

Agenda

Dorset County Council



Meeting: People and Communities Overview and Scrutiny Committee
Time: 10.00 am
Date: 9 January 2019
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**

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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 4 January 2019, and statements by midday the day before the meeting.

Mike Harries
Chief Executive

Contact: Helen Whitby, Senior Democratic Services
Officer, County Hall, Dorchester, DT1 1XJ
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Date of Publication:
19 December 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**

5 - 8

To confirm and sign the minutes of the meeting held on 10 October 2018.

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

9 - 12

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. **Outcomes Monitoring Report**

13 - 54

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

7. **Red House Museum - Christchurch**

55 - 66

To consider a report by the Assistant Director - Commissioning, Community Services, Partnership and Quality.

8. **Integrated Transport Review Update**

67 - 72

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

9. **Mental Health Review - Progress**

73 - 80

To consider a report by the Commissioning Manager.

10. **Delayed Transfer of Care Performance**

To receive a presentation from the Transformation Programme Lead for Adult and Community Forward Together Programme.

11. **Work Programme**

81 - 86

To receive the People and Communities Overview & Scrutiny Work Programme.

12. **Questions from County Councillors**

To answer any questions received in writing by the Chief Executive by not later than 10.00am on 4 January 2019.

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People and Communities Overview and Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ on Wednesday, 10 October 2018.

Present:

David Walsh (Chairman)

Mary Penfold, Shane Bartlett, Katharine Garcia, Byron Quayle, Mark Roberts, William Trite and Kate Wheller (non-voting).

Members Attending

David Harris - County Councillor for Westham

Officer Attending: David Bonner (Intelligence, Insight and Performance Manager), Steve Hedges (Group Finance Manager), Paul Leivers (Assistant Director - Commissioning, Community Services, Partnerships and Quality), Andy Reid (Assistant Director - Schools and Learning), Mark Taylor (Group Manager - Governance and Assurance), John Twigg (Senior Manager - Education Services) 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, 9 January 2019.**)

Apologies for Absence

42 Apologies for absence were received from Councillors Derek Beer, Graham Carr-Jones and Clare Sutton and from Helen Coombes (Transformation Programme Lead for Adult and Community Forward Together Programme).

Code of Conduct

43 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.

Councillor Shane Bartlett declared an interest as his wife worked in a school.

Minutes

44 The minutes of the meeting held on 4 July 2018 were confirmed and signed.

Progress on Matters Raised at Previous Meetings

45 The Committee considered a report by the Transformation Programme Lead for Adult and Community Forward Together Programme which set out Cabinet decisions arising from Committee recommendations and outstanding actions identified at previous meetings.

The Chairman highlighted that the Committee's recommendations from the last meeting had been upheld by the Cabinet on 5 September 2018.

Noted

Public Participation

46 Public Speaking

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

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

47 The Committee considered a report by the Director for Children's Services which provided an update on the future relationship between the local authority and schools, how other local authorities managed school improvement, the consultation that took place with headteachers and how the local authority was working with Weymouth and Portland schools and the impact that this was having.

Officers summarised the report. Members noted that at the consultation with headteachers undertaken on 9 July 2018 broad support was given for future work based on school clusters. Commissioned support was provided for category three schools in Weymouth and Portland and grant support sought for Budmouth College and All Saints School; sponsors for these schools were expected to be announced in November 2018; and Education Health Care Plan (EHCP) targets were already being met for both 6 and 16 weeks, with the target for 20 weeks expected to be met by November 2018.

The Assistant Director for Schools and Learning added that the overall consultation had involved headteachers from Multi-Academy Trusts and other schools in order to identify a model for future strategic school improvement in Dorset. This has led to the introduction of a Dorset School Improvement Board (DSIB); a school-led initiative with the County Council having a supportive role. The County Council is being asked to provide funding of £100k to support the introduction of the DSIB. It was hoped that this would enable schools to share best practice and lead to improved school standards across Dorset.

The County Councillor for Westham welcomed the introduction of the cluster-based approach but asked whether funding for student support and SEND provision was equitable across the County, or whether funding was based on the number of students needing support in a particular area. He also asked how well EHCPs were being delivered and whether the funding to deliver this was available. The Assistant Director explained that funding was provided based on a model and that Weymouth and Portland would receive a share, there was no additional funding based on the number of children with additional needs. In relation to EHCPs, these had increased by 49% over the last three years and it was difficult to find resources to meet this increasing demand.

In response to questions it was explained that administrative support for the new cluster-based model was currently provided by the Regional Schools Commissioner with any other costs being a matter for schools; the Dorset School Improvement Board would target initiatives and officers would report on whether this had led to any improvement; an invitation might be extended to schools in Bournemouth and Poole to take part; and whilst the current stress on teachers and schools was acknowledged, the new model was based on an effective model which would provide the space for change without increasing workloads and, through economies of scale, might reduce them; headteachers would remain responsible and accountable but the new model would identify areas for improvement and enable this through partnership working and sharing of best practice; and it was confirmed that children were assessed and were provided with the support they needed.

Resolved

1. That the work that had taken place around the consultation on the future

relationship with schools be noted.

2. That the significant progress that had been made in improving the service provided to children and young people and their carers with SEND post the Ofsted inspection be noted.
3. That the continued drive to raise standards in Dorset Schools be supported.

Outcomes Focused Monitoring Report - September 2018

48 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 Health 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.

Particular attention was drawn to suggested areas of focus - inequality in life span, alcohol and substance use, excess weight, mental health, cardiovascular disease, levels of physical activity in adults, percentage of children with good attendance at school, percentage of children ready to start school, percentage of 16 and 17 year olds who are not in education, employment or training (NEETs), and delayed transfers from hospital care.

A member suggested a twelve-month rolling programme of performance as a better means of indicating of trends. Officers agreed to consider this.

Attention was drawn to the fact that people moving to Dorset tended to be elderly and could skew figures relating to Dorset residents living longer and that many young people moved away from Dorset and did not return until after they retired.

Officers agreed to provide members with information in relation to whether figures given for equality of lifespan and isolation took account of rural and urban areas.

The Assistant Director for Commissioning, Community Services, Partnerships and Quality confirmed that information relating to delayed transfers was correct at the time the report was written, but performance had improved and was now below the target figure of nine days, with the intention of reducing this further. This figure was monitored on a daily basis. Figures did include Dorset residents leaving hospital in Bournemouth and Poole.

One member referred to the percentage of clients of the alcohol treatment service drinking less at 3 months which had dropped from 60% to 38% between Quarter 4 2017-18 and Quarter 1 2018-19 and the percentage of young people who had successfully completed substance use treatment which fell from 88% to 53% during the same quarters. She was concerned about the emotional and financial cost of this and whether this was a good use of resources, Officers referred to the County Council's aim to deliver better outcomes for people and questioned whether investment in these areas was providing value for money. It was agreed that the Chairman, Councillor Wheller, the Group Manager - Governance and Assurance Services and the Intelligence, Insight and Performance Manager would review impacts and trends and include the outcome in the next Outcomes Focused Monitoring report.

Also highlighted were the fact that suicide rates were not included, the impact of the lack of social and affordable housing, young people were leaving Dorset as they did not see a future for themselves here, the difference in residents' standards of living, impacts on residents' mental health, and the hope that the new Dorset Council might be able to improve the current situation. Officers agreed to review suicide figures.

Resolved

1. That the Chairman, Councillor Wheller, the Group Manager - Governance and Assurance Services and the Intelligence, Insight and Performance Manager review impacts and trends as set out above and report findings in the next Outcomes Focused Monitoring Report.
2. That a twelve-month rolling programme of performance be considered by officers.
3. Officers to provide members with information in relation to whether figures given for equality of lifespan and isolation took account of rural and urban areas
4. Officers to review for suicide.

Better Care Fund Performance

49 The Committee considered a report by the Better Care Fund (BCF) Project Manager which provided information on the progress of the Dorset Better Care Fund, including performance against the four Better Care Fund Metrics (non-elective admissions, permanent admissions to residential care, reablement, and delayed transfer of care).

Members were reminded that the Dorset Health and Wellbeing Board monitored BCF performance. As reported earlier in the meeting, delayed transfer performance had improved and was monitored on a daily basis but there would always be occasions when there would be delays due to difficulties in finding appropriate care and support, particularly if these involved specialist services.

Attention was drawn to the fact that Bournemouth Hospital had closed a ward in order to better support community care received at home and a questions asked as to whether Dorset County Hospital would be mirroring this as many readmissions were due to early discharge and the lack of support at home. The Assistant Director explained that a Home First Approach was being worked on. This would provide people with adequate support in order to return home and them being assessed there for the support they needed. The BCF encouraged joined up working across the system as a whole and provided a focus to drive improvement.

A member asked whether the delay in the provision of specialist equipment could be shortened. Another member added that in his experience people were discharged and then had to wait for specialist equipment to be provided. The Assistant Director explained that discharge could only be achieved if it was safe for the person to return home. Performance was improving and the situation was constantly reviewed. He offered to speak to members outside of the meeting about individual cases.

Noted

Work Programme

50 The Committee considered a report by the Transformation Programme Lead for Adult and Community Forward Together Programme which provided an updated work programme for 2018-19.

The Chairman reminded members that there was limited time available for in-depth reviews. Updates on delayed discharges, integrated transport and mental health would be provided for the meeting on 9 January 2019.

Noted

Questions from County Councillors

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

Meeting Duration: 10.00 am - 11.15 am

People and Communities Overview and Scrutiny Committee

Dorset County Council



Date of Meeting	9 January 2019
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>
	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: Helen Coombes, Transformation Programme Lead for Adult and Community Forward Together Programme</p>	<p>A further update on responses from appropriate organisations is to be provided for the meeting on 9 January 2019.</p>
	39	<p>Delayed Discharges Performance Update report received on 4 July 2018.</p>	<p>Lead Member: Cllr David Walsh Lead Officer: Helen Coombes,</p>	<p>A further report is to be provided for the meeting on 9 January 2019.</p>

Progress on Matters Raised at Previous Meetings

			Transformation Programme Lead for Adult and Community Forward Together Programme	
10 October 2018	48	<p>Outcome Focused Monitoring Report - September 2018</p> <p>A meeting between the Chairman, Cllr Kate Wheller, the Group Manager Governance and Assurance Services and the Intelligence, Insight and Performance Manager was to be arranged to scope a review of the impact and trends relating to alcohol and substance use treatment services.</p> <p>1. Officers were asked to consider a twelve-month rolling programme of performance.</p> <p>2. Officers were asked to provide members with information in relation to whether figures given for equality of lifespan and isolation took account of rural and urban areas.</p> <p>3. Officers were asked to review information regarding whether mortality rates included figures for suicides.</p>		This work was to be reported in the Outcomes Focused Monitoring Report for the meeting on 9 January 2019.

People and Communities Overview and Scrutiny Committee

Dorset County Council



Date of Meeting	9 January 2019
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: December 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 third 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 December 2018 – Healthy Outcomes Monitoring Report December 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>Anne Gray (Insight, Intelligence and Performance)</p> <p>Email a.e.gray@dorsetcc.gov.uk Tel 01305 224575</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 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. Overview

2.1 Healthy

2.1.1 Inequality in life expectancy: For women, there has been a sustained increase in inequalities over the last 5 years, whilst for men we have seen an increase in 2016. This could be because the health of people in poorer areas has worsened, that is has improved only for people in the most affluent areas, or a combination of the two. Neither change is yet statistically significant, however as a council we have a statutory duty to address these inequalities and deliver a fair and equitable service to all our residents.

2.1.2 Hospital admissions for alcohol-related conditions: Over the last 30-40 years, rates of hospital admissions related to alcohol have risen due to a combination of higher levels of alcohol consumption and improved data recording. Rates in women continue to rise. The average rate of drinking in women has risen faster than for men in the past 30 years.

Our LiveWell Dorset service supports clients who want to reduce how much they drink, through brief interventions and behavioural change coaching. It is not to be confused with commissioned alcohol treatment services for dependent drinkers. The temporary drop in performance coincided with bringing the service back in-house to Public Health Dorset.

The decline in completion rates of adults going through alcohol treatment service for dependent drinkers appears to be the result of changes in the quality of data recording whilst services were going through recommissioning of services. This has now picked up and we would expect this to stabilise again in 2019-2020. However, in the meantime we are investigating whether other factors may also be affecting success rates.

After a similar drop in completion rates for young people there has been a data cleansing exercise within the new contract and the latest figure represents an increase as data stabilises.

2.1.3 Children and adults with excess weight: 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. The LiveWell service has been brought in-house and we are in the first few quarters of trialling new reporting practices and systems. This has meant the performance figures have been up and down because the number of clients entering the LiveWell service is down on the last two quarters compared to the previous year.

- 2.1.4 Depression recorded prevalence:** The Global Burden of Disease study identified mild depression as a significant burden of ill health. Additionally, this falls primarily on working age adults and is therefore potentially an important indicator of workforce health. Mental health problems tend to be concentrated in those without sufficient social or financial resources to take control over their own lives. The prevalence of people living with depression in Dorset remains below the rate for England. Over the past five years, Dorset has reported a similar trend increase to England. Compared to the previous year, the prevalence rate for Dorset is higher.
- 2.1.5 Under 75s cardiovascular mortality:** The rate of mortality considered preventable is higher compared to the previous year, but it remains statistically significantly better compared to the England average.
- 2.1.6 Physical activity in adults:** The percentage of adults that are physically active is slightly lower compared to the previous year. It is statistically significantly better compared to the England average.

2.2 Independent

- 2.2.1 Ready to start school:** Dorset figures are improving, but still 2% below the national level. Performance at this stage has been and continues to be a priority for improvement. A focus on Literacy has seen significant recent improvements, and Writing continues to be a focus going forward.
- 2.2.2 Good attendance at school:** As reported last quarter, primary absence levels remain level, but secondary absence has increased slightly. This has impacted on the overall attendance level. Possible factors could include an increase in mental health/anxiety issues, and an increase in unauthorised absence due to family holidays.
- 2.2.3 Expected standard at KS2 in reading, writing and maths:** The Dorset trend is improving from a low in 2016, however Dorset is still below the National and South West levels. Progress is declining in Reading and improving in Writing and Maths. 2018 marks the third year of the new curriculum and whilst Dorset is improving the national results are also improving.
- 2.2.4 16-17 year olds not in education, employment or training (NEET):** In the past year, Dorset's NEET % has increased slightly (0.1 percentage points). While the proportion of Not Known has decreased, the proportion of NEETs has increased. Dorset continues to remain at or below the England averages, despite those gaps narrowing. Please note DfE changed LA tracking requirements in November 2016 to 16 and 17 year olds and Local Authorities are no longer required to track 18 year olds participation.
- 2.2.5 Delayed transfer from hospital care:** Our number of delays has continued to reduce over the year. The latest official data is as at the end of September and showed our year to date performance had lifted us to 104th out of 151 authorities. We

are continuing to see the positive effects of improved resourcing, closer monitoring (such as daily calls) and schemes such as access to new “step up and step down” resources and greater capacity in community resources facilitating discharge, all of which help to reduce the delays experienced by our clients.

2.2.6 Self-directed support: We are continuing to see high levels of Self Directed Support in our performance indicator. There has been little change in service users’ satisfaction with responses to access to care and support information suggesting this remains an area which requires further attention. This is also supported with Dorset’s placing in the third quartile for this measure at 87th of 150 (Adult Social Care Survey 2017/18).

2.3 Areas for focus

2.3.1 Healthy

As a council we still tend to look at performance as one figure for whole Dorset, rather than thinking through whether there are particular population groups that we may need to focus on more to ensure we are serving the whole population appropriately.

The opportunity of LGR could be used to ensure a greater focus on communities and understanding their specific needs and issues. This would fit with the focus of the NHS through the Dorset Integrated Care System which is developing a population health management approach focusing on localities across Dorset.

