

Agenda

Dorset County Council



Meeting: People and Communities Overview and Scrutiny Committee
Time: 10.00 am
Date: 14 March 2019
Venue: Committee Room 1 - County Hall, 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

Shane Bartlett
Katharine Garcia
Clare Sutton

Notes:

- The reports with this agenda are available at www.dorsetforyou.com/countycommittees then click on the link "minutes, agendas and reports". Reports are normally available on this website within two working days of the agenda being sent out.
- We can provide this agenda and the reports as audio tape, CD, large print, Braille, or alternative languages on request.

- **Public Participation**

Guidance on public participation at County Council meetings is available on request or at <http://www.dorsetforyou.com/374629>.

Public Speaking

Members of the public can ask questions and make statements at the meeting. The closing date for us to receive questions is 10.00am on 11 March 2019, and statements by midday the day before the meeting.

Mike Harries
Chief Executive

Contact: Helen Whitby, Senior Democratic Services
Officer
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Date of Publication:
Wednesday, 6 March 2019

1. **Apologies for Absence**

To receive any apologies for absence.

2. **Code of Conduct**

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

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

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

3. **Minutes**

3 - 8

To confirm and sign the minutes of the meeting held on 9 January 2019.

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

9 - 12

To consider a report by the Interim Transformation Lead for Adults and Communities.

5. **Public Participation**

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

6. **Outcomes Focused Monitoring Report: March 2019**

13 - 56

To consider a report by the Interim Transformation Lead for Adults and Communities.

7. **Analysis of the recent Loneliness Survey and related reports**

57 - 66

To consider a report by the Strategic Insight, Intelligence and Performance Manager.

8. **Dorset Emergency Duty Service for Adults**

67 - 76

To consider a report by the Interim Transformation Lead for Adult and Communities.

9. **Work Programme**

77 - 82

To consider a report by the Interim Transformation Lead for Adults and Communities.

10. **Questions from County Councillors**

To answer any questions received in writing by the Chief Executive by not later than 10.00am on 11 March 2019.



People and Communities Overview and Scrutiny Committee

Minutes of the meeting held at County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ on Wednesday, 9 January 2019.

Present:

David Walsh (Chairman)
Mary Penfold (Vice-Chairman)
Derek Beer, Katharine Garcia, Byron Quayle and Mark Roberts.

Members Attending

Jill Haynes, Cabinet Member for Health and Care.

Officer Attending: David Bonner (Intelligence, Insight and Performance Manager), Laura Cornette (Corporate Policy and Performance Officer), Melissa Craven (Communications Lead - Children's Services), Helen Coombes (Transformation Programme Lead for the Adult and Community Forward Together Programme), Paul Leivers (Assistant Director - Commissioning, Community Services, Partnerships and Quality), Matthew Piles (Service Director of Environment, Infrastructure and Economy), Mark Taylor (Group Manager - Governance and Assurance) and Helen Whitby (Senior Democratic Services Officer).

(Notes: These minutes have been prepared by officers as a record of the meeting and of any decisions reached. They are to be considered and confirmed at the next meeting of the People and Communities Overview and Scrutiny Committee to be held on **Thursday, 14 March 2019.**)

Apologies for Absence

1 Apologies for absence were received from Councillors Graham Carr-Jones, Clare Sutton and William Trite.

Code of Conduct

2 There were no declarations by members of disclosable pecuniary interests under the Code of Conduct.

Councillor Mark Roberts declared an interest as his company had a small adult care contract with the County Council and would not take part in any discussions about contracting arrangements.

Minutes

3 The minutes of the meeting held on 10 October 2018 were confirmed and signed.

Progress on Matters Raised at Previous Meetings

4 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.

Noted

Public Participation

5 Public Speaking

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

Outcomes Monitoring Report

- 6 The Committee considered a report by the Transformation Programme Lead for the Adult and Community Forward Together Programme which set out performance against the 2017-19 Corporate Plan and population indicators for the Healthy and Independent outcomes. The report also included performance measures which showed the Council's Services contribution and impact on outcomes, and risk management information relating to outcomes and population indicators.

Following the last meeting, a meeting of the Chairman, Councillor Wheller, the Group Manager - Governance and Assurance, and the Intelligence, Insight and Performance Manager took place to look at the report format and how information was presented. As a result, the format had been changed to provide clearer and more user-friendly information. Feedback on the new format was welcomed. Members noted that a review of reports for the new Dorset Council was to be undertaken.

With regard to actions arising from the last meeting, it was explained that figures for social isolation had been reviewed and had not been skewed by people moving to live in Dorset. A survey on social isolation had been issued to all residents through Your Dorset and an analysis of the findings along with other intelligence would be reported to the meeting on 14 March 2019. The previously reported decline in recovery rates for alcohol and substance abuse seemed to reflect a change in the recording of data and future performance was expected to improve. The current report format would continue but a 12 month rolling cycle of information would be considered as part of the report review for the new Dorset Council.

Members' attention was drawn to key points within the report relating to the Healthy outcome: inequality of life expectancy, depression recorded prevalence and under 75s cardiovascular mortality. The Cabinet Member for Health and Care added that although cardiovascular mortality rates were better than the national average overall for Dorset, there were pockets where life expectancy was a lot worse. She referred to various boards who were taking action to target resources to these areas.

It was noted that information regarding the Healthy outcome was currently done on a Dorset-wide basis. Work was underway to move towards measuring outcomes on a whole life process so that in future much more up to date figures and to a greater depth could be presented at meetings. Progress would be reported in due course.

With regard to the Independent outcome, attention was drawn to under-performance at Key Stage 2. Members noted that the newly established Dorset Improvement Board was beginning to have a positive effect on performance in this area.

Resolved

That information on the outcomes of the social isolation survey be included in the outcomes focus monitoring report to be considered at the meeting on 14 March 2019.

Red House Museum - Christchurch

- 7 The Committee considered a report by the Assistant Director - Commissioning, Community Services, Partnerships and Quality on the future funding arrangements for the Red House Museum, Christchurch.

The report had been requested by the Red House Museum's Joint Management Committee following concerns about changes to local government and the need to ensure that the new governance arrangements were safe and legal when they came

into operation on 1 April 2019. At this time the Museum would be in the administrative area covered by the new Bournemouth, Christchurch and Poole Council.

Members supported the action taken to transfer the interests of the County Council to the new arrangements to facilitate the continued progress of the Red House Museum as an asset for the local community and tourist attractions.

Resolved

That the report be noted and the action taken to transfer the interests of the County Council to the new arrangements to facilitate the continued progress of the Red House Museum as an asset for the local community and tourist attractions be supported.

Delayed Transfer of Care Performance

8 The Committee received a presentation from the Transformation Programme Lead for the Adult and Community Forward Together Programme which set out winter pressures and interventions in place to address these following increased investment, and details of delayed discharge performance for 2018 and up to 9 January 2019.

The slides provided members with an opportunity to scrutinise current performance and demonstrated that winter planning had gone well so far. At the time of the meeting there were two delayed discharges which were waiting assessment, two which involved complex cases and no delayed discharges in community hospitals. Staff were praised for their hard work which had resulted in the current performance.

A member commented that the current practice meant that care providers could respond more rapidly to requests for care packages for those awaiting discharge from hospital. However, he asked that Friday email lists showing packages required be sent earlier in the day so as to avoid delays over the weekend.

Members received a brief explanation of how the care system worked for those with and without mental capacity. The need for members of the public to be able to access proper advice about long term care was highlighted.

Noted

Integrated Transport Review Update

9 The Committee considered a report by the Service Director - Environment, Infrastructure and Economy which had been provided following a request at the previous meeting for an update on community transport.

Attention was drawn to support provided by the Dorset Travel Team for Service CB3 linking Bridport, Crewkerne and Beaminster; for Yeovil, Kingston Maurward and Weymouth Colleges for post 16 Education transport; work with community transport action groups and the establishment of a new group in Blandford, continuing work with the Dorset Clinical Commissioning Group on non-emergency transport, a new community transport scheme in Stalbridge and North Dorset, and a new voluntary car scheme. Attention was also drawn to the work of the Communications Team in promoting alternative transport provision through various media channels.

The actions taken by Dorset Travel to support community transport groups were welcomed. In response to members' concern, the Service Director confirmed that some resources to support community transport would be provided by the new Dorset Council.

Resolved

That the approach being taken by Dorset Travel be supported.

Mental Health Review - Progress

- 10 The Committee considered a report by the Commissioning Manager which provided a further update on progress against the action plan arising from the Mental Health enquiry day held on 13 December 2017.

Attention was drawn to the fact that mental health was being scrutinised not only by the People and Communities Overview and Scrutiny Committee but also by the Dorset Health Scrutiny Committee. There would be a need to separate roles and avoid duplication under the new Dorset Council.

The Review's Lead Member drew attention to the main issue raised at the enquiry day which was access to services and the experience of service users and their carers. Since then there had been an increase in the number of self-referrals and take up through community mental health teams.

In response to what was being done for hard to reach groups such as the farming community and veterans which were identified in the report, members noted that funding of £274k had been awarded to deliver the Armed Forces Covenant across Dorset and the devised action plan targeted 8 key areas for veterans and their families including health and wellbeing and mental health support. The Government had recently issued a strategy for veterans and this very much reflected the Dorset action plan. Copies of the strategy and action plan would be provided for members by email following the meeting.

One member drew attention to an email he had received from a resident highlighting the Cabinet's decision to charge people for attendance at Day Centres when they were unable to attend which he felt was unreasonable. The Cabinet Member for Health and Care explained that all residents had to be treated equally. All residents attending Day Centres were assessed financially and paid the appropriate rate. As costs remained the same regardless of attendance, attendees were expected to pay the allotted rates regardless of attendance, although members noted that there were some exceptions.

With regard to the farming community, mental health was a particular issue for rural areas. Members noted that the National Farmers Union and the Farming Community Network had done some work on this area and the Royal Agricultural Benevolent Institution were working on isolation issues.

There was some discussion about the need for equal access to services for all, not just the hard to reach groups, the unwillingness to share health issues by some groups, and the difficulty of accessing mental health services in some areas in Dorset. Members noted that Adult and Community Services service design work would address demand issues and the reskilling of the workforce to meet future demand.

In response to a question about mental health governance, members were informed that since November 2018 the Council had been providing its own out of hours emergency duty service and this had been amalgamated with the mental health act hub. The new service provided more resilience for carrying out mental health assessments and a better response for those in crisis. As demand was continuing to rise, members asked for a report on the performance of the new service for the meeting on 14 March 2019.

Resolved

1. That the progress made against the delivery plan be noted.
2. That a report on the new out of hours emergency duty service be provided for the meeting on 14 March 2019.

Work Programme

- 11 The Committee considered a report by the Transformation Programme Lead for the Adult and Community Forward Together Programme which set out the Committee's work programme.

Members were informed that the Overview and Scrutiny Management Board had previously written to the Leader of the Shadow Dorset Council and Chairman of its Shadow Overview and Scrutiny Committee setting out Overview and Scrutiny Committee work programmes and, at its next meeting, were to identify key topics for possible future scrutiny by the new Council. A number of items had already been identified (Personal Independent Payments, Universal Benefits, Children out of school (ie children missing education and school exclusions), domestic abuse and delayed transfers of care). Members asked that homelessness, social isolation, mental health and integrated transport be added to this list.

Resolved

1. That the meeting scheduled to take place on 14 March 2019 would go ahead.
2. That reports on assessing mental health act figures and the outcomes from the social isolation survey be provided for this meeting.
3. That homelessness, social isolation, mental health and integrated transport be added to the list of items for potential scrutiny by the new Dorset Council.

Questions from County Councillors

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

Meeting Duration: 10.00 am - 11.30 am

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People and Communities Overview and Scrutiny Committee

Dorset County Council



Date of Meeting	14 March 2019
Officer	Helen Coombes, Interim Transformation Lead for Adult and Community Services
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	37/2018	<p>Mental Health Review A workshop was held on 13 December 2017. Outcomes were forwarded to appropriate organisations and their initial responses were received on 4 July 2018. A further update was provided for the meeting on 9 January 2019. A report on the new out of hours emergency duty service was requested for the meeting on 14 March 2019.</p>	<p>Lead Member: Cllr Mary Penfold Lead Officer: Helen Coombes, Transformation Programme Lead for Adult and Community Forward Together Programme</p>	<p>Copies of the Veterans Strategy and action plan were emailed to members on 9 January 2019.</p>
10 October 2018		<p>Outcome Focused Monitoring Report - September 2018 A report on the outcomes of the recent social isolation survey was requested for the meeting on 14 March 2019.</p>		

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People and Communities Overview and Scrutiny Committee

Dorset County Council



Date of Meeting	14 th March 2019
Officer	<p><u>Local Members</u> All Members <u>Lead Director</u> Helen Coombes, Interim Transformation Lead for Adult and Communities</p>
Subject of Report	Outcomes Focused Monitoring Report: March 2019
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 March 2019 – Healthy Outcomes Monitoring Report March 2019 – 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 and marginal change in 2017. 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: 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 has fallen after being static for a few years, the rate among women appears to be rising.

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. No update for the adult data available yet.

2.1.4 Depression recorded prevalence: No update since the previous report. 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 The findings of Dorset County Council's 2018/19 loneliness survey, completed by more than 400 residents, found most respondents had high levels of loneliness. Loneliness was particularly high in younger age respondents, males, bisexual and gay/lesbian women. Levels of loneliness were higher for carers compared to non-carers and for internet users, although non-internet users were more likely to be emotionally lonely¹.

