

Agenda

Dorset County Council



Meeting: People and Communities Overview and Scrutiny Committee
Time: 10.00 am
Date: 10 October 2018
Venue: Committee Room 1, County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ

David Walsh (Chairman)
Derek Beer
Byron Quayle
William Trite

Mary Penfold (Vice-Chairman)
Graham Carr-Jones
Mark Roberts
Kate Wheller (Non-Voting)

Shane Bartlett
Katharine Garcia
Clare Sutton

Notes:

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- **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 5 October 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, 2 October 2018

1. **Apologies for Absence**

To receive any apologies for absence.

2. **Code of Conduct**

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

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

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

3. **Minutes**

3 - 12

To confirm and sign the minutes of the meeting held on 4 July 2018.

4. **Progress on Matters Raised at Previous Meetings**

13 - 20

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

5. **Public Participation**

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

6. **Update on working with schools, school improvement within Weymouth and Portland and Education Health Care Plan performance**

21 - 28

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

7. **Outcomes Focused Monitoring Report - September 2018**

29 - 60

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

8. **Better Care Fund Performance**

61 - 76

To consider a report by the Better Care Fund Project Manager.

9. **Work Programme**

77 - 82

To consider the Committee's Work Programme.

10. **Questions from County Councillors**

To answer any questions received in writing by the Chief Executive by not later than 10.00am on 5 October 2018.



People and Communities Overview and Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ on Wednesday, 4 July 2018.

Present:

David Walsh (Chairman)

Mary Penfold (Vice-Chairman)

Derek Beer, Graham Carr-Jones, Katharine Garcia, Byron Quayle, Mark Roberts, Clare Sutton and William Trite.

Members Attending

Cherry Brooks, Vice-Chairman, Economic Growth Overview and Scrutiny Committee
Jill Haynes, Cabinet Member for Health and Social Care.

Officer Attending: John Alexander (Senior Assurance Manager - Performance), Diana Balsom (Commissioning Manager, Housing and Prevention), Harry Capron (Head of Service Learning Disability/Mental Health), Martin Elliott (Assistant Director - Adult Care Operations), William Haydock (Senior Health Programme Advisor), Steve Hedges (Group Finance Manager), Rick Perry (Senior Manager for Change Management and Planning), Matthew Piles (Service Director - Economy, Natural and Built Environment), 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, 10 October 2018.**)

Apologies for Absence

25 An apology for absence was received from Councillor Shane Bartlett.

The Chairman welcomed Councillor Mark Roberts to his first meeting.

Appointment of Vice-Chairman

26 At the County Council meeting on 27 April 2018 nominations from Group Leaders had been received for the position of Vice-Chairman for both Shane Bartlett and Mary Penfold, It was agreed that the Committee would decide the appointment at the next meeting.

On putting this to a vote, it was

Resolved

That Councillor Mary Penfold be appointed as Vice-Chairman for the remainder of the year 2018/19.

Terms of Reference

27 The Committee's terms of reference were unchanged.

Noted

Code of Conduct

28 There were no declarations by members of disclosable pecuniary interests under the

Code of Conduct.

Councillor Mark Roberts stated that his company had a small adult care contract with the County Council so he would not take part in discussions about contracting arrangements.

Minutes

29 The minutes of the meeting held on 21 March 2018 were confirmed and signed.

Progress on Matters Raised at Previous Meetings

30 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.

Members noted that the Brexit Group would not continue to meet as this work could be dealt with more efficiently elsewhere.

Noted

Public Participation

31 Public Speaking

There were no public questions, statements or petitions received at the meeting in accordance with Standing Orders.

Outcomes Focused Monitoring Report: July 2018

32 The Committee considered a report by the Transformation Programme Lead for Adult and Community Forward Together Programme which set out performance against the 2017-19 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, and risk management information relating to outcomes and population indicators.

Attention was drawn to performance relating to LiveWell Dorset services to tackle alcohol and substance abuse and promote healthy weight, which appeared to have declined. It was reported that these services had recently been brought in-house, and monitoring procedures had become more rigorous. Figures for the next quarter would give a better idea if there was a genuine decline in performance. A new population indicator for mental health was based on the percentage of people on GP registers suffering from depression, which was a more accurate and timely indicator for trends in mental health.

In discussion members highlighted that changes to the way mental health was understood measured made comparisons over time difficult; sleep deprivation and social media might be causes of depression; social isolation and loneliness were more significant in deprived neighbourhoods rather than rural areas; schools' role in promoting emotional health and wellbeing, particularly given current concerns for education in Weymouth and Portland; the dip in the number of children being adequately prepared to go to school; and the increase in young people not in education, employment or training (NEETS).

Members were concerned about the sharp increase in the proportion of care leavers who were NEET and suggested a further explanation be sought about what was being done to address this. They thought a short review might be needed.

Noted

People and Communities Overview and Scrutiny Committee: Annual Report 2017-18

33 The Committee considered its draft Annual Report 2017-18.

Whilst the Annual Report was welcomed by members, one member pointed out that it seemed to suggest that the committee's reviews were capturing outputs rather than outcomes and the impact they had. Members were reminded that the purpose of the Corporate Plan was to focus on outcomes for residents. Other Committees had similar outputs but reviews later on the agenda would give an indication of whether improvements were being achieved.

Noted

Integrated Transport Review

- 34 The Committee considered a report by the Service Director, Economy, Natural and Built Environment which presented the findings of the inquiry day into Integrated Transport held on 26 February 2018.

The inquiry day had been attended by 86 people representing community transport groups, commercial bus operators and members of district and borough councils. Sessions were led by guest speakers with a focus on different ways of looking at transport and what could be done to help communities develop local transport schemes which was not based on bus provision. Information was readily available to help communities develop their own schemes but better signposting was needed.

A brief summary of the development of integrated transport since 2013 was given, including the development of a community transport toolkit, available grants, support available to help communities develop schemes, and links to health and skills. 89 schemes had been established with 97% coverage across Dorset. Officers were working with the NHS as part of the Sustainability Transformation Plan on sustainable transport for the future.

The Lead Member for the review drew attention to the need to promote progress made, show communities that support to develop their own schemes was available and for transport officers to have more time to invest in this. He also thought officers should liaise more with rail operators.

The Committee noted that the previous day a meeting had been held with the Heart of Wessex (rail operators) and that the outcomes would be reported to a later meeting. The Lead Member welcomed this.

Members noted that officers were working towards a one stop shop for transport solutions and that the inquiry day had increased awareness of available services and the need to connect services to provide joint community schemes.

Some members remained sceptical about transport arrangements within their electoral divisions.

Resolved

That the approach taken by Dorset Travel to continue to support the Passenger Transport Strategy be supported.

Homelessness in Dorset: Review of Evidence

- 35 The Committee considered a report by the Senior Assurance Manager which provided evidence about homelessness in Dorset. Supporting the report, the Committee also received a joint presentation by the Senior Assurance Manager and Councillor Clare Sutton, Lead Member for the review.

The evidence showed that homelessness was on the increase in Dorset but this was not an even trend, with some district areas having a peak in 2012/13, and a more steady increase in the Weymouth and Portland area. The District and Borough

Councils' Dorset Homelessness Strategy provided a vigorous approach to try to prevent homelessness.

In 2017 there were 18 rough sleepers in Weymouth at the time of the annual count, a rate of 0.62 per 1000 households - the 17th highest rate in the Country. Nationally, 70 rough sleepers died on the streets in 2017, a number that had more than doubled in 5 years, three of whom were living in Weymouth. Rough sleepers were much more likely to have substance abuse issues, be the victims of violence or traffic accidents, more prone to suicide and to infections or hypothermia, all of which had an effect on the wider community. These figures did not show how many more people were on the edge of homelessness, for example through sofa surfing or sleeping with strangers.

Members were provided with a brief outline of the District and Borough Councils' duties under the Homelessness Reduction Act 2018 (HRA) - to get involved at an earlier stage, and to provide meaningful personalised support in order to prevent homelessness, regardless of their priority need. The new duty to refer would result in an increased workload for housing officers. These duties would be inherited by the new unitary Dorset Council and Bournemouth, Christchurch and Poole Councils following Local Government Reorganisation in April 2019.

Funding of £72.2m over three years was to be provided for local authorities. This would mean an additional £90k for the district and borough councils in Dorset. Housing officers welcomed the Act's introduction as it strengthened councils' duties to intervene and provided more solutions for those at risk of homelessness.

There was some exploration of the possible reasons for homelessness and its causes. An explanation of current interventions was given, including the Weymouth bus which could accommodate up to seventeen people and its positive effect in Weymouth.

Members then discussed the information shared in some detail including: the fact that Universal Credit could not be paid direct to landlords so they were less likely to take tenants on benefits; that some local authorities provided grants for rent in advance and deposits in certain circumstances; some local authorities were looking at effectively acting as letting agents for private sector landlords, taking on all the associated risks; the shortage of appropriate housing with registered providers building 2, 3, or 4 bedroom properties when more single accommodation was needed; members' individual experience of people becoming homeless; that support was largely only provided on a Monday to Friday basis; that HM Services support organisations did not always maintain contact with ex-service personnel; the needs of gypsy and traveller communities when they were no longer transient; that rough sleepers could be depressed or had mental health issues or complex needs and, if not local, were unable to use the Weymouth bus; the need for the new Dorset Council to continue with the current initiatives; the potential for modular housing to provide flexible solutions; that housing was currently a District and Borough Council responsibility so it was important for County Council officers to continue to engage with them to reduce duplication of effort and not create obstacles; the only way to stop homelessness was to build more council houses with affordable and controlled rents; and the need for housing and planning to work together under the new Shadow Authority.

With regard to recommendations, members agreed unanimously that the evidence clearly showed the benefit of the Emergency Local Assistance Funding and that they wanted this to be renewed. The Cabinet Member for Health and Care, and as a member of the Shadow Executive, agreed to champion this.

Looking at private rentals and underwriting the risk, the Cabinet member for Health

and Care explained that this did not fall within the County Council's remit. However, funding of £1.5m had been identified for modular housing on County Council land for those with mental health issues. This needed to be completed before any extension was considered. County Councillors who were on the new Shadow Executive would be able to take this forward as a priority

Members were unsure as to whether the rent deposit scheme was also operated by East Dorset and Christchurch Borough Councils but paid tribute to the dedication of Dorset Council Partnership staff who operated the scheme.

There was some discussion about the low Local Housing Allowance which made it difficult for people to access private accommodation, that any increase might lead to rent rises and the need to increase the buy to let market for small private landlords. It was agreed that Central Government should be lobbied on both accounts and that this should involve local MPs. The wording for this recommendation would be drawn up outside of the meeting and circulated to the Committee for agreement. It was noted that the Local Housing Allowance was not necessarily based on rent in a local area.

Recommended

That the County Council's Cabinet and Dorset Shadow Executive consider the Committee's recommendation that the Emergency Local Assistance Funding be renewed.

Resolved

1. that Central Government be lobbied as set out in the minute above with the involvement of local MPs.
2. the wording of the letter to MPs be drawn up outside of the meeting and sent to members by email for agreement.
3. that Councillors David Walsh and Graham Carr-Jones, as members of the Shadow Dorset Executive, take forward recommendations and priorities as set out above.

Update on Special Educational Needs and Disability Improvement Plan and Working with Schools

36 The Committee considered a report by the Director for Children's Services which provided an update on the significant progress which had been made with the improvement plan so far in enabling a three year improvement drive within the Special Education Needs and Disability (SEND) Services for children and young people. It also included 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 and Portland area.

Members were reminded that the Ofsted inspection in January 2017 had identified four significant areas of weakness (strategic planning, low conversation rates, parental feedback and quality assurance) which had resulted in a statement of action to improvement performance. Since then significant progress had been made in all four areas and a brief summary was provided. Members were directed to look at the local offer for their electoral divisions.

Particular attention was drawn to transfers of children on statements to Education Health Care Plans (EHCPs) where conversion rates were completed by the end of March 2018 with additional funding provided by Cabinet. Concentration was now on achieving targets for the three stages for the new EHCPs - at s6, 16 and 20 weeks.

With regard to the consultation with schools about their relationship with the authority, this would not proceed until two key appointments had been made - one was now in place, the other to be in place shortly. The consultation would be carried out by way

of workshops facilitated by the Staff College.

A number of senior schools in Weymouth and Portland had been deemed "inadequate" by recent Ofsted inspections. Although some of these were academies with greater autonomy, the local authority was offering support to these schools to ensure that agreed actions plans were followed through as a means of improving standards and life chances for children,

In response to questions officers were confident that the local authority would fare well if another Ofsted inspection took place; would report the suggestion that school improvement services should help the Weymouth and Portland Schools at no cost; that Children's Services were working with Governing Bodies on solutions and identifying good practice and experience which could be shared; that every means available was being used to help these schools; that printed material was available for families with no access to the webpages; that the Dorset Parent Council were members of the SEND Delivery Group and were able to identify families with no internet access and facilitate their engagement; and that the advisory service focused on maintained schools with a view to early support being provided. Members were reminded that it was the academies' decision as to whether they took advantage of support offered.

Attention was drawn to the fact that although there were some schools where improvements were needed, other Dorset schools had dedicated teachers who provided a good education for their pupils enabling them to achieve grades and secure university placements.

Members were keen to hear more about the outcomes of the consultation workshop being held on 9 July 2018 and officers agreed to provide an update to be provided for the meeting on 10 October 2018.

With regard to the continued drive to raise standards in Dorset schools, members were asked to let officers know if they heard of any issues relating to schools in their electoral divisions in order to address these.

Resolved

1. That the significant progress that has been made in improving the service provided to children and young people and their carers with SEND post the Ofsted inspection be noted.
2. That the work that has taken place around the consultation on the future relationship with schools be noted.
3. That the continued drive to raise standards in Dorset schools be supported.
4. That an update report on the consultation workshop being held on 9 July 2018 be provided for the meeting on 10 October 2018.

Mental Health Review - Responses

37 The Committee considered a report by the Senior Democratic Services Officer which provided an update on the Delivery Plan arising from the Mental Health inquiry day held on 13 December 2017 and the response received from relevant organisations.

Members noted that two responses had been received from partner organisations; that the local authority now had representation on the Mental Health Integration Board; Dorset Healthcare University NHS Foundation Trust were expanding psychotherapies, increasing investment in psychiatric liaison services and out of area placements; the Dorset Clinical Commissioning Group were working to provide better local support for those in crisis, develop a crisis intervention service and retreats; there was a commitment to follow up on people with serious illnesses; increased opportunities for employment by joint working across health and social care; a review

of dementia services was planned; the suicide prevention plan was overseen jointly by partners; the local authority was to review the out of hours service and consult on plans to extend mental health services to evenings and night-times; communications between partner organisations had improved; more integrated pathways for mental health and disability services were being developed; practical changes for service users and staff were to be considered; work was to be undertaken to look at pathways to homelessness, and a review of supported lodgings scheme was to be undertaken. In summary there was a need to build on existing meetings and priorities identified in the workshop to integrate these into programmes of work.

Officers agreed to established whether there was an equivalent to the Disability Partnership Board for those with mental health issues as this was seen as a good example of service user inclusion.

The Lead Member for the review drew attention to the key message that came out of the inquiry day that another day with service users and carers should be held so that they could be made aware of action taken as a direct result of the inquiry day. It was explained that each of the work programmes would include engagement. Officers agreed to ask the Partnership Board whether they wished to carry out engagement overall or whether this should be done on a project by project basis.

In summary, the inquiry day was seen as a great success, with meaningful outcomes which had been shared with stakeholders for them to consider. Stakeholders would be contacted again later in the year to establish progress on the implementation of the Delivery Plan which would be reported to the January 2019 meeting.

Resolved

That stakeholders be contacted again later in the year to establish progress on the implementation of the Delivery Plan which would be reported to the January 2019 meeting.

Social Isolation: Final Report of the Member Working Group

38 The Committee considered the final report of the Member Working Group on Social Isolation.

The Lead Member of the Group explained that as social isolation was a big topic Beaminster and Blandford had been selected as areas to investigate what problems they experienced and how they were being tackled.

The review discovered that there were a number of common issues which were raised consistently - the lack of transport, lack of knowledge about available transport, and people not being aware of what was available. It also showed that isolation and loneliness could be experienced not only in rural areas but also in towns and communities. Information gained through the Young Researchers' Survey was highlighted as this had given a picture young people's lives and their issues.