2.3.2 Independent

Achievement at Key Stage 2 is the biggest challenge facing Dorset. Nationally Middle schools do not perform well at Key Stage 2 – and Dorset has one third of pupils in Middle Schools in year 6. Whilst this has a considerable impact on achievement there is still improvement to be made at Key Stage 2 across all school phases. The newly formed Dorset School Improvement Board is bringing together Academies, MATS, Mainstream Schools and Dorset School Improvement Officers in order to bring together all parties involved in School Improvement – and Key Stage 2 is the clear priority, particularly progress in Maths.

Regarding delayed transfers from hospital care, the number of delays has continued to reduce over the year and is expected to improve further. We have been comfortably meeting our Better Care Fund target of 9 delays per day since the end of September.

People in Dorset are Healthy

Outcome Sponsor - Sam Crowe
Acting Director of Public Health



Outcomes Focused Monitoring Report

December 2018












People in Dorset are Healthy

Outcomes Focused Monitoring Report Produced by Insight, Intelligence and Performance

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OVERVIEW: Direction of travel

H01A Inequality in life expectancy between population groups - Male	2015 5.4	2016 6.0	
H01B Inequality in life expectancy between population groups - Female	2015 5.0	2016 5.2	
H02A Rate of hospital admissions for alcohol related conditions - Male	2015/16 690	2016/17 690	
H02B Rate of hospital admissions for alcohol related conditions - Female	2015/16 409	2016/17 437	
H03A Child excess weight	2015/16 21.5%	2016/17 21.1%	
H03B Adult excess weight	2015/16 59.2%	2016/17 61.8%	
H04 Depression recorded prevalence (QOF): % of practice register aged 18+	2016/17 8.9%	2017/18 9.8%	
H05 Under 75 mortality rates from cardiovascular diseases	2014-16 34.4 per 100,000	2015-17 35.6 per 100,000	
H06 Levels of physical activity in adults	2015/16 69.0%	2016/17 68.8%	

OVERVIEW: Areas for focus

As a council we still tend to look at performance as one figure for whole Dorset, rather than thinking through whether there are particular population groups that we may need to focus on more to ensure we are serving the whole population appropriately.

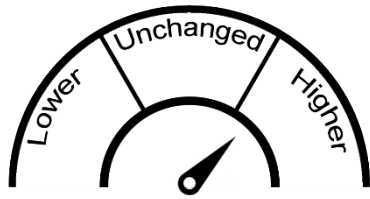
The opportunity of LGR could be used to ensure a greater focus on communities and understanding their specific needs and issues.

This would fit with the focus of the NHS through the Dorset Integrated Care System which is developing a population health management approach focusing on localities across Dorset.

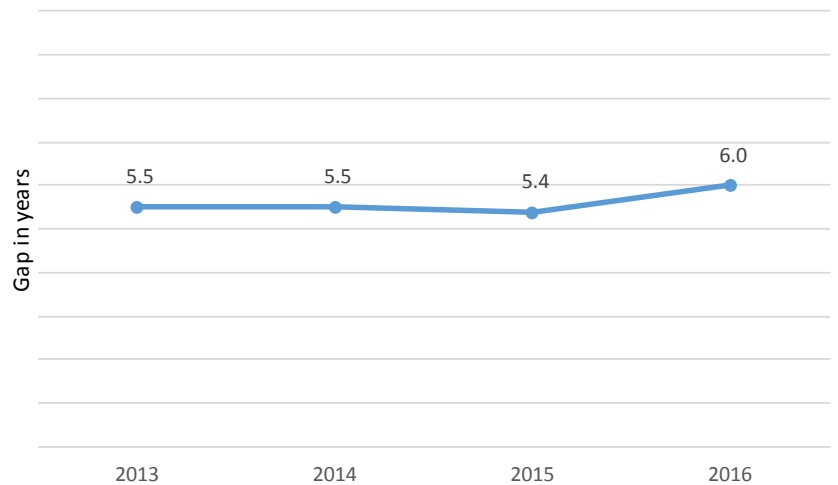
HEALTHY H01: Inequality in life expectancy between population groups

Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Lee Robertson

Trend:



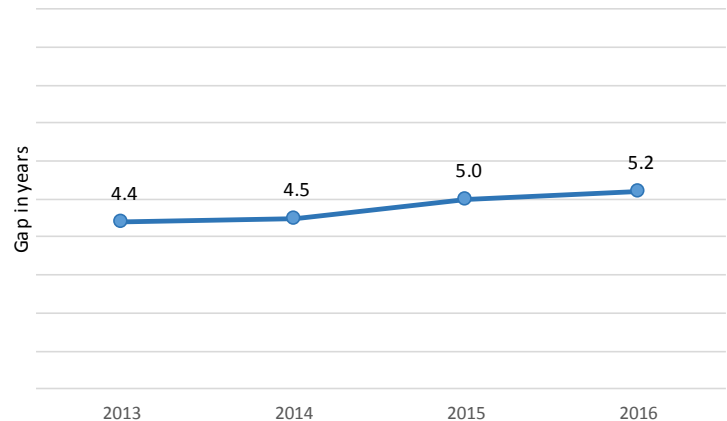
Inequality in life expectancy: male



Trend:



Inequality in life expectancy: female



Benchmarking: There is no benchmark because the indicator is based on LSOAs and not calculated for England

What are the indicators/performance measures telling us?

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. Life expectancy is 6.0 years lower for men and 5.2 years lower for women in the most deprived areas of Dorset than in the least deprived areas.

What has changed and why?

For women, there has been a sustained increase in inequalities over the last 5 years, whilst for men we have seen an increase in 2016. This could be because the health of people in poorer areas has worsened, that is has improved only for people in the most affluent areas, or a combination of the two. Neither change is yet statistically significant, however as a council we have a statutory duty to address these inequalities and deliver a fair and equitable service to all our residents.

What are the issues and how can we address them?

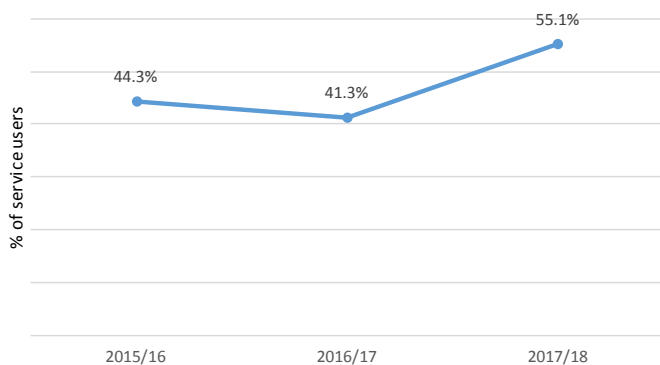
Differences in opportunities, including education and employment; in access to or take up of services; and in health outcomes along the life course all contribute to these inequalities in life expectancy. For example, those in poorer areas may find it more difficult to access or engage with traditional services. We have recognised this in some areas and offer additional support or a different model - the LiveWell Dorset indicator shows that the service has a higher uptake in more deprived areas (25% of service

users coming from the 20% most –deprived areas in Dorset), and the free school meal (FSM) indicator [which has replaced the previous ‘Inequality gap in level 2 qualification’ indicator due to KS4 regrading], shows that achievements in those receiving free school meals are holding steady, but does not show how this compares to the rest of the Dorset population.

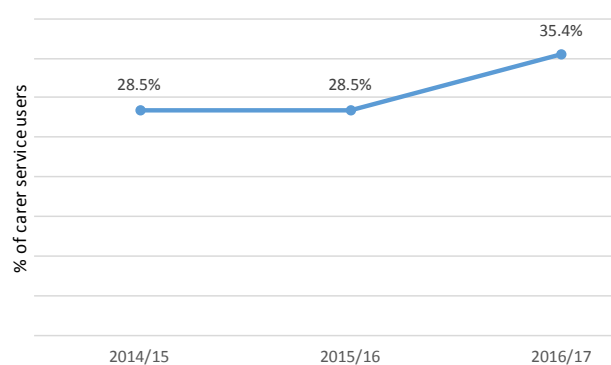
Loneliness and social isolation also affect more people in deprived areas. The service user and carer indicators show the impact on those we work with across Dorset; figures are improving, but these national indicator figures don’t show how this is reflected in different areas of Dorset and whether this improvement is therefore helping to close the gap or widen it.

Performance Measure(s) – Trend Lines

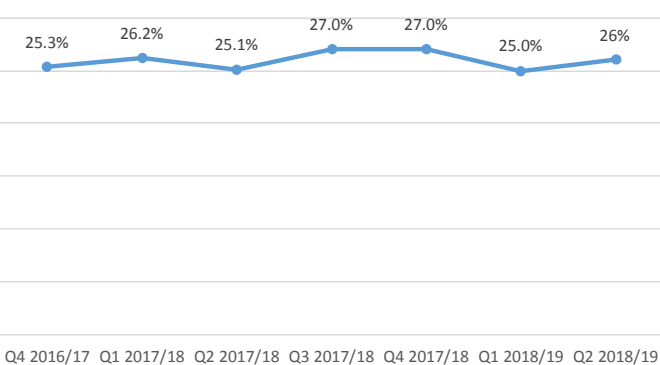
Service users with as much social contact as they would like



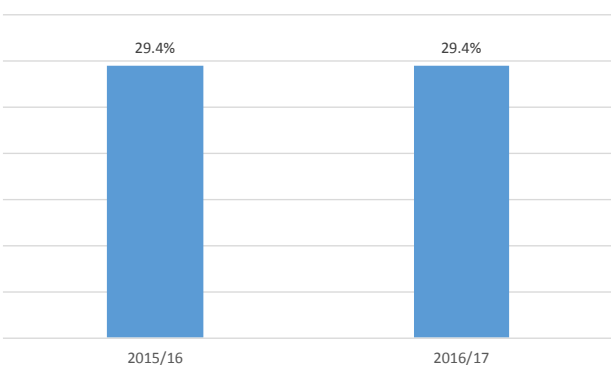
Carer service users with as much social contact as they would like



Live Well Dorset clients from most deprived quintile



FSM of those achieving 9-4 in English & maths



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

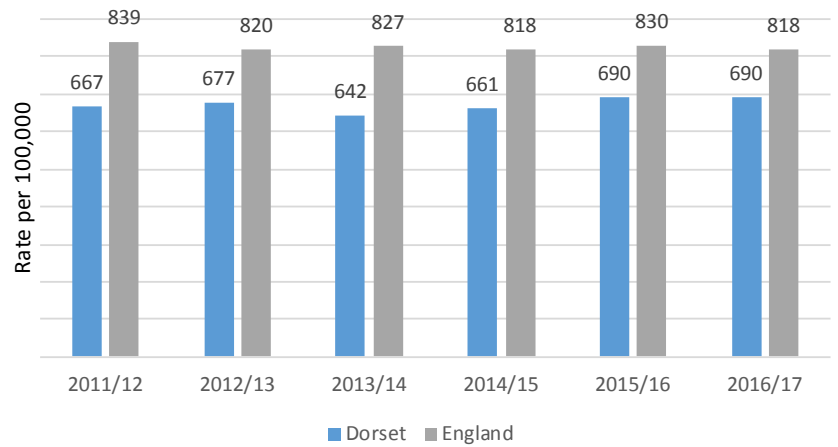
HEALTHY H02: Rate of hospital admissions for alcohol-related conditions

Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Lee Robertson

Trend:



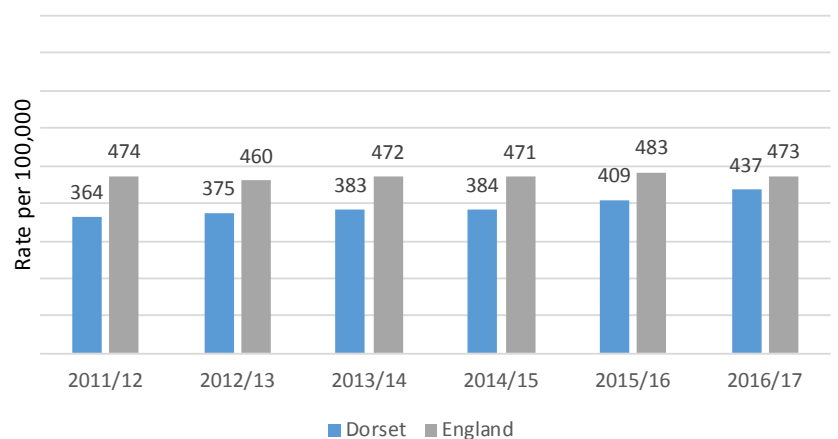
Hospital admissions for alcohol related conditions: male



Trend:



Hospital admissions for alcohol related conditions: female



Benchmarking: The comparator is England (818 males per 100,000, 473 females per 100,000). Dorset is lower than England for both males and females.

What are the indicators/performance measures telling us?

Hospital admissions for alcohol-related conditions is a directly age standardised (which allows comparison nationally that takes account of local age profiles) rate per 100,000 population. For both males and females, Dorset does better than England. Admission rates are higher for men than women, but whilst the rate for men is mostly static, the rate among women appears to be rising.

What has changed and why?

Over the last 30-40 years, rates of hospital admissions related to alcohol have risen due to a combination of higher levels of alcohol consumption and improved data recording. Rates in women continue to rise. The average rate of drinking in women has risen faster than for men in the past 30 years.

Our LiveWell Dorset service supports clients who want to reduce how much they drink, through brief interventions and behavioural change coaching. It is not to be confused with commissioned alcohol treatment services for dependent drinkers. The temporary drop in performance coincided with bringing the service back in-house to Public Health Dorset.

The decline in completion rates of adults going through alcohol treatment service for dependent drinkers appears to be the result of changes in the quality of data recording whilst services were going through recommissioning of services. This has now

picked up and we would expect this to stabilise again in 2019-2020. However, in the meantime we are investigating whether other factors may also be affecting success rates.

After a similar drop in completion rates for young people there has been a data cleansing exercise within the new contract and the latest figure represents an increase as data stabilises.

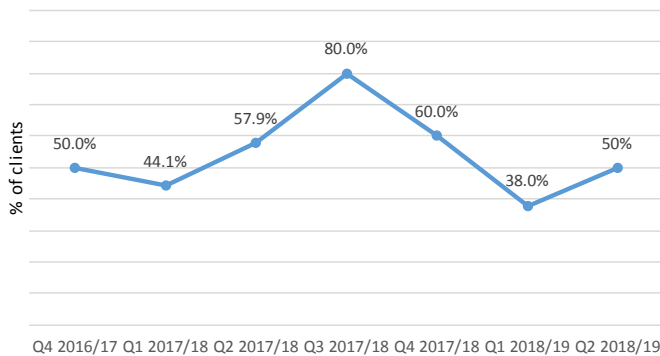
What are the issues and how can we address them?

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.

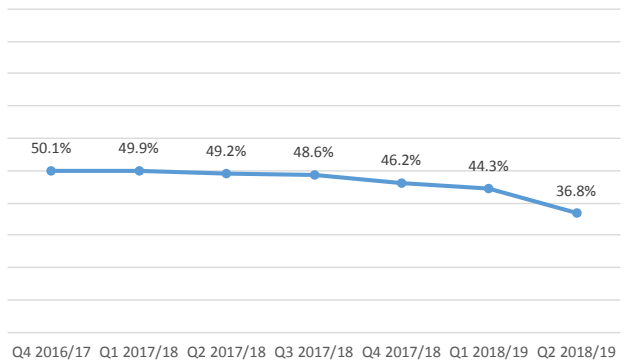
The pan-Dorset strategy for alcohol and drugs (2016-2020) covers three themes: prevention, treatment and safety. The LiveWell Dorset service supports people to reduce the amount of alcohol they drink, and our alcohol treatment services (HALO data) support those who are dependent on alcohol. Across Dorset 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 LiveWell for support. All of which should reduce the harm related to alcohol experienced by Dorset residents. Public Health England indicates there is a social return of £4 for every £1 invested in drug treatment and £3 for every £1 invested in alcohol treatment.

