

Agenda Item 5

To: West Kent Health and Wellbeing Board

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Date: 20th December 2016

Subject: Assurance Framework – Health and Well Being Strategy
Outcomes for West Kent

Summary

This report aims to provide the West Kent Health and Wellbeing Board with progress made in addressing the outcomes 3 (except for falls related information which was reported at the last Board meeting), 4 and 5, set out in the Kent Joint Health and Wellbeing Strategy.

Recommendations

The Board is recommended to:

- i. Align outcomes of the current Health and Wellbeing Strategy with the delivery outcomes for the Sustainability & Transformation Plan for Kent & Medway
- ii. Explore opportunities for working with relevant strategic partnership groups, agencies, commissioning bodies and population groups to address issues which analysis has presented as showing persistent challenges for performance outcomes in West Kent.
- iii. Ensure the Board's existing Task & Finish Groups orientate their delivery and action plans towards addressing outcomes where there are concerns for West Kent performance.
- iv. NHS West Kent Clinical Commissioning Group (NHS WK CCG) to work with NHS providers to further consider ways of improving services for people with dementia who are admitted as an emergency.
- v. West Kent Health & Wellbeing Board (WK HWB) to both influence and ensure a robust local system for integrated commissioning and provision of care for people with dementia
- vi. WK HWB to Ensure robust arrangements are put in place to enable

effective alignment between the National Child Measurement Programme to ensure with the work of the LCPGs

- vii. Agree appropriate mechanism for assessing the challenges relating to performance with NHS Health Checks Uptake (which has reduced from the 2014/15 level); Slope index in Inequalities across all four districts in West Kent for males; Alcohol related admissions in some districts has slightly increased from 2013/14; screening for cervical and breast cancer in those districts where there has been a reduction from 2014
- viii. NHS West Kent Clinical Commissioning Group (NHS WK CCG) to work with NHS providers to further consider ways of improving services for people with dementia who are admitted as an emergency.
- ix. That further investigation be carried out in relation to the Public Health England website description of the West Kent overall rate, and the male rate, as “similar to the benchmark”, whereas, they label the female rate as “above the benchmark”.
- x. Requests that the joint commissioners of the Kent Carers Support Services ensure that contract performance management will include KPI's and evidence that will help us to measure specific outcomes, such as those outlined in Appendix 3.

1. Background

- 1.1 The Kent Joint Health and Wellbeing Strategy is published by Kent County Council on behalf of the Kent Health and Wellbeing Board and covers the period 2014 – 2017.
- 1.2 The West Kent Health and Wellbeing Board has committed to take a consistent approach to evaluating delivery against the outcomes in the Joint Health and Wellbeing Strategy and to encourage, influence and promote local progress where challenges to performance are identified.
- 1.3** At its meeting in October 2016, the West Kent Board considered Outcomes 1 and 2 and reflected on the following indicators where performance across the West Kent area highlighted the need for enhanced focus. The table below, sets out the areas of concern and reports on actions in hand to address the concerns identified.

Outcomes – Indicator Description	Actions Taken / To be Progressed/Outstanding Issues
<p>Childhood Obesity going the wrong direction across all Districts in West Kent.</p>	<p>Local Children's Partnership Group (LCPG) Chairs contacted and requested to consider issues raised in the Assurance Report and to give consideration to how issues might be addressed.</p> <p>LCPG expressed need for greater emphasis to be given in commissioning Health Visiting and Maternity Services so that issues including physical activity, healthy weight, self-care/self-management, infant feeding feature in commissioning specifications and new models of service delivery.</p> <p>NHS WK CCG and KCC Commissioning arrangements for children and maternity services identified as Board agenda items October and December 2016 - for discussion regarding priorities, including those identified at LCPGs above.</p> <p>Obesity Task & Finish Group discussed Assurance issues at last meeting and will provide an update on matters discussed to the December Board meeting.</p> <p><u>Issues</u></p> <ul style="list-style-type: none"> • That robust arrangements are required for the National Child Measurement Programme to ensure effective alignment with the work of the LCPGs. • Mechanism required to ensure an effective focus on prevention and self-care, self-management at a population wide and discrete population group specific level in relation to promoting healthy weight.
<p>There is an increasing gap in slope index of inequalities across all four districts in West Kent for males.</p>	<p>Health Inequalities agenda item agreed for December Board Meeting to provide Board members with an opportunity to understand the 'locality' dimension. Each of the Borough Chief Officer representatives and support officers invited to update the Board on progress in</p>