The results of the loneliness survey provide empirical evidence for the County Council and partner organisations to help target initiatives to different groups and places that need them most.

2.1.6 Under 75s cardiovascular mortality: No update since the previous report. The rate of mortality considered preventable is higher compared to the previous year, but it remains statistically significantly better compared to the England average.

2.1.7 Physical activity in adults: No update since the previous report. 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: No update since the previous report. 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: No update since the previous report. 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

¹ Missing an intimate relationship rather than a social network

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 provisional results are confirmed, showing the Dorset trend improving from a low in 2016, but 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: 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. The latest official data is as at the end of November and showed our year to date performance had lifted us to 95th out of 151 authorities. We expect this ranking to improve a little further when December and January's official data is released. We have been comfortably meeting our Better Care Fund target of 9 delays per day since the end of September.

2.2.6 Self-directed support: The Self Directed Support indicator remains high and as always, we monitor the accuracy of data and ensure that understanding of the indicator and the data it consists of is appropriate. The national user survey for 2018/19 has arrived with clients this week and responses are starting to return. This survey remains the best way of us hearing the customer's voice and the difference the care and support services make to their lives.

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

With little change in the children's key indicators since the previous report, the focus remains the same. 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 reduced again 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.

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People in Dorset are Healthy

Outcome Sponsor - Sam Crowe
Acting Director of Public Health



Outcomes Focused Monitoring Report

March 2019


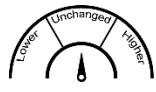









People in Dorset are Healthy

Outcomes Focused Monitoring Report Produced by Insight, Intelligence and Performance

Contents	
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H02 Rate of hospital admissions for alcohol related conditions	7
H03 Child and Adult excess weight	9
H04 Depression recorded prevalence (QOF): % of practice register aged 18+	11
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Corporate Risks not assigned to a specific Population Indicator	17
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OVERVIEW: Direction of travel

H01A Inequality in life expectancy between population groups - Male (Calendar year)	2016 6.0	2017 6.1	
H01B Inequality in life expectancy between population groups - Female (Calendar year)	2016 5.3	2017 5.3	
H02A Rate of hospital admissions for alcohol related conditions - Male (Financial year)	2016/17 689	2017/18 655	
H02B Rate of hospital admissions for alcohol related conditions - Female (Financial year)	2016/17 437	2017/18 440	
H03A Child excess weight (Academic year)	2016/17 21.1%	2017/18 20.9%	
H03B Adult excess weight (Financial year)	2015/16 59.2%	2016/17 61.8%	
H04 Depression recorded prevalence (QOF): % of practice register aged 18+ (Financial year)	2016/17 8.9%	2017/18 9.8%	
H05 Under 75 mortality rates from cardiovascular diseases (Calendar year)	2014-16 34.4 per 100,000	2015-17 35.6 per 100,000	
H06 Levels of physical activity in adults (Financial year)	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.

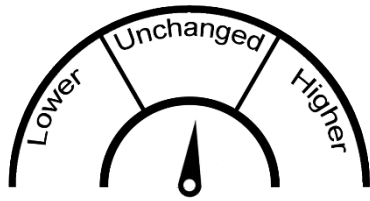
The opportunity of LGR could be used to ensure a greater focus on communities and understanding their specific needs and issues.

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.

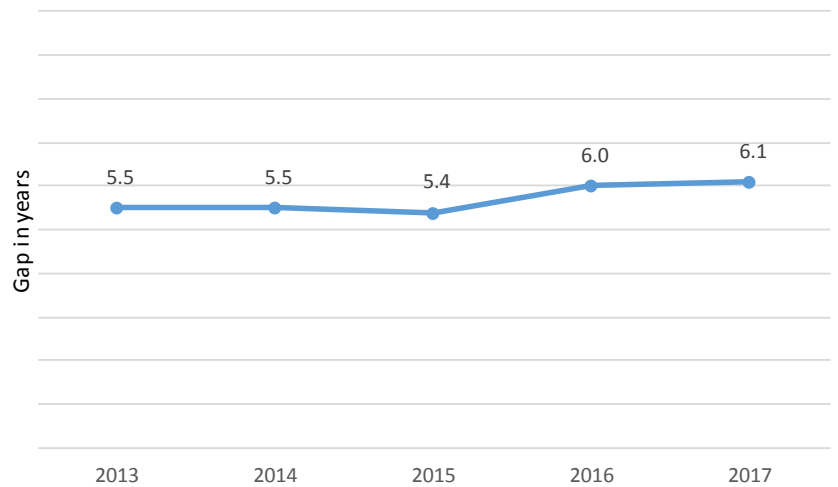
HEALTHY H01: Inequality in life expectancy between population groups

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

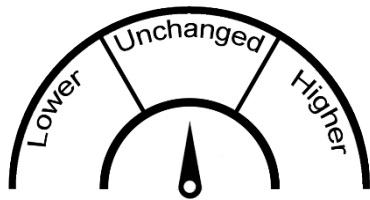
Trend: Change over year



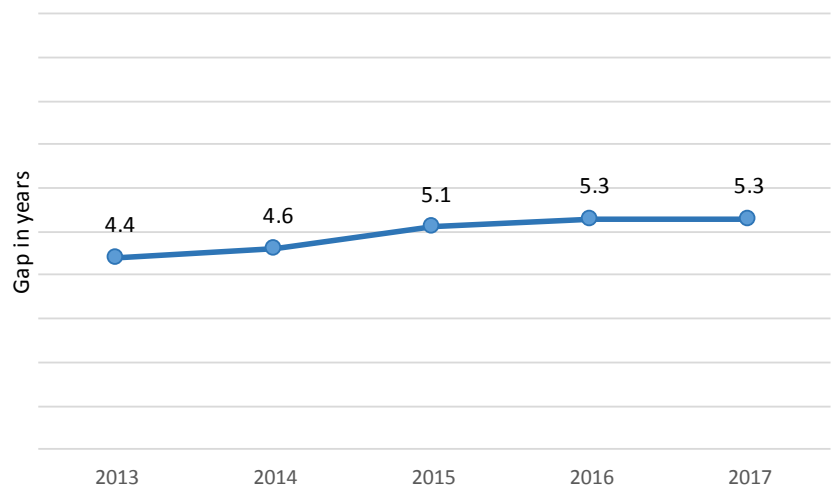
Inequality in life expectancy: male



Trend: Change over year



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 6.1 years lower for men and 5.3 years lower for women in the most deprived areas of Dorset than in the least deprived areas.

What has changed and why?

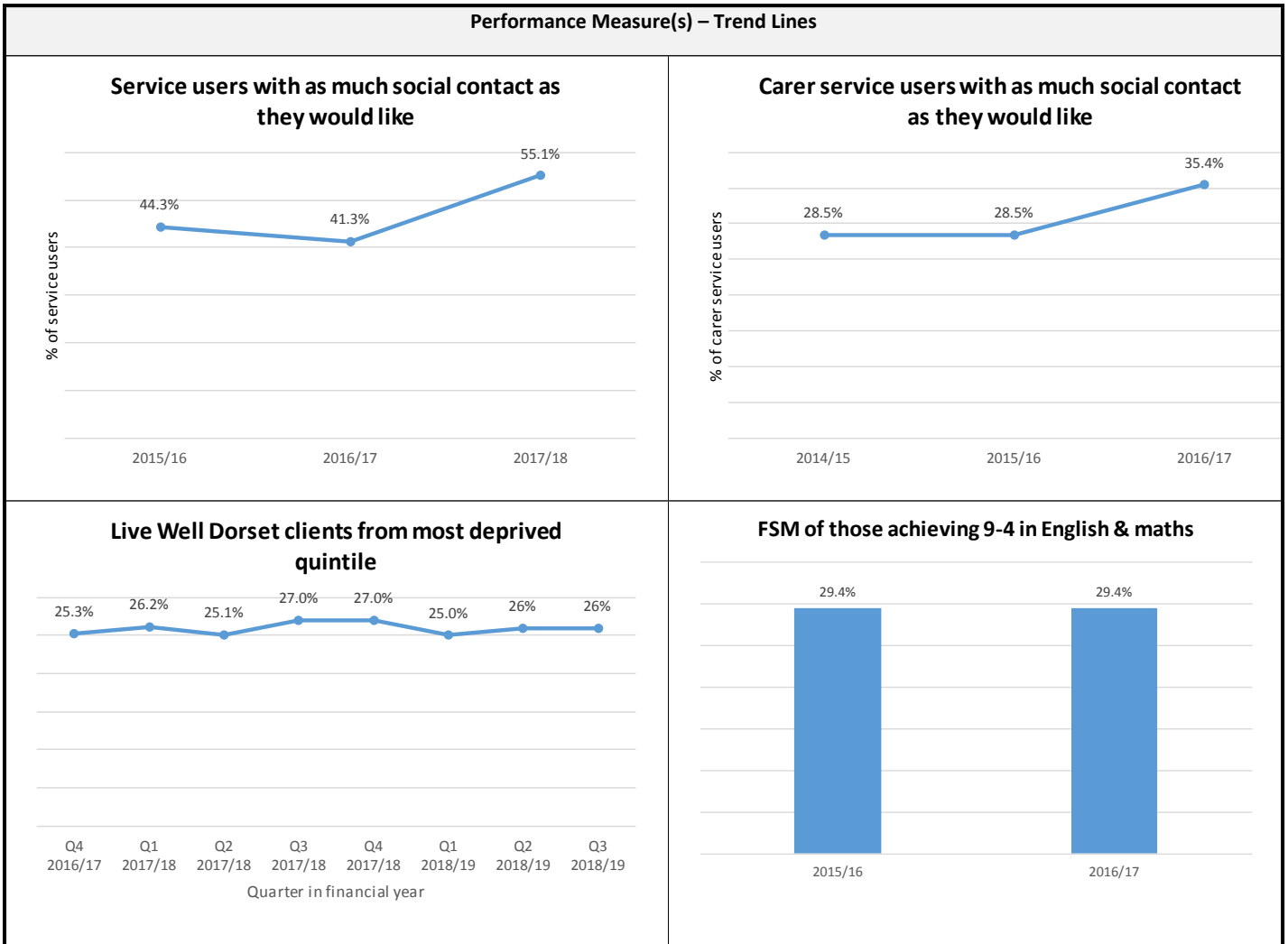
For women, there has been a sustained increase in inequalities over the last 5 years, whilst for men we have seen an increase in 2016. This could be because the health of people in poorer areas has worsened, that is has improved only for people in the most affluent areas, or a combination of the two. 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 (26% 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.



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

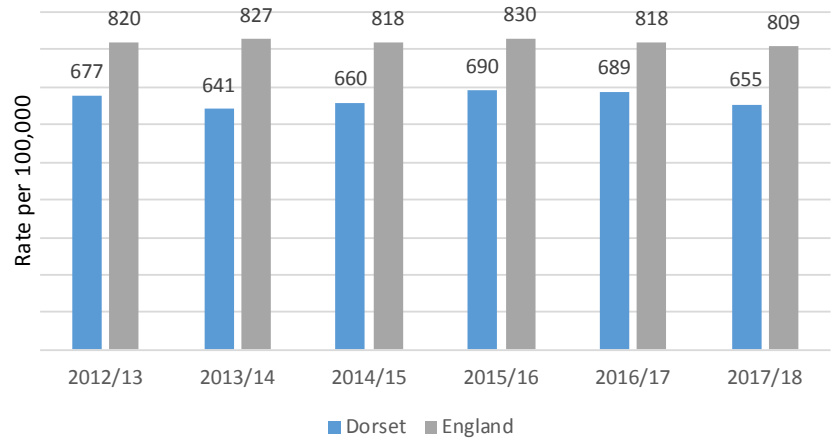
HEALTHY H02: Rate of hospital admissions for alcohol-related conditions

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

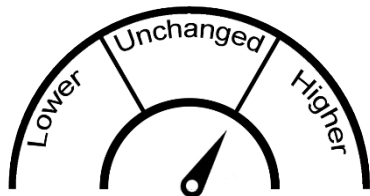
Trend: change over financial year



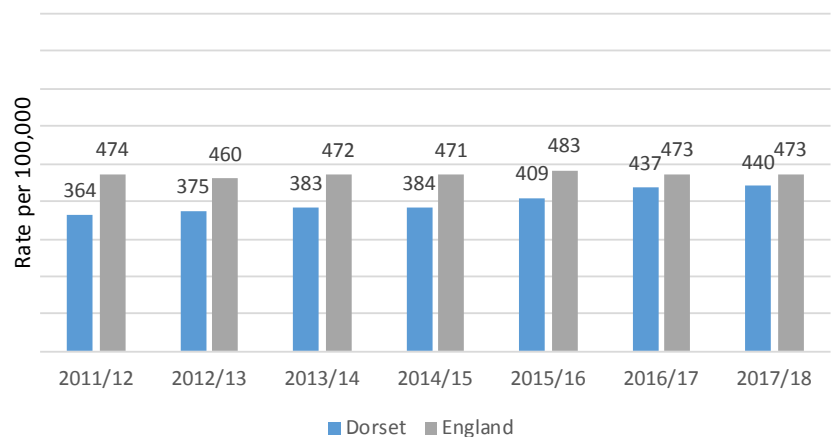
Hospital admissions for alcohol related conditions: male



Trend: change over financial year



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 has fallen after being static for a few years, 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.