Performance Measure(s) – Trend Lines

Clients of LiveWell Dorset alcohol treatment service drinking less at 3 months

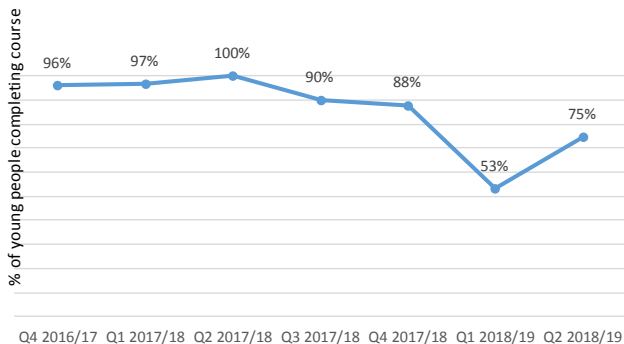


Alcohol treatment successful completions



Performance Measure(s) – Trend Lines

% of young people successfully completing substance use treatment



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

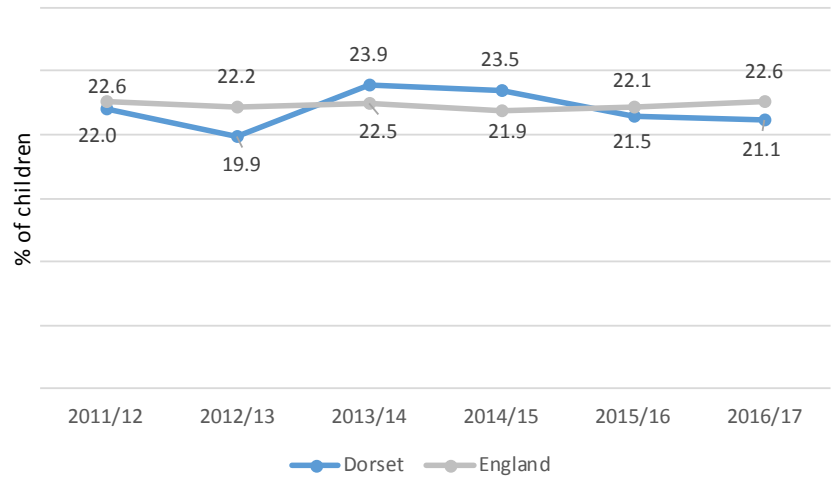
HEALTHY H03: Percentage of Children and Adults with excess weight

Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Lee Robertson

Trend:



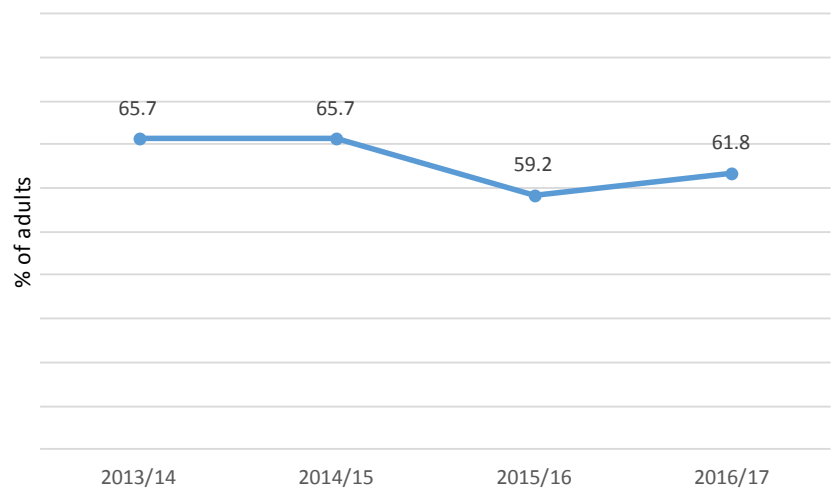
% of reception children with excess weight



Trend:



% of adults with excess weight



Benchmarking: The benchmark for reception children is England (22.6%). Dorset is lower than England. For adults, there is no significant difference to the England average (61.3%).

What are the indicators/performance measures telling us?

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, 21.1% of children aged 4-5 are categorised as having excess weight, 28.2% of children aged 10-11, and 61.8% of adults. The figures for children are both statistically significantly better than the England average while the figure for adults is not statistically significantly different.

What has changed and why?

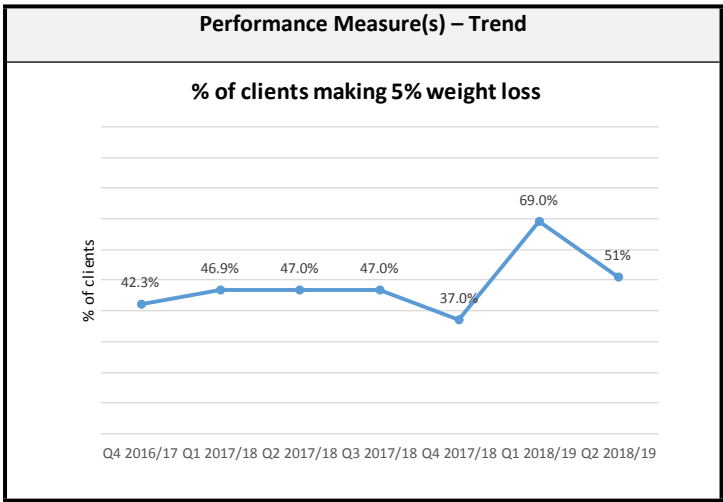
Whilst some data suggests that the increase may now be plateauing, the absolute figures for overweight and obesity remain too high. Rates of excess weight are often higher in more deprived communities, and amongst ethnic minority groups, whilst children with parents who are overweight or obese are more likely to be so themselves.

The LiveWell service has been brought in-house and we are in the first few quarters of trialling new reporting practices and systems. This has meant the performance figures have been up and down because the number of clients entering the LiveWell service is down on the last two quarters compared to the previous year.

What are the issues and how can we address them?

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

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 LiveWell 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 LiveWell for support, with referrals from partners across the system.

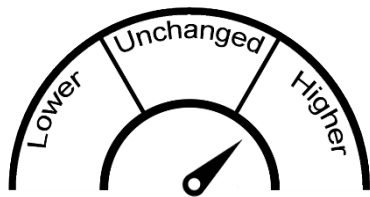


Corporate Risk	Score	Trend
No associated current corporate risks		

HEALTHY H04: Depression recorded prevalence (Quality and Outcomes Framework): % of practice register aged 18+

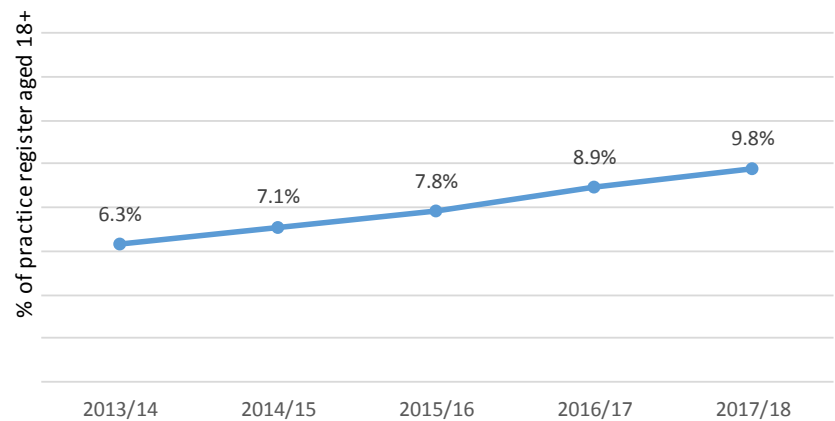
Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Lee Robertson

Trend:



Benchmarking: The comparator is England (9.9%). Dorset is lower than England

Depression recorded prevalence



What are the indicators/performance measures telling us?

This 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.

For the emotional and behavioural health of looked after children indicator, 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.

What has changed and why?

The Global Burden of Disease study identified mild depression as a significant burden of ill health. Additionally, this falls primarily on working age adults and is therefore potentially an important indicator of workforce health. Mental health problems tend to be concentrated in those without sufficient social or financial resources to take control over their own lives.

The prevalence of people living with depression in Dorset remains below the rate for England. Over the past five years, Dorset has reported a similar trend increase to England. Compared to the previous year, the prevalence rate for Dorset is higher.

What are the issues and how can we address them?

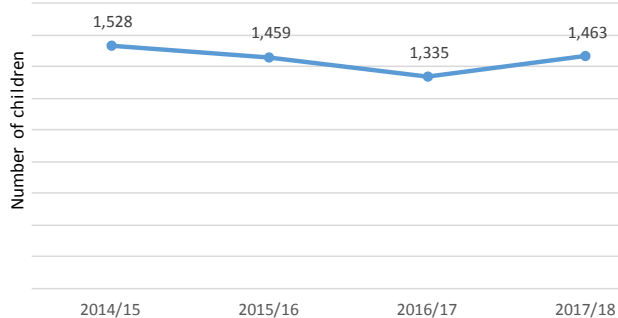
Schools are the key universal service promoting young people's emotional health and wellbeing. Our Emotional Health and Wellbeing strategy and a key strand of the Prevention at Scale work, connected closely with the Children's Alliance for Dorset, is a focus on developing improved pathways and support to improve child mental health and wellbeing, including risk taking behaviour, using the THRIVE model¹ across the whole system.

Key actions for adults with mental health issues include ensuring parity of esteem within services for people with physical and mental health issues. This has led to extensive work locally to reform acute mental health pathways with more of a focus on avoiding admission to hospital. New models of care in communities being developed by Dorset Integrated Care System are exploring how better to support adults living with mental health issues through greater use of recovery champions.

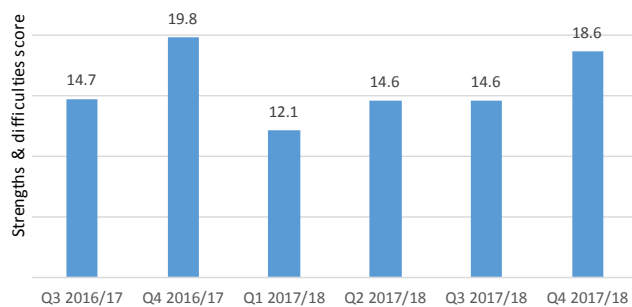
¹ The THRIVE Framework provides a set of principles for creating coherent and resource-efficient communities of mental health support for children, young people and families. It aims to talk about mental health and mental health support in a common language that everyone understands. [THRIVE](#)

Performance Measure(s) – Trend Lines

Children with Social Emotional Mental Health needs (SEMH)



Emotional & behavioural health of looked after children

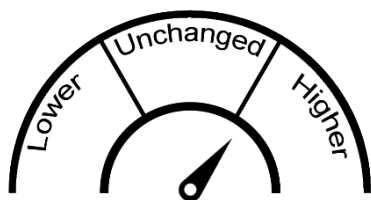


Corporate Risk	Score	Trend
No associated current corporate risk(s)		

HEALTHY H05: Under 75 mortality rates from cardiovascular diseases

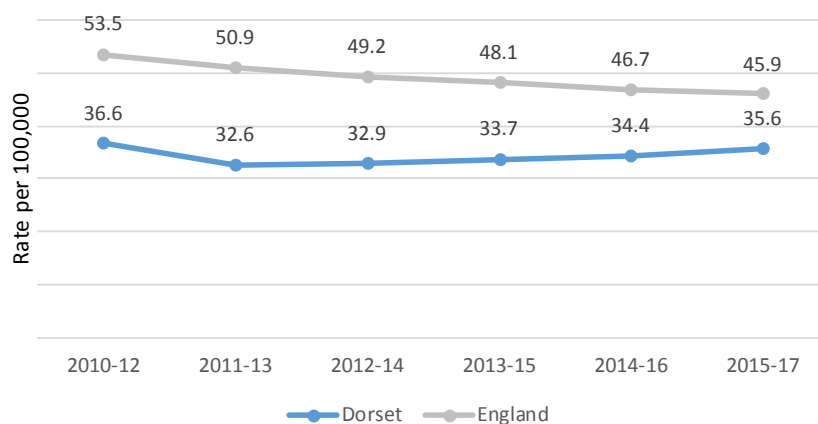
Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Lee Robertson

Trend:



Benchmarking: The comparator is England (45.9). Dorset is lower than England

Under 75 mortality rates from cardiovascular diseases



What are the indicators/performance measures telling us?

This indicator is an Age-standardised rate of mortality considered preventable from all cardiovascular diseases (incl. heart disease) in those aged <75 per 100,000 population. The rate for Dorset is statistically significantly better than both the England and South West average.

What has changed and why?

The rate of mortality considered preventable is higher compared to the previous year, but it remains statistically significantly better compared to the England average.

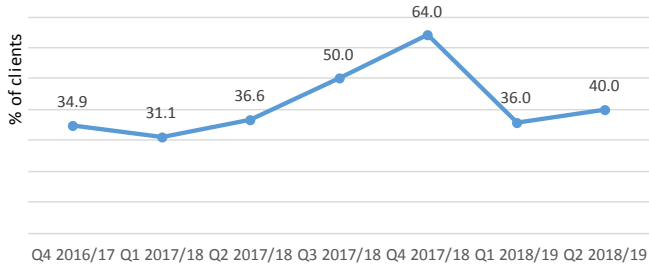
Whilst rates of premature mortality from cardiovascular disease (CVD) nationally have been falling significantly over the last five decades, this remains the second biggest cause of death nationally after cancer. The dramatic reductions in deaths have been due to reductions in smoking, better management 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.

What are the issues and how can we address them?

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 LiveWell 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 LiveWell for support, with referrals from partners across the system.

Performance Measure(s) – Trend

Clients smoking less at 3 months following smoking cessation course



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

HEALTHY H06: Levels of physical activity in adults

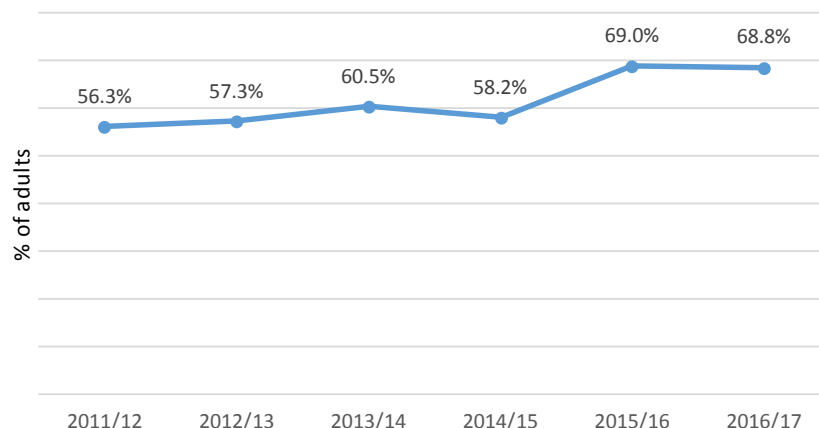
Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Lee Robertson

Trend:



Benchmarking: The comparator is England (66%). Dorset is higher than England.

Physical activity in adults



What are the indicators/performance measures telling us?

This indicator tells us the percentage of adults (aged 19+) that meet CMO recommendations for physical activity (150+ moderate intensity equivalent minutes per week).

Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults, physical activity is associated with increased functional capacities.

What has changed and why?

The percentage of adults that are physically active is slightly lower compared to the previous year. It is statistically significantly better compared to the England average.

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 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.