The Group had made recommendations which would they thought would address the issues and they hoped this this work could progress and not be lost through the forthcoming local government reorganisation.

Members recognised that the County Council could not solve loneliness and isolation, but by creating caring communities and looking after neighbours isolation and loneliness could be reduced.

Recommended

1. That the Committee agreed 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 was recommended to the Cabinet (as set out in Appendix

- 1, paragraph 4.3 of the report).
2. That the Cabinet's attention be drawn to the potential benefit of further action being taken on a corporate basis informed by the toolkit of the Campaign to end Loneliness (as set out in Appendix 1, paragraph 6.1b of the report)
3. That the Cabinet consider the recommendations with a view to drawing these findings and associated action to the attention of the Shadow Executive for the new Dorset Council and to the Health and Wellbeing Board (as set out in Appendix 1, paragraph 6.2 of the report).

Delayed Discharges Performance

39 The Committee considered a report by the Transformation Programme Lead for Adult and Community Forward Together Programme which provided an update of delayed discharge performance within the Dorset Health and Wellbeing Board area. The report included some cases studies which members had requested at the last meeting.

Members noted that performance continued to improve and this was important as Better Care Funding depended on the Local Authority and partners meeting delayed discharge targets. The need for health and social care teams to work closely together to enable patients to be provided with the resources to enable their return home was highlighted.

The case studies illustrated the pathway followed by some patients in order to be able to return home with appropriate support.

One member referred to a case within his own electoral division whereby a patient wanted to leave hospital yet was not medically fit to return home. The Assistant Director would discuss this further outside of the meeting.

Members recognised that the majority of patients wished to return home but that in some cases the cost of this to the local authority could be high. They also recognised that support needed to be provided to enable patients to return home, that care providers could be given short to put care in place, and that there was no way of predicting this which made planning difficult.

The Cabinet Member for Health and Care highlighted that the Government were challenging local authorities to ensure patients were discharged quickly from hospital and that if this was not done funding would be reduced. The Local Authority's performance had improved considerably but other authorities had also improved their performance which meant that Dorset remained in the bottom quartile. There was a reablement service and domiciliary care was also provided if required on discharge, but shortage of supply could sometimes lead to short delays. This was thoroughly monitored and the Brokerage Service sourced a service as soon as it was available. The Local Authority needed to work closely with health colleagues to further improve performance and she thought more emphasis should be put on keeping people out of hospital in the first place. She reminded members that the Dorset Health and Wellbeing Board received regular reports on delayed discharge performance and suggested that the Committee receive an update in six months' time to see whether performance continued to improve.

With regard to whether the system would be able to cope with the closure of beds at the Portland Community Hospital, it was explained that a lack of nurses had led to the closure and that nurses working there currently would be moved to Weymouth. Discharges from Dorset County Hospital would not be affected by this change. The local MP was to answer questions on this at a local church the following evening.

Resolved

That an update report on delayed discharge performance be provided for the

Committee's meeting in January 2019.

Work Programme

40 The Committee considered its work programme.

The Chairman reminded members that due to the transition to the new Shadow Dorset Council, there were limited opportunities to undertake scrutiny reviews. Any new scrutiny work would need to be of a short duration rather than in depth.

Items added to the work programme were:-

10 October 2018 meeting	Update on the schools workshop Education Health Care Plan performance
January 2019 meeting	Update on mental health review and implementation of recommendations Integrated Transport - actions and outcomes and next stage for delivery Delayed Transfers of Care performance

Resolved

That the above items be added to the Committee's work programme.

Questions from County Councillors

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

Meeting Duration: 10.00 am - 12.55 pm

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People and Communities Overview and Scrutiny Committee

Dorset County Council



Date of Meeting	10 October 2018
Officer	Helen Coombes, Transformation Programme Lead for Adult and Community Forward Together Programme
Subject of Report	Progress on Matters Raised at Previous Meetings
Executive Summary	<p>This report records:-</p> <ul style="list-style-type: none"> (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. <p>Members are asked to note that any other actions arising from previous meetings are either addressed in reports submitted to this meeting or have been included in the Committee's work programme later on the agenda.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>N/A</p>
	<p>Use of Evidence:</p> <p>Information used to compile this report is drawn together from the Committee's recommendations made to the Cabinet and arising from matters raised at previous meetings. Evidence of other decisions made by the Cabinet which have differed from recommendations will also be included in the report.</p>
	<p>Budget:</p> <p>No VAT or other cost implications have been identified arising directly from this report.</p>

Progress on Matters Raised at Previous Meetings

	<p>Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: LOW Residual Risk: LOW</p>
	<p>Outcomes: The People and Communities Overview and Scrutiny Committee has oversight of the Healthy and Independent corporate outcomes.</p>
	<p>Other Implications: None</p>
Recommendation	That Members consider the matters set out in this report.
Reason for Recommendation	To support the Council's corporate aim to provide innovative and value for money services.
Appendices	None
Background Papers	None
Officer Contact	<p>Name: Helen Whitby, Senior Democratic Services Officer Tel: (01305) 224187 Email: h.m.whitby@dorsetcc.gov.uk</p>

Progress on Matters Raised at Previous Meetings

Date of Meeting	Minute Number and subject reference	Action Required	Responsible Persons	Comments
4 July 2018	34	<p>Review of Integrated Transport An Inquiry Day was held on 26 February 2018. Report received on 4 July 2018.</p>	<p>Lead Member: Cllr Derek Beer Lead Officer: Matt Piles, Service Director - Economy, Natural and Built Environment Other Members: Cllrs Mary Penfold, Andrew Parry and Bill Pipe</p>	<p>An update report on outcomes and next steps is to be provided for the meeting on 9 January 2019.</p>
	35	<p>Homelessness Report received on 4 July 2018.</p>	<p>Lead Member Cllr Clare Sutton Lead Officer: Diana Balsom, Strategic Commissioning Manager Other Members: Cllrs William Trite and David Walsh</p>	<p>Recommendations forwarded to the Cabinet on 5 September 2018 and the Dorset Council's Budget Task and Finish Group.</p> <p>The Cabinet considered the recommendations. The Cabinet Member for Health and Care noted that a lot of hard work had been put into understanding homelessness in Dorset. In respect of the Emergency Local Assistance funding this was no longer available in the Adults' budget for the next financial year and would need to be agreed by the Shadow Authority. There would need to be discussion on this fund at both the Budget Task and Finish Group and the Shadow Executive Committee.</p> <p>Cllr Hilary Cox as the Chairman of the County Council commended the efforts that had been put into this</p>

				<p>piece of work and Cabinet agreed this was a very important area of work and noted that a full report had been produced.</p> <p>Following a comment from Cllr Steve Butler as the Cabinet Member for Safeguarding regarding funding through the housing budget with the district and borough councils, Cllr Haynes advised she was not aware of any joint work as yet with the new Council in this regard.</p> <p>Resolved That the recommendation from the People and Communities Overview and Scrutiny Committee meeting held on 4 July 2018 be approved as set out below:-</p> <p><i>Recommendation 35 – Homelessness in Dorset: review of Evidence</i> <i>That the County Council’s Cabinet and Dorset Shadow Executive consider the Committee’s recommendation that the Emergency Local Assistance Funding be renewed.</i></p>
	38	<p>Social Isolation Final Report was received on 4 July 2018.</p>	<p>Lead Member: Cllr Kate Wheller Lead Officer: Paul Leivers, Assistant Director Early Help and</p>	<p>Recommendations forwarded to the Cabinet on 5 September 2018.</p> <p>The Cabinet resolved:-</p> <p>That the recommendation of the People and Communities Overview and Scrutiny Committee meeting held on 4 July 2018 be approved as set out below:-</p>

Progress on Matters Raised at Previous Meetings

			<p>Community Services Other Member: Cllr Derek Beer</p>	<p><i>Recommendation 38 – Social Isolation: Final Report of the Member Working Group</i></p> <p><i>1. That the Committee agreed 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 was recommended to the Cabinet (as set out in Appendix 1, paragraph 4.3 of the report).</i></p> <p><i>2. That the Cabinet’s attention be drawn to the potential benefit of further action being taken on a corporate basis informed by the toolkit of the Campaign to End Loneliness (asset out in Appendix 1, paragraph 6.1b of the report).</i></p> <p><i>3. That the Cabinet consider the recommendations with a view to drawing these findings and associated action to the attention of the Shadow Executive for the new Dorset Council and to the Health and Wellbeing Board (as set out in Appendix 1, paragraph 6.2 of the report).</i></p>
	37	<p>Mental Health A workshop was held on 13 December 2017. Outcomes were forwarded to appropriate organisations and their initial responses were received on 4 July 2018.</p>	<p>Lead Member: Cllr Mary Penfold Lead Officer: Harry Capron</p>	<p>A further update on responses from appropriate organisations is to be provided for the meeting on 9 January 2019.</p>
	30	<p>Implications of Brexit for Dorset County Council It has been agreed that this group will no longer meet as Brexit is being dealt with by another body.</p>	<p>Lead Member: Cllr Cherry Brooks Lead Officer: Matt Piles, Service Director</p>	<p>No further action to be taken.</p>

Progress on Matters Raised at Previous Meetings

			- Economy, Natural and Build Environment Other Members: Cllrs Ray Bryan and Andrew Parry	
	39	Delayed Discharges Performance Update report received on 4 July 2018.	Lead Member: Cllr David Walsh Lead Officer: Helen Coombes, Transformation Programme Lead for Adult and Community Forward Together Programme	A further report is to be provided for the meeting on 9 January 2019.
	36	Dorset Education Performance and The Relationship between the Council, Schools, Education Health Care Plan Performance and Academies An update report was received on 4 July 2018. It was agreed that an update report would be provided for the meeting on 10 October 2018 on the outcome of the consultation workshop, how other local authorities managed	Lead Member: Cllr David Walsh Lead Officer: Rick Perry, Senior Manager for Change Management and Planning	Report on this agenda.

Progress on Matters Raised at Previous Meetings

		school performance, Education Health Care Plans and the involvement of the School Improvement Service with Weymouth and Portland Schools.		
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People and Communities Overview and Scrutiny Committee

Dorset County Council



Date of Meeting	10 th October 2018
Officer	<p>Cabinet Member(s) Andrew Parry – Cabinet Member for Economy, Education, Learning and Skills Lead Director(s) Nick Jarman –Director for Children’s Services Andrew Reid – Assistant Director Schools and Learning</p>
Subject of Report	<p>Update on working with schools, school improvement within Weymouth and Portland and EHCP performance.</p>
Executive Summary	<p>This report gives an update on the future relationship between the local authority and schools. Looking at how other local authorities manage school improvement, the consultation that took place between the local authority and headteachers, and how the local authority is working with Weymouth and Purbeck schools and impact that work is having.</p> <p>The report also gives on update on the progress made on Educational Health Care Plans Performance.</p>
Impact Assessment:	<p>Equalities Impact Assessment: Not Applicable</p>
	<p>Use of Evidence: <i>ENABLING SCHOOL IMPROVEMENT</i> <i>Research into the role of local authorities in supporting local school improvement systems</i> January 2018 Research undertaken by: Isos Partnership (Ben Bryant, Simon Day, Simon Rea, Kate Wilson) Research commissioned by: Local Government Association</p>
	<p>Budget: N/A</p>

	<p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as:</p> <p>Current Risk: MEDIUM Residual Risk: LOW</p> <p>Outcomes:</p> <p>To improve the outcomes of children and young people across Dorset.</p> <p>Other Implications:</p> <p>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.</p>
<p>Recommendation</p>	<p>Members are asked to:</p> <ol style="list-style-type: none"> 1. Note the work that has taken place around the consultation on the future relationship with schools 2. Note the significant progress that has been made in improving the service provided to children and young people and their carers with SEND post the Ofsted inspection. 3. Support the continued drive to raise standards in Dorset schools
<p>Reason for Recommendation</p>	<p>To continue to focus on raising standards across all Dorset schools and especially in the Weymouth and Portland area.</p> <p>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.</p>
<p>Appendices</p>	<p>N/A</p>
<p>Background Papers</p>	<p>N/A</p>
<p>Officer Contact</p>	<p>Name: John Twigg Tel:</p>

	Email: john.twigg@dorsetcc.gov.uk
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1. How other authorities manage school performance.

- 1.1 The 2010 White Paper *The Importance of Teaching*, stated that “the primary responsibility for improvement rests with schools themselves” and set out an ambition for the “school system to become more effectively self-improving” (DfE, 2010). Therefore, the role of the LA in education began evolving to focus on three key areas of responsibility: as a convenor of partnerships; as a champion of children, families and communities; and as a maker and shaper of effective commissioning.
- 1.2 Since 2014, there have been proposals for further reform of the role of LAs in education. In 2016, the White Paper *Educational Excellence Everywhere* (DfE, 2016) proposed that the role of authorities should be focussed on ensuring every child had a school place, ensuring the needs of vulnerable pupils were met, and acting as champions for all parents and families. These changes to the way LAs work has resulted in different approaches and systems across different authorities.
- 1.3 Dorset LA in recent years, and in response to the greater emphasis on the development of a school-led system, have reduced the scale and scope of its advisory service and set out to support the developing capacity of the school-led system. This has included a School Evaluation Partnership programme, which is funded for targeted schools causing concern and traded to other schools, a shift in the role of the LA towards quality assurance and commissioning and away from direct delivery of school improvement services and an increased capacity from teaching schools to deliver direct support to schools causing concern. Presently Dorset LA has 85% of schools rated good or better, this is 4% below the national average.
- 1.4 In Hampshire the LA and school leaders have worked in partnership to develop a strong and sustainable model for supporting school improvement. The Hampshire Inspection & Advisory Service (HIAS) was established as a traded service, ensuring that it would be shaped by Hampshire’s school leaders. At a strategic level, school leaders are engaged in several standing committees, working in partnership with LA leaders to shape local practice on themes such as the curriculum, assessment, and resourcing. The work of HIAS has enabled Hampshire to sustain strong performance, with the proportion of schools judged good or better rising from 84% in 2015 to 90% by the end of 2016.
- HIAS is largely funded by schools. The LA funds a core offer, including an annual leadership and learning visit, for all maintained schools. There is then a wide range of bespoke support that is available for schools to buy in through HIAS.
 - HIAS operates a “blended-model” of support. This brings together the expertise of staff employed directly by HIAS, teaching schools and other school-to-school support. Each of the nine districts across the county has a school improvement manager, whose role is to ensure the rigour and coherence of support, and who helps to facilitate schools coming together to work on shared priorities.

- An emphasis on proactive support. HIAS has sought to shift the emphasis from monitoring and reacting to failure towards providing support that schools value and is geared to helping them sustain high-quality leadership, teaching, and learning.
- 1.5 Liverpool LA have formed two important bodies to sustain and support the schools in their area;
- School Improvement Liverpool (SIL) – Developed over the last six years, and launched two years ago, SIL is an LA-owned traded company established to maintain a highly regarded school improvement service. SIL is commissioned by Liverpool City Council to carry out its statutory school improvement functions and offers a wide range of support and professional development to over 700 schools across Merseyside, Greater Manchester, and beyond. Liverpool school leaders value the level of support, the rigour of challenge, and the in-depth knowledge of their schools and the city that SIL officers bring. Over the last 18 months, the proportion of primary schools judged good or better has increased from 83% (August 2016) to 92% (December 2016), and the number judged to require improvement has dropped from 27 to 7. Overall 84% of the schools in Liverpool has a rating of good or outstanding.
 - The Liverpool Learning Partnership (LLP) – Formed in September 2016, LLP is a schools-led strategic partnership, ‘committed to the idea that we work best if we work together’, according to its leaders. Its aim is to enable schools to work together on priorities related to supporting learning and learners, including those who need additional support, and providing an education perspective in shaping city-wide initiatives. The city’s primary schools have de-delegated £300,000 to provide a school-to-school support fund to support vulnerable schools. All but one school in the city are members, with representation and leadership across all phases from early years through to further education.
- 1.6 In the London Borough of Tower Hamlets the schools, LA and other key players have established the Tower Hamlets Education Partnership (THEP). THEP arose out of a desire among Tower Hamlets schools to avoid fragmentation and retain the “family of schools”; maintain the school improvement support from the LA; and recognise that previous education success across the borough had been achieved through cohesion and community. In Tower Hamlets 82% of secondary and 97% of primary schools were rated as good or outstanding by December 2017.

