</b> by which the County Council can measure the contribution and impact of its own services and activities on the outcomes;</li> <li>• <b>Risk management</b> information, identifying the current level of risks on the corporate risk register that relate to our</li> </ul>

	<p>outcomes and the population indicators associated with them.</p> <p>The People and Communities Overview and Scrutiny Committee is encouraged to consider the information in this report, scrutinise the evidence and commentaries provided, and decide if it is comfortable with the trends. If appropriate, members may wish to consider and identify a more in-depth review of specific areas, to inform their scrutiny activity.</p>
<p>Impact Assessment:</p>	<p><b>Equalities Impact Assessment:</b> There are no specific equalities implications in this report. However, the prioritisation of resources in order to challenge inequalities in outcomes for Dorset’s people is fundamental to the Corporate Plan.</p>
	<p><b>Use of Evidence:</b> The outcome indicator data in this report is drawn from a number of local and national sources, including the Adult Social Care Outcomes Framework (ASCOF) and the Public Health Outcomes Framework (PHOF). There is a lead officer for each outcome whose responsibility it is to ensure that data is accurate and timely and supported by relevant commentary.</p>
	<p><b>Budget:</b> The information contained in this report is intended to facilitate evidence driven scrutiny of the interventions that have the greatest impact on outcomes for communities, as well as activity that has less impact. This can help with the identification of cost efficiencies that are based on the least impact on the wellbeing of customers and communities.</p>
	<p><b>Risk:</b> Having considered the risks associated with this report using the County Council’s approved risk management methodology, the level of risk has been identified as:</p> <p>Current:           Medium</p> <p>Residual:         Low</p> <p>However, where “high” risks from the County Council’s risk register link to elements of service activity covered by this report, they are clearly identified.</p>
	<p><b>Outcomes:</b> 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.</p>
<p><b>Other Implications:</b> None</p>	

Recommendation	<p><b>That the committee:</b></p> <ul style="list-style-type: none"> <li>i) Considers the evidence of Dorset’s position with regard to the outcome indicators in Appendix 1 and 2; and:</li> <li>ii) Identifies any issues requiring more detailed consideration through focused scrutiny activity.</li> </ul>
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	<ul style="list-style-type: none"> <li>1. Outcomes Monitoring Report July 2018 – <b>Healthy</b></li> <li>2. Outcomes Monitoring Report July 2018 – <b>Independent</b></li> </ul>
Background Papers	<p><i>Dorset County Council Corporate Plan 2017-19</i>, Cabinet, 28 June 2017</p> <p><a href="https://www.dorsetforyou.gov.uk/corporate-plan-outcomes-framework">https://www.dorsetforyou.gov.uk/corporate-plan-outcomes-framework</a></p>
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## 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:

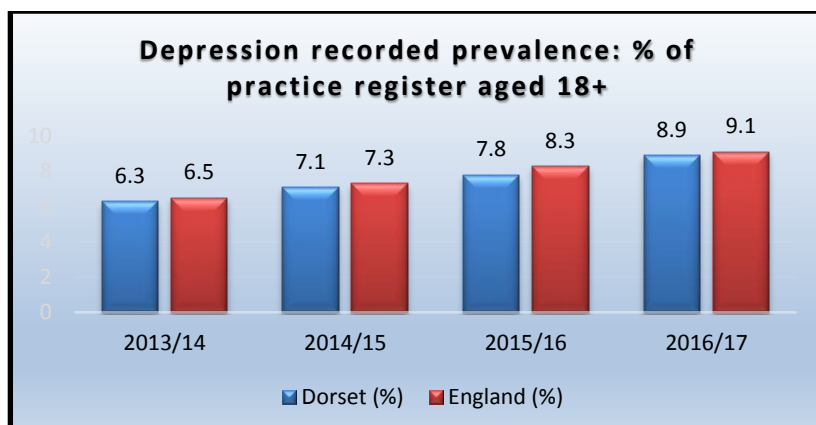
- The proportion of clients of the alcohol treatment service drinking less at 3 months has fallen from 80% to 60% between Quarter 3 and Quarter 4;
- The proportion of LiveWell Dorset clients making a 5% weight loss has fallen from 47% to 37% between Quarter 3 and Quarter 4;
- The percentage of young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