

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>
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1. Corporate Plan 2017-19: Dorset County Council’s Outcomes and Performance Framework

- 1.1 The corporate plan includes a set of “population indicators”, selected to measure progress towards the four outcomes. No single agency is accountable for these indicators - accountability is shared between partner organisations and communities themselves. For each indicator, it is for councillors, officers and partners to challenge the evidence and commentaries provided, and decide if they are comfortable that the direction of travel is acceptable, and if not, identify and agree what action needs to be taken.
- 1.2 Each indicator has one or more associated **service performance measures**, which measure the County Council’s own specific contribution to, and impact upon, corporate outcomes. For example, one of the population indicators for the “Healthy” outcome is “Under 75 mortality 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

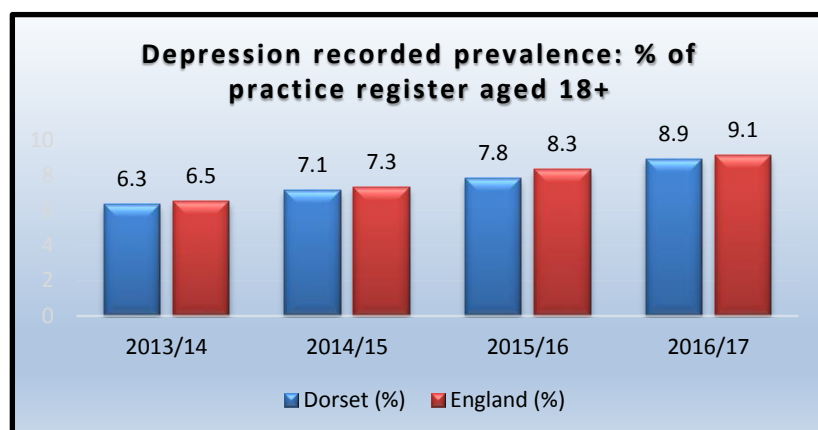
- 2.2.1 Hospital admissions related to alcohol remain higher for men than women, both nationally and locally. Whilst hospital admissions for males for alcohol related conditions locally remained unchanged, the rate rose for females. Nationally, there was improvement in the trend for both males and females.
- 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.