The key elements of the approach are:

- THEP is a ‘school company’ (a company limited by guarantee with charitable status), which 90% of schools and academies in the borough have joined as members;
- Schools and academies pay £5 per pupil as an annual membership fee – the LA has provided £300,000 of seed-funding over the first three years;
- The approach has been based on the existing strong relationships between schools and the authority;
- The membership fee will entitle schools and academies to a core package of support from THEP, with the options to purchase additional services or additional time from advisers;
- THEP will commission support and challenge for primary schools from the existing LA primary advisory team, utilising the expertise and capacity of primary LA advisers; and

- THEP will have two main approaches: for most schools an offer of CPD, networks, peer review, and coaching; and for vulnerable schools, more targeted support.
- 1.7 Somerset LA is a large, rural and diverse educational environment. Their schools and the LA work in partnership through a variety of structures, operating at county level, local level and in relation to each phase of education. In recent years, the LA scaled back its school improvement services, but since 2015 it has seen a renewed focus on educational effectiveness, evident in the appointment of a Director of Education, the development of a new strategy and the formation of the Somerset Education Partnership Board (SEPB). In Somerset LA 83% of the schools are rated good or better.
- 1.8 At county level, the SEPB brings together representatives of the LA, schools, teaching schools, phase associations, and employers to share responsibility for driving the delivery of the Education Plan. The SEPB has an increasingly strong connection with the Schools Funding Forum, informing decisions about the allocation of Dedicated Schools Grant (DSG), budget-setting, and managing the processes of commissioning and accountability.
- 1.9 At the local level, schools are members of Collaborative Learning Partnerships (CLPs). The CLPs were established by the County over ten years ago, and since then they have been organised and funded by schools. Through the CLPs, schools identify local improvement priorities, co-construct school-led strategies for improvement, and co-ordinate the planning and delivery of a range of support for schools. The scale and impact of these CLPs is variable. The Team Around the School model of integrated early help is a major initiative involving partnership working across services.

2. The outcome from the consultation workshop held on 9 July 2018

- 2.1 A workshop was held on 09 July 2018 to look at how the Local Authority can take forward its relationship with schools. The workshop was facilitated by The Staff College (the professional development arm of the Association of Directors of Children's Services) and was attended by those head teachers who had expressed an interest at an earlier meeting held on 29 January 2018. This was the first consultation of this type to be attended by the new Assistant Director for Schools and Learning – Andy Reid.
- 2.2 The discussion was largely based around the ideas put forward in the seminal paper by David Hargreaves (2010): *Creating a Self-Improving Schools System*. This paper advocates a self-managing, self-improving schools system based around a series of 'family clusters'. These are groups of schools that work within a partnership that is officially recognised by the Local Authority. In Dorset such partnerships would almost certainly be based on geographical lines and would always include a teaching school. The key difference between this and existing partnerships is that they would be registered with the Local Authority who would then work to ensure that the partnership is effective. Such partnerships would be based on the need for school improvement and would be driven by the schools themselves with Local Authority support. Some partnerships might want to go further in terms of finance and governance – working in the same way as a Multi-Academy Trust (MAT). The head teachers attending the conference agreed to work with the Local Authority to develop an effective family cluster model for Dorset.
- 2.3 Beyond these family clusters of schools, the Local Authority is now working with schools in order to bring together a new School Improvement Board (SIB). This will

be a school-led strategic partnership which will co-ordinate and identify area-wide priorities for school improvement, develop a shared vision, involve key players, promote effective communication, develop system leader capacity, link to other key priorities, and promote sustainability. The draft Terms of Reference for this new body will be presented at the inaugural meeting of the SIB on 20 October 2018.

3. The school improvement team's involvement with Schools in Weymouth and Portland

- 3.1 There is continuing support for the CAT 3 schools in Weymouth and Portland. The school improvement team is continuing to broker and commission high quality support from LA advisors and external partners. All the secondary schools in the area showed improved results in the Summer GCSE exams. The maintained schools, All Saint's School and Budmouth College, will continue to receive LA support and challenge visits, every 4-6 weeks, to review their action plans and monitor impact.
- 3.2 As well as this support for the CAT 3 schools the school improvement team is also supporting the Early Years and Foundation Stage (EYFS), Post 16 and SEND education in the Weymouth and Portland area.
- 3.3 EYFS:
- Dorset LA will receive funding from the newly announced national Professional Development Fund. This will enable training and professional development for Early Years practitioners and will drive up standards in pre-school years. This will be focused on Weymouth and Portland.
 - LA Lead Advisor for EYFS leads termly EYFS moderation events in Weymouth and Portland to drive the quality of provision and outcomes across early years provision in schools. EYFS Leaders forums are provided each term which has improved leadership through effective self-evaluation and robust action planning.
- 3.4 Post 16:
- LA Post 16 officers are meeting school leaders at Budmouth College to agree support plan to secure improvement in relation to Ofsted area for improvement.
 - Post 16 advisors support Weymouth College, most recently providing support for Weymouth College's application to the Transaction Unit to remove their debt to the Treasury therefore allowing additional growth and investment in the local commitment.
 - The Careers and Enterprise Company have offered 10k to support activities in Weymouth and Portland area. The CEC is planning to meet secondary headteachers and FE leaders on 22/11 to discuss this investment and support.
 - The LA has successfully secured 75k funding from the SUN (Southern Universities Network) Project because of a bid submission. The projects include: Careers Leader training, Young Enterprise employability and entrepreneurship courses, targeted family support for those at risk of not progressing on the HE and FE and support for KS4 English & Maths starting this September for Budmouth, All Saints and Wey Valley. The LA has commissioned the Jurassic Teaching School Alliance to deliver this project.
 - Our Senior Advisor for Post 16 is currently working with SUN to secure additional resources for Weymouth and Portland to generate more employer engagement in schools.

- The LA has been offered support from charity Education and Employers for launching Primary Futures later this academic year to primary schools in Weymouth and Portland. This will encourage links to employers, building the children's social capital to overcome disadvantage and have a positive impact on KS2 achievement.

3.5 SEND:

- Our LA SEND Advisor has recently played a key role in securing funding from DFE Strategic School Improvement Fund. The SSIF bid is called 'Linwood and Sigma Securing Inclusive Education: Every teacher a teacher of SEND.' This bid will secure improved attainment for learners with SEND in schools through delivering a variety of projects across Dorset, including Weymouth and Portland. There will be several projects with aims which include improving the quality of teaching so that it meets the needs of every pupil, enabling schools to implement cost-effective interventions, embedding preparation for adulthood at the earliest opportunity and improving the quality of the leadership of SEND in mainstream schools.

4. Performance of Statutory Education, Health and Care Assessment, Planning and Review

- 4.1 The SEN statutory assessment team focussed on completing the transfer of all the old statements of Special Educational Needs to new Education, Health and Care Plans (EHCPs) in the months leading up to March 2018. As a result, all statements were successfully converted by the deadline at the end of March 2018. However, this focus affected the response to new requests coming in and the subsequent 6, 16 and 20 week timescale deadlines for new requests for statutory assessment were delayed, adding to the existing backlog. The team then spent May – July 2018 processing those assessments that were already out of timeline and those in the 'backlog'. This backlog is now cleared.
- 4.2 The team are now focusing on meeting their performance targets for all new requests for statutory assessment coming into the system. A range of strategies are currently in place, including weekly monitoring of timescales for individual staff, weekly panel meetings, virtual panel meetings with the Educational Psychology Service, ring fenced writing days for our SEN planning co-ordinators each week, and weekly team leadership meetings to monitor progress and performance.
- 4.3 The team are now back to meeting our 6 and 16 week targets and the 20 week timescale performance is on an upwards trajectory. 20 week timescale performance for new EHCPs currently sits at 59%. We expect to see significant improvement on the performance regarding the 20 week marker from September onwards. Our prediction is that by end November 2018 and due to the measures taken above, we will be at 90% plus in terms of completion within timescale.
- 4.4 It is vital that the quality of EHCPs is assured and that the review process for EHCPs is robust. In recent times, team members were not attending ECHP review meetings due to the significant increase in workload and demand. This term, SEN Planning Co-ordinators will be attending an increasing number of annual reviews to support and challenge settings regarding the delivery and review of the EHCP. The team have recently recruited a Quality Assurance and Review Manager for one year, whose role is to ensure quality across EHCP assessment, planning and review processes.

People and Communities Overview and Scrutiny Committee

Dorset County Council



Date of Meeting	10 October 2018
Officer	<p><u>Local Members</u> All Members <u>Lead Director</u> Helen Coombes, Transformation Programme Lead for the Adult and Community Forward Together Programme</p>
Subject of Report	Outcomes Focused Monitoring Report: September 2018
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 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.</p> <p>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 second 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"> • 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.

	<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>Equalities Impact Assessment: There are no specific equalities implications in this report. However, the prioritisation of resources to challenge inequalities in outcomes for Dorset’s people is fundamental to the Corporate Plan.</p>
	<p>Use of Evidence: The outcome indicator data in this report is drawn from a few 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>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.</p>
	<p>Risk: Having considered the risks associated with this report using the County Council’s approved risk management methodology, the level of risk has been identified as:</p> <p>Current: Medium</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>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.</p>
<p>Recommendation</p>	<p>Other Implications: None</p>
	<p>That the committee:</p> <ul style="list-style-type: none"> • Considers the evidence of Dorset’s position regarding the outcome indicators in Appendix 1 and 2; and:

	<ul style="list-style-type: none"> 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	<ol style="list-style-type: none"> Outcomes Monitoring Report September 2018 – Healthy Outcomes Monitoring Report September 2018 – Independent
Background Papers	<p>Dorset County Council Corporate Plan 2017-19, Cabinet, 28 June 2017</p> <p>https://www.dorsetforyou.gov.uk/corporate-plan-outcomes-framework</p>
Officer Contact	<p>Dr David Bonner (Strategic Insight, Intelligence and Performance Manager, Insight, Intelligence and Performance)</p> <p>Email David.Bonner@dorsetcc.gov.uk Tel 01305 225503</p> <p>David Trotter (Senior Assurance Officer, Governance and Assurance Services)</p> <p>Email d.trotter@dorsetcc.gov.uk Tel 01305 228692</p>

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 rates from cardiovascular disease (CVD)”. A performance measure for the County Council (or the services we commission, such as *Live Well 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 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 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 Inequality in lifespan

- 2.1.1 People in Dorset generally live longer lives compared to the average for England, but there are differences in life expectancy between the most and least deprived communities. The level of inequality in Dorset is significantly lower than the average across England – six years for males compared to 9.2 in England and 5.2 for females in Dorset compared to seven. However, the local trend in Dorset is towards growing inequality, whereas nationally it is reducing. This is particularly true for males with an increase from 5.4 years to six between 2015 and 2016.
- 2.1.2 These inequalities may reflect poor access to or take-up of services, social isolation and poor health in general.
- 2.1.3 Healthy behaviours in childhood and teenage years set patterns for later life and early interventions are important. The Live Well Dorset service supports people to address four key lifestyle issues: quitting smoking, losing weight, drinking less and moving more.

2.2 Alcohol and substance use

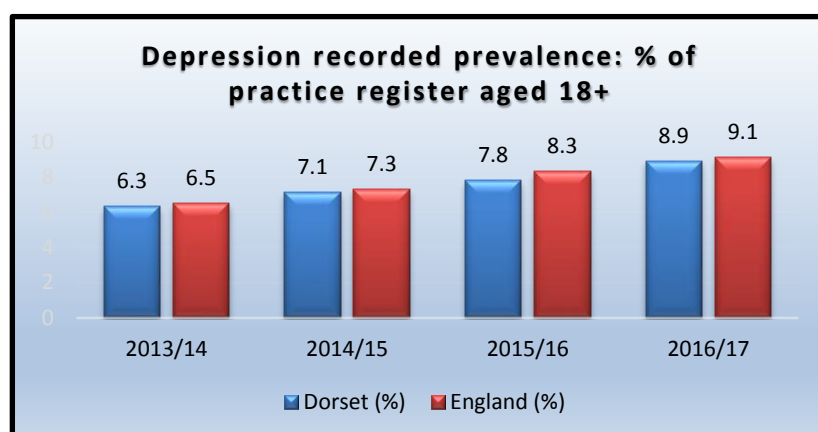
- 2.2.1 Hospital admissions related to alcohol remain higher for men than women, both nationally and locally. Whilst hospital admissions for males for alcohol related conditions locally remained unchanged, the rate rose for females. Nationally, there was improvement in the trend for both males and females.
- 2.2.2 The percentage of clients of the alcohol treatment service drinking less at 3 months fell from 60% to 38% between Quarter 4 2017-18 and Quarter 1 2018-19;
- 2.2.3 The percentage of successful alcohol treatment service completions fell from 46% to 44%.
- 2.2.4 The percentage of young people successfully completing substance use treatment fell from 88% to 53% between Quarter 4 2017-18 and Quarter 1 2018-19.

2.3 Excess weight

2.3.1 The percentage of adults with excess weight rose over the year from 2016-2017 against a backdrop of a fall nationally. However, the Dorset percentage is below the England average. Obesity has been linked to deprivation, ethnicity (minority groups are more likely to be obese) and generational influence – obese parents are more likely to have obese children. Obesity is associated with health problems including pregnancy-related issues, mental health issues, type 2 diabetes, cardiovascular disease and some cancers. All these generate costs for the NHS so proactive work by the Live Well Service aims to reduce this.

2.4 Mental Health

2.4.1 The recently added population indicator for mental health prevalence, 'Depression recorded prevalence: % of practice register aged 18+', measures the percentage of people registered with their doctor as suffering from depression. In Dorset, whilst the percentage of people grew, as nationally, the England average is slightly higher.



2.5 Cardiovascular disease

2.5.1 Mortality rates data for those aged under 75 are no longer available for males and females separately. The combined rate suggests a slightly worsened trend in Dorset compared to an improvement nationally. Cardiovascular disease remains the biggest cause of death after cancer nationally.

2.5.2 Nationally, a reduction in smoking is one of the factors contributing to the fall over the last 50 years in deaths from cardiovascular disease. In Dorset, the percentage of clients smoking less at 3 months after a smoking cessation course worsened from 64% to 36% between Quarter 4 2017-18 and Quarter 1 2018-19.

2.6 Levels of physical activity in adults

2.6.1 Over the year in Dorset, the level of physical activity in adults remained unchanged. The percentage is higher than in England, but there was an improvement nationally.

2.6.2 The latest local quarterly data for clients increasing physical activity at three months shows an increase from 32% to 49%.

2.7 Percentage of children with good attendance at school

- 2.7.1 The consequences of poor attendance include difficulty in catching up and this can result in ongoing disadvantage. The impact of this may be felt beyond school age and follow through into life opportunities. Reasons for poor attendance can be linked to other school-based indicators e.g. a poor start in the early years may mean that children continue to struggle throughout their school life. Overall, there was a marginal decline in attendance over the year. Primary school attendance remained stable, but a small increase was evident in secondary school attendance. Potential factors affecting attendance include mental health/anxiety issues and unauthorised absence for family holidays.
- 2.7.2 The improved life chances gained through a good education can open opportunities for better paid work and continued independence beyond working age.

2.8 Percentage of children ready to start school

- 2.8.1 School readiness starts at birth and children not ready at the age of five can struggle. Dorset's overall performance improved over the year, but children from the poorest households often do less well at this stage, as do children with special educational needs. Preparation in these early years has a big impact on later life.
- 2.8.2 Percentage of children achieving expected standard at KS2 in reading, writing and maths - The trend in Dorset is expected to show continued improvement in 2018 which is a better position than nationally.

2.9 Percentage of 16 and 17-year olds who are not in education, employment or training (NEET)

- 2.9.1 Over the last quarter, there was marginal change in the percentage of 16 and 17-year olds who are not in education, employment or training (NEET), much in line with the SW average. The percentage in jobs without training (JWT) tends to be above average and rose over the quarter.

3.0 Delayed transfers from hospital care

- 3.1 The average over Q1 2018-19 (April to June) showed fewer delays than in the previous quarter and the quarter before that. The main reasons for delay were Awaiting home care (369 days), Awaiting reablement (220) and Awaiting completion of assessment (186). The target is a maximum of 9.0 social care-attributable delays per day. Whilst the downward trend since last year has continued, we are not currently on track to meet the target by the end of September.