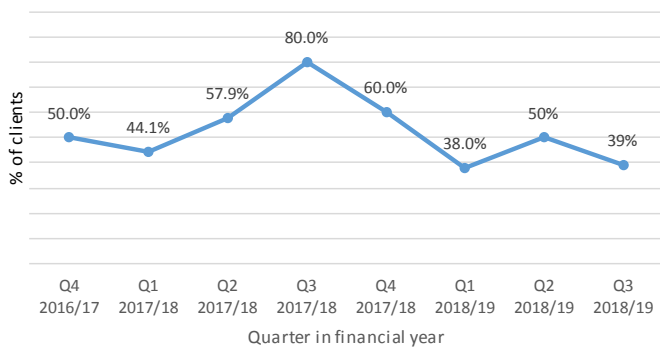
What are the issues and how can we address them?

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.

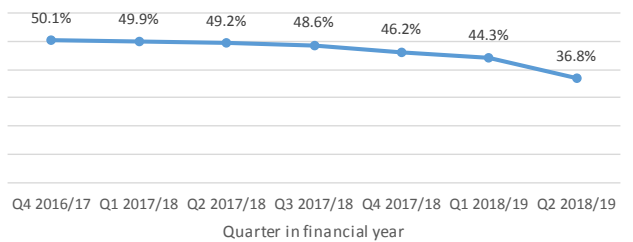
The pan-Dorset strategy for alcohol and drugs (2016-2020) covers three themes: prevention, treatment and safety. The LiveWell Dorset service supports people to reduce the amount of alcohol they drink, and our alcohol treatment services (HALO data) support those who are dependent on alcohol. Across Dorset 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

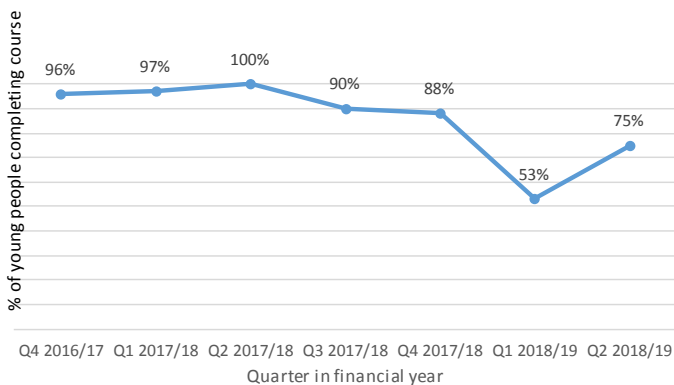


Alcohol treatment successful completions



Performance Measure(s) – Trend Lines

% of young people successfully completing substance use treatment



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

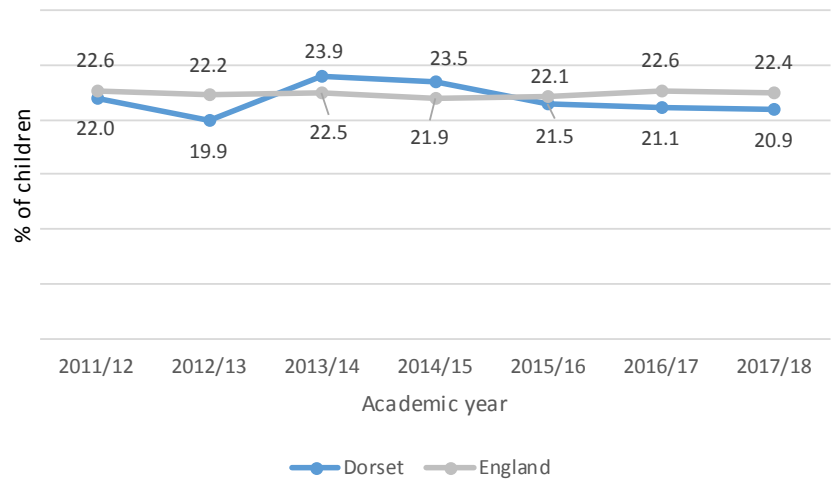
HEALTHY H03: Percentage of Children and Adults with excess weight

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

Trend: change over academic year



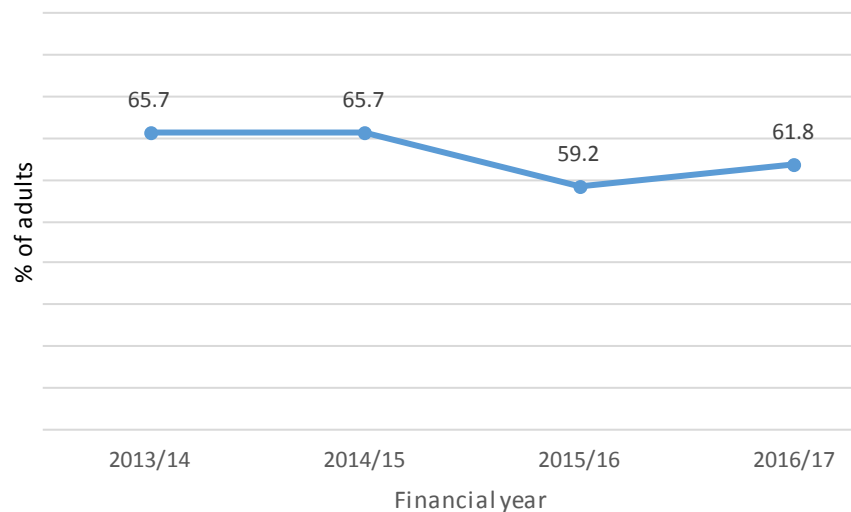
% of reception children with excess weight



Trend: change over financial year



% of adults with excess weight



Benchmarking: The benchmark for reception children is England (22.4%). Dorset is lower than England. For adults, there is no significant difference to the England average (61.3%) – no update to the adult data in this quarter.

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?

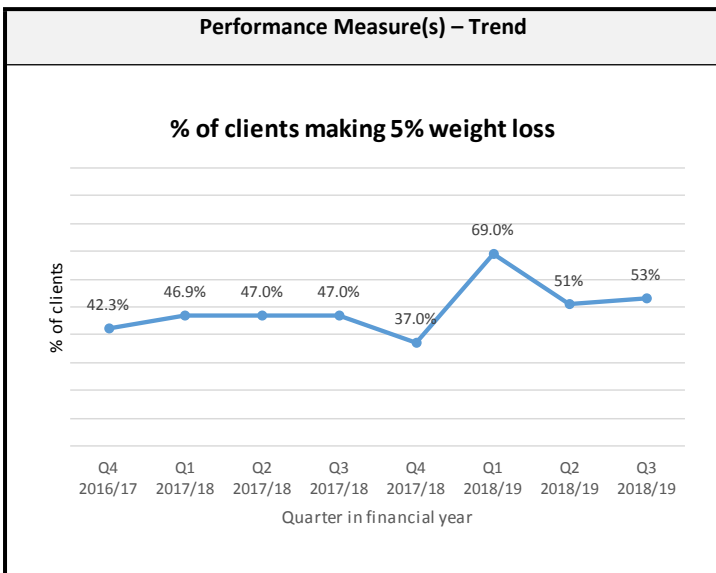
Whilst some data suggests that the increase may now be plateauing, the absolute figures for overweight and obesity remain too high. Rates of excess weight are often higher in more deprived communities, and amongst ethnic minority groups, whilst children with parents who are overweight or obese are more 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. Note: there is no update in this quarter for the adult dataset.

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.

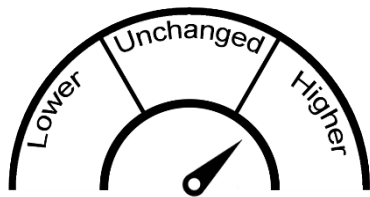


Corporate Risk	Score	Trend
No associated current corporate risks		

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

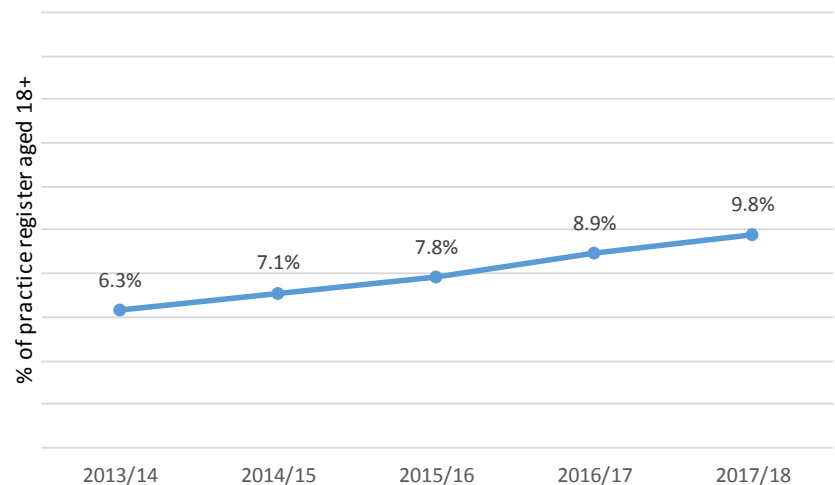
Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Lee Robertson

Trend: change over financial year



Benchmarking: The comparator is England (9.9%). Dorset is lower than England. No update in this quarter.

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.

The findings of Dorset County Council's 2018/19 loneliness survey are now available. There were more than 400 residents responding from across the County, with the greatest proportion aged 45 to 84 and with females outnumbering males. Most respondents had high levels of loneliness.

The data highlighted degrees and types of loneliness with younger age respondents showing acute levels of loneliness. Male respondents on average showed greater levels of loneliness as did Bisexual and Gay/Lesbian women. Levels of loneliness were higher for Carers compared to Non-Carers and for Internet users, although Non-internet users were more likely to be emotionally lonely¹.

The distribution of respondents to the survey shows a higher proportion from West Dorset and Weymouth & Portland and the lowest from Purbeck. At a smaller geographic level, the report highlights areas that have higher respondents with Severe or Very Severe Loneliness.

The results of the loneliness survey provide empirical evidence for the County Council and partner organisations to help target initiatives to different groups and places that need them most.

What has changed and why?

There is no update in this quarter. 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.

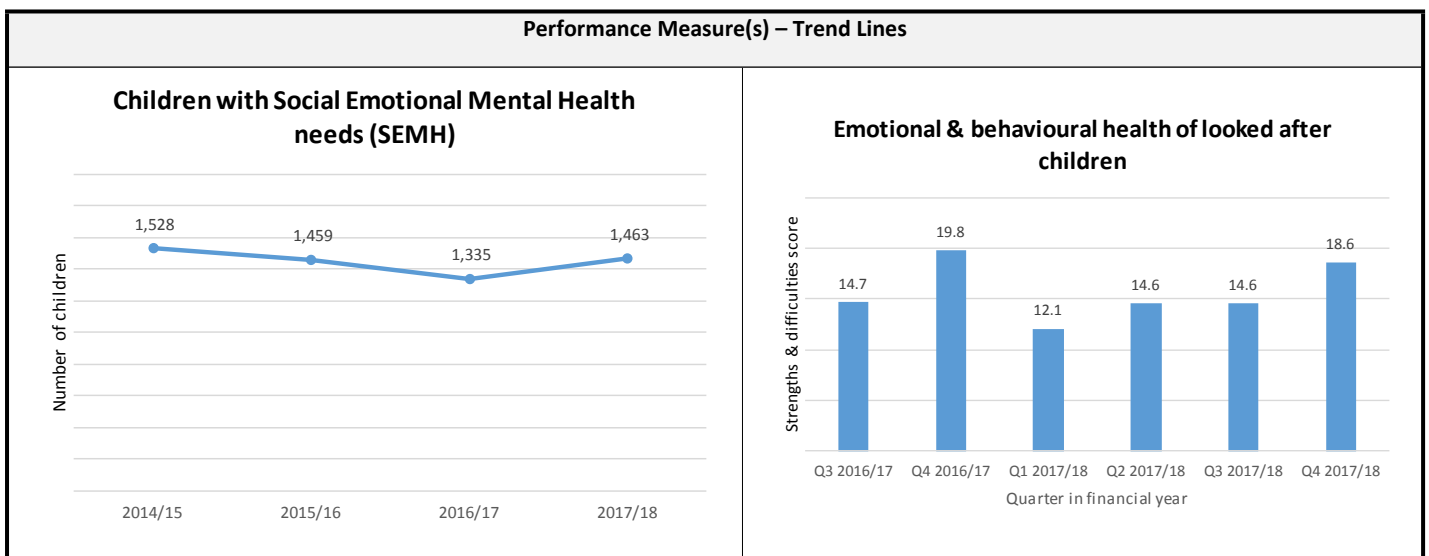
¹ Missing an intimate relationship rather than a social network

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 model² 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.