	delivering actions set out in local Health Inequalities Plans. NHS WK CCG also invited to update the Board on arrangements for addressing inequalities.
Excess weight amongst adult population in some districts in West Kent is above national levels	WK HWB Obesity Task & Finish Group to report on proposals to address this, including recommendations to the Board on further actions and approaches to address this.
Uptake of NHS Health Checks has reduced from the 2014/15 level.	To be considered as part of the Agenda Item on Health Inequalities being considered at the 20 December Board meeting.
Alcohol related admissions in some districts has slightly increased from 2013/14	Strategic conversation planned with Chair of WK HWB and Chair of the Alcohol Related Harm Task & Finish Group. Meeting arranged involving Community Safety Partnership lead officers; council Licensing officers, CCG and KCC commissioners of mental health and alcohol services and KMPT service providers to consider ways of strengthening local partnerships, particularly by promoting improved local engagement from health agencies
Proportion of screening for cervical and breast cancer in some districts has reduced from 2014	This requires further investigation.
Reducing the under-75 mortality rate from respiratory disease considered preventable has increased in a few districts.	This requires further investigation.
Hip Fractures in people aged 65 and over are higher than national rates in some districts in West Kent. Although injuries due to fall in people aged 65 and over in all four districts is higher than the national level	Work stream commissioned and undertaking work to enable the Board to understand the relevant issues and determine what actions may be necessary/are proposed to be put in place.

1.4 Since the last WK HWB meeting the Delivering the Five Year Forward View Sustainability and Transformation Plan (STP) for Kent and Medway has been published. Going forward, the Board must now seek to align outcomes of the current Health and Wellbeing Strategy with the delivery outcomes for the STP. At the Kent Health and Wellbeing Board meeting - Board Members received presentations from CCGs and Social Care outlining progress on

plans for out of hospital and primary care services. The West Kent Board will need to take steps to ensure that it too is able to drive progress in improving outcomes which reflects the contributions from across the health and care system and where appropriate, promotes engagement with the community, voluntary and independent sectors.

2. Joint Health and Wellbeing Strategy

2.1 This report aims to provide the West Kent Health and Wellbeing Board with performance figures on a suite of indicators based on Kent's Health and Wellbeing Strategy focussing on:

Outcome 3 - The quality of life for people with long term conditions is enhanced and they have access to good quality care and support, (except for falls related information which the Board reflected upon at its 18 October meeting. Appendix 1. Section 1.3 contains a brief update on actions taken since the last Board meeting.

Outcome 4 - People with mental health issues are supported to 'live well'
Appendix 2

Outcome 5 - People with dementia are assessed and treated earlier, and are supported to live well Appendix 3

3. Exception Reporting

3.1 Outcome 3

Overall performance in indicators for Outcome 3 suggests good progress with the exception to the indicator related to reducing the number of hip fractures for people aged 65 and over which the Board considered at its meeting in October.

3.2 Outcome 4

The increase in the suicide rate, especially for males, was expected following local analysis. (The campaign 'Release the Pressure', was implemented in March 2016 to raise awareness of mental wellbeing and encourage men to seek help when they need it.) The Public Health England website labels the West Kent overall rate, and the male rate, as "similar to the benchmark", whereas they label the female rate as "above the benchmark". This requires further investigation.

3.4 Outcome 5

Due to contractual changes the reporting and collection arrangements across the system have changed and therefore data related to previously agreed indicators is no longer available (Appendix 5). For some of the

indicators, limited data is available but not across all organisations and therefore it is difficult to draw specific conclusions around overall progress for Outcome 5. Across two of the hospitals which serve Kent's population there has been some decline in the proportion of patients identified as potentially having dementia and receiving appropriate assessment (for those aged 75 and over admitted as an emergency for more than 72 hours). This requires further investigation.

- 3.5 From the available data it appears that good progress has been made in increasing the number of dementia patients on GP registers as a percentage of estimated prevalence.