People in Dorset are Healthy

Outcome Sponsor – Dr David Phillips
Director of Public Health



Outcomes Focused Monitoring Report
September 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 a focus on **Value for Money** is WAITING TO BE DEVELOPED.

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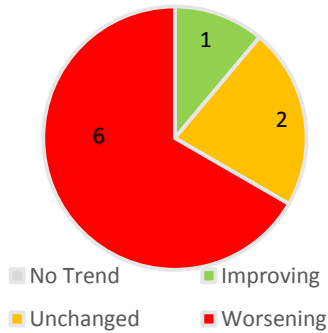


Legend (RAG status)

R	Performance NOT on track	G	Performance ON track
A	Some issues of concern	ND	No data or polarity

HEALTHY – Executive Summary

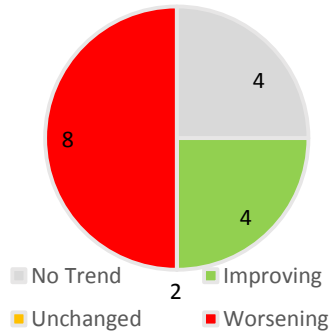
**Population Indicator
(9 in total)**



Worsening Indicators

- 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
- Adult excess weight

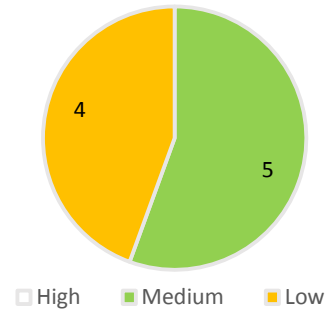
**Performance Measure
(Currently 16 in total)**



Worsening Measures

- 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 successfully completing substance use treatment
- Emotional and behavioural health of looked after children
- Proportion of clients engaging with live well Dorset
- No. of children with SEMH
- Clients smoking less at 3 months following smoking cessation course

**Risk(s)
(Currently 9 in total)**



High rated Risks

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

HEALTHY: 01 – Population Indicator Inequality in life expectancy between population groups - Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Lee Robertson		
DORSET - Previous (March 2015) - 5.4 Male; Latest (March 2016) - 6.0 Male		
DORSET - Trend WORSENING	R	
COMPARATOR - Benchmark (England) BETTER 9.2 (Average)	G	
DORSET - Previous (March 2015) – 5.0 Female; Latest (March 2016) - 5.2 Female		
DORSET - Trend WORSENING	R	
COMPARATOR - Benchmark (England) BETTER 7 (Average)	G	
<p>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.</p> <p>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.</p> <p>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.</p>		
Performance Measure(s) – Trend Lines		
<p>Proportion of people who use services who reported that they had as much social contact as they would like</p> <p>Previous 2015-16 – 50.13%; Latest 2016-17 – 41.3%</p>	<p style="text-align: center;">As much social contact liked</p>	
<p>Proportion of carers who use services who reported that they had as much social contact as they would like</p> <p>Previous 2014-15 – 28.5%; Latest 2016-17 – 35.4%</p>	<p style="text-align: center;">As much social contact liked</p>	
<p>Proportion of clients engaging with Live Well Dorset who are from the most deprived quartile</p> <p>Previous Q4 2017-18 – 27%; Latest Q1 2018-19 – 25%</p>	<p style="text-align: center;">Engaging with Live Well Dorset</p>	
<p>Free School Meal Gap of those achieving 9-4 in English and Maths (new)</p> <p>2016-17 – 29.4%</p>	<p style="text-align: center;">Free School Meal Gap (acheving 9 - 4 in English and Maths)</p>	

HEALTHY: 01 – Population Indicator Inequality in life expectancy between population groups - Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Lee Robertson (Cont'd)

Corporate Risk	Score	Trend
No associated current corporate risk(s)		
<p>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.</p>		

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	A	<p>Hospital admissions for alcohol related conditions</p> <p>Rate - Male</p> <p>2012 2013 2014 2015 2016 2017</p> <p>■ Dorset ■ England</p>
DORSET - Trend UNCHANGED		
COMPARATOR Benchmark (England) BETTER 827 (Average)		
DORSET – Previous (2016) – 409 Female; Latest (2017) – 437 Female	R	<p>Hospital admissions for alcohol related conditions</p> <p>Rate - Female</p> <p>2012 2013 2014 2015 2016 2017</p> <p>■ Dorset ■ England</p>
DORSET - Trend WORSENING		
COMPARATOR - Benchmark (England) BETTER 474 (Average)		
<p>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 a faster rise in average rates of drinking amongst women than men in the past 30 years. Admission rates are highest amongst those aged 40-64; 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 (53%) 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. This has gradually fed through the figures meaning that we are increasing confident of the validity of the figure for quarter 1.</p> <p>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.</p>		
Performance Measure(s) – Trend Lines		
<p>Proportion of clients of alcohol treatment service drinking less at 3 months</p> <p>Previous Q4 2017-18 – 60%</p> <p>Latest Q1 2018-19 – 38%</p>	<p>Alcohol treatment service drinking less at 3 mths</p> <p>Proportion of clients</p> <p>50.0% 44.1% 57.9% 80.0% 60.0% 38.0%</p> <p>Q4 16-17 Q1 17-18 Q2 17-18 Q3 17-18 Q4 17-18 Q1 18-19</p>	
<p>Alcohol treatment service successful completions</p> <p>Previous Q4 2017-18 – 46.2%</p> <p>Latest Q1 2018-19 – 44.3%</p>	<p>Alcohol treatment</p> <p>% of successful completions</p> <p>60% 50% 40%</p> <p>Q4 16-17 Q1 17-18 Q2 17-18 Q3 17-18 Q4 17-18 Q1 18-19</p>	
<p>% of young people successfully completing substance use treatment – qtrly</p> <p>Previous Q4 2017-18 – 88%</p> <p>Latest Q1 2018-19 – 53%</p>	<p>Young people successfully completing substance use treatment</p> <p>% of young people</p> <p>100% 0%</p> <p>Q4 16-17 Q1 17-18 Q2 17-18 Q3 17-18 Q4 17-18 Q1 18-19</p>	
Corporate Risk	Score	Trend
04p – Lack of support for the location of a drugs and alcohol recovery hub	MEDIUM	UNCHANGED
<p>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.</p>		

HEALTHY: 03 Population Indicator Percentage of Children and Adults with excess weight - Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Lee Robertson																
DORSET – Previous (2016) – 21.5% Child (4-5-year olds); Latest (2017) - 21.1% Child (4-5-year olds)		<table border="1"> <caption>Child excess weight</caption> <thead> <tr> <th>Year</th> <th>% Percentage</th> </tr> </thead> <tbody> <tr><td>2012</td><td>22.0%</td></tr> <tr><td>2013</td><td>19.9%</td></tr> <tr><td>2014</td><td>23.9%</td></tr> <tr><td>2015</td><td>23.5%</td></tr> <tr><td>2016</td><td>21.5%</td></tr> <tr><td>2017</td><td>21.1%</td></tr> </tbody> </table>	Year	% Percentage	2012	22.0%	2013	19.9%	2014	23.9%	2015	23.5%	2016	21.5%	2017	21.1%
Year	% Percentage															
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2015	23.5%															
2016	21.5%															
2017	21.1%															
DORSET - Trend IMPROVING	G															
COMPARATOR - Benchmark (England) BETTER 21.9% (Average)	G															
DORSET – Previous (2016) – 59.2% Adults; Latest (2017) – 61.8% Adults		<table border="1"> <caption>Adult excess weight</caption> <thead> <tr> <th>Year</th> <th>% Percentage</th> </tr> </thead> <tbody> <tr><td>2014</td><td>65.7%</td></tr> <tr><td>2015</td><td>65.7%</td></tr> <tr><td>2016</td><td>59.2%</td></tr> <tr><td>2017</td><td>61.8%</td></tr> </tbody> </table>	Year	% Percentage	2014	65.7%	2015	65.7%	2016	59.2%	2017	61.8%				
Year	% Percentage															
2014	65.7%															
2015	65.7%															
2016	59.2%															
2017	61.8%															
DORSET - Trend WORSENING	R															
COMPARATOR - Benchmark (England) BETTER 64.8% (Average)	G															
<p>Story behind the baseline: Since the 1990s, 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 Live Well service has recently been brought in-house and we are in the first few quarters of trialling new reporting practices and systems. Although the proportion of Live Well Clients making a 5% weight loss has increased, the number of clients receiving a follow up on this pathway is lower than the same quarter the previous year.</p> <p>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.</p>																
Performance Measure(s) – Trend Lines																
Proportion of clients making 5% weight loss Previous Q4 2017-18 – 37%; Latest Q1 2018-19 – 69%		<table border="1"> <caption>5% weight loss</caption> <thead> <tr> <th>Quarter</th> <th>Proportion of clients</th> </tr> </thead> <tbody> <tr><td>Q4 16-17</td><td>37%</td></tr> <tr><td>Q1 17-18</td><td>37%</td></tr> <tr><td>Q2 17-18</td><td>37%</td></tr> <tr><td>Q3 17-18</td><td>37%</td></tr> <tr><td>Q4 17-18</td><td>37%</td></tr> <tr><td>Q1 18-19</td><td>69%</td></tr> </tbody> </table>	Quarter	Proportion of clients	Q4 16-17	37%	Q1 17-18	37%	Q2 17-18	37%	Q3 17-18	37%	Q4 17-18	37%	Q1 18-19	69%
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Q2 17-18	37%															
Q3 17-18	37%															
Q4 17-18	37%															
Q1 18-19	69%															
Corporate Risk																
No associated current corporate risk(s)																
<p>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.</p>																

HEALTHY: 04 Depression recorded prevalence (QOF): % of practice register aged 18+ - Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Lee Robertson																
DORSET – Previous 2015-16 – 7.8%; Latest 2016-17 – 8.9%		<table border="1"> <caption>Depression Prevalence in Dorset</caption> <thead> <tr> <th>Year</th> <th>Prevalence (%)</th> </tr> </thead> <tbody> <tr> <td>2013-14</td> <td>6.5</td> </tr> <tr> <td>2014-15</td> <td>7.0</td> </tr> <tr> <td>2015-16</td> <td>7.5</td> </tr> <tr> <td>2016-17</td> <td>8.9</td> </tr> </tbody> </table>	Year	Prevalence (%)	2013-14	6.5	2014-15	7.0	2015-16	7.5	2016-17	8.9				
Year	Prevalence (%)															
2013-14	6.5															
2014-15	7.0															
2015-16	7.5															
2016-17	8.9															
DORSET - Trend WORSENING	R															
COMPARATOR - Benchmark (England) WORSE 9.1% (Average)	R															
<p>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.</p> <p>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.</p> <p>*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.</p> <p>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.</p>																
Performance Measure(s) – Trend Lines																
<p>Number of children with Social Emotional Mental Health needs (SEMH)</p> <p>Previous 2016-17 – 1335</p> <p>Latest 2017-18 – 1463</p>		<table border="1"> <caption>SEMH needs</caption> <thead> <tr> <th>Year</th> <th>No. of children</th> </tr> </thead> <tbody> <tr> <td>2014-15</td> <td>1528</td> </tr> <tr> <td>2015-16</td> <td>1459</td> </tr> <tr> <td>2016-17</td> <td>1335</td> </tr> <tr> <td>2017-18</td> <td>1463</td> </tr> </tbody> </table>	Year	No. of children	2014-15	1528	2015-16	1459	2016-17	1335	2017-18	1463				
Year	No. of children															
2014-15	1528															
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2017-18	1463															
<p>Emotional and behavioural health of looked after children</p> <p>Previous Q3 2017-18 – 14.6 (*see note above)</p> <p>Latest Q4 2017-18 – 18.6</p>		<table border="1"> <caption>Looked after children</caption> <thead> <tr> <th>Quarter</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Q3 16-17</td> <td>14.7</td> </tr> <tr> <td>Q4 16-17</td> <td>19.8</td> </tr> <tr> <td>Q1 17-18</td> <td>12.1</td> </tr> <tr> <td>Q2 17-18</td> <td>14.6</td> </tr> <tr> <td>Q3 17-18</td> <td>14.6</td> </tr> <tr> <td>Q4 17-18</td> <td>18.6</td> </tr> </tbody> </table>	Quarter	Score	Q3 16-17	14.7	Q4 16-17	19.8	Q1 17-18	12.1	Q2 17-18	14.6	Q3 17-18	14.6	Q4 17-18	18.6
Quarter	Score															
Q3 16-17	14.7															
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Corporate Risk	Score	Trend														
No associated current corporate risk(s)																
<p>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.</p>																

HEALTHY: 05 Population Indicator Under 75 mortality rates from cardiovascular diseases - Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Lee Robertson																										
<p>DORSET – Previous (2015) 55.1 – Male; Latest (2016) 54.8 – Male</p> <p>DORSET – Previous (2015) 14 Female; Latest (2016) 15.6 Female</p> <p>DORSET - 2016 combined – Previous (2015) 33.7; latest (2016) 34.4</p>	<table border="1"> <caption>Under 75 mortality rates - cardiovascular diseases</caption> <thead> <tr> <th>Year</th> <th>Male</th> <th>Combined</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>2012</td> <td>55.1</td> <td>33.7</td> <td>14.0</td> </tr> <tr> <td>2013</td> <td>54.8</td> <td>34.4</td> <td>15.6</td> </tr> <tr> <td>2014</td> <td>55.1</td> <td>33.7</td> <td>14.0</td> </tr> <tr> <td>2015</td> <td>54.8</td> <td>34.4</td> <td>15.6</td> </tr> <tr> <td>2016</td> <td>55.1</td> <td>33.7</td> <td>14.0</td> </tr> </tbody> </table>		Year	Male	Combined	Female	2012	55.1	33.7	14.0	2013	54.8	34.4	15.6	2014	55.1	33.7	14.0	2015	54.8	34.4	15.6	2016	55.1	33.7	14.0
Year	Male	Combined	Female																							
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DORSET – Trend WORSENING	R																									
COMPARATOR - Benchmark (England) BETTER 46.7 (Average)	G																									
<p>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.</p> <p><u>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.</u></p> <p>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.</p>																										
Performance Measure(s) – Trend Lines																										
<p>Proportion of clients smoking less at 3 months following smoking cessation course</p> <p>Previous Q4 2017-18 – 64%</p> <p>Latest Q1 2018-19 – 36%</p>	<table border="1"> <caption>Smoking less at 3 mths</caption> <thead> <tr> <th>Quarter</th> <th>Proportion of clients</th> </tr> </thead> <tbody> <tr> <td>Q4 16-17</td> <td>~35%</td> </tr> <tr> <td>Q1 17-18</td> <td>~30%</td> </tr> <tr> <td>Q2 17-18</td> <td>~35%</td> </tr> <tr> <td>Q3 17-18</td> <td>~45%</td> </tr> <tr> <td>Q4 17-18</td> <td>64%</td> </tr> <tr> <td>Q1 18-19</td> <td>36%</td> </tr> </tbody> </table>		Quarter	Proportion of clients	Q4 16-17	~35%	Q1 17-18	~30%	Q2 17-18	~35%	Q3 17-18	~45%	Q4 17-18	64%	Q1 18-19	36%										
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Corporate Risk	Score	Trend																								
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<p>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.</p>																										