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

² 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](#)

HEALTHY H05: Under 75 mortality rates from cardiovascular diseases

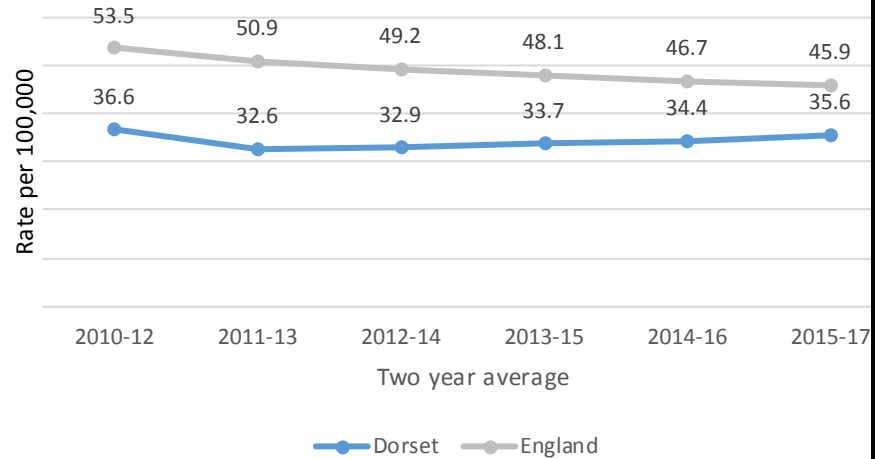
Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Lee Robertson

Trend: change over 2 calendar year average



Benchmarking: The comparator is England (45.9). Dorset is lower than England. No update in this quarter.

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?

There is no update in this quarter. The rate of mortality considered preventable is higher compared to the previous year, but it remains statistically significantly better compared to the England average.

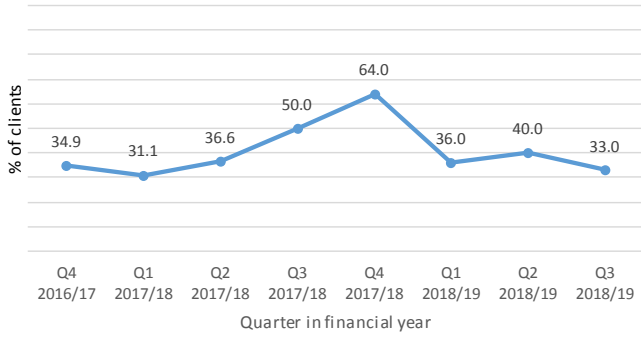
Whilst rates of premature mortality from cardiovascular disease (CVD) nationally have been falling significantly over the last five decades, this remains the second biggest cause of death nationally after cancer. The dramatic reductions in deaths have been due to reductions in smoking, better management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

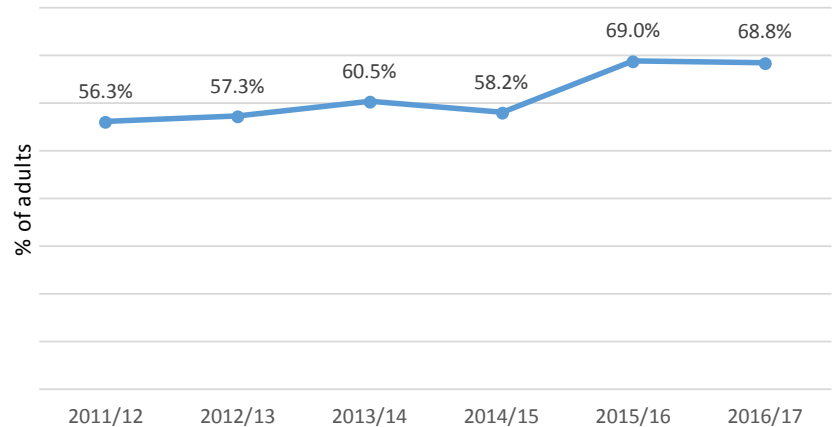
Outcome Lead Officer Jane Horne; Population Indicator Lead Officer Lee Robertson

Trend: change over financial year



Benchmarking: The comparator is England (66%). Dorset is higher than England. No update in this quarter.

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?

There is no update in this quarter. 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.

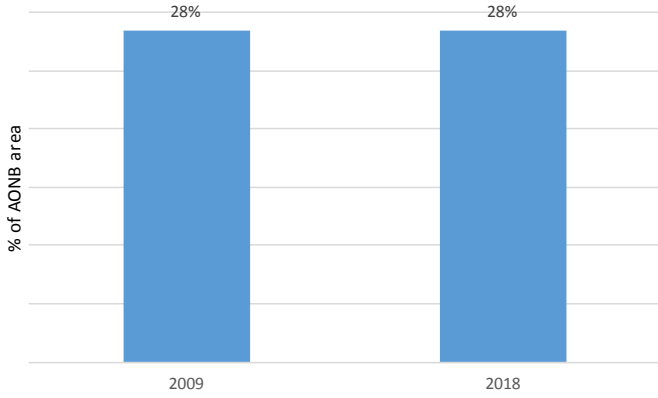
What are the issues and how can we address them?

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.

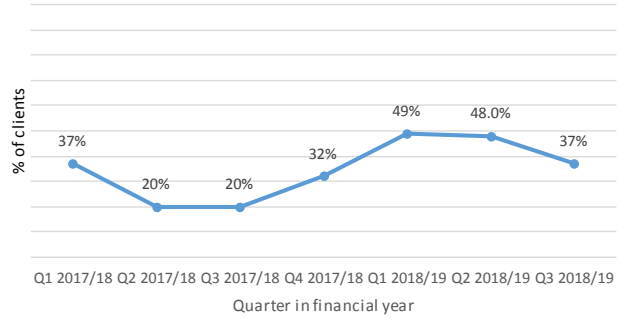
This is a key part of the Healthy Places work stream of PAS, which also refers to active travel. DHWB oversees the PAS portfolio and brings together partners across Dorset to work collectively on these issues. This includes launching a new Acting Ageing Programme working with Sport England to recruit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

Performance Measure(s) – Trend Lines

Good landscape condition: AONB

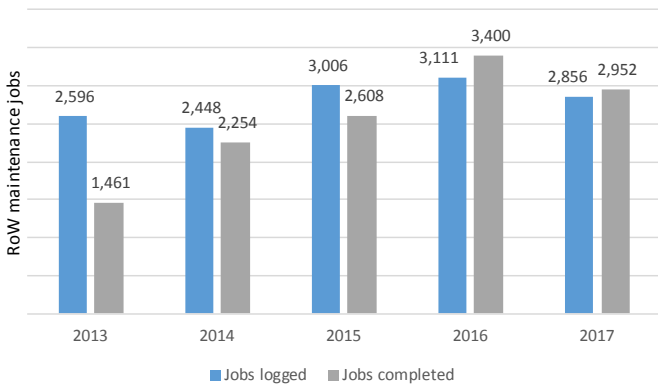


% of clients increasing physical activity at 3 months



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 <u>Corporate Risk Register</u>)		
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

March 2019



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 (Academic year)	2017 68.8%	2018 70.3%	
I02 Percentage of children with good attendance at school (Academic year)	2015/16 95.3%	2016/17 95.1%	
I03 Percentage achieving expected standard KS2 in reading, writing and maths (Academic year)	2016/17 57%	2017/18 60%	
I04 Percentage of 16-18 year olds not in education, employment or training (NEET) (Academic year and latest month in quarter)	Jun 2018 5.2%	Nov 2018 4.6%	
I05 Delayed transfers from hospital care (number of bed days) (Monthly)	Nov 2018 6.90	Dec 2018 3.71	
I06 Proportion of clients given self-directed support (Financial year)	Q2 2018/19 99.8%	Q3 2018/19 99.8%	

OVERVIEW: Areas for focus

With little change in the children's key indicators since the previous report, the focus remains the same. 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 reduced again, continuing the trend 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.

INDEPENDENT IO1: Percentage of children 'ready to start school' by being at the expected level at Early Years Foundation Stage

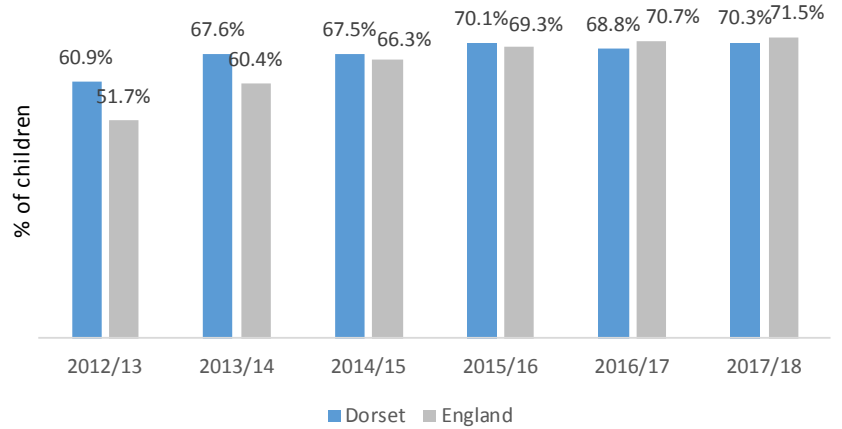
Outcome Lead Officer Claire Shiels; Population Indicator Lead Officer Claire Shiels

Trend: change over academic year



Benchmarking: Lower than England. No update in this quarter.

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?

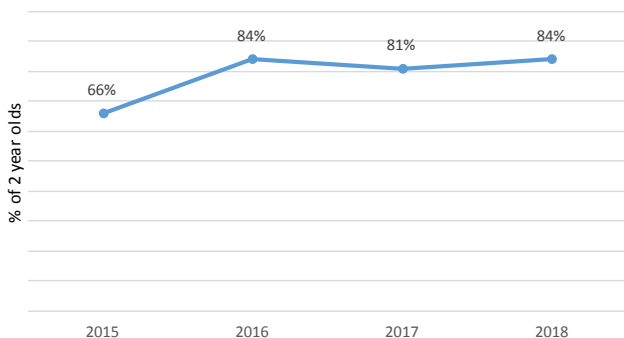
No update in this quarter. Dorset figures are improving, but still 2% below the national level. Performance at this stage has been and continues to be a priority for improvement. A focus on Literacy has seen significant recent improvements, and Writing continues to be a focus going forward.

What are the issues and how can we address them?

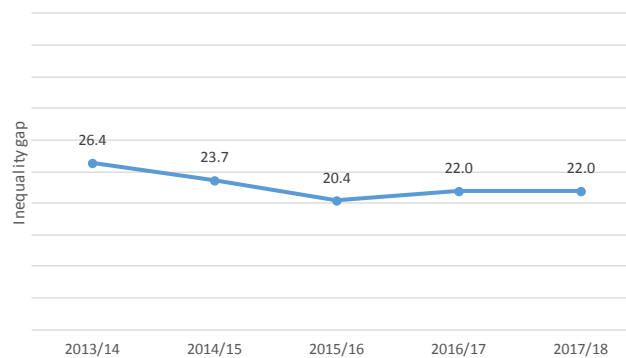
Ensuring that children arrive at School from pre-school settings ready for learning. Ensure targetted working across teams in a strategic manner to develop and improve school readiness. There are a range of evidence based programmes provided by partners and DCC staff in the Family Partnership Zones that 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 Amanda Dunning; Population Indicator Lead Officer Claire Shiels

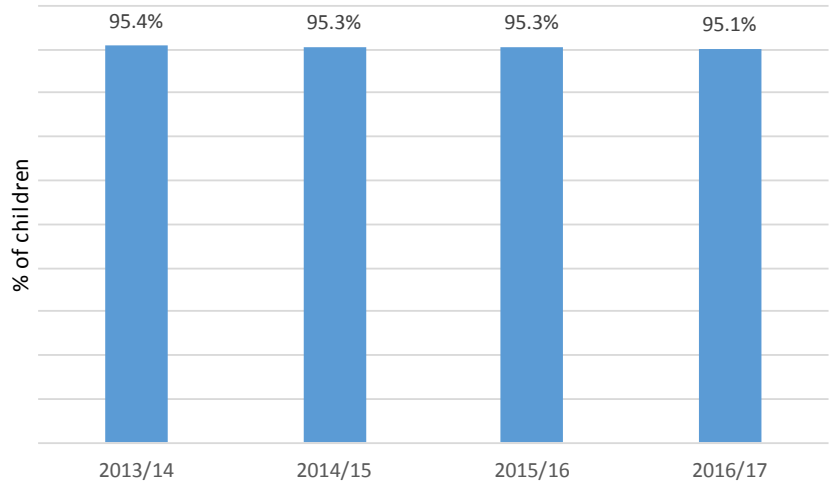
Trend: change over academic year



No update available yet

Benchmarking: No significant difference to the South West (95.2%). No update in this quarter.

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?

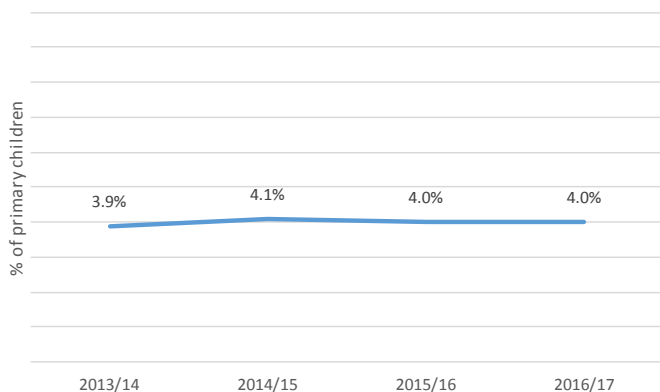
As reported last quarter, primary absence levels remain level, but secondary absence has increased slightly. This has impacted on the overall attendance level. Possible factors could include an increase in mental health/anxiety issues, and an increase in unauthorised absence due to family holidays.

What are the issues and how can we address them?

