Appendix 1

Dorset County Council

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.

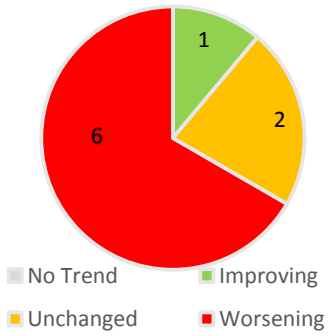
Contents

Legend (RAG status)

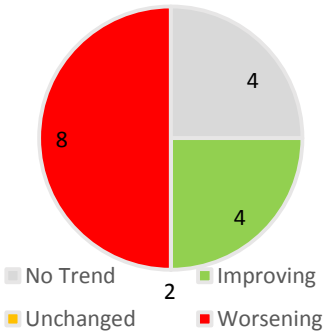
R	Performance NOT on track	**G**	Performance ON track
A	Some issues of concern	**ND**	No data or polarity

HEALTHY – Executive Summary

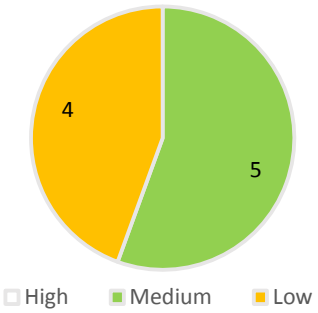
Population Indicator (9 in total)



Performance Measure (Currently 16 in total)



Risk(s) (Currently 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

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 succesfully completing substance use treatment

Emotional and behavioural health of looked after children

Proportion of clients engaging with live well Dorset

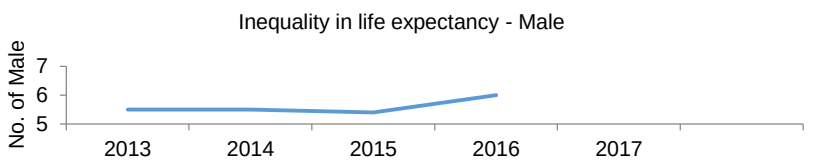
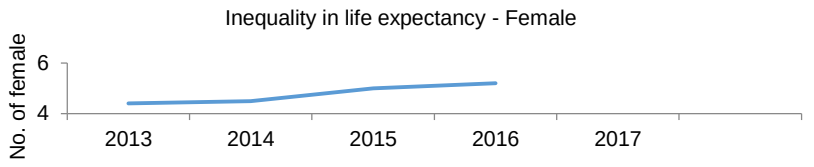
No. of children with SEMH

Clients smoking less at 3 months following smoking cessesation course

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

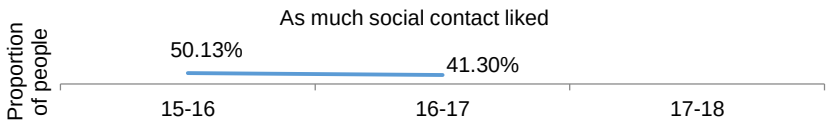
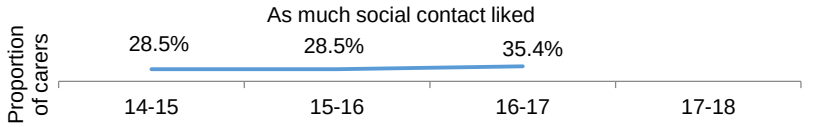
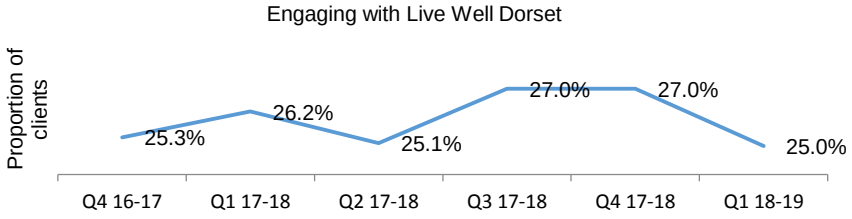
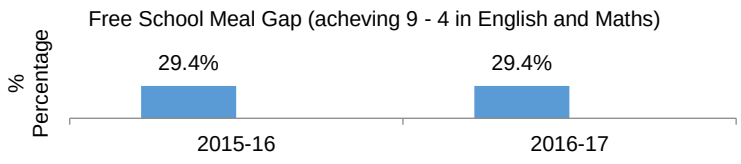
DORSET - Previous (March 2015) - 5.4 Male; Latest (March 2016) - 6.0 Male		
DORSET - Trend WORSENING	R	
COMPARATOR - Benchmark (England) BETTER 9.2 (Average)	G	
DORSET - Previous (March 2015) – 5.0 Female; Latest (March 2016) - 5.2 Female		
DORSET - Trend WORSENING	R	
COMPARATOR - Benchmark (England) BETTER 7 (Average)	G	