HEALTHY: 06 Population Indicator Levels of physical activity in adults - Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Lee Robertson																				
DORSET – Previous (2015-16) – 69%; Latest (2016-17) – 69%	<table border="1"> <tr> <td>DORSET – Trend UNCHANGED</td> <td style="background-color: yellow; text-align: center; font-size: 2em;">A</td> </tr> <tr> <td>COMPARATOR - Benchmark (England) BETTER – 57.7% (Average)</td> <td style="background-color: lightgreen; text-align: center; font-size: 2em;">G</td> </tr> </table>	DORSET – Trend UNCHANGED	A	COMPARATOR - Benchmark (England) BETTER – 57.7% (Average)	G	<p style="text-align: center;">Physical activity in adults</p> <table border="1"> <caption>Physical activity in adults (%)</caption> <thead> <tr> <th>Year</th> <th>% Percentage</th> </tr> </thead> <tbody> <tr><td>2011-12</td><td>55.0</td></tr> <tr><td>2012-13</td><td>55.0</td></tr> <tr><td>2013-14</td><td>55.0</td></tr> <tr><td>2014-15</td><td>55.0</td></tr> <tr><td>2015-16</td><td>60.0</td></tr> <tr><td>2016-17</td><td>65.0</td></tr> </tbody> </table>	Year	% Percentage	2011-12	55.0	2012-13	55.0	2013-14	55.0	2014-15	55.0	2015-16	60.0	2016-17	65.0
DORSET – Trend UNCHANGED		A																		
COMPARATOR - Benchmark (England) BETTER – 57.7% (Average)		G																		
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2011-12	55.0																			
2012-13	55.0																			
2013-14	55.0																			
2014-15	55.0																			
2015-16	60.0																			
2016-17	65.0																			
<p>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.</p>																				
<p>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.</p>																				
Performance Measure(s) – Trend Lines																				
<p>Good landscape condition in AONB</p> <p>Latest 2007 – Good 29%</p>		<p style="text-align: center;">Good landscape condition</p> <table border="1"> <caption>Good landscape condition (%)</caption> <thead> <tr> <th>Year</th> <th>% Percentage</th> </tr> </thead> <tbody> <tr><td>2006</td><td>29.0</td></tr> <tr><td>2007</td><td>29.0</td></tr> <tr><td>2008</td><td>29.0</td></tr> <tr><td>2009</td><td>29.0</td></tr> <tr><td>2010</td><td>29.0</td></tr> <tr><td>2011</td><td>29.0</td></tr> </tbody> </table>	Year	% Percentage	2006	29.0	2007	29.0	2008	29.0	2009	29.0	2010	29.0	2011	29.0				
Year	% Percentage																			
2006	29.0																			
2007	29.0																			
2008	29.0																			
2009	29.0																			
2010	29.0																			
2011	29.0																			
<p>Proportion of clients increasing their physical activity at 3 months</p> <p>Previous Q4 2017-18 – 32%</p> <p>Latest Q1 2018-19 – 49%</p>		<p style="text-align: center;">Physical activity increase</p> <table border="1"> <caption>Physical activity increase (%)</caption> <thead> <tr> <th>Quarter</th> <th>% of clients</th> </tr> </thead> <tbody> <tr><td>Q1 17-18</td><td>32.0</td></tr> <tr><td>Q2 17-18</td><td>30.0</td></tr> <tr><td>Q3 17-18</td><td>31.0</td></tr> <tr><td>Q4 17-18</td><td>32.0</td></tr> <tr><td>Q1 18-19</td><td>49.0</td></tr> </tbody> </table>	Quarter	% of clients	Q1 17-18	32.0	Q2 17-18	30.0	Q3 17-18	31.0	Q4 17-18	32.0	Q1 18-19	49.0						
Quarter	% of clients																			
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Q2 17-18	30.0																			
Q3 17-18	31.0																			
Q4 17-18	32.0																			
Q1 18-19	49.0																			
<p>Interim Rights of Way measure</p> <p>2017</p> <p>Logged 2924</p> <p>Joined 2938</p>		<p style="text-align: center;">Rights of Way</p> <table border="1"> <caption>Rights of Way (2017)</caption> <thead> <tr> <th>Measure</th> <th>Count</th> </tr> </thead> <tbody> <tr><td>Logged</td><td>2924</td></tr> <tr><td>Joined</td><td>2938</td></tr> </tbody> </table>	Measure	Count	Logged	2924	Joined	2938												
Measure	Count																			
Logged	2924																			
Joined	2938																			
Corporate Risk	Score	Trend																		
No associated current corporate risk(s)																				
<p>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.</p> <p>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.</p>																				

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

CONTACT

Dr David Bonner (Strategic Insight, Intelligence and Performance Manager, Insight, Intelligence and Performance) Chief Executive's Department

Email David.Bonner@dorsetcc.gov.uk

Tel 01305 225503

David Trotter (Senior Assurance Officer, Governance and Assurance Services)

Email d.trotter@dorsetcc.gov.uk

Tel 01305 228692

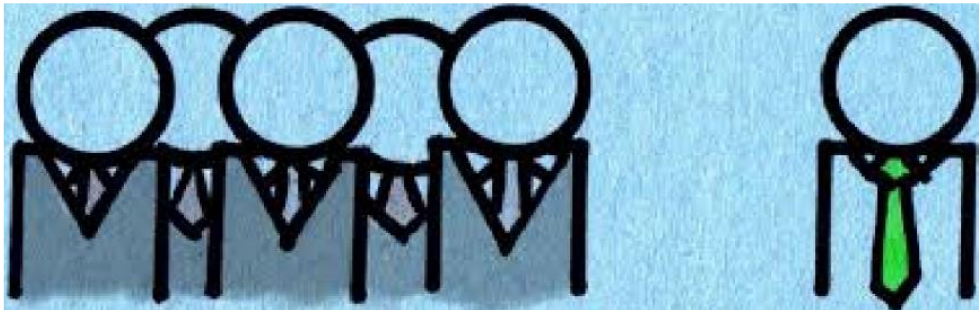


Dorset County Council



**People in Dorset are
Independent**

Outcome Sponsor – Helen Coombes
Interim Transformation Programme Lead



Outcomes Focused Monitoring Report
September 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 a focus on **Value for Money** is waiting to be developed.

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 & 11
Corporate Risks that feature within INDEPENDENT but are not assigned to a specific Population Indicator	12
Key to risk and performance assessments	12
Contact	13



PEOPLE IN DORSET ARE INDEPENDENT

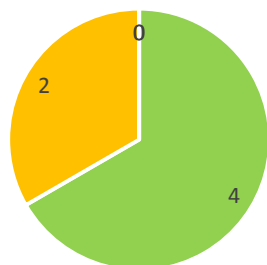
Legend (RAG status)

R	Performance NOT on track	G	Performance ON track
A	Some issues of concern	ND	No data or polarity

Corporate Plan 2017-19: Dorset County Council's Outcomes and Performance Framework

INDEPENDENT – Executive Summary

Population Indicators (6 in total)

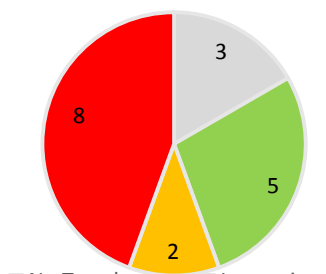


■ No Trend ■ Improving
■ Unchanged ■ Worsening

Worsening Indicators

- Percentage of children with good attendance at school
- Percentage of 16-18-year olds not in education, employment or training (NEET)

Performance Measures (Currently 18 in total)

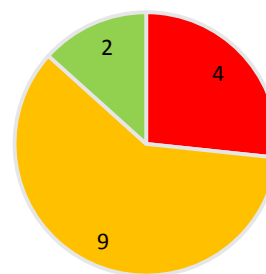


■ No Trend ■ Improving
■ Unchanged ■ Worsening

Worsening Measures

- 2-year-old children benefiting from funded early education
- Total secondary absence
- KS2 level 4 RWM disadvantage pupils
- Offers of education or training made to 16-17-year olds
- Percentage of 16-17-year olds in jobs without training
- Percentage of care leavers that are NEET
- Progress between age 7 and 11 reading
- % of schools with fewer than 65% level 4 R, W, M

Risks (Currently 15 in total)



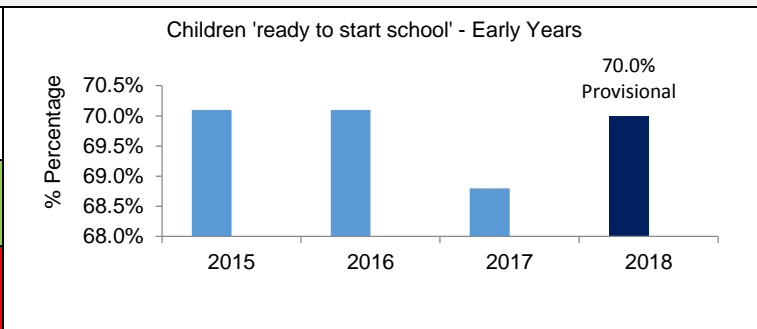
■ High ■ Medium ■ Low

High rated Risks

- 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

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 Claire Shiels

DORSET – Previous (2016) – 70.1%; Previous (2017) – 68.8%; Latest (2018) – 70% Provisional	
DORSET - Trend IMPROVING	G
COMPARATOR - Benchmark (South West) BETTER – 70.5% (Average)	R



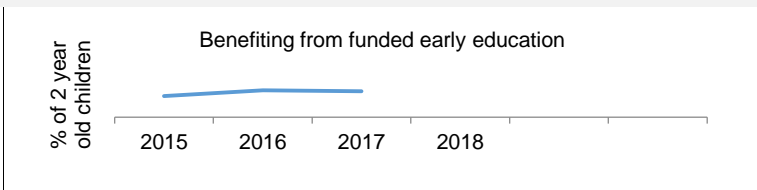
Story behind the baseline: This indicator helps us to understand school readiness and is made up of the building blocks for child development. School readiness starts at birth with the support of parents and carers, when young children acquire the social and emotional skills, knowledge and attitudes 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 do 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 slight improvement in the proportion of children reaching a good level of development at age 5, but Dorset remains in the 3rd quartile 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 yet to be confirmed but is likely to remain greater than the national average, and like the regional average, which has remained at 21% for the last 4 years. Last year there was a small reduction in the proportion of vulnerable 2-year-old children taking up their free entitlement to early years education, but the necessary national matching has not yet been released for 2018.

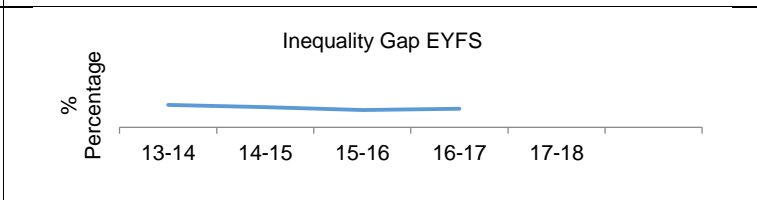
Partners with a significant role to play: Parents/Carers; early years providers, children's centres, schools, health visitors, Job Centre Plus/Department for Work and Pensions, adult training providers, libraries, leisure providers (including parks and play areas), planning departments and housing developers. 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%



Inequality Gap EYFS
Previous 2016 – 20.4%
Latest 2017 – 22%



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

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. Our 0-5 offer is under review 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 Shields												
DORSET – Previous (2015-16) 95.3%; Latest (2016-17) 95.1%		<div style="text-align: center;"> Children with good attendance at school (%) <table border="1"> <caption>Children with good attendance at school (%)</caption> <thead> <tr> <th>Year</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>2013-14</td> <td>95.4%</td> </tr> <tr> <td>2014-15</td> <td>95.3%</td> </tr> <tr> <td>2015-16</td> <td>95.3%</td> </tr> <tr> <td>2016-17</td> <td>95.1%</td> </tr> </tbody> </table> </div>	Year	Percentage (%)	2013-14	95.4%	2014-15	95.3%	2015-16	95.3%	2016-17	95.1%
Year	Percentage (%)											
2013-14	95.4%											
2014-15	95.3%											
2015-16	95.3%											
2016-17	95.1%											
DORSET - Trend MARGINAL CHANGE	A											
COMPARATOR – Benchmark (Statistical Neighbour) SIMILAR 95.3% (Average)	A											
<p>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.</p> <p>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.</p>												
Performance Measure(s) – Trend Lines												
<p>Total Primary Absence</p> <p>Previous 2015-16 – 4.0</p> <p>Latest 2016-17 – 4.0</p>	<p>Total Primary Absence</p> <table border="1"> <caption>Total Primary Absence</caption> <thead> <tr> <th>Year</th> <th>No.</th> </tr> </thead> <tbody> <tr> <td>13-14</td> <td>4.0</td> </tr> <tr> <td>14-15</td> <td>4.1</td> </tr> <tr> <td>15-16</td> <td>4.0</td> </tr> <tr> <td>16-17</td> <td>4.0</td> </tr> </tbody> </table>		Year	No.	13-14	4.0	14-15	4.1	15-16	4.0	16-17	4.0
Year	No.											
13-14	4.0											
14-15	4.1											
15-16	4.0											
16-17	4.0											
<p>Total Secondary Absence</p> <p>Previous 2015-16 – 5.4</p> <p>Latest 2016-17 – 5.7</p>	<p>Total Secondary Absence</p> <table border="1"> <caption>Total Secondary Absence</caption> <thead> <tr> <th>Year</th> <th>No.</th> </tr> </thead> <tbody> <tr> <td>13-14</td> <td>5.4</td> </tr> <tr> <td>14-15</td> <td>5.5</td> </tr> <tr> <td>15-16</td> <td>5.6</td> </tr> <tr> <td>16-17</td> <td>5.7</td> </tr> </tbody> </table>		Year	No.	13-14	5.4	14-15	5.5	15-16	5.6	16-17	5.7
Year	No.											
13-14	5.4											
14-15	5.5											
15-16	5.6											
16-17	5.7											
<p>Looked after Children Overall Absence</p> <p>Previous 2015-16 – 4</p> <p>Latest 2016-17 – 3.8</p>	<p>Looked after Children Overall Absence</p> <table border="1"> <caption>Looked after Children Overall Absence</caption> <thead> <tr> <th>Year</th> <th>No.</th> </tr> </thead> <tbody> <tr> <td>13-14</td> <td>4.0</td> </tr> <tr> <td>14-15</td> <td>3.8</td> </tr> <tr> <td>15-16</td> <td>3.8</td> </tr> <tr> <td>16-17</td> <td>3.8</td> </tr> </tbody> </table>		Year	No.	13-14	4.0	14-15	3.8	15-16	3.8	16-17	3.8
Year	No.											
13-14	4.0											
14-15	3.8											
15-16	3.8											
16-17	3.8											
Corporate Risk		Score	Trend									
No associated current corporate risk(s)												
<p>What are we doing?</p> <ul style="list-style-type: none"> • 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%; Previous (2017) 57%; Latest (2018) 60% Provisional		<table border="1"> <caption>Achieving expected standard at KS2</caption> <thead> <tr> <th>Year</th> <th>% Percentage</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>45%</td> </tr> <tr> <td>2017</td> <td>57%</td> </tr> <tr> <td>2018</td> <td>60%</td> </tr> </tbody> </table>	Year	% Percentage	2016	45%	2017	57%	2018	60%						
Year	% Percentage															
2016	45%															
2017	57%															
2018	60%															
DORSET - Trend IMPROVING	G															
COMPARATOR - Benchmark WORSE (South West) 63% - Average (England) 64% - Average	R															
<p>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 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 pupils' 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.</p> <p>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. The proportion of schools with fewer than 65% of children achieving expected levels in reading, writing and maths has increased but this is in the context of changing assessments where, nationally, the average for all pupils is below 65%. Improvements have been made in progress scores in writing and maths, but progress in reading has reduced slightly.</p>																
Performance Measure(s) – Trend Lines																
Progress between age 7 and age 11 reading Previous 2015-16 = - 0.6; Previous 2016-17 = - 0.6; Latest 2017-18 – 0.8	<table border="1"> <caption>Progress between age 7 and age 11 reading</caption> <thead> <tr> <th>Period</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>15-16</td> <td>-0.6</td> </tr> <tr> <td>16-17</td> <td>-0.6</td> </tr> <tr> <td>17-18</td> <td>0.8</td> </tr> </tbody> </table>		Period	Score	15-16	-0.6	16-17	-0.6	17-18	0.8						
Period	Score															
15-16	-0.6															
16-17	-0.6															
17-18	0.8															
Progress between age 7 and age 11 writing Previous 2015-16 = - 3.4; Previous 2016-17 = -1.6; Latest 2017-18 -0.86	<table border="1"> <caption>Progress between age 7 and age 11 writing</caption> <thead> <tr> <th>Period</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>15-16</td> <td>-3.4</td> </tr> <tr> <td>16-17</td> <td>-1.6</td> </tr> <tr> <td>17-18</td> <td>-0.86</td> </tr> </tbody> </table>		Period	Score	15-16	-3.4	16-17	-1.6	17-18	-0.86						
Period	Score															
15-16	-3.4															
16-17	-1.6															
17-18	-0.86															
Progress between age 7 and age 11 Maths Previous 2015-16 = - 1.9; Previous 2016-17 = - 1.5; Latest 2017-18 -1.48	<table border="1"> <caption>Progress between age 7 and age 11 maths</caption> <thead> <tr> <th>Period</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>15-16</td> <td>-1.9</td> </tr> <tr> <td>16-17</td> <td>-1.5</td> </tr> <tr> <td>17-18</td> <td>-1.48</td> </tr> </tbody> </table>		Period	Score	15-16	-1.9	16-17	-1.5	17-18	-1.48						
Period	Score															
15-16	-1.9															
16-17	-1.5															
17-18	-1.48															
Percentage of schools with fewer than 65% level 4 RWM Previous 2015-16 = 18%; Previous 2016-17 = 6%; Latest 17-18 45% Provisional	<table border="1"> <caption>Schools with fewer than 65% level 4 RWM</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2013</td> <td>18%</td> </tr> <tr> <td>2014</td> <td>6%</td> </tr> <tr> <td>2015</td> <td>6%</td> </tr> <tr> <td>2016</td> <td>6%</td> </tr> <tr> <td>2017</td> <td>6%</td> </tr> <tr> <td>2018</td> <td>45%</td> </tr> </tbody> </table>		Year	Percentage	2013	18%	2014	6%	2015	6%	2016	6%	2017	6%	2018	45%
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2014	6%															
2015	6%															
2016	6%															
2017	6%															
2018	45%															
KS2 level 4 RWM disadvantage pupils Previous 2015-16 = 23 Latest 2016-17 = 22	<table border="1"> <caption>KS2 level 4 RWM disadvantage pupils</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>13-14</td> <td>23%</td> </tr> <tr> <td>14-15</td> <td>22%</td> </tr> <tr> <td>15-16</td> <td>22%</td> </tr> <tr> <td>16-17</td> <td>22%</td> </tr> </tbody> </table>		Year	Percentage	13-14	23%	14-15	22%	15-16	22%	16-17	22%				
Year	Percentage															
13-14	23%															
14-15	22%															
15-16	22%															
16-17	22%															