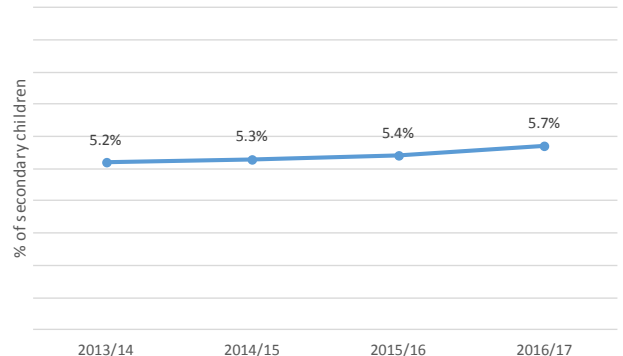
Responsibility for pupil absence primarily rests with the parent/carer, with schools responsible for monitoring and encouraging attendance where there are problems. The local authority will support this role through the offer of early help where appropriate and providing an enforcement role regarding 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

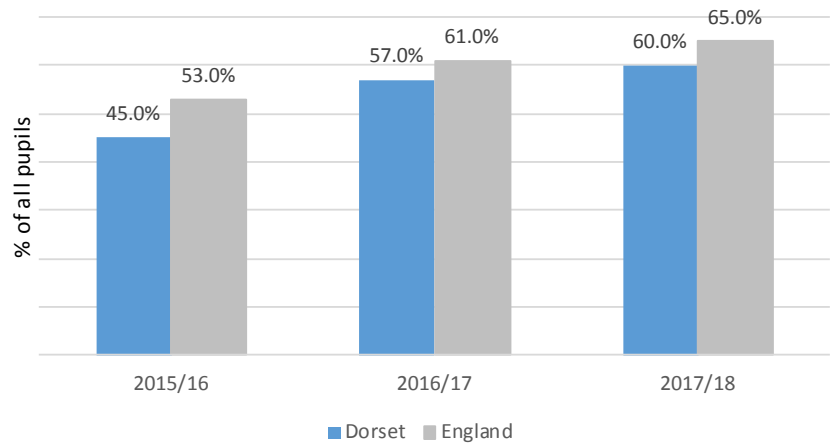
Outcome Lead Officer Sally Longman; Population Indicator Lead Officer Claire Shiels

Trend: change over academic year



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?

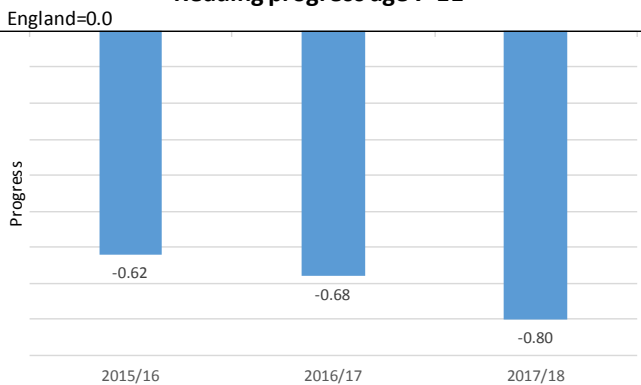
The Dorset trend is improving from a low in 2016, however Dorset is still below the National and South West levels. Progress is declining in Reading and improving in Writing and Maths. 2018 marks the third year of the new curriculum and whilst Dorset is improving the national results are also improving.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

What are the issues and how can we address them?

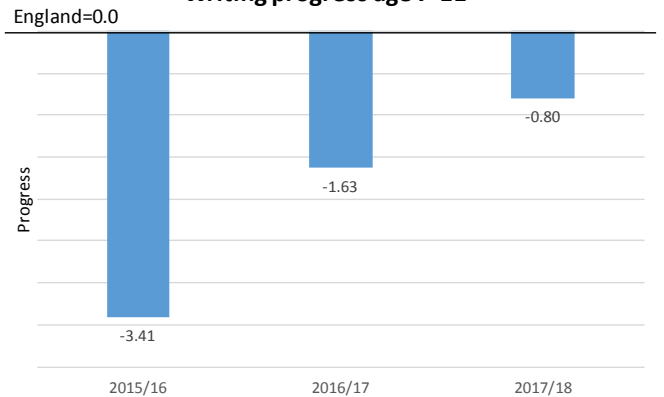
Achievement at Key Stage 2 is the biggest challenge facing Dorset. Nationally Middle schools do not perform well at Key Stage 2 – and Dorset has one third of pupils in Middle Schools in year 6. Whilst this has a considerable impact on achievement there is still improvement to be made at Key Stage 2 across 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.

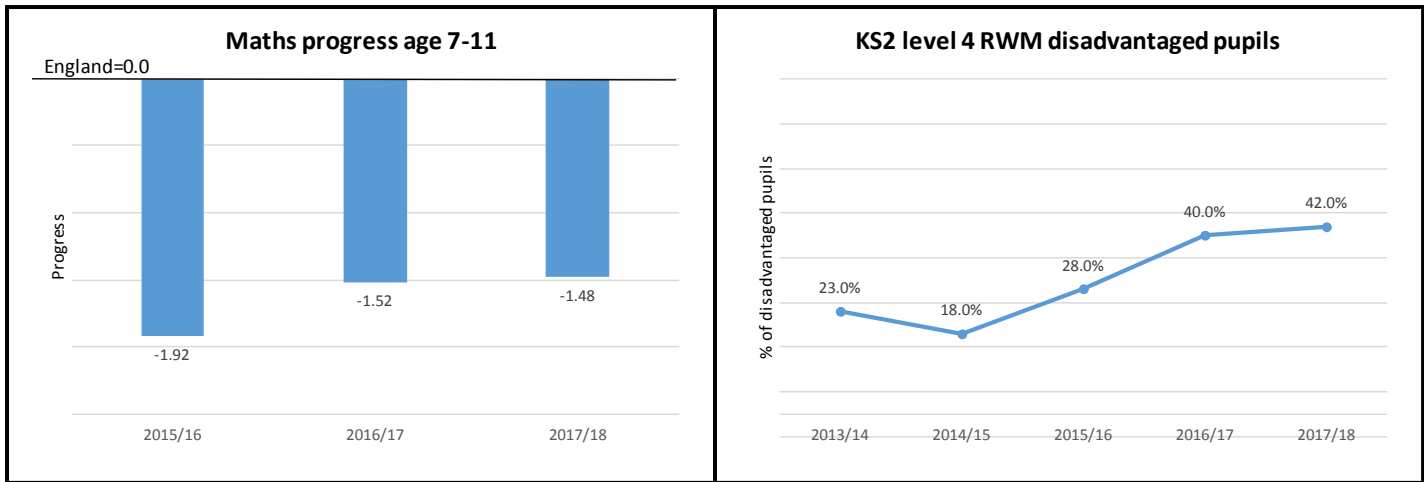
Performance Measure(s) – Trend Lines

Reading progress age 7-11



Writing progress age 7-11





Corporate Risk	Score	Trend
No associated current corporate risks		

INDEPENDENT I04: Percentage of 16-17-year olds not in education, employment or training (NEET)

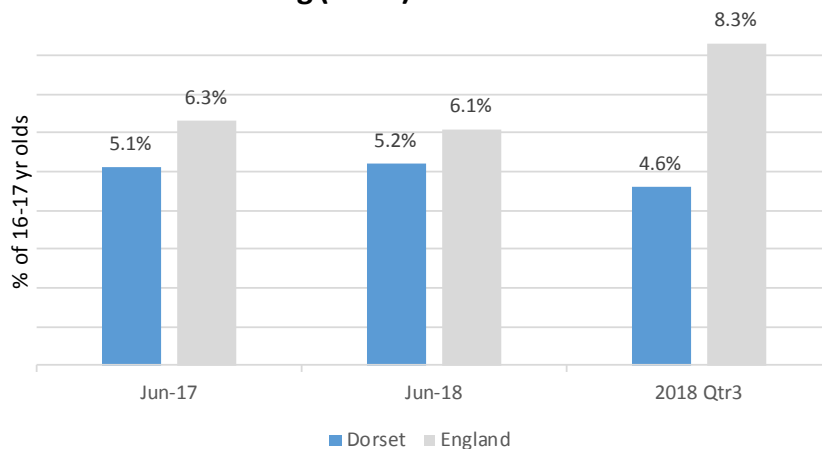
Outcome Lead Officer Sally Longman; Population Indicator Lead Officer Claire Shiels

Trend: over period from June 18 to Nov 18



Benchmarking: below the England average

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



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 of not participating and received a service from Ansbury then 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 three months of becoming NEET. Dorset has some of the quickest rates of re-engagement.

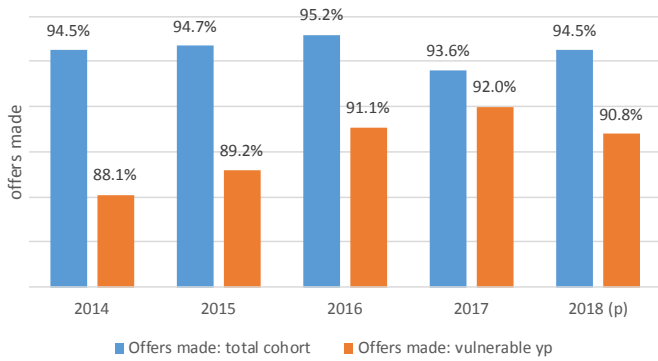
A small number (26 in February 2018) of the NEETs (224) are considered 'not available' for re-engagement. The most common reasons are that they are a teen parent or that they are working with CAMHS.

Face Forward, an ESIF funded project delivered by Ansbury, supports those NEETs who are furthest from re-engaging with education, employment and training until April 2020.

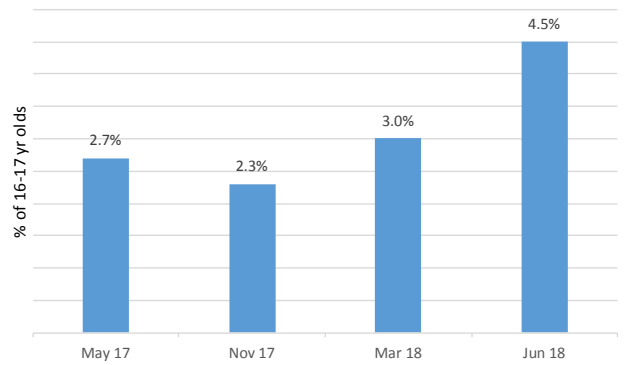
In summer 2019 we expect a new ESIF funded programme to start to support more NEETs into education and employment.

Performance Measure(s) – Trend Lines

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

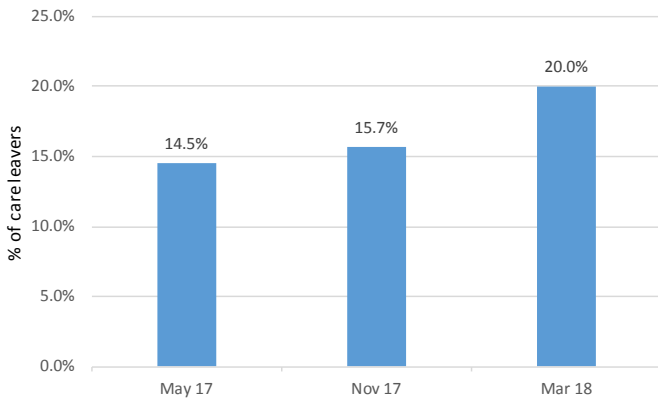


16-17 yr olds in jobs without training



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)

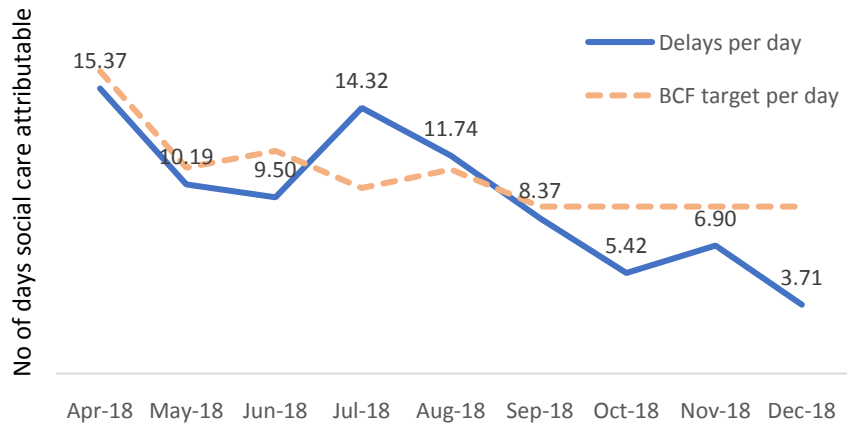
Outcome Lead Officer Amanda Dunning; Population Indicator Lead Officer Simon Robson

Trend: over month



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 November and showed our year to date performance had lifted us to 95th out of 151 authorities. We expect this ranking to improve a little further when December and January's official data is released, as our local data recorded 115 days and 99 days respectively, continuing the decreasing trend. 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 have so far not particularly affected our DTOC performance, although the winter pressures period runs until the end of March. 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
No associated corporate risk		

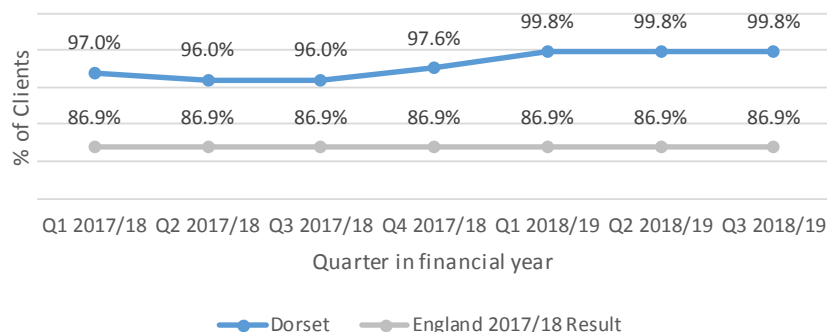
INDEPENDENT I06: Proportion of clients given self-directed support

Outcome Lead Officer Amanda Dunning; Population Indicator Lead Officer Jon Goodwin

Trend: change over quarter in financial year



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



Benchmarking: Higher than the England average

What are the indicators/performance measures telling us?