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

Although the SII in Dorset is lower than the England SII for both males and females, there has been little change in the SII for males for around the last 8 years. For women, there has been a sustained increase in inequalities over the last 5 years, although this is not yet statistically significant. This could be because the health of women in poorer areas has worsened, that is has improved only for women in the most affluent areas, or a combination of the two. Differences in opportunities, in access to or take up of services, and in health outcomes along the life course all contribute to these inequalities in life expectancy. For example, those in poorer areas may find it more difficult to access or engage with traditional services; the Live Well Dorset service has focused on trying to get greater engagement in these areas. Loneliness and social isolation also affects more people in these areas. Due to KS4 regrading we have removed 'Inequality gap level 2 qualification including E & M' and 'Free School Meal Gap of those achieving 9-4 in English and Maths' has been introduced.

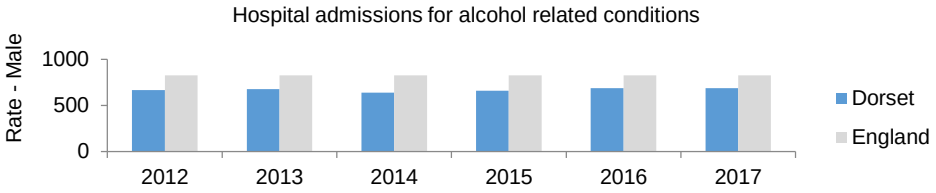
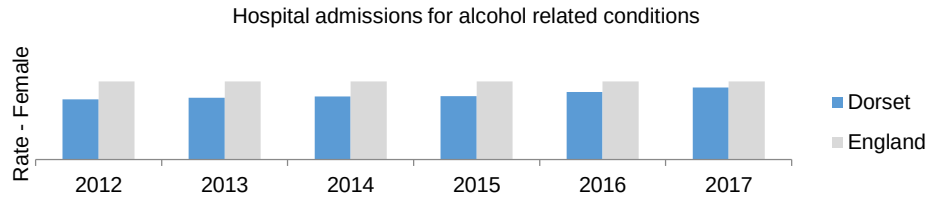
Partners with a significant role to play: Health & social care, and education services, as well as the voluntary sector and all key partners in this at both strategic and operational levels.

Performance Measure(s) – Trend Lines

Proportion of people who use services who reported that they had as much social contact as they would like Previous 2015-16 – 50.13%; Latest 2016-17 – 41.3%	
Proportion of carers who use services who reported that they had as much social conatct as they would like Previous 2014-15 – 28.5%; Latest 2016-17 – 35.4%	
Proportion of clients engaging with Live Well Dorset who are from the most deprived quartile Previous Q4 2017-18 – 27%; Latest Q1 2018-19 – 25%	
Free School Meal Gap of those achieving 9-4 in English and Maths (new) 2016-17 – 29.4%	

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)		
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.		