Cont'd 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

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

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%; Previous (March 2018) 3.1%; Latest (June 2018) 3%		<p style="text-align: center;">% of 16-18 year olds not in education, employment or training (NEET)</p>
DORSET - Trend MARGINAL CHANGE	A	
COMPARATOR – WORSE Benchmark (South West) 2.9%	R	

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 who are NEET than regionally, it is important to note that Dorset performs extremely well at tracking young people, with a much lower proportion young people who are ‘not known’ (2.2%) 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 are not known. 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. The overall NEET figure remains consistently low but the jobs without training shows an increase owing to seasonal fluctuations.

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

<p>Percentage of offers of education or training made to 16-17-year olds</p> <p>Previous – NEW</p> <p>Latest – Qtr. 3 17-18 – 93.6%</p>	<p style="text-align: center;">Offers education or training made to 16-17 year olds</p>
<p>Percentage of 16-17-year olds in jobs without training</p> <p>Previous Nov 2017 – 2.3%; Previous March 2018 – 3%; Latest June 2018 – 4.5%</p>	<p style="text-align: center;">16-17 year olds in jobs without training</p>
<p>Percentage of care leavers that are NEET</p> <p>Previous Nov 2017 – 15.7%</p> <p>Latest March 2018 – 20%</p>	<p style="text-align: center;">Care leavers that are NEET</p>

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

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.

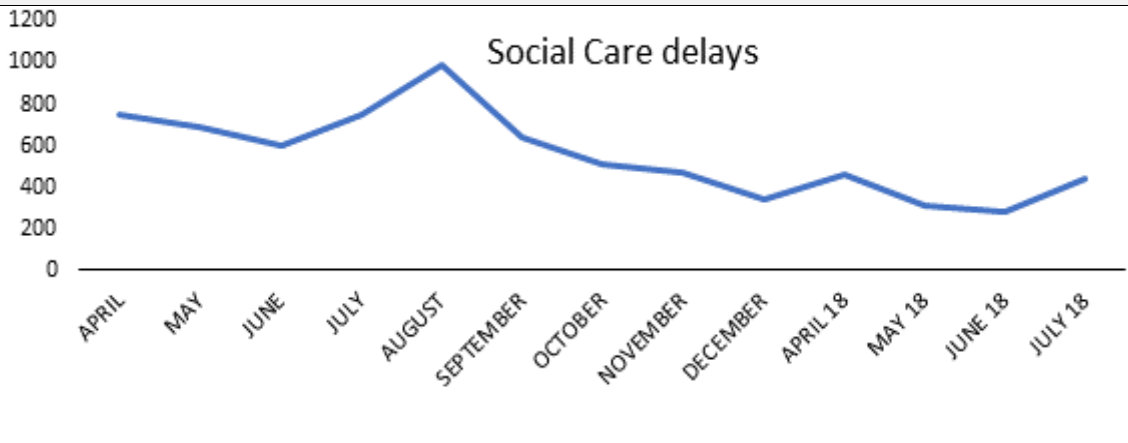
INDEPENDENT: 05 Population Indicator Delayed transfers from hospital care (number of days – Social Care attributable) - Outcome Lead Officer Sally Longman; Population Indicator Lead Officer Martin Elliott

DORSET – Previous (Q3 2017-18) 1,328; Previous (Q4 2017-18) 1,286;
Latest (Q1 2018-19) 1,062

DORSET - Trend IMPROVING



COMPARATOR – National Ranking – 107th out of 151 (Q1) – Trend IMPROVING

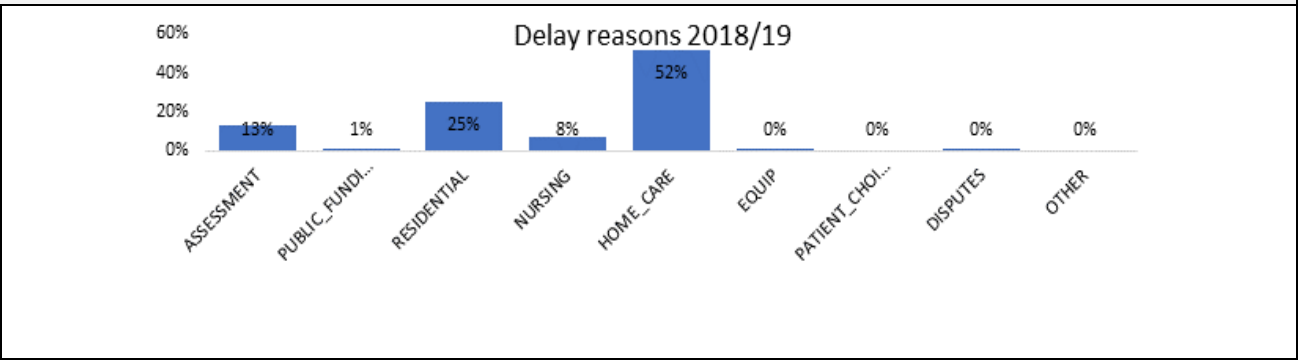


Story behind the baseline: In May 2018 all Health & Wellbeing Board areas received new Better Care Fund targets. The targets were presented in the format of “number of delays per day”. All areas were told they needed to hit target from the end of September and maintain it for the rest of the year. In Dorset, our target is to be recording no more than 9.0 Social Care-attributable delays per day. In 2017-18, we recorded 19.3 delays per day. The second half of the year saw 14.2 delays per day. In the current year to date, we have continued to further reduce our delays, continuing the downward trend seen since the middle of last year. June recorded our lowest month to date, with a total of 285 Social Care delays – 9.5 per day. We have not however repeated or improved upon this performance in July or August, and whilst we are far improved compared to last year, we are not currently on track to hit 9.0 delays per day by the end of September.

In Q1, our top three delays reasons (out of 1,062 days) were Awaiting Home Care (369 days), Awaiting Reablement (220 days) and Awaiting completion of Assessment (186).

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

What are we doing? We have been working hard to improve the DTOC position in all the hospitals. There has been a focus on early intervention to plan discharges and resolve situations where there are delays. A day conference and shorter multi-disciplinary forums were arranged, to “move things forward”. There were also visits to other authorities to look at “good discharge arrangements.” This has aimed for there to be a consistent and collaborative approach across Dorset, with all partners. The following have been arranged:

- Daily meetings were arranged for all partners to have an update and to discuss complex discharges
- This is co-ordinated through a weekly meeting, to assess the overall situation that week
- Arranged weekly “Stranded Patients” meetings, for managers to “look at” more innovative packages to facilitate discharge of people who have been in hospital for long periods
- Established Link workers in hospitals
- A nominated link person in Commissioning to liaise with providers, where there are difficulties in certain areas, particularly in respect of Reablement
- To have a clearer understanding of the data in relation to delays for people awaiting assessment
- A greater use of Occupational Therapists with Adult Social Care to facilitate good discharge

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%; Previous (Q4 2017-18) – 97.6%; Latest (Q1 2018-19) – 99.8%		
DORSET Trend IMPROVING	G	
COMPARATOR – Benchmark (England) BETTER – 86.9% (Average)	G	

Story behind the baseline: For the first quarter of 2018-19 results are based upon data from our new integrated case management system, MOSAIC, only. By doing this we have seen an increase in the number of clients in receipt of a Direct Payment, assumed to be because of the implementation of the Dorset Care Framework (based on experience from other framework implementations). The high performance for Self-Directed Support will continue to be monitored and investigated to ensure that there is a clear audit trail within Mosaic to evidence the 3 criteria required by the indicator for the remaining quarters of the 2018-19 reporting period. We will be looking at where in Mosaic the evidence is collected and sampling several cases. The Adult Social Care Survey results for 2017-18 show there has been little change in service users’ satisfaction with access to information about care and support suggesting this remains an area which requires further attention. Analysis shows that those in the middle age groups are most likely have sought information and they are also the most satisfied with their experience. Older people and those with a learning disability are least likely to have looked for information and comments suggest that this is often delegated to informal carers.

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

<p>Proportion of people who use services, and carers, who find it easy to find information about services</p> <p>Previous 2016-17 (Annual Measure) – 72.1% Latest 2017-18 (Annual Measure) – 72.6%</p>	
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<p>Proportion of clients given direct payments</p> <p>Previous Q3 17-18 – 21.6%; Previous Q4 17-18 – 19.8%; Latest Q1 18-19 21%</p>	
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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

What are we doing? The sample cases will be quality assured 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). Work is underway with Community Catalysts “a Social Enterprise and Community Interest Company working across the UK to try to make sure that people who need care and support to live their lives can get help in ways, times and places that suit them, with real choice of attractive local options”. They will undertake a 2-year micro-enterprise pilot running to August 2020 in Blackmore Vale, Sherborne Rural, Three Valleys and Winterbourne electoral divisions in North Dorset. These are rural locations where we struggle to provide care and support and there are limited alternatives.

The approach is very much dependent upon increased take up of Direct Payments and Individual Service Funds, providing people with greater choice, control and genuine personalisation of services. It is anticipated that this innovative way of working will roll out across the rest of the county if successful. Thus, putting the ‘social’ back into social care. Engagement via Making It Real Forums take place three times a year to give community members the opportunity to have their say on adult and community services. Community members are encouraged to scrutinise the work of the council and work with the council to design and influence priorities and service delivery.

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

Forum workshop topics to date include: information and advice, loneliness and isolation, personal travel budgets and hospital discharge. Future workshop topics include safeguarding, mental health services, and fairer charging policy. Over 120 carers have been consulted on priorities for carers support services. This is supporting the evaluation of how the council provides support and services for carers. A further workshop was undertaken to develop the information available to carers within a carers information service. Carers recommendations have been adopted to improve the user experience.

Extra Care resident consultation continues. Residents have helped to influence and design the new contract specification for the delivery of Extra Care from September 2018. A hospital discharge programme called Home First has recently established an engagement group to influence and design how the council can reduce the unnecessary time patients spend in hospital waiting for assessment or discharge. A large area of work looking to integrate the work of health and social care around learning disability and mental health is underway. Engagement and coproduction with community members is an essential planned area of work to ensure successful and meaningful changes are implemented. Making Safeguarding Personal is a new national approach to personalised safeguarding that enables safeguarding to be done with, not to, people. Proposals are being considered as to how the council can embed this approach and better engage and include community members.

Corporate Risks that feature within INDEPENDENT but are not assigned to a specific POPULATION INDICATOR

(All risks are drawn from the Corporate Risk Register)

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

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

Dr David Bonner (Strategic Insight, Intelligence and Performance Manager, Insight, Intelligence and Performance) Chief Executive's Department

Email David.Bonner@dorsetcc.gov.uk

Tel 01305 225503

David Trotter (Senior Assurance Officer, Governance and Assurance Services)

Email d.trotter@dorsetcc.gov.uk

Tel 01305 228692

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People and Communities Overview and Scrutiny Committee

Dorset County Council



Date of Meeting	10 th October 2018
Officer	Ciara Ryan – Better Care Fund Project Manager
Subject of Report	Better Care Fund Performance
Executive Summary	<p>This report has been produced to provide members of the Committee with information regarding the progress of the Dorset Better Care Fund, including performance against the four Better Care Fund metrics:</p> <ul style="list-style-type: none"> • Non-elective admissions; • Permanent admissions to residential care; • Reablement – the proportion of over 65's who remain at home 91 days' following discharge; and • Delayed transfers of care (DToC). <p>Thus far in 2018 there has been a significant improvement in the delayed transfers of care attributed to adult social care. Considerable progress has been made, recording lower days than have yet been documented.</p> <p>Improvements have also been seen in the context of NHS attributed delays; whilst the delays for the Dorset Health and Wellbeing Board area (health, social care and joint) are still over target, a decline is being witnessed, with a significant reduction compared to 2017/18. Pan Dorset, the system is within target.</p> <p>The ongoing work within the schemes of the Better Care Fund is designed to advance integration across health and social care as we move towards a functioning Integrated Care System. Of note, there has been recent progress within the Strong and Sustainable Care Markets scheme. The Dorset Care Framework has been designed to build a</p>

	<p>stronger and fairer market for the people of Dorset and was initially launched in December 2017.</p> <p>In recent months, work has been focussed on remobilising the framework; a project plan has been created, priorities have been identified and provider engagement has been organised for the beginning of October 2018. In addition, a commissioning strategy, which is broader than the Better Care Fund, but includes the Sustainable Care Markets scheme, is in draft. Decisions have been made regarding the direction of travel within this work stream, including thoughts on integration, Section 75 agreements regarding brokerage and a Memorandum of Understanding for partners.</p> <p>Additional scheme activity has been provided in the Better Care Fund Highlight Report (Appendix A).</p>
<p>Impact Assessment:</p> <p><i>Please refer to the protocol for writing reports.</i></p>	<p>Equalities Impact Assessment:</p> <p>Not necessary for this report</p>
	<p>Use of Evidence:</p> <ul style="list-style-type: none"> • 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
	<p>Budget:</p> <p>The iBCF allocations for DCC are £7.432m in 2017/18, £9.768m in 2018/19 and £11.750m in 2019/20.</p>
	<p>Risk Assessment:</p> <p>There are a number of risks attached to the BCF. The top two risks as reported within DCC’s Corporate Risk Register are:</p> <ul style="list-style-type: none"> • Capacity, capability and financial pressures on partner organisations impact negatively on the delivery of the Better Care Fund objectives • Better Care Fund performance targets are not met placing funding at risk
<p>Other Implications:</p> <p>Delayed transfers are also a high priority for health and feed into the aims of the Sustainability and Transformation Plan.</p> <p>There are overlaps with the Property and Assets Programme as this links directly to accommodation capacity within the county.</p>	

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 case studies of current impact.
Appendices	Appendix A – Better Care Fund Highlight Report
Background Papers	National Better Care Fund Submission Business Intelligence data sources
Officer Contact	Name: Ciara Ryan, Better Care Fund Project Manager Tel: 07824823004 Email: ciara.ryan@dorsetcc.gov.uk

1. Introduction

- 1.1 This report has been written to provide the People and Communities Overview and Scrutiny Committee with a progress update of the Better Care Fund in regards to the metrics against which the Better Care Fund reports.
- 1.2 The national targets for Delayed Transfers of Care were realised in May 2018, dictating that both health and social care delays would need to be significantly reduced:
- Adult Social Care - reduce to 2.6 daily delays per 100,000 18+ population (9 delay days per month).
 - NHS – Reduce by 30%
- 1.3 It has been understood that both health and social care will work towards achieving a decline in days over the months to achieve the target by the end of September 2018.
- 1.4 Targets for the remaining metrics have not been changes from the 2017-19 plans.