The Self Directed Support indicator remains high and as always, we monitor the accuracy of data and ensure that understanding of the indicator and the data it consists of is appropriate.

The national user survey for 2018/19 has arrived with clients this week and responses are starting to return. This survey remains the best way of us hearing the customer's voice and the difference the care and support services make to their lives.

What has changed (either way) and why?

n/a

What are the issues and how can we address them?

Recording of evidence to support 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 within Mosaic will continue to be monitored and investigated.

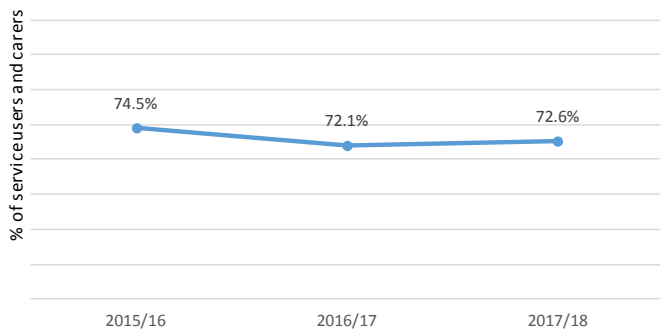
The Community Catalyst enterprise project has been up and running since December and will run for 2 years. This innovative approach will begin in North Dorset, where we have the greatest difficulty matching people's needs with available care, with the aim to bring this approach to life across the whole of Dorset.

The Making It Real programme is in place to co-ordinate, raise the profile, and increase engagement activity. All activity is reported to DMT for awareness and response where required. Making It Real Forums are arranged three times a year to give community members the opportunity to have their say on adult and community services.

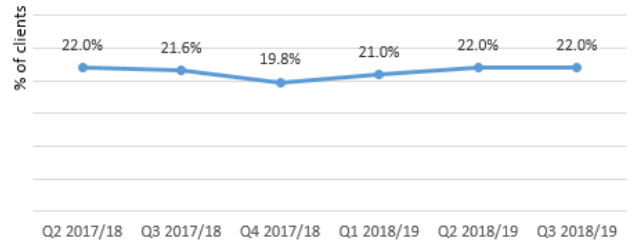
Community members are encouraged to scrutinise the work of the council and work with the council to design and influence priorities and service delivery. Recent forum workshop topics include: information and advice, loneliness and isolation, personal travel budgets, hospital discharge, safeguarding and fairer charges. Large scale public engagement is now complete to consider the library service to ensure it meets the needs of the community. Results are now being analysed. A provider survey around key worker housing needs and a public survey around the use of assistive technology have both recently closed. The results are now being analysed and will be used to help develop commissioning intentions. An engagement activity is currently in the planning phase to ask young people about a new transition pathway policy.

Performance Measure(s) – Trend Lines

Information about services is easy to find



Clients given direct payments



Corporate Risk	Score	Trend
No associated corporate risk		

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>)		
02d - Failure to deliver Education, Health and Care Plans (EHCP) within Statutory Timelines	LOW	UNCHANGED
01a - Gap exists between amount of available resource and demand for statutory responsibilities (Adult & Community Services)	HIGH	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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Tel 01305 225503

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People and Communities Overview and Scrutiny Committee

Dorset County Council



Date of Meeting	14 th March 2019
Officer	Dr David Bonner
Subject of Report	Analysis of the recent Loneliness Survey and related reports
Executive Summary	<p>Loneliness and social isolation can have a huge impact on our mental and physical wellbeing. You can even feel lonely if you are surrounded by other people. Loneliness can have a variety of causes – an upsetting life event, a loss, or sometimes it just creeps upon you. It can affect people of all ages and the effects can get worse over time.</p> <p>Loneliness can be both an indicator of social well-being and pertains to the feeling of missing an intimate relationship (emotional loneliness) or missing a wider social network (social loneliness).</p> <p>To gain a greater understanding of how loneliness is affecting people in Dorset, a short survey was undertaken from November 2018 through to January 2019. The survey was conducted on-line and through the County Council Newspaper ‘Your Dorset’. The survey gave us an insight into how our residents feel in relation to key factors that can identify whether people feel they are happy with their level of social interaction.</p> <p>The analysis undertaken looked to identify levels of loneliness from respondents to help provide an evidence base for improved support in the community.</p>

	<p>The survey has used a set of nationally recognised questions specifically designed to elicit overall levels of loneliness as well as levels of emotional and social loneliness. These responses are scored. (DeJonge gierveld loneliness scale)</p> <p>In 2018 the Council also undertook their annual Adult Social Care Survey. This data informs part of the national Adult Social Care Outcomes Framework (ASCOF) figures and includes a measure for social contact.</p> <p>Also, in 2018 the Young Researchers published an extensive survey on a range of issues facing school aged children including questions focused on Social Isolation and Loneliness.</p> <p>The People and Communities Overview and Scrutiny Committee is encouraged to consider the information in this report, look at the evidence and analysis provided and recommend that this is a topic which it wants to signal as an important one for the new Dorset Council and any further work it wishes to progress.</p>
<p>Impact Assessment:</p>	<p>Equalities Impact Assessment:</p> <p>At this stage this report is not looking at determining a new strategy, policy or function and therefore does not require an EQIA. However, the survey points to the need for further work with some groups with protected characteristics to understand the results, which suggest greater social isolation and loneliness being experienced within these groups.</p> <hr/> <p>Use of Evidence:</p> <p>The analysis in this report is focused on a survey undertaken by Dorset County Council across Dorset on Social Isolation and Loneliness from November 2018 to January 2019, it also considers the top-level outcomes on social isolation from the Adult Social Care Outcomes Framework (ASCOF) survey undertaken in 2018 and the Young Researchers Survey completed in 2018 – to reflect further work undertaken on this subject.</p> <hr/> <p>Budget:</p> <p>There are no current budget implications.</p> <hr/> <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>

Social Isolation and Loneliness Survey

	<p>Current Risk: LOW Residual Risk: LOW</p>
	<p>Other Implications:</p> <p>There is an opportunity to engage with the voluntary sector to ensure that work on this important subject is joined up wherever is possible.</p>
Recommendation	<p>That the committee:</p> <ul style="list-style-type: none"> (i) Considers the analysis and results of the survey (ii) Highlights that that this is a topic which it wants to signal as an important one for the new Dorset Council and any further work it wishes to progress including looking at the example of local providers like 'Future Roots' helping to tackle the challenge of mental health and social isolation in older men in the rural/farming community.
Reason for Recommendation	<p>Loneliness and Social Isolation can have a significant impact on our residents and have serious health implications. The new council wants to highlight the importance of this issue in the County.</p> <p>The previous work of a Policy Development Panel of this Committee gave a full account of the issues to the Committee. At that time the Committee highlighted the importance of raising the issue of social isolation generally as a determinant of health and wellbeing for people in Dorset. Previous discussion by this Committee has also noted that this subject is one which should be highlighted for the new Dorset Council for its consideration in due course.</p>
Appendices	None
Background Papers	Members working group on Social Isolation – Meeting 5 Children and Young People, Tuesday 6 th March
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>Pete Jackson (Insight, Intelligence and Performance)</p>

	Email p.p.jackson@dorsetcc.gov.uk Tel 01305 224614
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1. Introduction

1.1 Loneliness and social isolation can have a huge impact on our mental and physical wellbeing. You can even feel lonely if you are surrounded by other people. Loneliness can have a variety of causes – an upsetting life event, a loss, or sometimes it just creeps upon you. It can affect people of all ages and the effects can get worse over time.

1.2 Loneliness can be both an indicator of social well-being and pertains to the feeling of missing an intimate relationship (emotional loneliness) or missing a wider social network (social loneliness).

2. Dorset County Council's Loneliness and Social Isolation Survey

To gain a greater understanding of how loneliness is affecting people in Dorset, a short survey was undertaken from November 2018 through to January 2019. The survey was conducted on-line and through the County Council Newspaper 'Your Dorset'. The survey gave us an insight into how our residents feel in relation to key factors that can identify whether people feel they are happy with their level of social interaction.

The analysis undertaken looked to identify levels of loneliness from respondents to help provide an evidence base for improved support in the community.

The survey has used a set of nationally recognised questions specifically designed to elicit overall levels of loneliness as well as levels of emotional and social loneliness. These responses are scored. (DeJonge gierveld loneliness scale)

2.1 Number of respondents and total overall loneliness

As this survey was a self-selecting survey as opposed to a fully representative, random sample of the Dorset population the results are therefore not statistically robust. A survey specifically dedicated to questions on loneliness and social isolation by its very nature may elicit far greater numbers responding as lonely than a fully representative, random sample of the Dorset population. However, it is still a good level of response and as such can provide very useful insight and information on social isolation and loneliness.

3. Findings

- The survey had a good response rate of 445 residents
- Of those responding 30% could be classified based on their answers as Very Severely Lonely
- 32% of respondents could be classified as Severely Lonely
- 28% of respondents could be classified as Moderately Lonely

Social Isolation and Loneliness Survey

- 9% of respondents could be classified as Not Lonely

The survey also asked a further set of questions in relation to a range of characteristics including: Age, Gender, Sexual Orientation, Carers and Internet use. The survey also asked for the postcode of the respondents to help to assess patterns in geographical distribution. All these questions were included based on previous research on loneliness that has highlighted sections of the community that might be more prone to loneliness.

Age and Loneliness

3.1 To ascertain levels of total loneliness by age group, and compare them, the scores for each respondent were considered based on their responses which was then translated into a scale of loneliness.

- The highest levels of responses received were from those aged between 45 to 64 and 65 to 84 (33% and 32%)
- 16% of responses were from those aged between 30 to 44
- 9% and 7% of responses were from those aged 18 to 29 and 85 and over
- The lowest number of responses were from those aged under 18 (*see Young Researchers' Report 3.1 for additional data on this age group*)
- Loneliness levels were high for all age groups
- 84% of respondents aged between 18 and 29 were either Severely or Very Severely Lonely
- 74% of respondents aged between 30 and 44 were either Severely or Very Severely Lonely
- 50% of respondents aged under 18 and 85 and over were either Severely or Very Severely Lonely

Gender and Loneliness

3.2 To ascertain levels of total loneliness by gender, and compare them, the scores for each respondent were considered based on their responses which was then translated into a scale of loneliness.

- 61% of Females and 65% of Males were either Severely Lonely or Very Severely lonely
- A far greater proportion of females responded (69%) compared to males (29%)
- The numbers of respondents who preferred not to say or self-describe were too low to score

Sexual Orientation and Loneliness

3.3 To ascertain levels of total loneliness by sexual orientation, and compare them, the scores for each respondent were considered based on their responses which was then translated into a scale of loneliness.

- The highest level of responses received were from Male Heterosexual and Female Heterosexual respondents which together represented 86%
- 5% of respondents were Bisexual
- 2% of respondents were Gay Men
- 2% of respondents were Gay/Lesbian Women

Social Isolation and Loneliness Survey

- All levels of loneliness were high
- 80% of Female Bisexual respondents were either Severely or Very Severely Lonely
- Male Bisexual respondent numbers were too low to score
- 66% of Male Heterosexual respondents were either Severely or Very Severely Lonely
- 60% of Female Heterosexual respondents were either Severely or Very Severely Lonely
- 76% of Lesbian and Gay Women respondents were either Severely or Very Severely Lonely
- 44% of Gay Men respondents were either Severely or Very Severely Lonely
- Prefer not to say or other respondent numbers were too low to score
- The number of responses for Lesbian and Gay Women and Gay Men were low but have been included however, they will need to be treated with a degree of caution because of the low response rate

Carers and Loneliness

3.4 The survey looked at whether respondents were carers or not and whether this has any effect on loneliness. Carers were slightly more likely to respond as being Severely or Very Severely Lonely.

- 14% of respondents were carers
- 84% of respondents were non-carers
- 62% of non-carers who responded were either Severely Lonely or Very Severely Lonely
- 69% of those who were carers were Severely Lonely or Very Severely Lonely

Loneliness and Internet Use

3.5 The survey looked at whether respondents were internet users or not and whether this has any effect on loneliness. Internet users were slightly more likely to respond as being Severely or Very Severely Lonely.