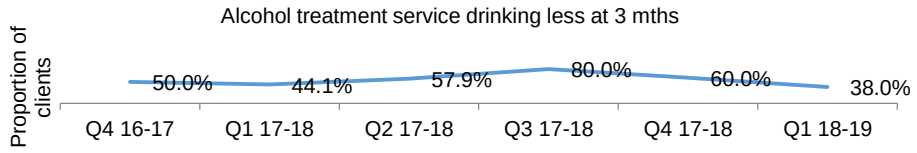
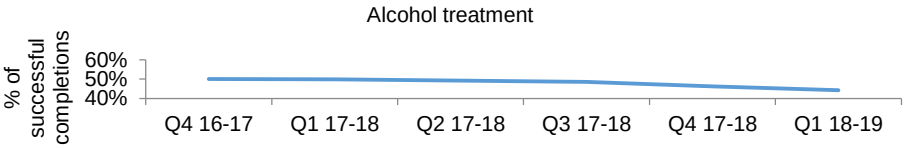
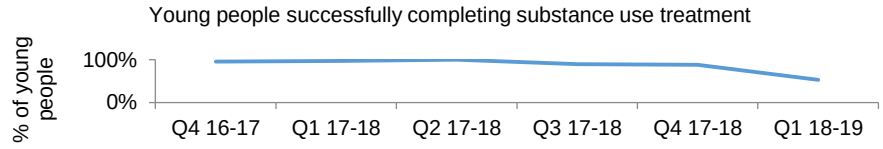
HEALTHY: 02 – Population Indicator Rate of hospital admissions for alcohol-related conditions - Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Will Haydock

DORSET – Previous (2016) – 690 Male; Latest (2017) – 690 Male	
DORSET - Trend UNCHANGED **A**	
COMPARATOR Benchmark (England) BETTER 827 (Average) **G**	
DORSET – Previous (2016) – 409 Female; Latest (2017) – 437 Female	
DORSET - Trend WORSENING **R**	
COMPARATOR - Benchmark (England) BETTER 474 (Average) **G**	

Story behind the baseline: Rates of hospital admissions related to alcohol are much higher than 30-40 years ago, due to a combination of higher levels of alcohol consumption and improved data recording. Admission rates remain higher for men than women, but whilst the rate for men is mostly static, the rate among women appears to be rising. This relates to 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.

Partners with a significant role to play: Dorset Clinical Commissioning Group (CCG), Dorset Healthcare University Foundation Trust (providers of treatment services and health visiting / school nursing), Dorset County Hospital, Poole Hospital, The Royal Bournemouth and Christchurch Hospital, Schools and colleges, GP practices, Voluntary and Community Sector providers and Live-Well Dorset.

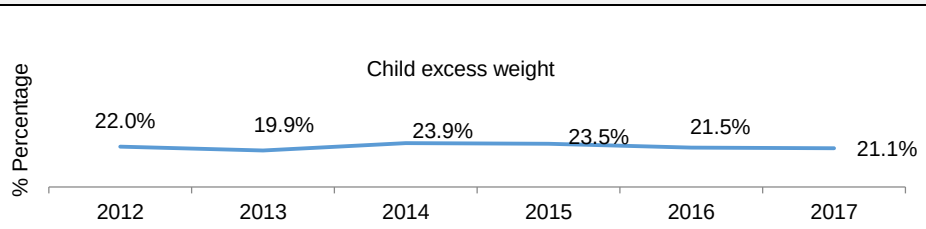
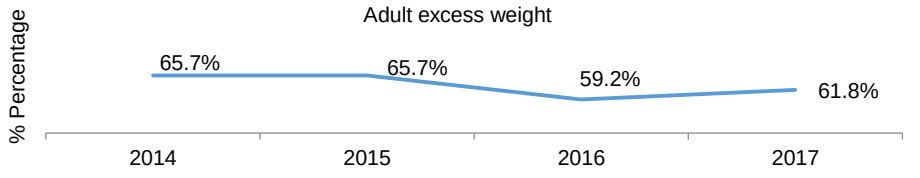
Performance Measure(s) – Trend Lines