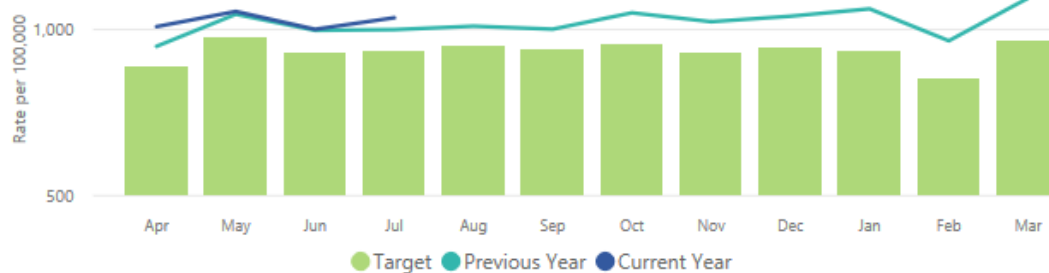
2. Performance

2.1 Metric One – Non-Elective Admissions

- **Metric:** Total non-elective spells (specific acute) per 100,000 population
- **Outcome sought:** A reduction in the number of unplanned acute admissions to hospital

Better Care Fund Performance

Rate of Total Non-Elective Spells (Specific Acute) per 100,000 population

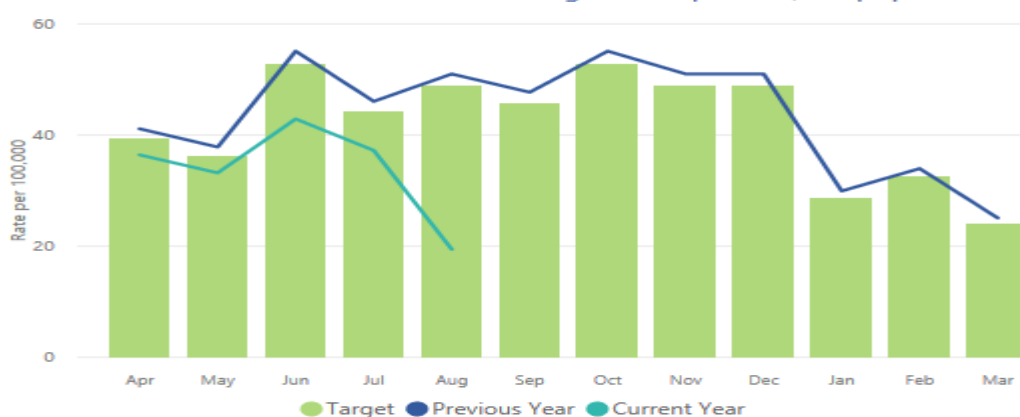


2.2 The NEA figures show that Dorset is not on track to hit the target. Official figures show that to date this year the Dorset area has had 1,549 more non elective admissions than planned. The non-elective rate per 100,000 population is also over target (3,734.8 target vs 4,098.6 actual).

2.3 Metric 2 – Admissions to Residential & Nursing Homes

- **Metric:** Long term support of older people (aged 65 or over) met by admission to residential and nursing homes per 100,000 population.
- **Outcome sought:** Reducing inappropriate admissions of older people into residential care

Rate of Admissions to Residential & Nursing Homes per 100,000 population



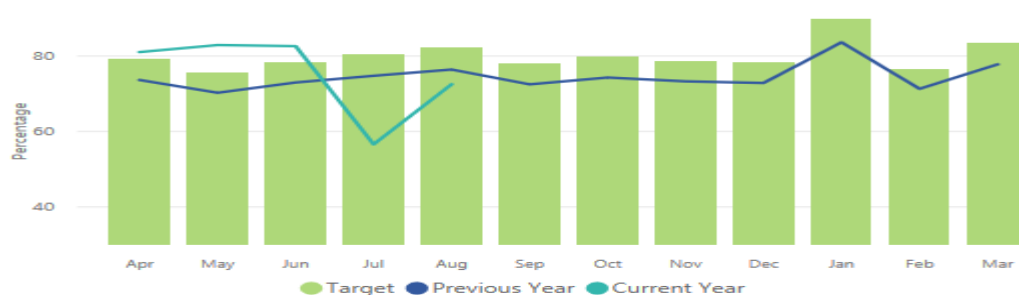
2.4 To provide a more accurate picture of performance for the full year, the evaluation 'not on track to hit the target' has been based on the twelve months up to the end of May (as data is subject to considerable lag in terms of input into our system). Because of system lags in data reporting, the monthly BCF return appears to indicate that Dorset is considerably better than target (as in the chart above), however it is known through experience that the numbers for each month grow retrospectively as we move through the year.

2.5 Metric 3 – Proportion of Older People Still at Home 91 days after discharge from Hospital in to Reablement/Rehabilitation Service

- **Metric:** Proportion of older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services.
- **Outcome sought:** Increase in effectiveness of these services whilst ensuring that those offered the service does not decrease.

Better Care Fund Performance

Percentage of Older People Still at Home 91 Days After Discharge

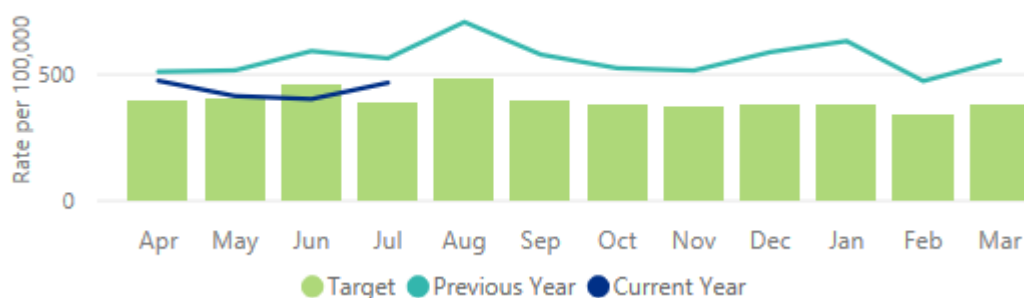


2.6 Although the latest figure shows 72.5% for the year to date, it is important to note that this data is subject to considerable lag. Performance against the target has been reported as on track because both April and May's figures, which by now are robust in terms of data completion, were just above 80%.

2.7 Metric 4 – Delayed Transfers of Care

- **Metric:** Delayed Transfers of Care from hospital per 100,000 population
- **Outcome sought:** Effective joint working of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfers from all hospitals for all adults.

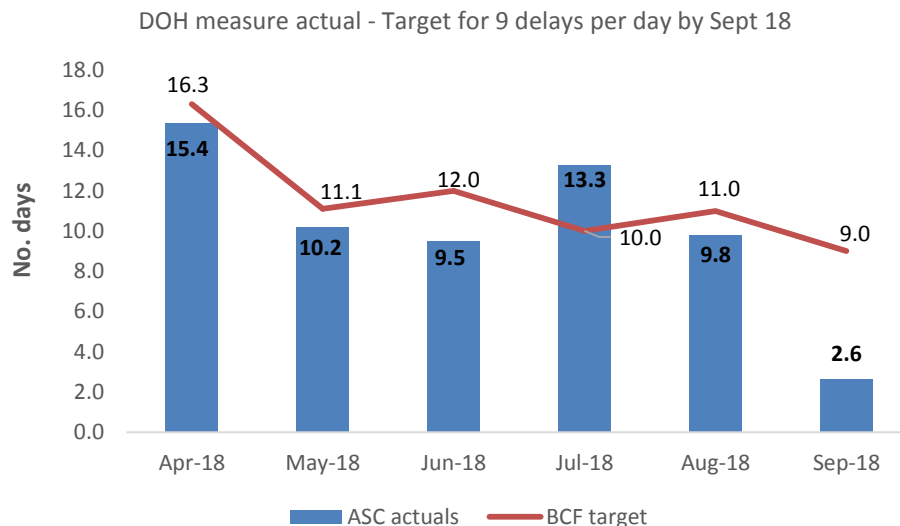
Rate of Delayed Transfers of Care (Days)



2.8 Official data for DTOC in Dorset (health, social care and joint delays) shows a positive reduction for quarter one with a slight incline at the beginning of quarter 2. Despite reductions Dorset remains outside of the target (6,139 days' actual vs 5,782 target).

2.9 The following graph highlights the considerable progress made within Adult Social Care. Recent data depicts lower numbers of delays than have ever been recorded, including 5.4 delays per day for the week ending 30th August (Social Care attributable) – the lowest yet. A number of approaches are still being adopted to further reduce delays. However, based on actual recorded delays for the whole of August we have on balance said that Dorset is not quite on track to hit the Social Care target by the end of September.

Better Care Fund Performance



2.10 The achievements in delays for adult social care have been achieved without additional investment. The LGA and ADASS have not agreed any additional metrics for Dorset County Council.

3. Scheme activity

- 3.1. The Better Care Fund Highlight Report has been included as Appendix 1, to outline the current activity within the Better Care Fund schemes.
- 3.2. The report notes advancements within the Strong and Sustainable Care Markets Scheme. There has been a significant focus on remobilising the framework following its initial launch in December 2017. A Category Manager has been sourced to identify the priorities and create a project plan to state the process for framework reopening. The necessary legal actions have been identified and are being actions and provider engagement events have been planned for the beginning of October 2018.
- 3.3. In addition to the above work, a commissioning strategy is being developed with involvement from the Local Authority and CCG. The strategy is broader than the Better Care Fund, but includes the Sustainable Care Markets scheme where governance and alignment is in development. Agreement has been gained regarding the direction of travel for this work and discussions include initial thoughts on integration, a section 75 agreement for brokerage functions and a Memorandum of Understanding is being drafted for partners moving forwards. A new timeline to incorporate the above work is also being created.
- 3.4. In part, the commissioning strategy will help to alleviate some of the pressure currently being faced by NHS Continuing Health Care; the County Council's Adult Social Care Service User budgets are currently forecast to be overspent by £1.7m. This does not include the 60+ CHC cases waiting to be assessed. In addition, an overspend is forecasted in Adult CHC, Children's CHC and funding Out of Hospital. The future of the Funded Out of Hospital has been presented to the CCG Director meeting and System Leadership Team recommending changes to the current process.

3.5. In addition, a plan has been put in place by Dorset CCG to address the backlog of assessments within this financial year.

Helen Coombes
Transformation Lead for Adult Social Care
October 2018

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BETTER CARE FUND HIGHLIGHT REPORT

PROJECT SUMMARY	
Name	Better Care Fund
SRO	Helen Coombes
Key Leads	Fiona Richardson & Tony Meadows
PM	Ciara Ryan

KEY
On schedule to meet the target
Potential to miss target/slippage in timescales
Likely to miss target/action required

SCHEME 1 – SUPPORT FOR CARERS							
Project	Work Package	Narrative	Key priorities/milestones this period	Key priorities/milestones next period	Status (RAG)	measure of success	High Risks
Carers offer	Recommissioning offer	Review and alignment of carers offer to match developing integrated community and primary care services	Map existing services, market engagement, develop draft service specification	All legacy contracts reviewed. Agree final specification across commissioning partnership & with stakeholders. Procurement via Dorset Care Framework Dec-Jan. Contract Award Feb 2019	green		
Carers Leads	Acute Trust	Support joined up recognition and services for carers across the health and social care system	Develop relationship with acute trusts to promote recognition of carers and appropriate of transition to relevant services/support				
	Community Trust	Support joined up recognition and services for carers across the health and social care system	Align with DHC's Carer's Pathway and Triangle of Care approach				
	Primary care	Support joined up recognition and services for carers across the health and social care system	Pilot GP Practice accreditation scheme - North Dorset locality		green		

BETTER CARE FUND HIGHLIGHT REPORT

PROJECT SUMMARY	
Name	Better Care Fund
SRO	Helen Coombes
Key Leads	Fiona Richardson & Tony Meadows
PM	Ciara Ryan

KEY
On schedule to meet the target
Potential to miss target/slippage in timescales
Likely to miss target/action required

SCHEME 2 – Integrated Health and Social Care Pathways							
Project	Work Package	Narrative	Key priorities/milestones this period	Key priorities/milestones next period	Status (RAG)	measure of success	High Risks
LD and MH Pathways	Engagement Phase	Renegotiating timeframes and method with partners in order to ensure 'buy in' with staff and users. Need to be more explicit with objectives in order to validate the methodology - eg use of the term 'co-production.'	<ol style="list-style-type: none"> 1. Complete comprehensive Intelligence Review. 2. Amend and adapt PID to reflect changes to timeline and to be more explicit around what the project is trying to achieve. 	<ol style="list-style-type: none"> 1. Use Intelligence review to aid preparation of engagement resources and to plan how the sessions with staff and with users will best generate the information that we require. 	green		<p>Failure to achieve sufficient engagement to inform future design of new Learning Disability and Mental Health pathways.</p> <p>Staff, user and carer engagement capacity.</p> <p>IT systems and capability</p>
High intensity users/Rapid response	Delivery Phase	Multiple programmes are underway and being delivered with localities through partnership approach. The current focus is on work which can be delivered through re-design or distribution.	<ol style="list-style-type: none"> 1. Continued roll out implementation of frailty toolkit DCP in tandem with primary Care transformation plans to deliver Frailty Management as a 'locality-based' approach 2. Frailty pathway work being undertaken with DCH 3. Work underway with Dorset County Hospital to agree Frailty Specialist Support Locality ICS Hubs 		green		<ol style="list-style-type: none"> 1. Workforce transition plan not yet developed and agreed and potential workforce capacity and capability gaps. Gaps in skills and capacity to implement rapid change programmes 2. Capacity in the domiciliary and care home market 3. The demand on social care outstripping capacity and resources
Medium Intensity users	Delivery Phase	ICPCS funding proposals for West Cluster includes ability to extend project scope to medium intensity needs populations. It is dependant on progress with primary Care Transformation programme to deliver an integrated workforce and resource capability across community and primary health care.	<ol style="list-style-type: none"> 1. 'Home first' scoping and project, led by DCC, but involving all partners 2. Integration opportunities between intermediate care and re-ablement services 3. Weymouth designated UTC. Aiming for direct bookings from 111 4. IAGPS development towards 100% target across west cluster. Development of LTC clinics/reviews 	<ol style="list-style-type: none"> 1. Primary Care Home Development- Purbeck & North Dorset. Commencing soon in other localities 2. ICPCS development of enhanced offer for respiratory, diabetes, pharmacy, care homes. 3. Recruitment 	amber		<ol style="list-style-type: none"> 1. Risk of not achieving the system levels reductions in activity in secondary care 2. Workforce transition plan not yet developed and agreed and potential workforce capacity and capability gaps. Gaps in skills and capacity to implement rapid change programmes

BETTER CARE FUND HIGHLIGHT REPORT

PROJECT SUMMARY	
Name	Better Care Fund
SRO	Helen Coombes
Key Leads	Fiona Richardson & Tony Meadows
PM	Ciara Ryan

KEY
On schedule to meet the target
Potential to miss target/slippage in timescales
Likely to miss target/action required