- 13% of respondents were non-internet users
- 86% of respondents were internet users
- 59% of non-internet users were classified as either Very Severely or Severely Lonely
- 63% of internet users were classified as Very Severely or Severely Lonely

Spatial Distribution of respondents

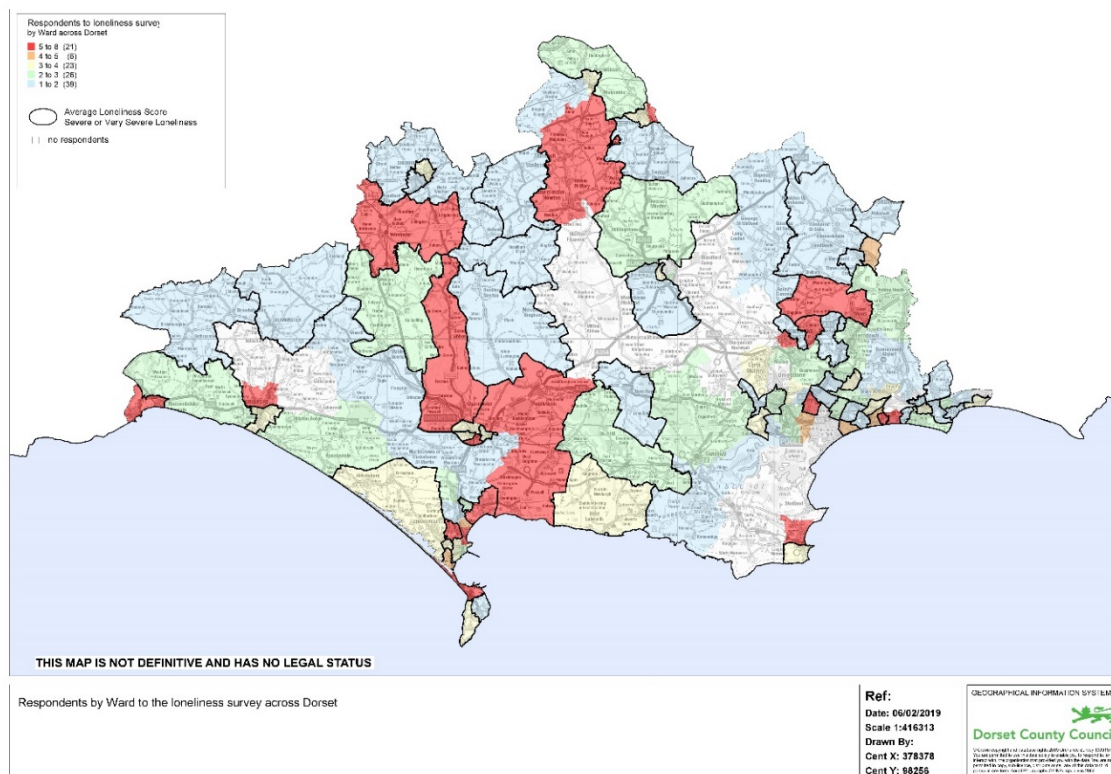
3.6 The survey had responses from across Dorset including from Bournemouth and Poole, the responses from outside the County Council area may well reflect the ability of respondents to access the survey online giving an opportunity for access to residents outside the County Council area.

The analysis of the survey looked at the number of respondents by both District and Ward.

- The greatest number of respondents to the survey were from West Dorset 23%
- The lowest number of respondents were from Christchurch Borough 5%
- Although directed at Dorset residents, there were 25% of respondents who gave their postcodes from outside the County Council area

Social Isolation and Loneliness Survey

- The highest proportion of residents with Severe or Very Severe Loneliness were within East Dorset where two-thirds of the respondents met these criteria based on their answers
- The lowest proportion of residents with Severe or Very Severe Loneliness were from Purbeck with 41%
- Figure 1 illustrates respondent levels across the County and highlights a higher number of respondents from parts of Weymouth and West Dorset as well as significant pockets in East and North Dorset.
- Levels of Severe and Very Severe Loneliness were distributed across the Wards in the County



Summary

3.7 The survey had a good response rate of over 400 residents across the County. Levels of respondents varied by age with the greatest proportion of respondents between the ages 45 and 84. Females outnumbered Males in responses. Most respondents had high levels of loneliness.

3.8 The data highlights degrees and types of loneliness with younger age respondents showing acute levels of loneliness with 84% of those between 18 to 29 classified as Severely or Very Severely Lonely. Male respondents showed slightly higher levels of Severe and Very Severe Loneliness.

3.9 Bisexual Women also had higher levels of Severe and Very Severe Loneliness. Gay and Lesbian Women had high levels of loneliness although the numbers responding were very low, so it is difficult to draw too much of a conclusion. Levels of loneliness were higher for Carers compared to non-Carers and loneliness was slightly higher for internet users compared to non-internet users.

3.10 The distribution of respondents illustrated a higher proportion from West Dorset District and Weymouth & Portland Borough and the lowest from Purbeck District. Levels of Severe and Very Severe Loneliness were highest in East Dorset at 66% and lowest in Purbeck at 42%.

At a smaller geographic level, the report has highlighted areas that have higher respondents with Severe or Very Severe Loneliness.

The results of this report can help to provide empirical evidence for the Council and our partner organisations to help to target initiatives to different groups and places that need them most.

4 Adult Social Care Outcome Framework (ASCOF) Survey

4.1 The Adult Social Care Survey is carried out annually by local authorities on behalf of NHS Digital. This postal survey asks service users questions about quality of life (including loneliness) and what impact care and support services have on their quality of life. The survey questions are designed by NHS Digital, with support from local authorities and Dept of Health. This national survey informs measures in the Adult Social Care Outcomes Framework (ASCOF).

4.2 Results

	Dorset 2015	Dorset 2016	Dorset 2017	Dorset 2018	Change	National Ranking
Proportion of people who use services and carers, who reported that they had as much social contact as they would like	46.4%	50.1%	41.3%	55.1%	↑	1 st quartile 1/150

- There were 382 respondents to the survey.
- There has been a significant increase in the proportion of service users who are content with the amount of social contact they have. This means that figures have recovered from the previous drop in 2017.
- Dorset was the best performing Council in England based on this measure in 2018.
- Women are more likely to report feeling isolated as are older people.
- Not surprisingly there is a strong correlation between social contact and ability to access places in the local area.
- The top themes of things that prevent people from accessing places in their local are needing either a PA or family or friends to accompany them as they are unable to go out alone, an ongoing health condition which impacts either their mobility, balance or confidence etc.
- Suitable transport options were another factor – particularly for those who require a wheelchair to get about.
- And many found places in their local area inaccessible due to steps, uneven ground, rural locations and poor pavements.

- Interestingly people also cite difficulty in getting outside of their own home due to steps and doorways as preventing factors.

5 Young Researchers' Report – Social Isolation

5.1 In 2017/18 Dorset County Council's Young Researchers (Dorset Pupils trained in research skills) undertook research to help shape service development of local authorities and their partners. They researched the topics of social isolation, volunteering and young people's aspirations.

5.2 Headline Social Isolation Survey Results for Dorset pupils aged between 11 and 18

- 31% of respondents did not have enough people that they felt comfortable asking for help
- 19% of respondents rarely or never felt confident most situations
- 17% of respondents often felt lonely
- 41% of respondents answered yes to 'I spend time worrying about things'
- 13% of respondents found it difficult to make friends

5.3 The report made a series of recommendations to help tackle social isolation for young people. The following six recommendations were made in partnership with decision makers from the overview and scrutiny group on Social Isolation in March 2018:

- (i) To write to all secondary schools to request more work experience opportunities for young people.
- (ii) To work to see the re-establishment of through ticketing on busses.
- (iii) To promote the work of the Young Researchers to colleagues.
- (iv) To maintain contact with the Young Researchers and break down information so that everyone can understand the implications.
- (v) To help everyone in Dorset overcome social isolation and loneliness.
- (vi) To try to help support services such as CAMHS more easily accessible for young people.

6 Rural and Farming Communities

6.1 This report also considers the issues faced by social isolation in our rural community. and the work undertaken by a local provider 'Future Roots' is worth highlighting in this respect. Future Roots have set up two Care Farms across the County and have a number of schemes looking to help those who are the hardest to reach and who are struggling with transitions in life. Future Roots Countryman's Club has been set up to work with older people and has developed out of a pilot project that tackled the specific challenges faced by older men from rural communities. It aimed to help older men in Dorset become more resilient to the life-changes they experience as a result of rural isolation and ageing and was funded by the Lottery and grant-funded by the County Council and Dorset Clinical Commissioning Group through the Dorset Partnership for Older People (POPP).

6.2 Work is also undertaken by a range of organisations and groups including the National Farmers Union and Young Farmers. Within the council, officers working with County Farms Estate and Trading Standards also contribute to the agenda of identifying people at risk of social isolation.

7 Conclusion

7.1 This report provides an update on three surveys undertaken by Dorset County Council in relation to loneliness and social isolation. It also highlights examples of how a local provider is engaged in on-going work with our community. Taken together the surveys help to provide empirical evidence for the Council and our partner organisations to help to target initiatives to different groups and places that need them most.

Mike Harries
Chief Executive
February 2019

People and Communities Overview and Scrutiny Committee

Dorset County Council



Date of Meeting	14 March 2019
Officer	Helen Coombes, Interim Transformation Lead for Adult and Community Services
Subject of Report	Dorset Emergency Duty Service for Adults
Executive Summary	<p>Following a number of concerns regarding the performance of the pan-Dorset Out of Hours Service (OOH), Dorset County Council implemented its own Emergency Duty Service in November 2018 which provides both emergency mental health and social care services to adults across Dorset.</p> <p>This new service works in conjunction with Dorset Extended MASH for Children, and a new, separate Emergency Duty Service for Bournemouth and Poole.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>An EQIA was undertaken prior to any formal consultation and refined afterwards. This is a service enhancement so there are not any foreseen adverse impacts. The service review in February will also check the EQIA findings.</p> <p>Use of Evidence:</p> <p>A large-scale consultation exercise was undertaken in the summer of 2018 to determine the best way of delivering the new service. The Approved Mental Health Professional (AMHPs) staff group agreed on the current version described in the report.</p> <p>Budget:</p> <p>The current budget for the OOHS is £359,808. This includes adults and children's funding historically paid via ACS. Children's will require a reimbursement of £121,000 under any proposed arrangement. Additional funding was made from existing Adult Care Operations</p>
<i>Please refer to the protocol for writing reports.</i>	

	<p>budgets to properly resource the service into the future. The final end of year position for 2018/19, will depend on costs incurred during the period of the 3 Local Authority Out of Hours Service, when substantial agency staff were needed to keep the service safe. No agency funding has been needed in the new model.</p>
	<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:</p> <p>Previous Risk: Medium Residual Risk: Low</p> <p>With the previous service, there was potential reputational damage to Dorset County Council, due to responses to vulnerable adults and children considered not being sufficiently robust to meet demand and good practice.</p> <p>The new service has provided additional capacity and oversight to support improvements.</p>
	<p>Outcomes:</p> <p>The current service provides a seamless service between day and outside of normal working hours services, for both members of the public and other professionals and colleagues. Staff in the team work closely with other professionals, and the varied shifts mean they can often complete a piece of work without the need to hand it over to a different shift.</p> <p>This provides continuity and also ensures that staff remain up to date with changes to day time services, which can better inform night time and weekend working.</p>
	<p>Other Implications:</p> <p>The previous Out of Hours (OOH) management arrangements created inconsistent terms and conditions between each employing local authority for the same cohort of staff who were employed by each LA, but the service was hosted and managed by the Borough of Poole.</p> <p>The use of Green Book terms and more consistent conditions has greatly assisted with covering previously unpopular shifts with very little change in service costs. This needs to be maintained post LGR.</p> <p>Staff in the team work both day and night shifts, which means that their sense of isolation is reduced and staff morale is more easily maintained.</p>
<p>Recommendation</p>	<p>It is recommended that the Committee notes the report attached at Appendix 1</p>
<p>Reason for Recommendation</p>	<ul style="list-style-type: none"> • To promote independence, and safe practice for services provided outside of usual working hours

	<ul style="list-style-type: none"> • To comment on what needs to be considered as part of the review and potential CQC inspection. • To highlight any wider service redesign implications
Appendices	<p>Appendix 1 Report Appendix 2 Staffing structure Appendix 3 Shift pattern Appendix 4 Number and types of call received</p>
Background Papers	None
Officer Contact	<p>Name: Jonathan Carter, Interim Head of Specialist Services Tel: Email: jonathan.carter@dorsetcc.gov.uk</p>

1. Introduction

- 1.1 The previous service provided a Social Care Out of Hours Service for Adults and Children and Young Persons Services for Dorset, Bournemouth and Poole local authorities. The service was based in an office in Poole and was hosted and managed by the Borough of Poole, on behalf of all three local authorities.
- 1.2 A review of the service, undertaken in early 2017, found that the service was no longer fit for purpose. There had been difficulties in recruiting and maintaining staff with appropriate knowledge and skills for the generic nature of the work, this resulted in a high use of Locums and Agency workers, which greatly impacted on the quality of practice and cost.
- 1.3 In addition, the requests for adult Mental Health Act assessments have grown considerably in recent years. This work can be complex, time-consuming and due to its nature, started to overshadow other areas of work such as responses to emergency childcare situations.
- 1.4 Agreement was reached for the development of separate OOH Service for Children and Adults in Dorset, Bournemouth, and Poole.
- 1.5 Dorset Children and Young Person’s services have developed their own Children’s Out of Hours Service based on an extended MASH service. This went live on the 5th November.
- 1.6 After an extensive consultation, the existing Dorset Approved Mental Health Professionals (AMHP) Hub (DASH) was extended to provide a 24-hour emergency duty service 7 days a week for Dorset residents. New rotas and staff contracts were developed to provide a range of shift patterns enabling 24-hour cover and sufficient staffing to meet demand. The agreed service will be staffed by 12 qualified AMHPs who are experienced enough to respond, not only to Mental Health Act assessments, but broader Care Act responsibilities and other priority duties or work likely to arise.