Proportion of clients of alcohol treatment service drinking less at 3 months Previous Q4 2017-18 – 60% Latest Q1 2018-19 – 38%	
Alcohol treatment service successful completions Previous Q4 2017-18 – 46.2% Latest Q1 2018-19 – 44.3%	
% of young people successfully completing substance use treatment – qtrly Previous Q4 2017-18 – 88% Latest Q1 2018-19 – 53%	

Corporate Risk	Score	Trend
04p – Lack of support for the location of a drugs and alcohol recovery hub	**MEDIUM**	**UNCHANGED**

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

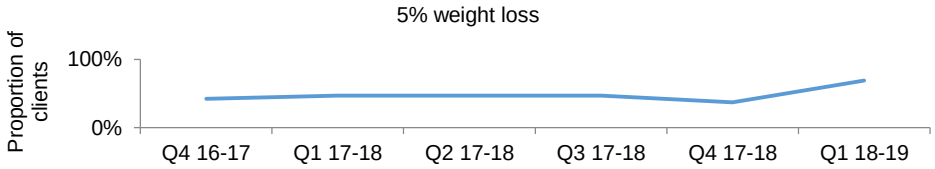
HEALTHY: 03 Population Indicator Percentage of Children and Adults with excess weight - Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Lee Robertson

DORSET – Previous (2016) – 21.5% Child (4-5-year olds); Latest (2017) - 21.1% Child (4-5-year olds)	
DORSET - Trend IMPROVING **G**	
COMPARATOR - Benchmark (England) BETTER 21.9% (Average) **G**	
DORSET – Previous (2016) – 59.2% Adults; Latest (2017) – 61.8% Adults	
DORSET - Trend WORSENING **R**	
COMPARATOR - Benchmark (England) BETTER 64.8% (Average) **G**	

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.

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

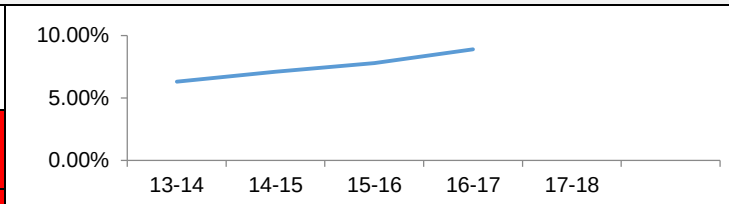
Performance Measure(s) – Trend Lines

Proportion of clients making 5% weight loss Previous Q4 2017-18 – 37%; Latest Q1 2018-19 – 69%	

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

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

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

DORSET – Previous 2015-16 – 7.8%; Latest 2016-17 – 8.9%	
DORSET - Trend WORSENING **R**	
COMPARATOR - Benchmark (England) WORSE 9.1% (Average) **R**	

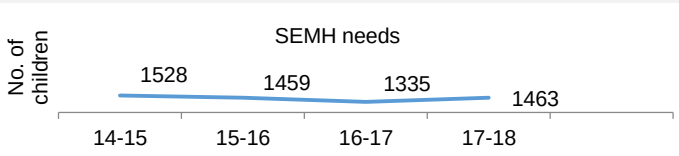
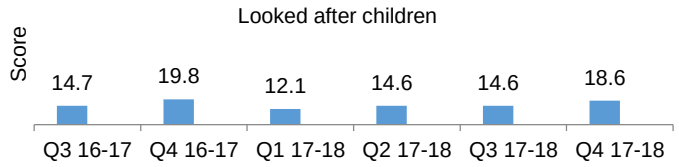
Story behind the baseline: This new indicator provides a measure of the number of people living with depression, which, as widely reported, is on the increase. The indicator shows the prevalence of depression as recorded on GP practice registers. Mental health is one of the two main causes of sickness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

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

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

Partners with a significant role to play: Dorset Clinical Commissioning Group (CCG), Dorset Healthcare University Foundation Trust (providers of treatment services and health visiting / school nursing), Dorset County Hospital, Poole Hospital, The Royal Bournemouth and Christchurch Hospital, Schools and colleges, GP practices, Voluntary and Community Sector providers and Live-Well Dorset.