4. Recommendations

The Board is recommended to:

- i. Align outcomes of the current Health and Wellbeing Strategy with the delivery outcomes for the Sustainability & Transformation Plan for Kent & Medway
- ii. Explore opportunities for working with relevant strategic partnership groups, agencies, commissioning bodies and population groups to address issues which analysis has presented as showing persistent challenges for performance outcomes in West Kent.
- iii. Ensure the Board's existing Task & Finish Groups orientate their delivery and action plans towards addressing outcomes where there are concerns for West Kent performance.
- iv. Request NHS West Kent Clinical Commissioning Group (NHS WK CCG) to work with NHS providers to further consider ways of improving services for people with dementia who are admitted as an emergency.
- v. Influence and ensure a robust local system for integrated commissioning and provision of care for people with dementia
- vi. Seek assurance from the 0-25 Health and Wellbeing Board that robust arrangements are put in place to enable effective alignment between the National Child Measurement Programme to ensure with the work of the Local Children's Partnership Groups (LCPGs).
- vii. Agree appropriate mechanisms for assessing the challenges and designing delivery actions relating to performance with NHS Health Checks Uptake (which has reduced from the

2014/15 level); Slope index in Inequalities across all four districts in West Kent for males; Alcohol related admissions in some districts has slightly increased from 2013/14; screening for cervical and breast cancer in those districts where there has been a reduction from 2014

- viii. Request that NHS West Kent Clinical Commissioning Group (NHS WK CCG) works with NHS providers to further consider ways of improving services for people with dementia who are admitted as an emergency.
- ix. Takes steps to ensure further investigation is carried out in relation to the Public Health England website description of the West Kent overall rate, and the male rate, as “similar to the benchmark”, whereas they label the female rate as “above the benchmark”.
- x. Requests that the joint commissioners of the Kent Carers Support Services ensure that contract performance management will include KPI's and evidence that will help us to measure specific outcomes., such as those outlined in Appendix 3.

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Key to KPI Ratings used

(G) GREEN	Target has been achieved or exceeded, or in comparison to National
(A) AMBER	Performance was at an acceptable level within the target or in comparison to National
(R) RED	Performance is below an acceptable level, or in comparison to National
æ	Performance has improved relative to the previous period
	Performance has worsened relative to the previous period
	Performance has remained the same relative to the previous period

Data quality note: All data is categorised as management information. All results may be subject to later change.

Outcome 3 - The quality of life for people with long term conditions is enhanced and they have access to good quality care and support

Indicator Description – Available CCG Figures	Target	Previous Status	Recent Status	DoT	Recent Time Period
3.1 Increasing clients with community based services who receive a personal budget/direct budget (ASC KCC)	Unresolved with Adult Social Care KCC				
3.2 Alternative: Increasing the number of adult social care clients receiving a Telecare service (ASC KCC)	5708	5792 (g)	5998 (g)	æ	April 2016

3.3 Increasing the proportion of older people (65+) mostly at risk of long term care and hospital admission, who were still at home 91 days after discharge from hospital in reablement/rehabilitation services (Stress. BCF. ASCOF, HSCIC)	82.1% (national)	83.8%	84.1%	æ	2014/15
3.4 Alternative: Reducing admissions to permanent residential care (or nursing care) for older people (Stress. BCF. ASC KCC)	139	121 (g)	121 (g)	æ	April 2016
3.5 Increasing the percentage of adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family (PHOF)					
Persons	73.3% (national)	70.0%	72.4%	æ	2014/15
Male	73.2% (national)	68.2%	71.3%		
Female	73.1% (national)	72.7%	73.9%	æ	2014/15
3.6 Increasing the percentage of adults who are receiving secondary mental health services on the care programme approach recorded as living independently, with or without support (aged 18-69 years. PHOF)					
Persons	59.7% (national)	77.6%	75.3%	æ	2014/15
Male	58.4% (national)	76.6%	74.6%		2014/15
Female	61.3% (national)	78.7%	76.2%		2014/15
3.7 Reducing the percentage point gap in employment rate between those with a learning disability and the overall employment rate (PHOF.)	66.9% (national)	66.3%	65.0%	æ	2014/15
3.8 Increasing the early diagnosis of diabetes – Recorded Diabetes (registered GP Practice aged 17+. PHOF)	6.4% (national)	6.2%	6.2%		2014/15
3.9 Reducing the number of hip fractures for people aged 65 and over (rate per 100,000. PHOF)	571 (national)	581 (a)	598 (a)		2014/15

Appendix 2

Outcome 4 - People with mental health issues are supported to 'live well'

