

# People and Communities Overview and Scrutiny Committee

**Dorset County Council**



Date of Meeting	14 <sup>th</sup> 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	<b>Outcomes Focused Monitoring Report: March 2019</b>
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 <b>Safe, Healthy and Independent</b>, with a <b>Prosperous</b> economy. The People and Communities Overview and Scrutiny Committee has oversight of the <b>Healthy</b> and <b>Independent</b> corporate outcomes.</p> <p>The Corporate Plan includes objective and measurable <b>population indicators</b> 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"> <li>• <b>Performance measures</b> by which the County Council can measure the contribution and impact of its own services and activities on the outcomes;</li> <li>• <b>Risk management</b> information, identifying the current level of risks on the corporate risk register that relate to our outcomes and the population indicators associated with them.</li> </ul>

	<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><b>Equalities Impact Assessment:</b> 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><b>Use of Evidence:</b> 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><b>Budget:</b> 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><b>Risk:</b> 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><b>Outcomes:</b> 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><b>Other Implications:</b> None</p>
	<p><b>That the committee:</b></p> <ul style="list-style-type: none"> <li>• Considers the evidence of Dorset’s position regarding the outcome indicators in Appendix 1 and 2; and:</li> </ul>

	<ul style="list-style-type: none"> <li>Identifies any issues requiring more detailed consideration through focused scrutiny activity.</li> </ul>
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"> <li>Outcomes Monitoring Report March 2019 – <b>Healthy</b></li> <li>Outcomes Monitoring Report March 2019 – <b>Independent</b></li> </ol>
Background Papers	<p>Dorset County Council Corporate Plan 2017-19, Cabinet, 28 June 2017</p> <p><a href="https://www.dorsetforyou.gov.uk/corporate-plan-outcomes-framework">https://www.dorsetforyou.gov.uk/corporate-plan-outcomes-framework</a></p>
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## 1. Corporate Plan 2017-19: Dorset County Council’s Outcomes and Performance Framework

- 1.1 The corporate plan includes a set of **population indicators**, selected to measure progress towards the four outcomes. No single agency is accountable for these indicators - accountability is shared between partner organisations and communities themselves. For each indicator, it is for councillors, officers and partners to challenge the evidence and commentaries provided, and decide if they are comfortable that the direction of travel is acceptable, and if not, identify and agree what action needs to be taken.
- 1.2 Each indicator has one or more associated **service performance measures**, which measure the County Council’s own specific contribution to, and impact upon, corporate outcomes. For example, one of the population indicators for the “Healthy” outcome is “Under 75 mortality rates from cardiovascular disease (CVD)”. A performance measure for the County Council (or the services we commission, such as *Live Well Dorset*) that should have an impact on this is “The proportion of clients smoking less at three months following a smoking cessation course”, since evidence shows that smoking significantly increases the likelihood of CVD.
- 1.3 Unlike 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 lonely<sup>1</sup>.

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

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<sup>1</sup> 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 95<sup>th</sup> 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.