Performance Measure(s) – Trend Lines

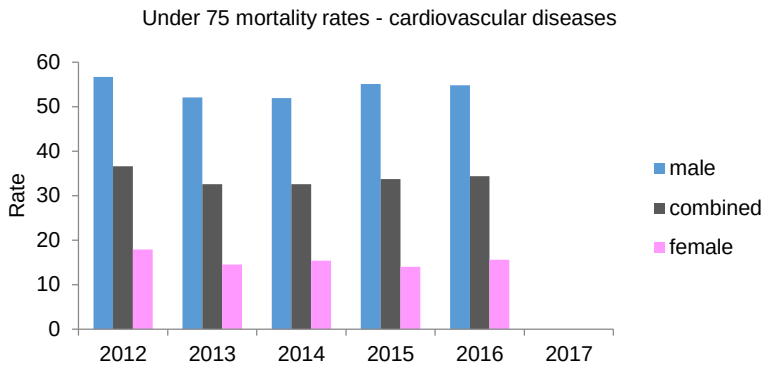
Number of children with Social Emotional Mental Health needs (SEMH) Previous 2016-17 – 1335 Latest 2017-18 – 1463	
Emotional and behavioural health of looked after children Previous Q3 2017-18 – 14.6 (*see note above) Latest Q4 2017-18 – 18.6	

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

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

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

DORSET – Previous (2015) 55.1 – Male; Latest (2016) 54.8 – Male DORSET – Previous (2015) 14 Female; Latest (2016) 15.6 Female DORSET - 2016 combined – Previous (2015) 33.7; latest (2016) 34.4	
DORSET – Trend WORSENING	**R**
COMPARATOR - Benchmark (England) BETTER 46.7 (Average)	**G**



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

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

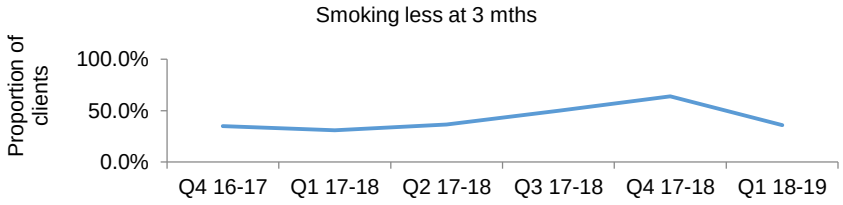
Partners with a significant role to play: To influence the factors identified as contributory to premature deaths from diabetes and CVD we have identified a wide range of key partners and stakeholders we need to work with including Dorset CCG, Dorset County Hospital, Poole Hospital, Royal Bournemouth Hospital, GP practices, Smoking cessation services, Live-Well Dorset, Schools and colleges, Voluntary sector, Local planning authorities and Employers.

Performance Measure(s) – Trend Lines

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

Previous Q4 2017-18 – 64%

Latest Q1 2018-19 – 36%

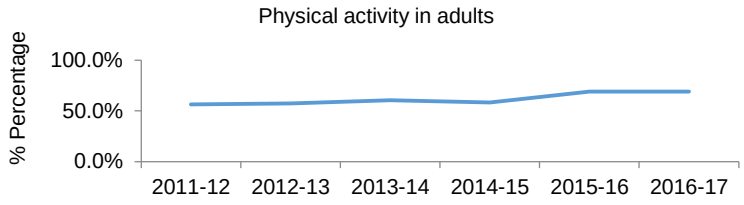


Corporate Risk	Score	Trend
No associated current corporate risk(s)		

What are we doing? Many of the actions we take to prevent CVD need to start early, in pregnancy or childhood, and link with the other population indicators in this section. Healthy behaviours in childhood and the teenage years also set patterns for later life. The Live Well Dorset service supports people to change four key lifestyle issues: stopping smoking, reducing alcohol intake, increasing physical activity and healthy weight. A key focus of the PAS STP work overseen by the DHWB, is to increase the number of people connected to Live Well for support, with referrals from partners across the system.