Indicator Description	Target	Previous Status	Recent Status	DoT	Recent Time Period
<p>4.1 Increasing the crisis response of A&E Liaison within 2 hours</p>	<p>There is a national programme to provide a CORE 24/7 Acute Liaison Services (ALS) by 2021. At present the ALS service runs from 8am-8pm in both Maidstone and Maidstone & Tunbridge Wells NHS Trust (MTW) Accident & Emergency Departments (A & E's). Work is underway to deliver an annual increase to achieve a CORE 24/7 service. At present 91% of referrals (average) from April – Dec 2016 have been seen within the 2 hr target in MTW and 85% within Maidstone hospital. Any urgent referrals that are received, are firstly referred to the crisis team (which is 24/7) but if the crisis team do not see them they are picked up first thing by ALS team, currently all urgent referrals are seen within 24hrs.</p>				
<p>4.2 Increasing the crisis response of A&E liaison, all urgent referrals to be seen within 24 hours</p>					
<p>4.3 Increasing access to IAPT (Increasing Access to Psychological Therapies) services*</p>	<p>Currently there are four key national NHSE targets are reported: 15% access target, achieved (15.6%) 50%+ recovery rate of patients completing treatment and NHSE waiting time standards, achieved 56% 75% of all patients to receive treatment within 6 weeks, currently achieving 96% 95% of all patients within 18 weeks of referral, currently achieving 100%</p>				

4.4 Increasing the number of adults receiving treatment for alcohol misuse (Public Health Kent)**	-	396***	358		October 15 to September 16
4.5 Increasing the number of adults receiving treatment for drug misuse (Public Health Kent)**	-	539***	541	æ	
4.6 Reducing the number of people entering prison with substance dependence issues who are previously not known to community treatment (PHOF)	No longer reported – PHOF have changed their metrics				
4.7 Increasing the successful completion and non-representation of opiate drug users leaving community substance misuse treatment services (ndtms.net) – KENT LEVEL ONLY AVAILABLE	6.6% National	8.0% (g)****	7.7% (g)		Completion period: May 15 to April 16
<p>Notes:</p> <p>*There is also a national initiative to increase the access target to 25% by 2021 through inclusion of Long Term Conditions (LTC), but there is a huge piece of work being done nationally on this at present as it involves a huge recruitment factor and additional training for IAPT providers. In West Kent we are starting a six month pilot on LTC with the pain clinic in April 2017.</p> <p>**Those accessing KCC commissioned services registered with a West Kent CCG GP.</p> <p>*** Previous time frame July 2015 to June 2016</p> <p>****Previous time frame completion period April 2015 to March 2016</p>					
Indicator Description	England	Previous Status	Recent Status	DoT	Recent Time Period
4.8 Increasing the employment rate amongst people with mental illness/those in contact with secondary mental health services (ASCOF)					
4.9 Reducing the number of suicides (rate per 100,000. PHOF)					
	Persons	10.1	11.1 2012-2014	11.7	2013-2015
	Males	15.8	15.3	16.5	2013-2015

		2012-2014			
Females	4.7	6.9 2012-2014	7		2013-2015
Source - http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/0/gid/1938132828/pat/6/par/E12000008/ati/19/are/E38000199					
4.10 Increasing the percentage of adult social care users who have as much social contact as they would like according to the Adult Social Care Users survey (PHOF)					
4.11 Increasing the percentage of adult social carers who have as much social contact as they would like according to the Personal Social Services Carers survey (PHOF)					
4.12 Decreasing the percentage of respondents who according to the Annual Population survey have (PHOF):					
Low Satisfaction (score 0-4)					
Low Worthwhile (score 0-4)					
Low Happiness (score 0-4)					

Outcome 5 - People with dementia are assessed and treated earlier, and are supported to live well

Appendix 3

Indicator Description		Target	Previous status	Recent status	DoT	Recent time period
5.1 Increasing the reported number of dementia patients on GP registers as a percentage of estimated prevalence (South East CSU)		Kent figures are now no longer available – please refer to the CCG table below.				
5.2 Reducing rates of hospital admissions for patients older than 64 years old with a secondary diagnosis of dementia (rate per 1,000. South East CSU)						
5.3 Reducing rates of hospital admissions for patients older than 74 years with a secondary diagnosis of dementia (rate per 1000. South East CSU)						
5.4 Reducing total bed-days in hospital per population for patients older than 64 years old with a secondary diagnosis of dementia (rate per 1000. South East CSU)						
5.5 Reducing total bed-days in hospital per population for patients older than 74 years with a secondary diagnosis of dementia (rate per 1000. South East CSU)						
5.6 Increase the proportion of patients aged 75 and over admitted as an emergency for more than 72 hours who have been (NHS England):						
Dartford and Gravesham NHS Trust	(a) identified as potentially having dementia	To be confirmed	94%	92%		Q1 2016/17
	(b) who are appropriately assessed		98%	95%		
	(c) and, where appropriate, referred on to specialist services in England		unpublished	96%	-	
East Kent Hospitals University NHS Foundation Trust	(a) identified as potentially having dementia		99%	99%		Q1 2016/17
	(b) who are appropriately assessed	92%	95%	æ		