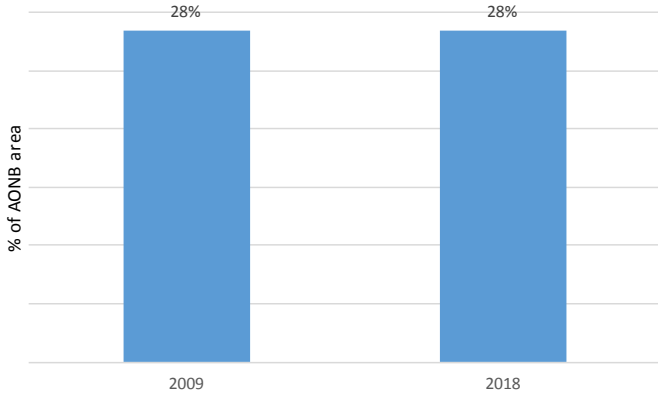
What are the issues and how can we address them?

This is one of the lifestyle issues that the LiveWell 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.

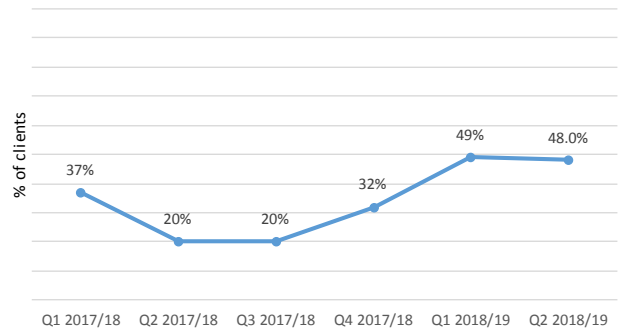
This is a key part of the Healthy Places work stream of PAS, which also refers to active travel. DHWB oversees the PAS portfolio and brings together partners across Dorset to work collectively on these issues. This includes launching a new Acting Ageing Programme working with Sport England to recruit more than 20,000 inactive adults aged 55-65 years to improve their activity levels.

Performance Measure(s) – Trend Lines

Good landscape condition: AONB

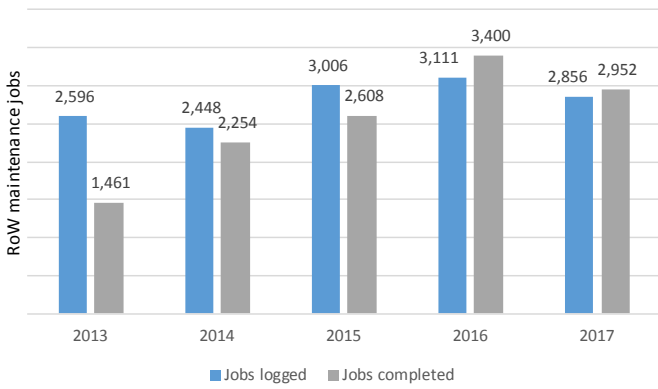


% of clients increasing physical activity at 3 months



Performance Measure(s) – Trend

Interim Rights of Way measure



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

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
09f - failure to adapt services and communities to the impacts of a changing climate	MEDIUM	UNCHANGED
12b - Lack of public support or legal challenge to a major change in policy (arising from the Care Act)	LOW	UNCHANGED

Key to risk assessments	
Corporate Risk(s)	
High level risk in the Corporate Risk Register and outside of the Council's Risk Appetite	HIGH
Medium level risk in the Corporate Risk Register	MEDIUM
Low level risk in the Corporate Risk Register	LOW

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People in Dorset are Independent

Outcome Sponsor - Helen Coombes
Interim Transformation Programme Lead



Outcomes Focused Monitoring Report

December 2018



Dorset County Council

People in Dorset are Independent

Outcomes Focused Monitoring Report

Produced by Insight, Intelligence and Performance

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OVERVIEW: Direction of travel

I01 Percentage of children 'ready to start school' by being at the expected level at early years	2017 68.8%	2018 70.3%	
I02 Percentage of children with good attendance at school	2015/16 95.3%	2016/17 95.1%	
I03 Percentage achieving expected standard KS2 in reading, writing and maths	2016/17 57%	2017/18 (p) 60%	
I04 Percentage of 16-18 year olds not in education, employment or training (NEET)	Jun 2017 5.1%	Jun 2018 5.2%	
I05 Delayed transfers from hospital care (number of bed days)	Oct 2018 5.81	Nov 2018 6.30	
I06 Proportion of clients given self-directed support	Q1 2018/19 99.8%	Q2 2018/19 99.8%	

OVERVIEW: Areas for focus

Achievement at Key Stage 2 is the biggest challenge facing Dorset. Nationally Middle schools do not perform well at Key Stage 2 – and Dorset has one third of pupils in Middle Schools in year 6. Whilst this has a considerable impact on achievement there is still improvement to be made at Key Stage 2 across all school phases. The newly formed Dorset School Improvement Board is bringing together Academies, MATS, Mainstream Schools and Dorset School Improvement Officers in order to bring together all parties involved in School Improvement – and Key Stage 2 is the clear priority, particularly progress in Maths.

INDEPENDENT I01: Percentage of children 'ready to start school' by being at the expected level at Early Years Foundation Stage

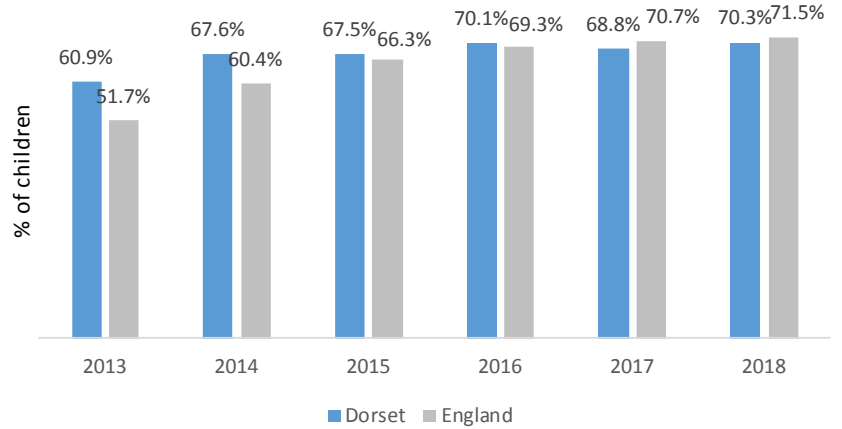
Outcome Lead Officer Claire Shiels; Population Indicator Lead Officer Claire Shiels

Trend:



Benchmarking: Lower than England

Children ready to start school at Early Years Foundation Stage



What are the indicators/performance measures telling us?

The percentage of pupils at a 'Good Level of Development' at the end of the reception year in Primary, First and Infant Schools. This measures the readiness of pupils at an early stage of education to move on into Key Stage 1. High quality early years provision supports school readiness and it is important that those children that are from more deprived areas are supported through funded attendance at early years education as this helps to close the inequality gap.

What has changed and why?

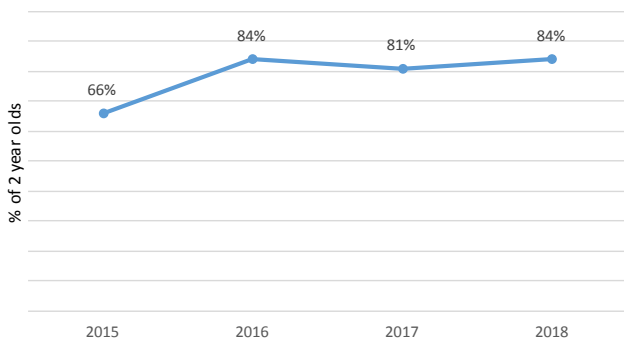
Dorset figures are improving, but still 2% below the national level. Performance at this stage has been and continues to be a priority for improvement. A focus on Literacy has seen significant recent improvements, and Writing continues to be a focus going forward.

What are the issues and how can we address them?

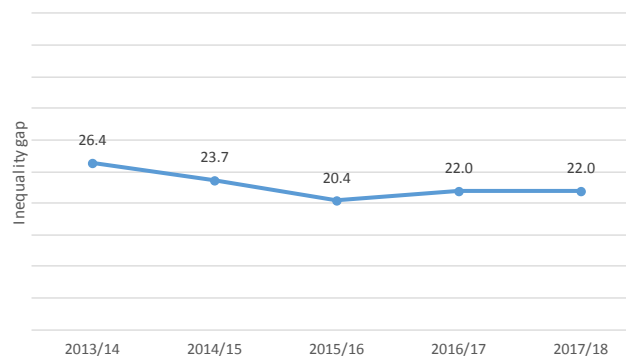
Ensuring that children arrive at School from pre-school settings ready for learning. Ensure targetted working across teams in a strategic manner to develop and improve school readiness. There are a range of evidence based programmes provided by partners and DCC staff in the Family Partnership Zones that are supporting school readiness. Our early years and childcare service works to support early years providers to offer high quality early years education. The Family Information Service offers information, advice and guidance to parents/carers on early years provision and manages access to funded education.

Performance Measure(s) – Trend Lines

% of 2 year olds benefiting from funded early education



Inequality Gap EYFS



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

INDEPENDENT I02: Percentage of children with good attendance at school

Outcome Lead Officer Sally Longman; Population Indicator Lead Officer Claire Shiels

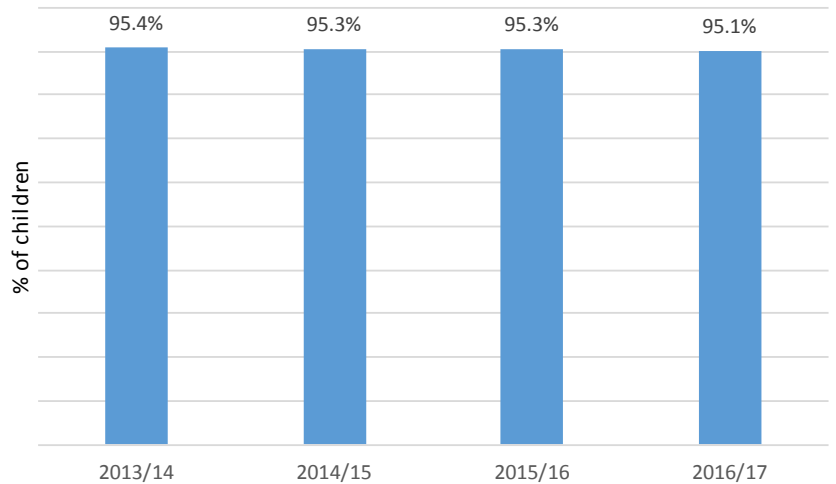
Trend:



No update available yet

Benchmarking: No significant difference to the South West (95.2%)

Children with good attendance at school



What are the indicators/performance measures telling us?

The percentage of sessions missed, for both primary age and secondary age pupils are reported. The overall attendance for all pupils is shown above. Good school attendance is linked to preparing for adulthood and employment opportunities later in life. 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.

What has changed and why?

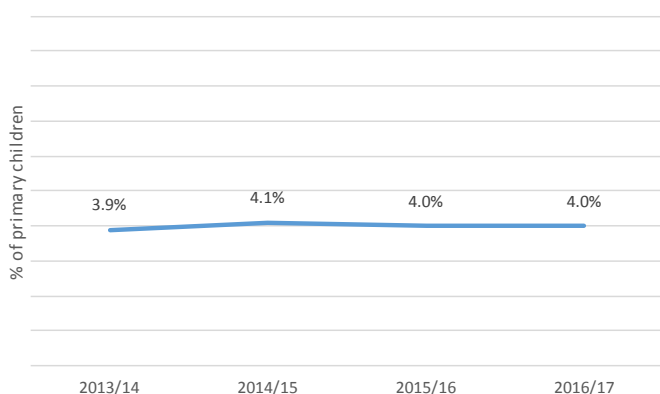
As reported last quarter, primary absence levels remain level, but secondary absence has increased slightly. This has impacted on the overall attendance level. Possible factors could include an increase in mental health/anxiety issues, and an increase in unauthorised absence due to family holidays.

What are the issues and how can we address them?

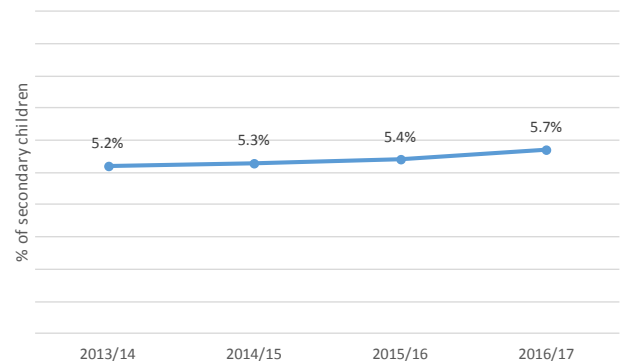
Responsibility for pupil absence primarily rests with the parent/carer, with schools responsible for monitoring and encouraging attendance where there are problems. The local authority will support this role through the offer of early help where appropriate and providing an enforcement role regarding parents/carers who fail to ensure that their children attend school regularly. We are currently recruiting two additional attendance officers (externally funded) to focus on secondary attendance of disadvantaged pupils in Weymouth and Portland as this is a priority area for improvement.

Performance Measure(s) – Trend Lines

Total primary absence



Total secondary absence



Performance Measure(s) – Trend Lines

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

INDEPENDENT I03: Percentage achieving expected standard at KS2 in reading, writing and maths

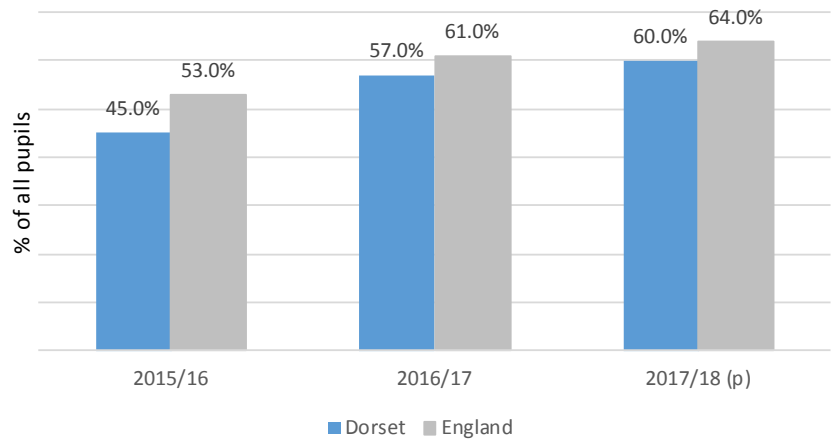
Outcome Lead Officer Sally Longman; Population Indicator Lead Officer Claire Shiels

Trend:



Benchmarking: Lower than England

Achieving expected standard at KS2 in reading, writing & maths



What are the indicators/performance measures telling us?

The percentage of pupils achieving combined Reading/Writing/Maths at the expected standard at the end of primary stage education (Year 6). Progress is measured between Key Stage 1 and Key Stage 2 and is used as the key measure of school effectiveness at Primary.

What has changed and why?

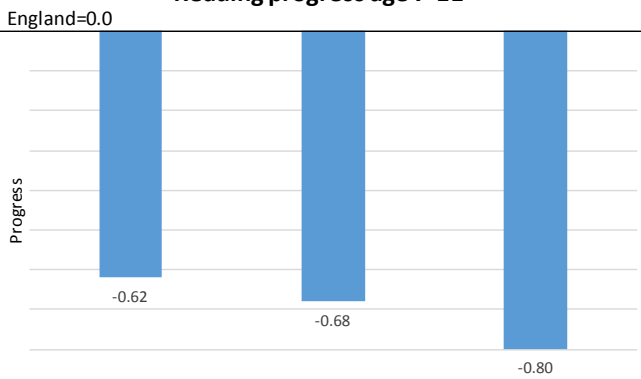
The Dorset trend is improving from a low in 2016, however Dorset is still below the National and South West levels. Progress is declining in Reading and improving in Writing and Maths. 2018 marks the third year of the new curriculum and whilst Dorset is improving the national results are also improving.