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

DORSET – Previous (2015-16) – 69%; Latest (2016-17) – 69%	
DORSET – Trend UNCHANGED	**A**
COMPARATOR - Benchmark (England) BETTER – 57.7% (Average)	**G**



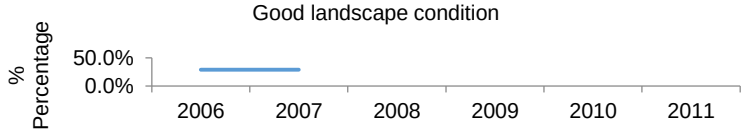
Story behind the baseline: In May 2016 Sport England published 'Sport England: Towards an Active Nation Strategy 2016-2021'. Notable parts of this include physical activity, focussing more money and resources in tackling inactivity and investing in children and young people from the age of five outside the school curriculum. Active Dorset has tendered for a Sport and Leisure facilities Assessment and Strategy covering the six Dorset district councils. The County Council has supported this as it will provide a useful analysis at both district and county level. The Dorset Joint Health and Wellbeing Strategy, PAS and the STP all have a focus on increasing physical activity. Benefits of increased physical activity include reduced risk from CVD, diabetes, many musculoskeletal conditions and improved mental wellbeing, so there is a link with many of the other population indicators in this section. Keeping our countryside, including our AONBs, accessible and in good condition facilitates physical activity. Ideally, we would like to survey AONB condition every 5 years, but this has not been possible in recent years due to diminished resources. However, the Dorset AONB landscape condition assessment is being re-done this year. Though, the pace of change on a landscape scale is slow. In terms of Rights of Way maintenance, despite significant reduction in overall funding across the Countryside services, the outputs for ROW jobs have doubled over the last 5 years and for the first time we now complete more jobs than there are new jobs coming in, so we are able to start working through the back log – which is highly beneficial for helping people to access the RoW network and therefore be more physically active.

Partners with a significant role to play: Partners with a significant role to play: Dorset Clinical Commissioning Group (CCG), Dorset Healthcare University Foundation Trust (health visiting/school nursing), Schools and colleges, GP practices, Voluntary and Community Sector providers and Live-Well Dorset.

Performance Measure(s) – Trend Lines

Good landscape condition in AONB

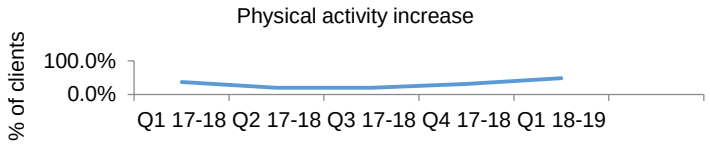
Latest 2007 – Good 29%



Proportion of clients increasing their physical activity at 3 months

Previous Q4 2017-18 – 32%

Latest Q1 2018-19 – 49%

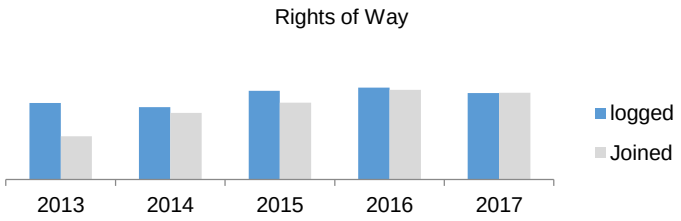


Interim Rights of Way measure

2017

Logged 2924

Joined 2938



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

What are we doing? This is one of the lifestyle issues that the Live Well Dorset service supports people to change, and there is work with partners across the system to recognise the many opportunities available to people, including using local rights of way and green space.

This is a key part of the Healthy Places work stream of PAS, which also refers to active travel. DHWB oversees the PAS portfolio and brings together partners across Dorset to work collectively on these issues.

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

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

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

CONTACT

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