Indicator Description		Target	Previous status	Recent status	DoT	Recent time period
	(c) and, where appropriate, referred on to specialist services in England		unpublished	96%	-	
Maidstone and Tunbridge Wells NHS Trust	(a) identified as potentially having dementia		99%	100%	æ	Q1 2016/17
	(b) who are appropriately assessed		100%	100%		
	(c) and, where appropriate, referred on to specialist services in England		unpublished	99%	-	
Medway NHS Foundation Trust	(a) identified as potentially having dementia		97%	95%		Q1 2016/17
	(b) who are appropriately assessed		100%	96%		
	(c) and, where appropriate, referred on to specialist services in England		unpublished	96%	-	
5.7 Decreasing the percentage of people waiting longer than 4 weeks to assessment with Memory Assessment Services		Data no longer available for this indicator				
5.8 Increasing the proportion of patients diagnosed with dementia whose care has been reviewed in the previous 15 months		No data supplied from either ASC or SECSU				
5.9 Reducing care and nursing home placement, especially those made at a time of crisis and/or from an acute setting						
5.10 Increasing numbers of carers assessments and carers accessing short breaks		No data supplied from either ASC or SECSU*				
5.11 Increasing attendance at Dementia Peer Support Groups		No data supplied from either ASC or SECSU				
5.12 Increasing number of Dementia Champions						

Indicator Description – Available CCG Figures	Previous Status	Recent Status	DoT	Recent Time Period
5.1 Increasing the reported number of dementia patients on GP registers as a percentage of estimated prevalence (South East CSU)				
NHS Ashford CCG	47%	53%	æ	2015/16
NHS Canterbury CCG	47%	64%	æ	
NHS West Kent CCG	47%	56%	æ	
5.2 Reducing rates of hospital admissions for patients older than 64 years old with a secondary diagnosis of dementia (rate per 1,000. South East CSU)				
NHS Ashford CCG	20.1	21.8		2015/16
NHS Canterbury CCG	30.6	28.1	æ	
NHS West Kent CCG	26.4	24.2	æ	
5.3 Reducing rates of hospital admissions for patients older than 74 years with a secondary diagnosis of dementia (rate per 1000. South East CSU)				
NHS Ashford CCG	43.6	47.4		2015/16
NHS Canterbury CCG	63.1	58.2	æ	
NHS West Kent CCG	54.3	49.3	æ	

5.4 Reducing total bed-days in hospital per population for patients older than 64 years old with a secondary diagnosis of dementia (rate per 1000. South East CSU)

NHS Ashford CCG	187	178	æ	2015/16
NHS Canterbury CCG	188	189		
NHS West Kent CCG	262	265		

5.5 Reducing total bed-days in hospital per population for patients older than 74 years with a secondary diagnosis of dementia (rate per 1000. South East CSU)

NHS Ashford CCG	403	385	æ	2015/16
NHS Canterbury CCG	394	388	æ	
NHS West Kent CCG	545	544	æ	

Notes: * Kent carers support services are jointly commissioned by KCC and all seven Kent CCG's. The contracts provide carers with a wide range of support including holistic and person centred assessment of their needs, planned short breaks, crisis support, access to information and advice, emotional and practical support, support to access health appointments and signposting to community based support.

The performance management of the current Carers' Support contracts has been linked to Key Performance Indicators (KPI). The KPI's have been particularly focused on ensuring that service provision is 'happening' and at levels that were calculated to show that they were being effective and good value for money. Future contract performance management will include KPI's and evidence that will help us to measure how effectively the support provided to Carers in Kent ensures they are

- respected as expert care partners
- able to access the integrated and personalised services they the need to support them in their caring role.
- able to have a life of their own alongside their caring role
- supported so that they are not forced into financial hardship by their caring role
- supported to stay mentally and physically well and treated with dignity.

The current contracts will end in 2018 and KCC and CCG Commissioners have started to work with service providers and other stakeholders to understand other 'Outcome' benefits that this essential support service for carers provide, including

- How many hospital admissions days/weeks have been prevented.
- How many residential/nursing placements have been prevented or delayed.
- How many hours of homecare support have been prevented.

It is critical that we have a meaningful 'Kent' narrative, with a reasoned rationale, that will inform the development of the Kent Carers Support model post 2018. Ensuring carers in Kent to get the support they need to carry on their caring role will help reduce the capacity and financial pressures in Social Care and Health systems