What are the issues and how can we address them?

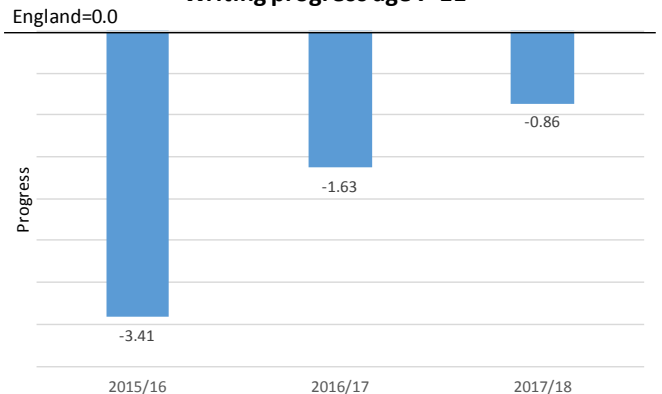
Achievement at Key Stage 2 is the biggest challenge facing Dorset. Nationally Middle schools do not perform well at Key Stage 2 – and Dorset has one third of pupils in Middle Schools in year 6. Whilst this has a considerable impact on achievement there is still improvement to be made at Key Stage 2 across all school phases. The newly formed Dorset School Improvement Board is bringing together Academies, MATS, Mainstream Schools and Dorset School Improvement Officers in order to bring together all parties involved in School Improvement – and Key Stage 2 is the clear priority, particularly progress in Maths.

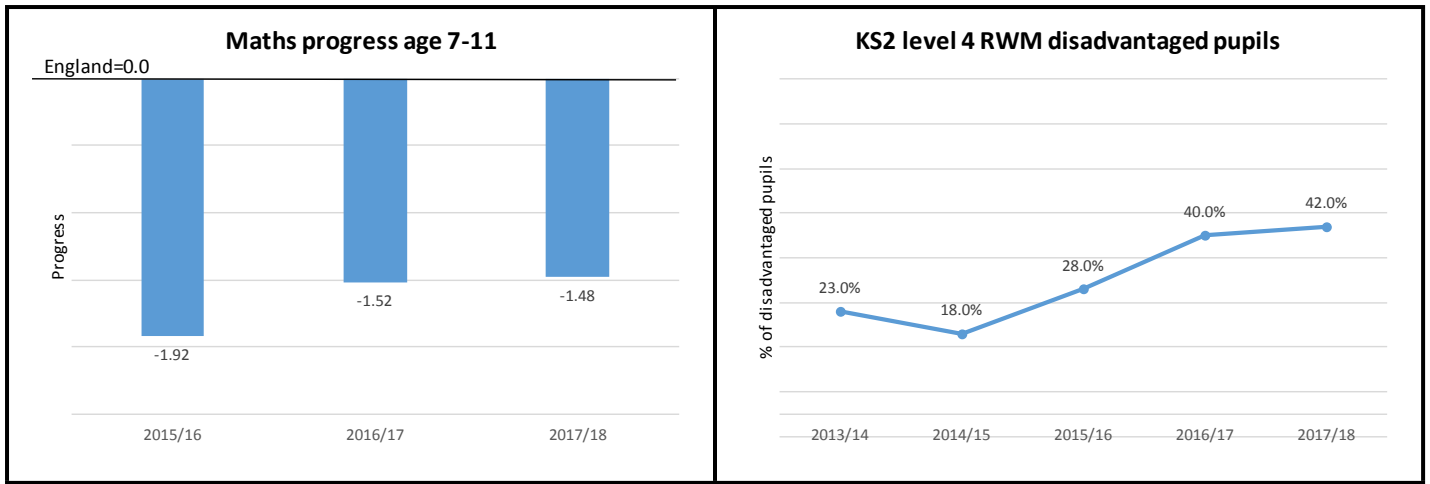
Performance Measure(s) – Trend Lines

Reading progress age 7-11



Writing progress age 7-11





Corporate Risk	Score	Trend
No associated current corporate risks		

INDEPENDENT I04: Percentage of 16-18-year olds not in education, employment or training (NEET)

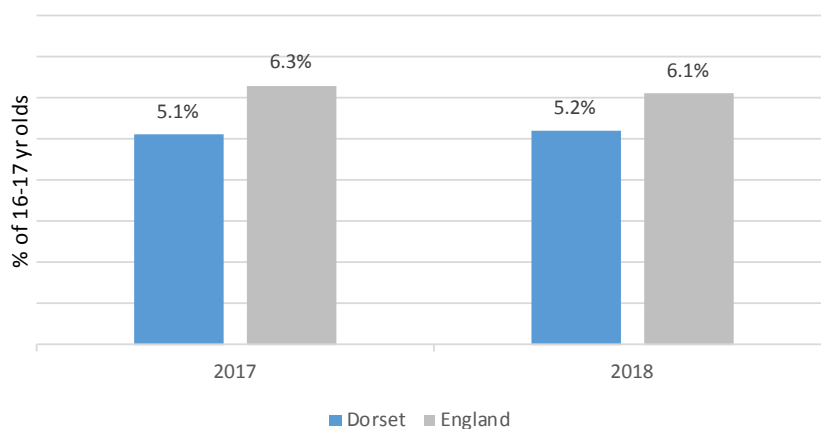
Outcome Lead Officer Sally Longman; Population Indicator Lead Officer Claire Shiels

Trend:



Benchmarking: below the England average

16-17 yr olds not in education, employment or training (NEET) and Not known: June



What are the indicators/performance measures telling us?

The Department for Education uses a combined NEET and Not Known figure as a preferred indicator, as shown in the chart.

Every Local Authority has a statutory duty to track participation in education, employment and training for 16 and 17-year olds and therefore also those not participating in education, employment or training (NEETs). DCC subcontract Ansbury Guidance to conduct and report this tracking.

Within Dorset, the areas with the highest proportions of NEETs are Weymouth & Portland and North Dorset.

What has changed and why?

In the past year, Dorset's NEET % has increased slightly (0.1 percentage points). While the proportion of Not Known has decreased, the proportion of NEETs has increased. Dorset continues to remain at or below the England averages, despite those gaps narrowing. Please note DfE changed LA tracking requirements in November 2016 to 16 and 17 year olds and Local Authorities are no longer required to track 18 year olds participation.

What are the issues and how can we address them?

Early intervention:

DCC commission Ansbury Guidance to work with schools to identify young people in Years 10 and 11 who are at risk of not continuing to participate in education, employment or training. This academic year 550 young people have been supported by Ansbury with information, advice and guidance to make plans for their futures.

Last academic year, 85.5% of those identified as at risk remained in education, employment or training.

Re-engaging NEETs:

Every Local Authority has a statutory duty to re-engage those 16 and 17-year olds not in education, employment and training. Ansbury contacts every NEET and then supports them to re-enter education, employment or training.

Most NEETs are re-engaged into education, employment or training within 6 months. Dorset has some of the quickest rates of re-engagement.

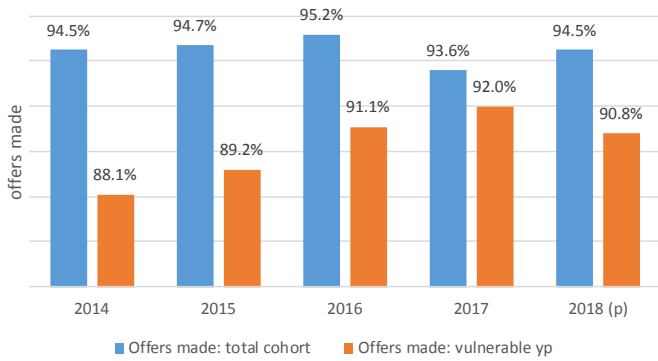
A small number (26 in February 2018) of the NEETs (224) are considered 'not available' for re-engagement. The most common reasons are that they are a teen parent or that they are working with CAMHS.

Face Forward, an ESIF funded project delivered by Ansbury, supports those NEETs who are furthest from re-engaging with education, employment and training.

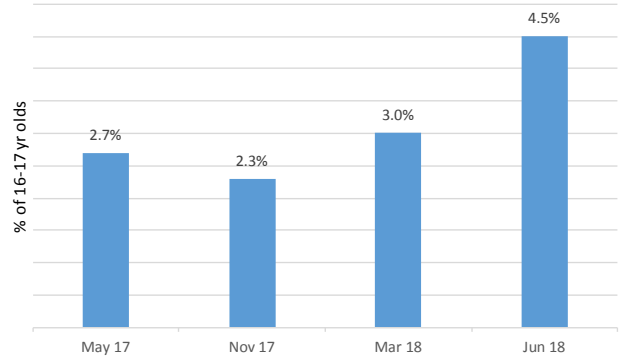
In April 2018 we expect a new ESIF funded programme to start to support more NEETs into education and employment.

Performance Measure(s) – Trend Lines

Offers of education or training made to 16-17 yr olds

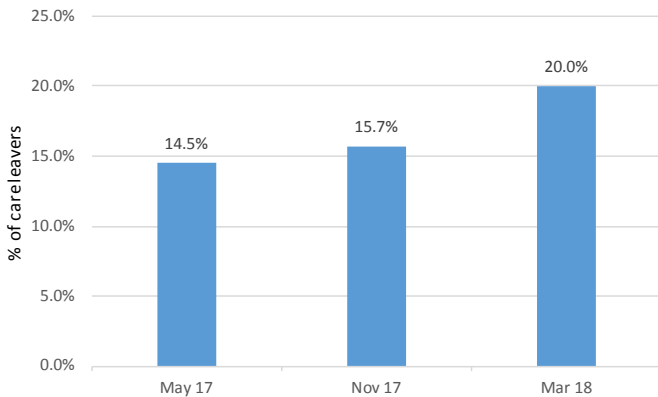


16-17 yr olds in jobs without training



Performance Measure(s) – Trend Lines

Care leavers that are NEET

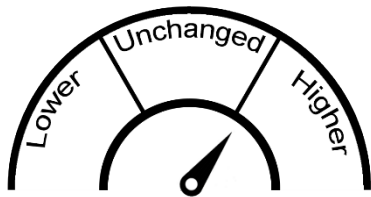


Corporate Risk	Score	Trend
CS04 Performance targets for young people in jobs without training are not in line with national average	MEDIUM	UNCHANGED

INDEPENDENT I05: Delayed transfers from hospital care (number of days – Social Care attributable)

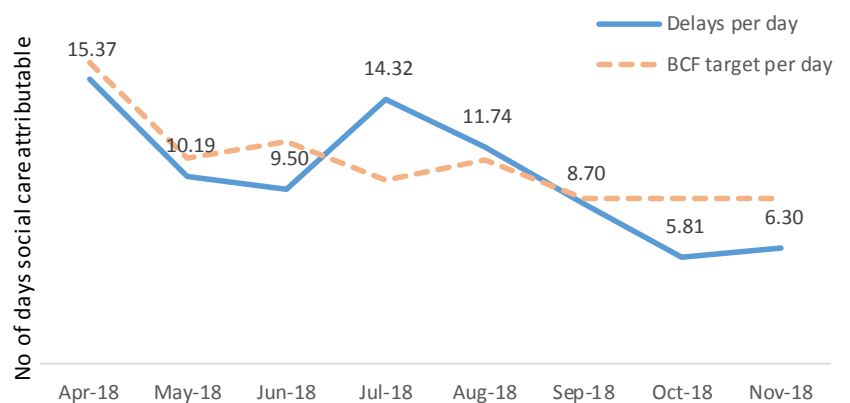
Outcome Lead Officer Sally Longman; Population Indicator Lead Officer Martin Elliott

Trend:



Benchmarking: No significant difference

Delayed transfers from hospital care per day



What are the indicators/performance measures telling us?

Our number of delays has continued to reduce over the year. The latest official data is as at the end of September and showed our year to date performance had lifted us to 104th out of 151 authorities. We expect this ranking to improve a little further when October and November's official data is released, as our local data recorded 180 days and 200 days respectively which is the lowest we have seen. We have been comfortably meeting our Better Care Fund target of 9 delays per day since the end of September.

What has changed (either way) and why?

We are continuing to see the positive effects of improved resourcing, closer monitoring (such as daily calls) and schemes such as access to new "step up and step down" resources and greater capacity in community resources facilitating discharge, all of which help to reduce the delays experienced by our clients.

What are the issues and how can we address them?

Winter pressures are likely to have an adverse effect on our DTOC performance. However, we have put in place a number of temporary schemes aimed at ensuring that in the expected period of increased pressure, we are able to maximise flow and outcomes for patients.

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

INDEPENDENT I06: Proportion of clients given self-directed support

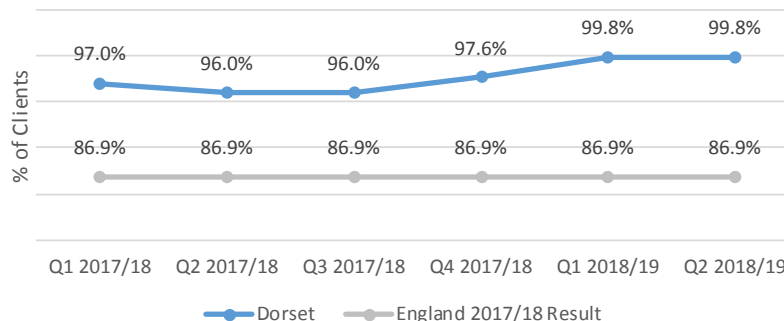
Outcome Lead Officer Sally Longman; Population Indicator Lead Officer Jon Goodwin

Trend:



Benchmarking: Higher than the England average

Proportion of Long Term Clients receiving a Community Service that were given Self Directed Support



What are the indicators/performance measures telling us?

We are continuing to see high levels of Self Directed Support in our performance indicator. As always, we will continue to monitor the accuracy of data and ensure that understanding of the indicator and the data it consists of is appropriate.

There has been little change in service users' satisfaction with responses to access to care and support information suggesting this remains an area which requires further attention. This is also supported with Dorset's placing in the third quartile for this measure at 87th of 150 (Adult Social Care Survey 2017/18). 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.

The increase in the number of clients in receipt of a Direct Payment shows that we are offering clients genuine personalisation of services with greater choice and control. We believe it is because of the implementation of the Dorset Care Framework (based on experience from other framework implementations).

What has changed (either way) and why?

n/a

What are the issues and how can we address them?

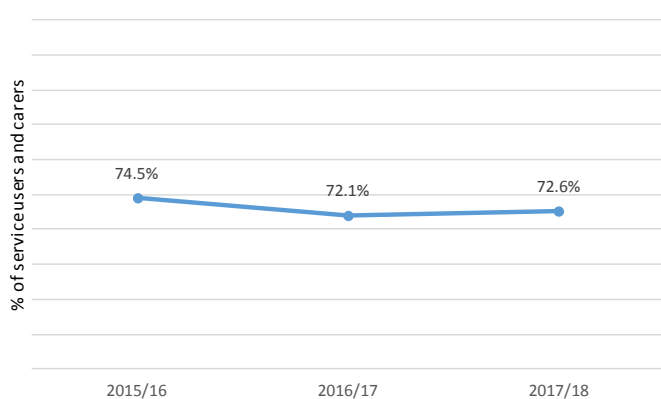
Self-Directed Support will continue to be monitored and investigated ensuring there is a clear audit trail within Mosaic to evidence that clients have been informed about a clear, upfront allocation of funding allowing them to plan their support arrangements; and agreed a support plan making it clear 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.

The implementation of the Community Catalyst project has begun. This innovative approach is dependent upon increased take up of Direct Payments and Individual Service Funds providing people with greater choice, control and genuine personalisation of services.