SCHEME 3 –Maintaining Independence							
Project	Work Package	Narrative	Key priorities/milestones this period	Key priorities/milestones next period	Status (RAG)	measure of success	High Risks
Non-clinical health coaching and social prescription service	Procurement Phase	Provider briefing completed on 3 August 2018. Tender documents issued on 13 August 2018.	Responding to provider briefing and clarification questions with a closing date of 03 September 2018.	Receipt of proposals by 17 Septemeber 2018. Initial panel evaluation begins 20 September 2018	green		possibility of proposal bids not meeting the full requirement of the service ie lead provider for non-clinical health coaching, link worker to social prescription and self management digital platform.
MyMHealth self-management apps for COPD, Diabetes and Heart	Proof of concept phase	510 apps provided to patients with equal call from all 3 conditions. MyCOPD and MyDiabetes apps being deployed in Primary Care, MyHeart app being deployed by Cardiac Rehab Nurses and Community Heart Failure Nurses.	Increased training to Primary Care Practice Nurses. 20 Practices trained and 17 requested training.	Training programme to be completed.	amber		Risk of not utilising all of the remaining apps (730) by Decemeber 2018
				Plan for Learning and Sharing event - 25 Septemeber 2018	green		
Interim social prescription and non-clinical health coaching provision from Oct18 - March 19.	Contracting	Due to the procurement timetable for commencement of the non-clinical health coaching and social prescription service, the current providers will recieve a 6 month contract	contract varaiaions agreed by Dorset CCG	contracts to be signed	green		
Personalised Care MOU with NHSE	Development and reporting	offering choice and control to individuals with complex needs through a personalised care approach and expansion of Personal Health Budgets and Integrated Budgets	Discussions with providers and commissioners re identifying the service user cohorts to demonstrate scale, spread, impact and sustainability of personalised care approaches.	Agree MOU funding allocation	amber		
Independent Living Pathway	Design phase	Review of AT and adaptation services / pathways to design and implement 'independent living pathway'. Project scope agreed by DMT in July, steering group to be set up	Complete "as is" pathway mapping during September	To be' Pathway Design to be complete by October '18	green		Risk that current service data is not of sufficient quality to support as is analysis of pathways
Technology Enabled Care	Discovery	Scope of pilots developed and agreed by TEC Team and Principal OT, quotes sought following advice from procurement	Business justification template to be completed for Brain in Hand and Discharge pilot (addressing procurement issues raised)	Business justification to be shared with steering group, funding stream to be agreed and move into implementation	green		
	Development and reporting	Mechanism required to capture impact of in year developments	Agree mechanism with MOSAIC team (BH) and timescales		amber		Risk that changes aren't prioritised within wide MOSAIC work programme

BETTER CARE FUND HIGHLIGHT REPORT

PROJECT SUMMARY	
Name	Better Care Fund
SRO	Helen Coombes
Key Leads	Fiona Richardson & Tony Meadows
PM	Clara Ryan

KEY
On schedule to meet the target
Potential to miss target/slippage in timescales
Likely to miss target/action required

SCHEME 4 –High Impact Changes							
Project	Work Package	Narrative	Key priorities/milestones this period	Key priorities/milestones next period	Status (RAG)	measure of success	High Risks
Home first - Business case to be in place for presentation at October DMT	Assessment	Working Group 1 has specific focus on this aspect as part of the Business plan for Home First Models. 289 delays up to June 2018. Of these. Average delays per week show awaiting assessment as 2nd most frequent reason.	Working Groups and co-production groups set up and initiated.	Business case to DMT 25/09/2018	green		
	Reablement/POC	Working group 2. Work underway to fully understand the usage of reablement service and definitions being applied.	Working Groups and co-production groups set up and initiated.	Business case to DMT 25/09/2018	green		Inadequate staffing levels would mean home first systems not fully implemented
	Review of pilots/AT	Work stream 3. Lead established and planning in place	Working Groups and co-production groups set up and initiated.	Business case to DMT 25/09/2018	amber		Inadequate community resource or support process could result in delayed transfers of care
	Staff - hours/training	Staff survey - results to be available from 31st August. Initial perusal suggests staff are , in general not opposed to more flexible working arrangements to increase engagement with families and carers.	Working Groups and co-production groups set up and initiated.	Business case to DMT 25/09/2018	amber		Failure to deliver model could result in inability to meet BCF targets
		DCC participates in regular calls system wide to share best practice and other issues.	Working Groups and co-production groups set up and initiated.	Business case to DMT 25/09/2018	amber		Lack of future proofing/sustainability
Trusted Assessor	HICM	Paperwork for Trusted assessor and associated practice under consideration by working group as part of wider Home first models. Business case to be delivered in October	Currently at L2 and is an integral part of the remit for working group 1 which has been initiated reporting has started	All areas have received L1 training however unable to resume full procedures until L2 training is completed and trainers identified under new models	amber		
Stranded Patients	Task and Finish Programme	Task and finish group programme set up with a scope including all patients in acute, community and mental health beds.	Governance agreed; weekly TFG bi-weekly exec ownership group SLT Sponsor agreed 45 champions signed up	Short term - 25% sustainable reduction in Dorset super stranded patients by end of October 18	green		
			Transformation Fund Bid accepted based on reducing super stranded patients by 25%	Medium term - no patient medically ready for discharge in a hospital bed beyond 21 days - December 2018	green		

On track to meet the target

Not on track to meet the target

SCHEME 4 –High Impact Changes

Metrics

Metric	Comments	Status (RAG)
Non Elective Admissions (NEA)	Figures show Dorset HWB had 1,133 more non elective admissions than planned for Q1 2018/19, the non elective rate per 100,000 population in Q1 was also over target (3,063 actual vs 2,797 target).	Not on track to hit the target
Reablement (latest available)	Although our latest figure shows 68.2% for the year to date, we need to be aware that this data is subject to considerable lag. I have listed the indicator as on target because both April and May's figures, which by now are robust in terms of data completion, were just above 80%.	On track to hit the target
Residential Admissions	Based on the twelve months up to the end of May to provide a truer indicator of our full-year performance (as data is subject to considerable lag in terms of input into our system), we appear to be off track. Because of lag, our monthly BCF return appears to show us considerably better than target, but we know that the numbers for each month grow retrospectively as we move through the year.	Not on track to hit the target
DTCO	<p>DCC: We have made considerable progress this year, recording considerably lower delays than have ever been previously recorded, including 5.4 delays per day this week - the lowest we have ever seen (target: 9 per day from September). We are still working on a number of approaches that should further reduce our delays. However as the data stands at this moment in time we are not due to hit target by the end of September.</p> <p>Official data for DTCO (health, social care and joint delays) available for Q1 shows a positive reduction in line with aspirations for meeting the mandated targets from September 2018. Despite the reduction we were still slightly outside of the target in Q1 (4,509 days actual vs 4,431 target).</p>	Not on track to hit the target

BETTER CARE FUND HIGHLIGHT REPORT

PROJECT SUMMARY	
Name	Better Care Fund
SRO	Helen Coombes
Key Leads	Fiona Richardson & Tony Meadows
PM	Ciara Ryan

KEY
On schedule to meet the target
Potential to miss target/slippage in timescales
Likely to miss target/action required

SCHEME 5 - Moving on from Hospital Living							
Project	Work Package	Narrative	Key priorities/milestones this period	Key priorities/milestones next period	Status (RAG)	measure of success	High Risks
MOFHL Pooled Budget	Section 75 Agreement	Section 75 for 2017/18 has now been amended and passed for sign off. This section amended version will be the basis for the 2018/19 agreement.		Complete	green		No high risks identified
	Budget Monitoring	Due to some discrepancies with initial return from partners the 1 Qtr. return was delayed. This has now been completed and overall a £278k overspend is currently being projected. This is mainly due to overspends by DCC and BBC. (Finance report attached for context).	Complete qtr. 1 financial return.	Further work needed now return confirmed in respect to cost increase and identify if any actions can be taken to remedy.	red		High risk of overspend based on Qtr. 1 position.
	Future Strategic Direction	Commissioning partners have agreed to review pooled budget arrangements for 2019/20 in the context of LGR.	Meetings held by MM with partners to discuss options for the Pooled budget arrangement post LGR 2019/20	Produce Report for LD JCB on future of the pooled budget for 2019/20	green		Risk if partners cannot agree arrangement for 2019/20

BETTER CARE FUND HIGHLIGHT REPORT

PROJECT SUMMARY	
Name	Better Care Fund
SRO	Helen Coombes
Key Leads	Fiona Richardson & Tony Meadows
PM	Ciara Ryan

KEY
On schedule to meet the target
Potential to miss target/slippage in timescales
Likely to miss target/action required

SCHEME 6 - Sustainable Care Markets

Project	Work Package	Narrative	Key priorities/milestones this period	Key priorities/milestones next period	Status (RAG)	measure of success	High Risks
To note - Emphasis on developing a Joint Commissioning Strategy which will include elements currently contained within the BCF and may feed into/affect timescales and deliverables							
Dorset Care Framework OP	Framework Remobilisation	Agreement in principle has been sought and confirmed regarding the direction of travel for the scheme. This has now been broadened to include the integration strategy, i.e. initial thoughts on integration and section 75 agreements for DCC/CHC Brokerage. A new activity timeline is being worked through in accordance with the above alongside a partner MOU for the framework.	Project re mobilised. Stakeholders re engaged Project plan with action owners drafted Core team identified and kick off meeting held, owners for specific Workstreams agreed. Project documentation completed by DCC and has been shared with CCG, project charter, stakeholder analysis, implemented.	Complete comms. plan Provider event to re kick off the project to the whole Care Market in Dorset Agree actions required, owners and time plan to enable opening the framework in week 1 December.	green		No specific issues. Commissioning capacity is a risk, especially as this project is running parallel with LD DCF which uses the same commissioning resource in some areas. No specific blockers. Resource planner outstanding.
			Segment 1. Lot 1 - decision to be made as to whether complex care sits in Lot 1 (Lot 1b) or new Lot 10. Lot 7 - live in care scoping work started Lot 8 Extra Care tender complete and transfer to the new provider started Waking [and sleeping nights] rates signed off by DMT in respect of LD only	Segment 1. Lot 8 Extra care new provider in place, KPIs and Continuous Improvement plans developed in partnership with the provider. Receive draft block contract review for Segment 1. Agree workstream timings for Performance capture and provider ranking Agree forward plan for Lots 1-9 (except Lot 8)	green		Seg 1 - Waking [and sleeping nights] - must be approved through CCG once position is clear.
			Segment 2. No action	Segment 2. Engage with Commissioning owner of the Segment to scope actions and requirements.	green		
			Segment 3. Residential costs finalised, and paper prepared for DMT and CCG Governing Body.	Segment 3. Agree project plan actions and owners	green		

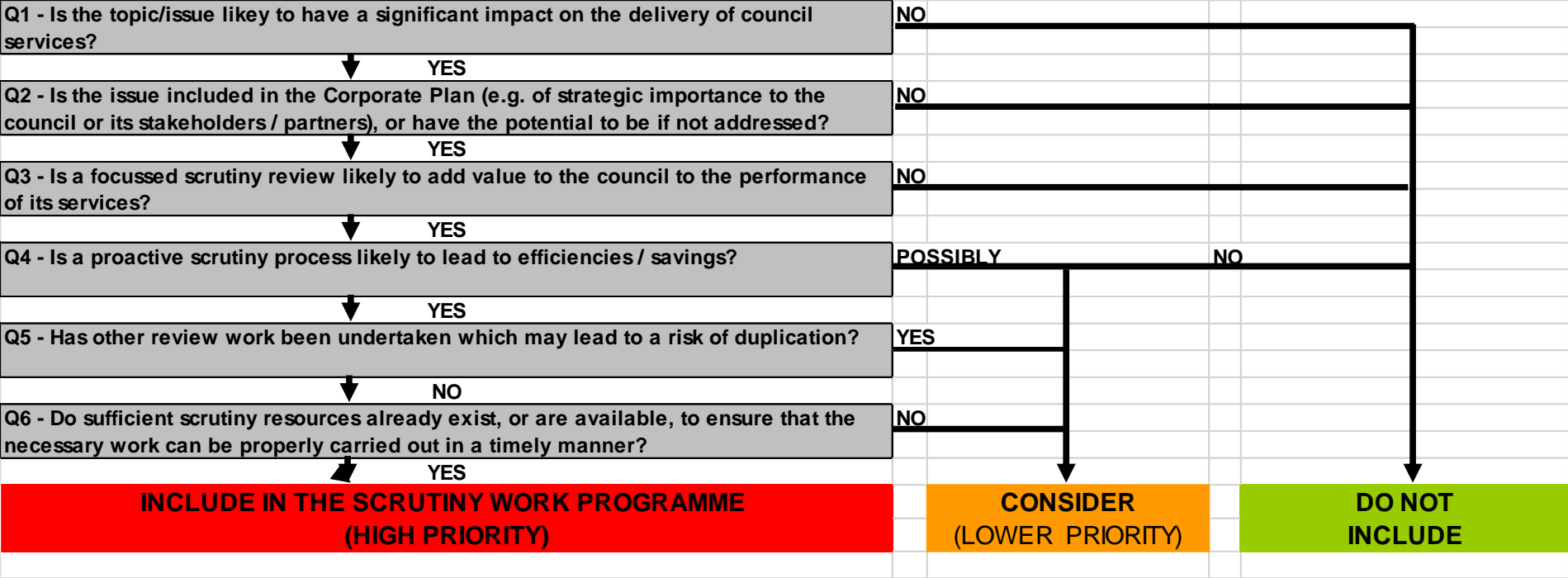
Integrated business intelligence	Alignment	Meeting between DCC / CCG to look at current reporting and how this can be aligned	Agree reporting arrangements	Aligned reporting - end of September 2018	green		
Integrated brokerage	Alignment	A draft S75 has been circulated	Agree S75	Align systems and processes - in place by November 2018	green		
Integrated quality	Alignment	A previous business case for the development of RIFT has been circulated	Review and update RIFT business case to ensure it captures all requirements including sharing with stakeholders	sign off business case	amber		
Care home closure	Standard operating procedure	An agreed procedure has been co-developed between partners	Sign off - end of September		green		
Manging provider failure and service interruption	Standard operating procedure	An agreed procedure has been co-developed between partners	Sign off - end of September		green		
Provider performance escalation process	Standard operating procedure	An agreed procedure has been co-developed between partners	Sign off - end of September		green		

People and Communities Overview & Scrutiny Committee Work Programme

Chairman: Cllr David Walsh
Vice Chairman: Cllr Mary Penfold

Specific issues previously discussed by the Committee for potential further review:	
<u>Topics Currently under Scrutiny Review</u> <ul style="list-style-type: none"> • Cost and Quality of Care (Inquiry Day 130217) • Integrated Transport (Inquiry Day 260218 report to 4 July and 9 January meeting) • Social Isolation (completed) • Mental Health (Inquiry Day 131217, report to March, 4 July 2018 and 9 January 2019 meetings) • Homelessness (completed) • Delayed Transfers of Care (report to 21 March and 4 July 2018 and 9 January 2019 meeting) 	<p>For the items listed to the left members are asked to:</p> <ul style="list-style-type: none"> • Complete the prioritisation methodology • Identify lead Member(s) and lead Officer(s) • Provide a brief rationale for the scrutiny review • Indicate draft timescales • Assign the item to a meeting in the work programme
<u>Topics Identified for possible Review</u> <ul style="list-style-type: none"> • Adoption and Fostering (Not being progressed by the Safeguarding Overview and Scrutiny Committee) • Information, Advice and Guidance • Integration of Health and Social Care, including the Better Care Fund 	
<u>Other topics identified for Review</u> <ul style="list-style-type: none"> • Elderly Care • Local Government Review 	
<u>Other topics not to be progressed</u> <ul style="list-style-type: none"> • 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 	

Scrutiny Review Prioritisation Methodology:



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
10 October 2018	1.	<u>Update on Working with Schools</u> To consider a report by the Director for Children's Services.		Lead Member: Lead Officer: Rick Perry Senior Manager for Change Management and Planning		
	2.	<u>Outcomes Focused Monitoring Report</u> To consider a report by the Transformation Lead for the Adult and Community Forward Together Programme.		Lead Member: Lead Officer: David Bonner Intelligence, Insight & Performance Manager		
	3.	<u>Better Care Fund Performance</u> To consider a report by the Better Care Fund Manager.				
9 January 2019	1.	<u>Outcomes Focused Monitoring Report</u> To consider a report by the Chief Executive.		Lead Member: Lead Officer: David Bonner Intelligence, Insight & Performance Manager		
	2.	<u>Mental Health Review Responses</u> To receive a further report on responses from organisations who were sent the recommendations arising 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		

Date of Meeting		Item/Purpose	Key Lines of Enquiry (KLOE)	Lead Member/Officer	Reference to Corporate Plan	Target End Date
	3.	<u>Integrated Transport Review</u> To receive an update report on the outcomes from the Inquiry Day held on 28 February 2018 and next steps.		Lead Member: Cllr Derek Beer Lead Officer: Matt Piles Service Director - Economy, Natural and Built Environment		
	4.	<u>Delayed Discharges</u> To receive an update report.		Lead Member: Cllr David Walsh Lead Officer: Diana Balsom, Strategic Commissioning Lead		
14 March 2019	1	<u>Outcomes Focused Monitoring Report</u> To consider a report by the Chief Executive.		Lead Member: Lead Officer: David Bonner Intelligence, Insight & Performance Manager		

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