2. Current Situation

- 2.1 The implementation has been successful with 11 out of 12 posts recruited to for a very specialist workforce area (one member joins the team on 4th March which will leave 1 vacancy). Gaps have been filled by Hub staff undertaking additional shifts and also volunteers from the wider

AMHP workforce. The remaining post will be re-advertised shortly. Local knowledge indicates that the remaining vacant post can be recruited to in the near future. Suitable applicants have indicated an interest in the post, but they are not available to join the team until later in the year due to personal circumstances, e.g maternity leave, in training. Activity has been within expected parameters, acknowledging that calls and demand can vary greatly. The new service has made significant changes and improvements in working practices.

- 2.2 A full review of the service is planned for March 2019, with staff to check that assumptions made in the design are valid and assist with further improvements. It is expected that a CQC inspection is due in this area in the near future, so ongoing refinements and developments will be made in the next few months.
- 2.3 The new service was named, the Emergency Duty Service for Adult Social Care in Dorset, (EDS). The rationale being this will provide a clearer description and remit for the service provision and have a greater ability to manage expectations of other professionals and members of the public.
- 2.4 There is some debate whether the public will assume it is a blue light response and whether the name does create inappropriate calls for non-social care related or calls which belong to other organisations. This will need to be considered as part of the review in March.
- 2.5 The service aims to have or achieve the following:
- Skilled trained staff available to respond to crises with less time spent on answering phone contacts
 - A service that contributes directly to the demand management model
 - Better communication both with partner agencies and daytime services
 - Improved performance management, knowledge and skills
 - Improved and more robust handovers
 - Less detachment from daytime services
 - Improved management support for staff
- 2.6 The service will also need to comply with the Care Quality Commission's expectations and latest Mental Health Act Code of Practice conditions. For example, this will particularly impact on the responsiveness of the service to Section 136 assessment requests within 3 hours.

3. Operating model

- 3.1 Staff in the team work 12 shifts per month. They are allocated 11 shifts on the rota and need to work 1 further shift to make up their required hours. This shift is used to help fill gaps in the rota when colleagues are on annual leave, although most of the team are working more than 12 shifts a month due to the current two vacancies.
- 3.2 An on-call system has been developed to support night-time shifts. The on-call rota is made up of all AMHPs across the County. If the AMHP on duty is called out to an assessment, they contact the on-call AMHP, who will then take over the telephones, answering calls as necessary, and also maintain contact with the duty AMHP until they are safely back at base. In most cases these calls have been at St Ann's Hospital for people detained under S136 MHA (1983), or Weymouth Police Station to act as an Appropriate Adult.
- 3.3 Over the previous 3 months, staff from both Brokerage and the hospital teams have been working Saturday and Sunday mornings. This has been particularly helpful when faced with the need to find emergency respite or home care for older people in the community and has been seen to prevent social admissions to hospital.

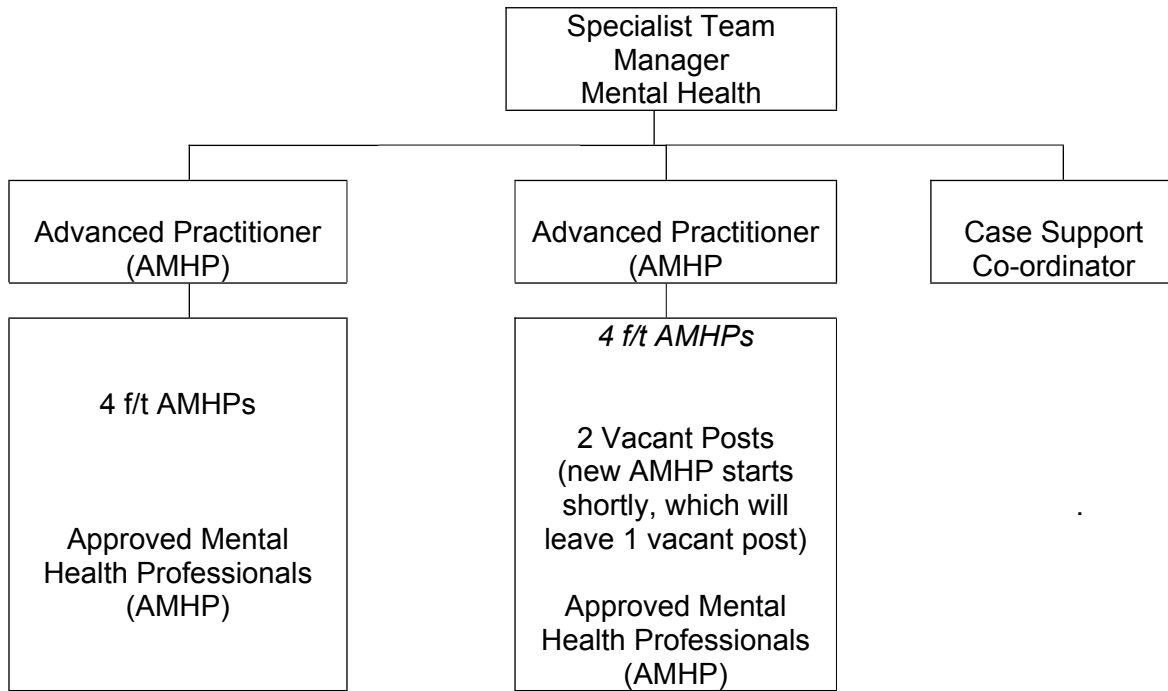
Viv Payne

Specialist Team Manager – Mental Health

19 February 2019

Appendix 2

Structure of Extended AMHP Hub, incorporating the Emergency Duty Service



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Appendix 3

Shift system.

Key 12 11.00 – 23.30 12 20.00 -08.30 12 08.00 – 20.30 12 09.00 – 21.30

The team work an 8 week rota pattern. Advanced Practitioners in the team vary their shifts each week to cover gaps and enable supervision. The Team Manager has no allocated shifts to allow for meetings and variable attendance as required, and works a combination of all of the shifts, including night shift and weekends to maintain contact with team members.

	Week 1							Week 2							Week 3							Week 4								
	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun		
1	12	12	12					12	12	12					12	12	12				12	12	12	12	12					
2	12	12	12					12	12	12		4			12	12	12						12	12					12	12
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4		12		12		12	12				12	12		4	12	12				12				12	12	12				
5		12	12	12				12		12		12			12		12				12	12		12		12			4	
6		4		12					12	12		12	12	12		12				12				12			12	12	12	12
7	12	12		12				12			12		12	12		4	12	12					12		12	12	12			
8		12	12		12			12			12		12	12	12			12	12	4			12	12						
9			12			12	12		12		12						12	12	12					8	12	12				
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11			12	12	12				12		12	12	4			12	12			12			12		12	12				
12		12			12	12	12			12	12	4				12			12	12			12		12		12			

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Staff	Week 5							Week 6							Week 7							Week 8							
	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	
1	12	12	12			4		12	12	12					12	12	12			12	12	12	12	12					
2	12			12				12	12						12	12					4	12	12	12			12	12	
3								12	12		12				12		12		12					12		12			
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5	12	12		12				12			12		12	12			12	12				12		12	12	12	4		
6			4	12	12				12	12		12				12		12	12					12	12		12	12	
7		12			12	12	12			12	12	4			12	12	12					12		12		12			
8		12		12		12	12			12	12	12			12	12			12			12		12	12		4		
9	12		12		12				12	12			12	12			12					12		12	8				
10	12	12			12		4		12	12					12	12	12				12	12			12	12			
11			12			12	12			12		12	4			12	12		12		12	12		12			12		
12			12	12					12		12	12				12	4	12					12	12			12	12	12

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Appendix 4

In the almost 4 months the Dorset Emergency Duty Service has been running independently of Bournemouth, Poole and Children’s Services, there has been a steady flow of work received.

November

Type of call	Number of calls
Appropriate Adult	2
Child Care	15
Safeguarding	4
Information	1
MH	138
Social Care	90
Other	3
TOTAL	253

December

Type of call	Number of calls
Appropriate Adult	1
Child Care	5
Safeguarding	3
Information	2
MH	111
Social Care	115
Other	24
TOTAL	261

January

Type of call	Number of calls
Appropriate Adult	2
Child Care	16
Safeguarding	5
Information	2
MH	141
Social Care	120
Other	4
TOTAL	290

Not all Mental Health calls resulted in a Mental Health Act assessment.

In November, of the 138 calls, we undertook 79 MHA assessments. 18 assessments were requested on a weekend, and of those 17 were carried out on the day of request.

21 requests were received after 5pm, and of those, 14 were for patients detained under Sec 136 MHA, 2 were in-patients who needed further assessment, 1 was in police custody and 4 were planned assessments in the community.

In December, of the 111 calls regarding mental health issues, we undertook 76 MHA assessments.

8 were requested on a weekend, and of those, all were undertaken on the day of request.

Only 4 requests were received after 5 pm and all were for patients detained under Sec 136 MHA.

The majority of social care calls were regarding packages of care, either cancelling on admission to hospital, or enquiring if the package could be restarted as the patient was fit for discharge.

In the 'other' category, were calls from an elderly lady concerned that the seagulls were taking things from her neighbour's overflowing bin and may choke, one from a care agency unable to send staff into a gentleman as he had electrified some mousetraps and they felt it was a hazard to their staff, one asking for a loan to buy a tumble dryer and one reporting petrol seeping into the road.

People and Communities Overview & Scrutiny Committee Work Programme

Chairman: Cllr David Walsh
Vice Chairman: Cllr Mary Penfold

Work Programme March 2019

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

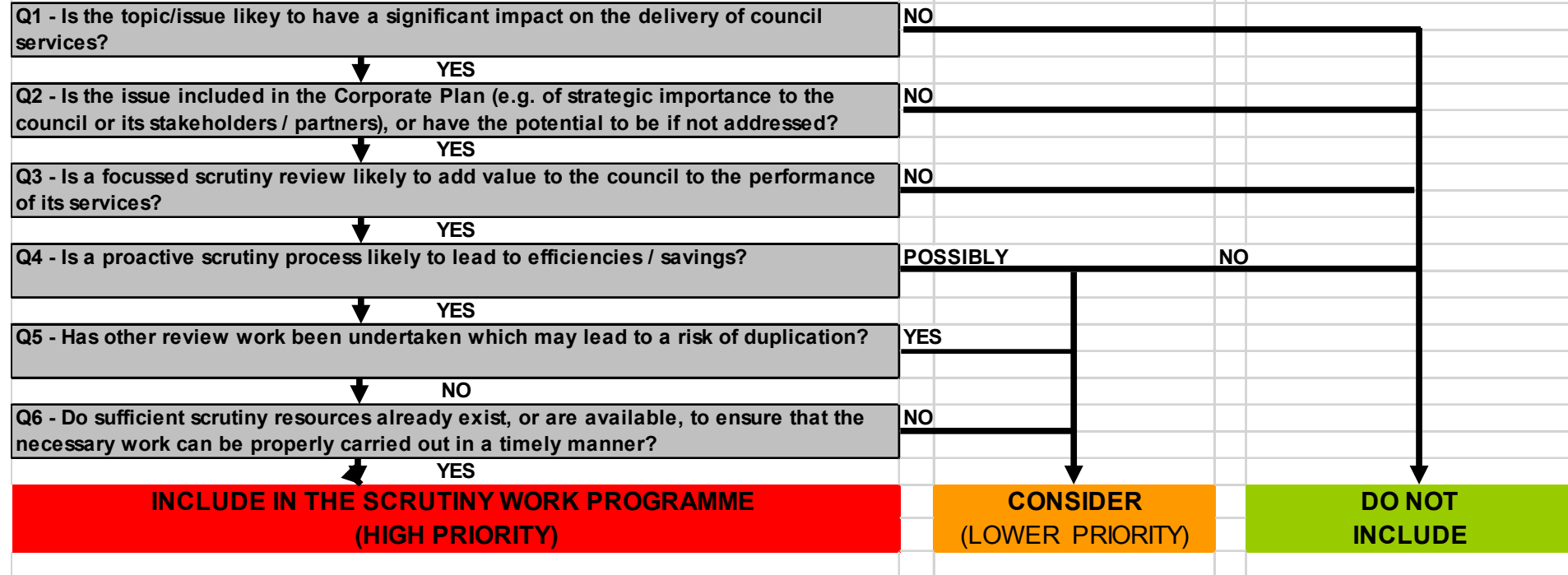
<p><u>Topics Currently under Scrutiny Review</u></p> <ul style="list-style-type: none"> • Cost and Quality of Care (Inquiry Day 130217) • Integrated Transport (Inquiry Day 260218 report to 4 July and 9 January meeting) • Social Isolation (completed) • Mental Health (Inquiry Day 131217, report to March, 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 	

Work Programme March 2019

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
- Homelessness
- Social Isolation
- Mental Health
- Integrated Transport
- Impact on service users as a result of LGR
- Vulnerability
- Neglect
- Impact of the closure of Youth Centres

Scrutiny Review Prioritisation Methodology:



Work Programme March 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
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, including outcomes from the recent social isolation survey.		Lead Member: Lead Officer: David Bonner Intelligence, Insight & Performance Manager		
	2	<u>Out of Hours Emergency Duty Service</u> To consider a report on the new out of hours emergency duty service.		Lead Officer: Helen Coombes Transformation Programme Lead for Adult and Community Forward Together Programme		

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