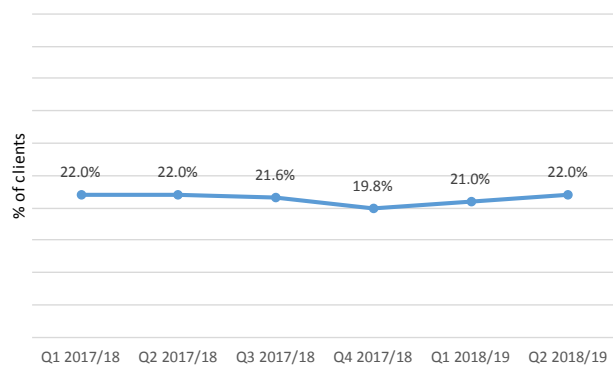
Investigation into service users accessing information about care and support will become a thread that runs through several engagement activities. The Making It Real programme remains to co-ordinate, raise the profile, and increase engagement activity allowing community members the opportunity to have 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. Topics include: information and advice, loneliness and isolation, personal travel budgets, hospital discharge, safeguarding and fairer charges. The Dorset Integrated Care System (ICS) is part of a national pilot. Online surveys and telephone interviews have been carried out with a range of stakeholders to review what is working well and what could be done better in terms of engagement and communications across the ICS. Large scale public engagement is underway to consider the library service to ensure it meets the needs of the community. A large area of work looking to integrate the activities 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.

Performance Measure(s) – Trend Lines

Information about services is easy to find



Clients given direct payments



Corporate Risk	Score	Trend
03c Failure to meet primary statutory and legal care duties -Mental Capacity Act/Deprivation of Liberty Safeguards	MEDIUM	IMPROVING
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

Corporate Risks that feature within INDEPENDENT but are not assigned to a specific POPULATION INDICATOR (All risks are drawn from the <u>Corporate Risk Register</u>)		
01c Failure to ensure that learning disability services are sustainable and cost-effective	MEDIUM	UNCHANGED
02e Failure to meet statutory and performance outcomes for young people in transition	MEDIUM	IMPROVING
02d - Failure to deliver Education, Health and Care Plans (EHCP) within Statutory Timelines	LOW	IMPROVING
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
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	MEDIUM	UNCHANGED

Key to risk assessments	
Corporate Risk(s)	
High level risk in the Corporate Risk Register and outside of the Council's Risk Appetite	HIGH
Medium level risk in the Corporate Risk Register	MEDIUM
Low level risk in the Corporate Risk Register	LOW

CONTACT

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Strategic Insight, Intelligence and Performance Manager

Email David.Bonner@dorsetcc.gov.uk

Tel 01305 225503

People and Communities Overview and Scrutiny Committee

Dorset County Council



Date of Meeting	9 January 2019
Officer	Paul Leivers, Assistant Director: Commissioning, Community Services, Partnerships and Quality
Subject of Report	Red House Museum, Christchurch
Executive Summary	<p>The Red House Museum is a museum in Christchurch. A joint agreement between Hampshire County Council, Dorset County Council and Christchurch Borough Council has featured three-way funding. With the change in administrative areas arising from local government review in Dorset new arrangements are necessary.</p> <p>The Red House Museum Joint Management Committee requested that the report for the Future Funding Arrangements for the Red House Museum be forwarded to the Scrutiny Committees of the respective authorities.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>No impact to current position</p> <p>Use of Evidence:</p> <p>The process of considering future funding and arrangements was conducted as part of the local government review budget disaggregation process.</p> <p>Budget: Dorset County Council has paid £50,000 to support the museum in 2018/19. Budget responsibilities will not transfer to Dorset Council because the museum is in the administrative area of the new Bournemouth, Christchurch and Poole Council</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: Current Risk: LOW Residual Risk LOW</p> <hr/> <p>Outcomes:</p> <p>The position sought is to ensure that the Red House Museum continues to contribute to wide range of outcomes in its new administrative area.</p> <hr/> <p>Other Implications:</p> <p>Dorset County Council has no asset management interest in the Red House Museum</p>
<p>Recommendation</p>	<p>It is recommended that the Committee notes the report attached at Appendix 1</p>
<p>Reason for Recommendation</p>	<p>To meet the request of the Red House Museum Joint Management Committee that the attached report be forwarded to the scrutiny committees of the three partner councils.</p>
<p>Appendices</p>	<p>Appendix 1 Report of the Head of Community and Leisure, Christchurch Borough Council to the Red House Museum Joint Management Committee - Future Funding Arrangements - 1 October 2018</p> <p>Appendix 2 Minutes of the meeting of the Red House Museum Joint Management Committee held on 1 October 2018</p>
<p>Background Papers</p>	<p>None</p>
<p>Officer Contact</p>	<p>Name: Paul Leivers, Assistant Director: Commissioning, Community Services, Partnerships and Quality Tel: 01305 224455 Email: p.leivers@dorsetcc.gov.uk</p>

1. Introduction

- 1.1 The Red House Museum is a museum in Christchurch. The governance is through a Trust of which Hampshire County Council is the sole trustee with a Joint Management Committee. A joint agreement between the County Council, Christchurch Borough Council and Hampshire County Council has operated well for many years. Funding is split three ways and the current annual contribution from each of the partners is £50,000 per annum. The Red House Museum Joint Committee comprises six elected members – two from each of the partner councils.
- 1.2 As a joint service the discussions for future arrangements between the Dorset Council and Bournemouth and Poole Council were conducted through the budget disaggregation process as for all services. The working assumption through the disaggregation discussions between Dorset County Council, and Bournemouth, Christchurch and Poole (BCP) colleagues had been that with Local Government Reorganisation the Dorset County Council interest would novate to the new BCP Council. However, subsequent legal advice was that the appropriate way to proceed was for a new joint agreement for the three current partner councils to be signed and for the County Council to then serve notice of termination (as it is entitled to do in the agreement). A new agreement was required because the old one had expired. This was driven by the fact that the museum would no longer be in the administrative area of Dorset Council and it would be in Bournemouth, Christchurch and Poole Council area. This achieved the same outcome for 1 April 2019 albeit by a slightly different route than originally envisaged. The required six-month notice of termination of the joint agreement has been given.

2. Reason for this report to the People and Communities Overview and Scrutiny Committee

- 2.1 A report to the Red House Museum Joint Committee meeting on 1 October 2018 summarised the position. A copy of that report (slightly amended) is attached at Appendix 1. The minutes of that meeting are attached at Appendix 2. The Joint Committee requested that the report for the Future Funding Arrangements for the Red House Museum be forwarded to the Scrutiny Committees of the respective authorities. The resolution from that meeting was:

“RESOLVED that:

1. this committee regretted that there has been limited involvement either by the Committee Chairman, or Portfolio Holders as to the future of the Red House Museum under reorganisation;
2. regretted the lack of clarity around the legal position;
3. requested clarification of discussions with Hampshire County Council;
4. requested a report as to the legal position from Legal officers either of Dorset County Council, Hampshire County Council or Christchurch Borough Council;
5. recommended that discussions take place between responsible officers and appropriate elected members at the earliest opportunity; and
6. the report be noted.”

3. Conclusion

This report is provided at the request of the Red House Museum Joint Committee for the consideration of this Committee. It is believed that the arrangements and action taken to date effectively transfer the interests of the County Council to new arrangements to

facilitate the continued progress of the Red House Museum as an asset for the local community and tourist attraction.

Helen Coombes
Transformation Lead for Adult and Community Services
December 2018

**RED HOUSE MUSEUM JOINT
MANAGEMENT COMMITTEE**

1 October 2018

Future Funding Arrangements

1. PURPOSE AND RECOMMENDATIONS

Report Type:	Public Report for information
Purpose of Report:	To explain the arrangements for future funding of the Museum in the light of forthcoming Local Government Reorganisation.
Recommendations:	It is RECOMMENDED that: (a) The report is noted
Wards:	Borough-wide
Contact Officer:	Judith Plumley (Head of Community and Leisure)

2. BACKGROUND

- 2.1. At the last meeting of the Joint Management Committee officers were asked to prepare a report for this meeting which would explain the arrangements for future funding following Local Government Reorganisation (LGR).
- 2.2. In May 2018 the Parliamentary Process to establish two new unitary authorities in Dorset April 2019 was concluded.
- 2.3. The two new unitary authorities will be made up as follows:
 - (a) Bournemouth, Christchurch and Poole (BCP)
 - (b) Dorset Council (comprising the existing Borough/District Council areas of Weymouth and Portland, West Dorset, North Dorset, Purbeck, East Dorset and Dorset County Council)
- 2.4. The functions currently delivered by Christchurch Borough Council and Dorset County Council in the Christchurch area will, from April 2019, be delivered by the unitary authority of Bournemouth, Christchurch and Poole pending any future service restructuring at a later date.

3. CURRENT AND FUTURE FUNDING ARRANGEMENTS

- 3.1. The Red House Museum is owned by Hampshire County Council (HCC) with the revenue budget being shared between Hampshire County Council, Dorset County Council and Christchurch Borough Council since 1976.
- 3.2. With effect from 1 November 2014 HCC transferred its arts, museums and heritage services to the Hampshire Cultural Trust (HCT) and granted to the Trust a licence of the Red House Museum for a term of 35 years which includes the loan to the Trust of items within the Museum.

- 3.3. Under Section 1 of the Localism Act 2011 the three authorities have agreed to provide funding to the Trust towards the revenue cost of operating the museum which in the case of the funding from Dorset CC and Christchurch BC is to be applied solely for the Museum and to establish a partnership funding steering group to monitor and review the application of their respective funding to the Trust under a Partnership Funding Agreement.
- 3.4. The current agreement between the three authorities requires them to work together to deliver the benefits that the Red House Museum provides to the local community.
- 3.5. Dorset County Council and Christchurch Borough Council currently contribute £50,000pa each towards the operational running costs of the Museum and Hampshire County Council contributes approx. £100,000pa although no authority is committed to this beyond each financial year. Each authority must notify the others within 10 working days of their budget setting meeting if funding has been reduced or is not available for the following year.
- 3.6. The agreement allows for any of the funding authorities to give written notice of 6 months to the others that it will be terminating the agreement. As a result, the funding for the museum has always been somewhat precarious.
- 3.7. Although preparations for LGR are well underway, the fact that the Secretary of State's decision was somewhat later than had originally been intended meant that the implementation of actions required to set up the new authority have been somewhat delayed. As a result the current plan is that all relevant staff and functions will transfer to the new authority on Vesting Day (April 1st 2019) and that all functions will continue to operate as they have done previously until a programme of transformation can be planned and implemented.
- 3.8. What structure and emphasis the new authority takes will largely depend on the appointment of the Chief Executive and the election of the new Council once formed in May 2019; it is difficult at this time to determine what sort of cultural offer the new council will want to take forward.
- 3.9. Until such time as that vision has been agreed and an implementation plan established to set up new staffing and service structures, the existing agreement for the JMC at the Red House will apply, albeit that DCC will terminate their involvement and BCP will be named in their stead.
- 3.10. Officers from Bournemouth, Christchurch, Poole and Dorset have been meeting regularly on a number of themed work streams including one for Culture which includes museums, heritage, arts and libraries in order to plan for a smooth transition to the new authority on Day One.
- 3.11. Because of the timescales, no planning for service restructuring has been possible.
- 3.12. It has been necessary to disaggregate budgets, functions and staff from Dorset County Council to the new authority. Responsibility for funding and advising the Red House Museum which has previously been with Dorset County Council will transfer to BCP.
- 3.13. The new council will work with Hampshire County Council to support the museum from April 2019. The obligations of Dorset County Council under the agreement will not transfer because the museum will no longer be in the administrative area of the new Dorset Council. Consequently, Dorset County Council will withdraw from the agreement and its funding obligations will cease with effect from 1 April

2019. The interested councils have agreed this course of action through discussions in relation to budget disaggregation. From 1 April 2019, Bournemouth Christchurch and Poole Council will assume the funding obligations of Dorset County Council.

- 3.14. The existing Bournemouth and Poole Councils both have a strong cultural function, with Poole Museum, The Russell Cotes Museum and a wide range of cultural and artistic venues and events established as part of their cultural offer.
- 3.15. It is too early to say what the vision of the new authority will be when it comes to cultural services but senior officers, supported by the leaders of Bournemouth and Poole Councils, recently submitted an 'Expression of Interest' to Government for funding towards the production of a new cultural strategy for the whole of the new BCP area. Such a vision does not imply that cultural services will be reduced in the new authority area moving forward but of course this will depend on the overall ability of the new council to meet all of its statutory responsibilities and set a realistic budget.
- 3.16. Proposals are also under way to develop a higher quality cultural vision for the new BCP area, this is being led by the Chief Executive of Borough of Poole and facilitated by Arts Council England (ACE).
- 3.17. Following 1st April, it is anticipated that as the new council becomes established, services restructured and budgets more realistically prepared, it will become apparent what ongoing support can be given towards the future operation of the Red House Museum and all of the other museums and cultural services in the new authority area. In the meantime, the separate funding streams for 2018/19 from Dorset and Christchurch have been combined into the base budget for Bournemouth, Christchurch and Poole Council for 2019/20 albeit that this is still subject to ratification in the same way as the Christchurch Budget would be in the autumn.
- 3.18. Should the new authority wish to reconsider its contribution for future years, 6 months' notice will have to be given under the current agreement meaning that a decision would need to be made by October 2019. This is exactly the same as the current position.

4. IMPLICATIONS

Corporate Plan & Council Objectives

- 4.1. The matter under consideration impacts upon the Corporate Plan in the following areas:-
 - EC1 - Focus on collaboration and partnership in the delivery of services
 - EC2 - Deliver services more efficiently
 - SC2 - Promote healthy and active lifestyles

Legal

- 4.2. There are no legal implications arising from this report.

Environmental

- 4.3. There are no environmental implications arising from this report

Financial and Risk

- 4.4. There are no financial implications arising from this report. There is exactly the same risk as has always been present in the funding of the Red House Museum. Each party can currently terminate its part in the funding agreement by giving 6 months' notice.

Equalities

- 4.5. There are no equalities implications arising from this report.

Consultation and Engagement

- 4.6. There is no need for consultation arising from this report.

5. CONCLUSION

- 5.1. From April 2019 the Red House Museum will be located in the new Unitary Authority of Bournemouth, Christchurch & Poole. Christchurch Borough Council and Dorset County Council will no-longer exist.
- 5.2. Responsibility for funding will transfer to the new authority and the existing Funding Agreement will continue in the same form with BCP taking on the responsibilities and representations previously held by DCC and CBC.
- 5.3. The £100k currently grant aided to HCT for the operation of the museum has been combined into the base budget of the new authority for 2019/20.
- 5.4. Like every other service, the cultural offer which includes the Red House Museum will be reviewed by the new authority and decisions will be made about future funding. This is no different to the current funding arrangement which can be withdrawn with 6 months' notice.

Appendices:

'There are no appendices to this report.'

Background Papers:

None.

CHRISTCHURCH BOROUGH COUNCIL
RED HOUSE MUSEUM JOINT MANAGEMENT COMMITTEE

Minutes of the Meeting held on 01 October 2018 at 2.30 pm

Present:

Cllr Mrs D Jones (Christchurch Borough Council) – Chairman
Cllr N C Geary (Christchurch Borough Council) – vice Chairman

Present: Cllr M White (Hampshire County Council), Cllr P R A Hall (Dorset County Council) and Cllr D C Jones (Dorset County Council)

Also in attendance: Ms L Bullivant (Hampshire Culture Trust), Ms V de Wit (Museums Advisor for Bournemouth, Dorset and Poole, Dorset County Council), G Foyle (Community and Recreation Team Leader, Christchurch Borough Council), J Plumley (Head of Community and Leisure, Christchurch Borough Council) and S Roxby (Democratic Services and Elections Administrative Support Officer, Christchurch Borough Council)

Apologies: Cllr F Carpenter (Hampshire County Council)

Declarations of Interest

There were no declarations of interest on this occasion.

Minutes of the Previous Meeting

The Minutes of the last meeting held on Monday 4 June 2018 were confirmed as a correct record.

Manager's Report

A report was submitted, a copy of which had been circulated to each member and a copy of which appears as Appendix 'A' to these Minutes in the Minute Book.

The Museum Manager presented a report updating Members on the activities and events at the Museum and in addition the Committee were advised of the exhibitions which had been held over the last few months.

The Committee was advised that there had been a significant increase in visitor numbers to the Museum and that the 4U2 Touch Exhibition had been very popular with the visitors who had sensory deprivation.

The Museum Manager informed Members that both staff and volunteers worked together as a team. Social events had been organised to update the volunteers and Friends of the Museum and it was important to recognise that without their help it would be difficult to undertake all the events and activities.

Members were further informed that a £50,000 Heritage Lottery grant had been applied for funding a post and refurbishment of the Courtyard Gallery which was a key project at the Museum.

A Member enquired whether there were any articles held in storage at Winchester and was informed that the Museum Manager would report back to advise which items were stored there.

The Chairman expressed thanks to the support given by the Friends and Volunteers of the Red House Museum.

RESOLVED that the report be noted.

Financial Report

A Report was submitted, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'B' to these Minutes in the Minute book.

The Museum Manager presented a report which gave an overview of the Museum's Financial Report and Budget figures.

Members were informed that the Venue Community Social Impact expenditure budget figure had previously been reported as 'Better Life Chances'.

RESOLVED that the report be noted.

Future Funding Arrangements

A report was submitted, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'C' to these Minutes in the Minute Book.

The Head of Community and Leisure gave Members an overview for future funding of the Museum in the light of forthcoming Local Government Reorganisation and it was confirmed that an allocation has been made in the draft budget for the contributions from CBC and DCC to be paid by the new Bournemouth, Christchurch and Poole Unitary Council (BCP).

Members were updated that Dorset County Council had formally served their six month notice to withdraw from the ten year agreement as funding responsibility would transfer to the new Unitary Authority of Bournemouth, Christchurch and Poole from April 2019.

Members were informed that recent discussions had taken place for the provision of a £86,000 fund for the development of a Cultural Enquiry including the role of culture in economic development and health and wellbeing within the new BCP area.

Members questioned funding arrangements and were informed that Hampshire County Council (HCC) as the owner of the Red House Museum provided a financial contribution of £100,000 and not £50,000 as detailed within the report.

Members raised concerns regarding communication with HCC Members in respect of funding arrangements for the Red House Museum. Further concerns were raised that the committee had not seen the final version of the ten year funding agreement before it had been signed.

The Committee requested that the report for the Future Funding Arrangements for the Red House Museum be forwarded to the Scrutiny Committees of the respective authorities as agreed at the previous meeting.

RESOLVED that:

- 1. this committee regretted that there has been limited involvement either by the Committee Chairman, or Portfolio Holders as to the future of the Red House Museum under reorganisation;**
- 2. regretted the lack of clarity around the legal position;**
- 3. requested clarification of discussions with Hampshire County Council;**
- 4. requested a report as to the legal position from Legal officers either of Dorset County Council, Hampshire County Council or Christchurch Borough Council;**
- 5. recommended that discussions take place between responsible officers and appropriate elected members at the earliest opportunity; and**
- 6. the report be noted.**

Dorset County Museums Advisory Service Report

A report was submitted, a copy of which had been circulated to each member and a copy of which appears as Appendix 'D' to these Minutes in the Minute Book.

The Museums Advisor for Bournemouth, Dorset and Poole provided an overview to the Committee on the Dorset County Museum Advisory Service.

RESOLVED that the report be noted.

The meeting ended at 3.42 pm

CHAIRMAN

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People and Communities Overview and Scrutiny Committee

Dorset County Council



Date of Meeting	9 January 2019
Officer	Service Director, Environment, Infrastructure and Economy
Subject of Report	Integrated Transport Review Update
Executive Summary	<p>On 26 July 2017 a report was presented to the People and Communities Overview and Scrutiny Committee on the role of community transport with a reduced public and schools transport budget. The committee requested that the findings in the report be presented on an inquiry day, similar to that of the previous community transport review day in 2014. The inquiry day was later expanded to include all travel to give a holistic view of travel in Dorset.</p> <p>This inquiry day was held on 26 February 2018 and attended by operators, councillors, officers, community groups, charities, community interest companies, transport action groups, health services and market influencers.</p> <p>The day looked at Starting Well with school travel, Living Well with public and community travel, Living Better on how to prepare for later living and finally looking at the Next Steps of integration with health provision. The sessions were followed with questions to gauge the groups desired outcomes from travel, to ensure the approach within the Passenger Transport Strategy and since the last review is correct.</p> <p>On 4 July 2018 a report was presented to the People and Communities Overview and Scrutiny Committee requesting the committee to consider the report and support the approach taken by Dorset Travel to continue to support the Passenger Transport Strategy.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>There are no specific EQIA issues arising from the scoping report, but any arising in the future will be addressed.</p>

	<p>Use of Evidence:</p> <p>The report is based on evidence of previous Scrutiny Committee reports and the Integrated Transport Review Day held on 26 February 2018.</p>
	<p>Budget:</p> <p>No implication.</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: LOW Residual Risk: LOW</p> <p><i>(i.e. reflecting the recommendations in this report and mitigating actions proposed)</i></p>
	<p>Outcomes:</p> <p>N/A</p>
	<p>Other Implications:</p> <p>None</p>
Recommendation	The committee is asked to consider the update report and to continue to support the approach being taken by Dorset Travel.
Reason for Recommendation	The changes since 2014 have addressed the holistic transport review needs and Dorset Travel is now progressing the further integration of travel across Dorset.
Appendices	None.
Background Papers	<p>People and Communities Overview and Scrutiny Committee:</p> <ul style="list-style-type: none"> - Report on Integrated Transport Review, 4 July 2018 - Briefing Note on Community Transport, 26 June 2017
Officer Contact	<p>Name: Gordon Sneddon Tel: 01305 228653 Email: g.r.sneddon@dorsetcc.gov.uk</p>

1. **Introduction**

- 1.1 On 26 June 2017 the People and Communities Overview and Scrutiny Committee considered a briefing report on Community Transport. As a result, the Committee agreed that a review be undertaken by way of an inquiry day. However, at a later meeting between the Lead Member, supporting councillors and officers it was agreed that the inquiry day should be extended to incorporate all modes of transport; not just community transport.
- 1.2 As a result, the Integrated Transport Review Day was held on 26 February 2018. Key stakeholders for transport attended including representatives from parish, town, borough and district councils, Transport Actions Groups, community transport schemes and public transport operators.
- 1.3 The purpose of the review was to look at all aspects of transport services in Dorset, listen to the views of people at the forefront of these services and discuss possible solutions for the future.
- 1.4 The programme was split into four themed sessions:
- **Starting Well** - Mainstream School and Special Educational Needs
 - **Living Well** - Public Transport and Community Transport
 - **Living Better** - Transformation Programme
 - **Next Steps** - Integrated Transport Planning and learning from others
- 1.5 A report was presented to the People and Communities Overview and Scrutiny Committee on 4 July 2018. The report outlined the speaker presentations and what was discussed at the Integrated Transport Review Day.

2. **Progress since People and Communities Overview and Scrutiny Committee on 4 July 2018**

- 2.1 The progress made since the report to the People and Communities Overview and Scrutiny Committee meeting on 4 July 2018 regarding the Integrated Transport Review is as follows:

3. **Donation of Vehicles**

- 3.1 Dorset Travel donated a surplus vehicle to Beaminster Town Council to start the CB3 community transport Saturday service on 23 June 2018. Service CB3 links Bridport and Crewkerne, including Beaminster and the surrounding parishes en route. This service is run by volunteers to keep the costs low. Dorset Travel's Training Officer trained the volunteers on driver awareness, free of charge.
- 3.2 A surplus Dorset Travel vehicle was also donated to Yeovil College to allow their students who are Dorset residents to travel to and from Yeovil College. This College service fills a gap left for Dorset students as a result of recent timetable changes to local public bus services. This service started on 12 November 2018. Yeovil College are responsible for organising the transport, legal documentation and maintenance of the vehicle.

4. **Community Transport Grants**

- 4.1 Dorset Travel met with Sherborne Transport Committee Group, local residents, councillors and NORDCAT in August 2018. The group felt that a Monday service was needed to fill a gap left by the recent deregistration of a local public bus service,

especially for the West End of Sherborne. Following this meeting, Sherborne Town Council was awarded a Community Transport Grant to cover 50% of the shortfall in fares during the trial service that started on 29 October 2018.

- 4.2 Sherborne Town Council has also applied for a Community Transport Grant to contribute towards a vehicle so that NORDCAT can provide regular, daily community transport services to Sherborne and the surrounding areas. In addition to the 50% match funding from Sherborne Town Council, they have liaised with West Dorset District Council and the neighbouring parish councils to raise sufficient funds for a pre-owned accessible 16-seater minibus.
- 4.3 Axe Valley and West Dorset Ring and Ride applied for a Community Transport Grant to enable the scheme to develop a sustainable model. This will involve various methods, including a review of the fare structure and marketing to grow the services in Dorset to enable long-term sustainability. The DCC Communications Team has also offered to help Axe Valley and West Dorset Ring and Ride to publicise their scheme.

5. **New Transport Action Group**

- 5.1 A Blandford and Rural Areas Transport Action Group (BRATAG) is to be established. Dorset Travel met with local town, parish and community transport representatives to explore setting up a Transport Action Group for the area. The next meeting is in January to focus on the terms of reference and group structure.

6. **Work with the Clinical Commissioning Group (CCG)**

- 6.1 Dorset Travel officers attended an Engagement Meeting hosted by the CCG in July 2018. CCG's aim is to join up healthcare and transport to improve accessibility for all. The Service Director, Environment, Infrastructure and Economy was a speaker at this meeting together with a speaker from the CCG. Discussion sessions were then held on what's working well now, what could be improved, what services should be included in an integrated transport system, what are the likely barriers and what the Dorset transport model could look like. The CCG received a good volume of insight from the event with the sharing of ideas, expertise and experiences. They are in the process of analysing and will keep all informed on the progress of this project.
- 6.2 Dorset Travel has been working with the CCG on the North Dorset Integrated Transport Pilot Project. Accessibility audits and patient surveys are to be carried out at 14 GP practice sites in North Dorset and 3 community hospital sites. These are due to be completed by the end of 2018. Paper copies of the local Area Community Transport Directories and electronic links to the main Directory on dorsetforyou have been distributed to all North Dorset surgeries with plans to roll out to all Dorset surgeries.
- 6.3 Liaison is taking place with Patient Participation Groups and Community Transport Operators (NORDCAT and Dorset Community Transport) to coincide passengers' medical appointments and clinics with the timings of their trips.

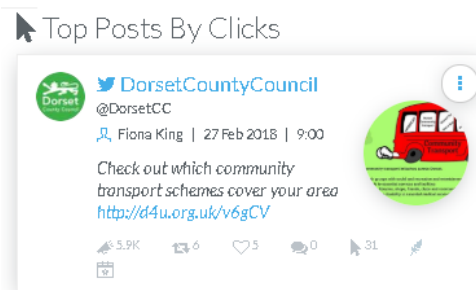
7. **New Volunteer Car Scheme**

- 7.1 A volunteer car scheme (Stalbridge NeighbourCar) is being set up and is due to be up and running by December 2018. There are 12 volunteer drivers in total. This new scheme coincides with the closure of Stalbridge Surgery at the end of 2018 and will enable Stalbridge residents who do not have access to transport to travel to their alternative GP surgery.

8. Communications

8.1 Dorset Travel has continued to work with the Communications Team to promote community transport on social media. Since the Integrated Transport Review event on 26 February until 23 November 2018, on Facebook there have been:

- Number of posts/ads on Community Transport - 11
- Number of people that clicked through via these posts/ads to dorsetforyou - 82
- Reach (maximum number of people that could potentially see the post) - 8.3k
- Number of inbound messages received from the public as a result of the post/ad - 5



On Twitter there have been:

- Number of posts/ads on Community Transport - 10
- Number of people that clicked through via these posts/ads to dorsetforyou - 112
- Reach (maximum number of people that could potentially see the post) - 47.5k



8.2 Three press releases were sent out regarding:

- Beaminster Country Cars - praise for local community transport scheme.
- CB3 - start of Bridport to Crewkerne Saturday service run by Beaminster Town Council and volunteers.
- Sherborne Monday service operated by NORDCAT and supported by Sherborne Town Council.

8.3 Community transport has now featured in the last 10 consecutive editions of Your Dorset. The most recent were:

- The Winter 2018 edition had articles about the Sherborne Monday service and the CB3 Bridport to Crewkerne Saturday Service.
- The Summer 2018 publication had an article about the A-line Taxis shared taxi service for Martinstown.
- Spring 2018 featured the Southill community bus in Weymouth.

Matthew Piles
Service Director
Environment, Infrastructure and Economy
December 2018

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People and Communities Overview and Scrutiny Committee

Dorset County Council



Date of Meeting	9 January 2019
Officer	Siobain Hann, Commissioning Manager
Subject of Report	Mental Health Review - Progress
Executive Summary	<p>In December 2017 a member lead enquiry day into mental health in Dorset took place. Subsequently a Dorset Mental Health Delivery Plan was produced by NHS Dorset Clinical Commissioning Group to address the gaps and outcomes identified.</p> <p>At its' meeting on 4th July 2018, this Committee received an update on progress against the action plan and requested a further update by provided in January 2019.</p>
Impact Assessment: <i>Please refer to the protocol for writing reports.</i>	Equalities Impact Assessment: The completion of the equality quality impact assessment will form part of the project plan development to inform and support key lines or enquiry and activity.
	Use of Evidence: Formal consultation event.
	Budget: Within existing commissioning and operational budgets of the Clinical Commissioning Group and Dorset County Council

Mental Health Review Responses

	<p>Risk Assessment:</p> <p>To be completed once formal delivery plans in place.</p>
	<p>Outcomes:</p> <p>Mental Health is primarily considered within the Healthy outcome of the 2017-19 corporate plan. However, it carries clear implications for other outcomes. In particular, mental ill-health has an impact on the ability of people to lead Independent lives - interventions to improve outcomes for people with mental health problems need to prioritise supporting them to exercise greater control and choice over their lives and live as independently as possible. Mental health also has implications for the safeguarding of both children and adults, and as such it is an element of the Safe corporate outcome.</p>
	<p>Other Implications:</p> <p>The work will seek to engage with:</p> <ul style="list-style-type: none"> • The voluntary and community sector to support early help • Advocacy groups to keep the voice of the user at the centre of the work • Statutory agencies to ensure a joined-up approach to delivery and best use of available resources
Recommendation	The Committee is asked to note the progress made against the delivery plan and consider whether any further action is needed.
Reason for Recommendation	A comprehensive delivery plan has been developed and progress achieved has been reported. Activity has been aligned to existing governance and programmes of work to ensure the needs of mental health services users and their carers in the communities of Dorset are supported.
Appendices	Appendix 1 - TBC
Background Papers	Report to the committee, including minutes from 4 July 2018 Report to the committee, including minutes from 21 March 2018
Officer Contact	Name: Siobain Hann, Commissioning Manager Tel: 01305 224679 Email: s.hann@dorsetcc.gov.uk

1. Background

- 1.0 The Government will be looking to make significant changes in Mental Health services in 2019 with revisions to the Mental Health Act 1983, Mental Capacity Act 2005 and a future Green Paper on the funding of long term care for all adults. Hopefully these national initiatives will go some way to addressing the wider social issues raised in the enquiry day.
- 1.1 Locally as Dorset continues on its journey to become an Integrated Care System (ICS) there is an expectation that the system will develop a model of self-assurance which will limit the need for input from the South West regional assurance team. A national deep dive into the Mental Health Five Year Forward View is undertaken on a quarterly basis by NHSE.
- 1.2 Now that Dorset is recognised as an Integrated Care System (ICS), NHS England have indicated a desire for the local system to consider the means by which the system can start to self-assure against delivery of key performance metrics associated with the Five Year Forward View and the Memorandum of Understanding for Dorset ICS. It is NHS England's intention that ICS areas take more control and ownership of the assurance process and work is progressing involving local stakeholders and NHS England to develop an appropriate governance structure to facilitate this. A draft structure is currently being reviewed by the System Leadership Team (SLT).
- 1.3 This was followed by the development of the Mental Health Integrated Programme Board that is jointly chaired and oversees the implementation of the Dorset Mental Health Delivery Plan. The emphasis of the plan is predicated on achieving the mandate set out in the Mental Health Five Year Forward View (MHFYFV).
- 1.4 The initial enquiry day into mental health was member led and engaged a mix of people with lived experience, their carers and wider community and statutory stakeholders. The key themes that emerged from the day which directly align with the Mental Health Acute Care Pathway and are as follows:
- 1.1.1 Consistency - There are significant differences in the level, scope and style of services across the county
 - 1.1.2 Accessibility - Across Dorset, people are finding it hard to access services that meet their specific need
 - 1.1.3 Community Facing - There is disengagement of local communities' due to the image and perceptions of mental health which focus at the complex end of the scale
 - 1.1.4 Style and Culture (Personalisation) - The style of service provision (in both health and social care) does not always lend itself to a person-centred recovery focused approach.
- 1.5 Several initiatives underway across Dorset to address the areas of concern arising from the enquiry day, details follow within this report.

2. Update on Dorset Healthcare Transformation Work

- 2.1 Slides with update to be tabled at the meeting.

3. Learning Disability and Mental Health Intelligence Review

- 3.1 This project is jointly initiated by Dorset County Council(DCC) and Dorset Healthcare Trust(DHC) and provides the opportunity to explore how best we can improve outcomes for adult mental health(18-64) and learning disability services.
- 3.2 The aim for this project is to explore how we might deliver improved access to the right care at the right time by the right person. This builds upon the collaboration intention set out in the Better Care Fund Plan 2017-19 and supports delivery of the Accountable Care System (ACS) intentions by 2020.
- 3.3 Initiatives have already been delivered, with others planned, through this review that address the key themes. These include:
 - 3.3.1 The completion of the review of Acute Care Pathways (ACP)
 - 3.3.2 East retreat has been developed and is now open, with a facility in the west currently under development.
 - 3.3.3 Engagement is underway on a different and new model of care – Community Front Rooms
 - 3.3.4 A dementia review is underway
 - 3.3.5 Mental health Estate Plan, which includes additional beds as outlined in the ACP, is being progressed
 - 3.3.6 Mental Health Workforce Plan is being developed in line with the Five Year Forward View, with a focus on retention, recruitment and skills mix.
- 3.4 Further work is required to ensure there is ongoing development of additional mental health beds within the system. Investigation and analysis is also required as to whether there is a need for learning disability assessment beds.

4. Emergency Duty Service for Adult Care Dorset

- 4.1 A review was undertaken at Dorset County Council as the existing service had been in place since 1997 and needed to catch up with the changing environment. Demands on the service had significantly increased in Mental Health Act work both in volume and complexity.
- 4.2 In the existing model Children's Services was particularly poorly served and recent Ofsted inspections and local audits had highlighted expected standards of practice were not being met.
- 4.3 Staff needed more support, in both leadership and supervision, the existing service was struggling with low morale and high sickness.
- 4.4 The new model has now extended the existing daytime Approved Mental Health Practitioner hub, based at Forston clinic, to a 24 hour, 7 days per week. It is staffed by qualified AMHPs who are experienced enough to respond to both Mental Health Act and Care Act assessments.
- 4.5 The Hub are working closely with Dorset Healthcare Crisis Intervention Teams/services such as retreats. The team have shared ICT systems to enable this joint approach and are successfully de-escalating events that are seen as a crisis.
- 4.6 A separate out of hours service has been developed for Children's services in both Dorset and Bournemouth and Poole.

5. Commissioning Update

- 5.1 The outcomes of the Enquiry set out the requirement for Dorset County Council Commissioning to develop future commissioning intentions through a formal Joint Commissioning Group (JCG) where Dorset County Council and Dorset Clinical Commissioning Group can bring together the work of the ACP and the findings of the enquiry day. In particular, issues where crisis services have been used when early interventions such as tenancy support could have more effectively met and reduced the need.
- 5.2 Work has been undertaken to set up the JCG and set out terms of reference. The membership to be kept small and focused with option to develop task and finish groups. These will address specifically identified areas and be supported by appropriate organisations and Officers. The key membership of the JCG is DCC and CCG Commissioning, Local Authority Housing representation and Dorset Mental Health Forum on behalf of service users and their carers. Ensuring the voice of those with lived experience is formally set at the centre of current and future work.
- 5.3 Consistency and personalisation were the key themes across the mental health enquiry day and relate directly to access to appropriate services to meet the personalised treatment and recovery pathway of people in Dorset. A review of current services has been carried out by understanding and setting out the currently acknowledged pathway of accommodation and support available to people who find themselves diagnosed with mental health who have either been admitted to hospital, entered treatment and/or found themselves in inadequate accommodation or homeless.
- 5.4 The pathway identifies current services purchased on behalf of service users to support them either in a residential setting or through community-based support. An analysis of need and spend shows that the current market place in Dorset does not adequately provide access to the appropriate provision of services to support community-based recovery and ongoing maintenance support for those who need it. Underpinning the views expressed by representatives of carers and those with lived experience at the enquiry day. Work is underway to further develop the current purchasing framework to widen the number, scope and geographical spread of services available. Enabling clients equal access and choice of services to meet their specific needs.
- 5.5 Different mechanisms have been introduced and further work is being done to commission services closer to and more directly accountable to the client through existing Direct Payments (DPs) and through more recent Individual Service Funds (ISF), creating a direct purchasing relationship with the provider and allowing more immediate flexibility with individual funds to meet the changing needs of the clients as they experience it.
- 5.6 The Dorset Integrated Prevention Service Contract was awarded in February 2018 and includes a dedicated access gateway and floating support service for those diagnosed with mental ill health, including those who find themselves vulnerable through street homelessness. Access is across the whole of the Dorset County area and has seen a significant take up through referrals both from the CMHT and through self-referral and is showing positive outcomes.
- 5.7 This tenure neutral service provides support around housing issues, benefits, money management as well as access to community-based services and activities that can

support the reduction of social isolation and support the sustained recovery or maintenance of good mental health in the community.

5.8 The Dorset Mental Health Forum and DCC Trading Standards have identified the Farming and Agricultural community as hard to reach and seldom heard. A partnership group has been instigated to include social care and health to work in partnership with existing Farming Community Network Support Workers to identify the specific needs of this group. Work is ongoing to widen access to services for farmers, farm workers and their families through referral access by the FCN as a key point of access.

5.9 Information, Advice and Guidance has been identified as a key tool in supporting the mental welfare of this community and the need to create a specific farming Community Hub on Dorsetforyou, with specific information to support their personal and business needs. Bringing together the DDC teams of social care and Trading Standards with the Clinical Commissioning Group ACP pathway services.

Overall this piece of work ensures greater knowledge and access to available services and supporting the FCN to achieve better outcomes for those they are in contact with and supporting.

This in turn has a positive impact on the welfare of farm animals who are often impacted upon by the ill health of the farmer.

5.10 Access to appropriate and sustainable housing has been identified as a key need amongst the people currently under the care of the local Community Mental Health Teams. Commissioning are currently working with the local CMHTs to understand local need in terms of geographical spread and type of accommodation and support. Current work is being fed into the Building Better Lives project to inform future housing developments as well as opening up access to nominations within existing developments.

5.11 Design work for a tiered model of accommodation with varying levels of either on site or community-based support is being developed against the need assessments to inform the wider commissioning intentions, recognising and integrating the community based support developed through the Acute Care Pathway.

Access and maintenance of appropriate accommodation is a corner stone of successful treatment and sustained recovery.

6. Summary of next steps

6.1 The intention remains to develop joint working as part of the Integrated Care System and work closely with health colleagues and the wider statutory and voluntary partners to ensure a clear and cohesive experience of support is achieved for people living with mental ill health and their carers.

6.2 Key areas of activity have been identified for the forthcoming year:

6.2.1 The Enquiry Day formed part of a more detailed Intelligence Review which has included performance data these will feed into a service redesign programme for mental health in Dorset Health Care and wider redesign events planned for January for Dorset County Council. These will be using experiences from service

users to look at how services can change the way they respond from beginning to end i.e. their pathways.

- 6.2.2 It is likely that there will be additional investment in mental health as part of the national programmes and locally plans are being developed for investment options.
- 6.2.3 Dorset County Council and Dorset CCG are jointly implementing a new framework for commissioning learning disability services and will be exploring opportunities for mental health too specially to reduce out of area placements and support transitions of younger people entering adult services.
- 6.2.4 The new Emergency Duty Service will be developing more joint working with Dorset Health Care to improve out of hours co-ordination. For example, in psychiatric liaison services based in Acute General Hospitals.
- 6.2.5 Dorset Health Care and the CCG will be looking to invest in expanding the Retreats and Community Front Rooms to build on the positive feedback from Service users on receiving support from people who have also used the services. (Peer led approaches)
- 6.2.6 Consultation on the current accommodation and support pathway with carers and those with lived experience will be carried out to check its authenticity with their own personal pathway experience and to understand key challenges and pressure points to be addressed.
- 6.2.7 Define and develop the IAG Hub Project through appropriate consultation and engagement with the Farming Community Network and partners.

7. Recommendation for future governance and oversight

- 7.1 The outcomes of the Member Lead Enquiry Day in December 2017 were shared by lead Mental Health Champion Cllr Penfold with the Health Scrutiny Committee in the first quarter of 2018. It is recommended that this report be shared with Dorset County Council Health Scrutiny Committee as a follow up to the original report.
- 7.2 Strong governance arrangements have been put into place to ensure that all work is set within a planned project framework and has formal oversight. It is recommended that the Mental Health Integrated Programme Board continue to be the central oversight mechanism for work and key accountable Board to Strategic Partners, providing updates to the Dorset Council Health Scrutiny Committee as part of the Better Care Fund and Integrated Care System reporting.

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People and Communities Overview & Scrutiny Committee Work Programme

Chairman: Cllr David Walsh
Vice Chairman: Cllr Mary Penfold

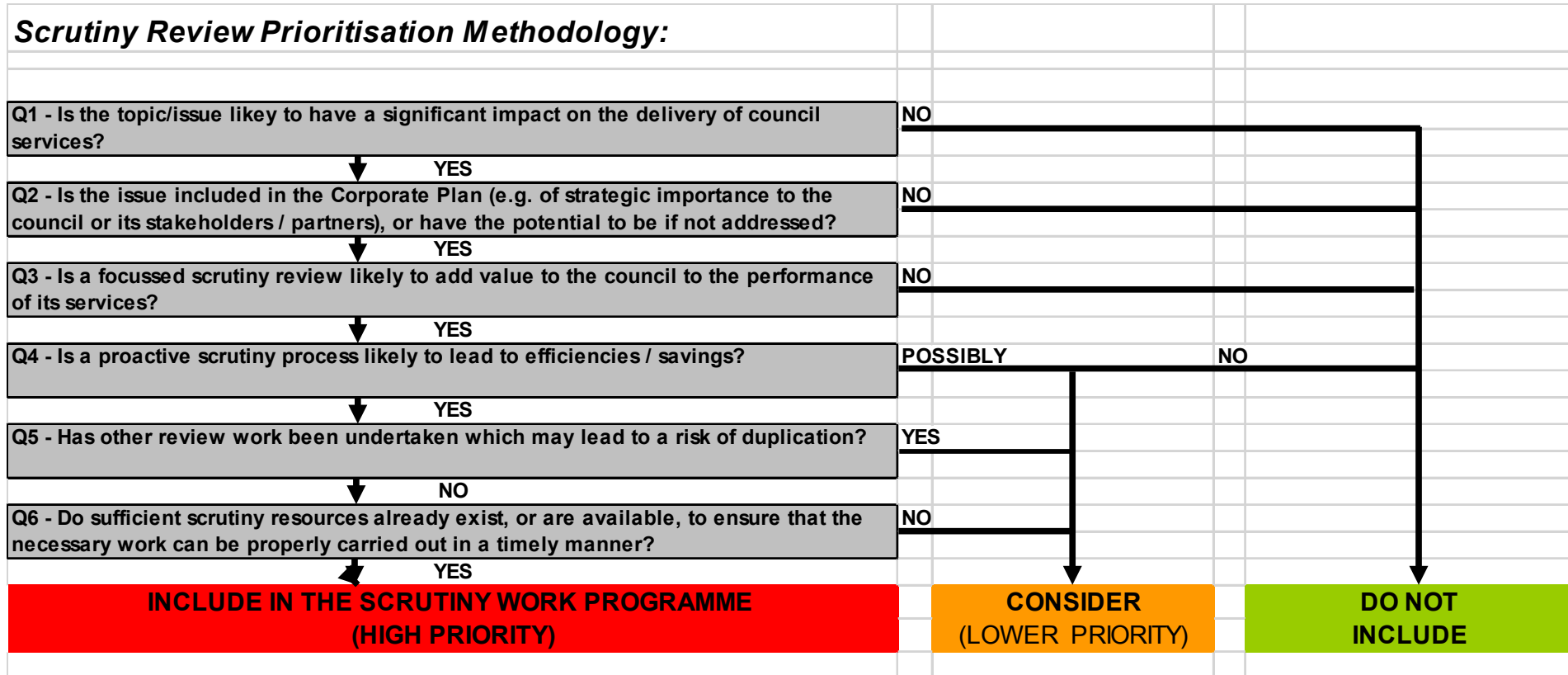
Work Programme January 2019

Specific issues previously discussed by the Committee for potential further review:

<p><u>Topics Currently under Scrutiny Review</u></p> <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
<p><u>Topics Identified for possible Review</u></p> <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 	
<p><u>Other topics identified for Review</u></p> <ul style="list-style-type: none"> • Elderly Care • Local Government Review 	
<p><u>Other topics not to be progressed</u></p> <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 	

The Shadow Executive and Shadow Overview and Scrutiny Committee have been informed of the work undertaken by the People and Communities Overview and Scrutiny Committee over the last 2 years. They have also been advised of topics that could benefit from further and ongoing consideration. It is recommended that the Shadow Council are notified of the following:-

- Personal Independent Payments (PIP)
- Universal Benefits
- Children Out of School (i.e. children missing education and school exclusions)
- Domestic Abuse
- Delayed Transfers of Care



Work Programme January 2019

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
9 January 2019	1	<u>Outcomes Focused Monitoring Report</u> To consider a report by the Transformation Programme Lead for Adult and Community Forward Together Programme		Lead Member: Lead Officer: David Bonner Intelligence, Insight & Performance Manager		
	2.	<u>Mental Health Review Update</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		
	3.	<u>Integrated Transport Review Update</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 a presentation on the latest performance.		Lead Member: Cllr David Walsh Lead Officer: Diana Balsom, Strategic Commissioning Lead		

Work Programme January 2019

Date of Meeting		Item/Purpose	Key Lines of Enquiry (KLOE)	Lead Member/Officer	Reference to Corporate Plan	Target End Date
	5	<u>Future Funding Arrangements - Red House Museum</u>		Lead Officer: Paul Leivers Assistant Director - Early Help and Community Services		
14 March 2019	1	<u>Outcomes Focused Monitoring Report</u> To consider a report by the Transformation Programme Lead for Adult and Community Forward Together Programme		Lead Member: Lead Officer: David Bonner Intelligence, Insight & Performance Manager		

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