Report Subject: West Kent Health and Wellbeing Board – Assurance Framework

Date: 15 July 2014

Summary:

The Kent Health and Wellbeing Board (KHWB) has developed an assurance framework that includes a range of activity and outcome indicators from across the health and social care system in Kent. This report presents a specific West Kent overview of these indicators.

Recommendations:

The West Kent Health and Wellbeing Board is asked to:

- Note the contents of the report and seek assurance from relevant committees for actions plan to address areas that require further attention.
- Approve ownership of the framework for regular monitoring of the agreed indicators.

1. Introduction

This report aims to provide the West Kent Health and Wellbeing Board with an overview of a range of activity and outcomes indicators based on Kent's Health and Wellbeing Strategy and a series of other stress indicators.

As agreed at the KHWB, the indicators have been drawn from a number of existing frameworks and responsible agencies across Kent and England:

- Kent Public Health and the Public Health Outcomes Framework (PHOF)
- NHS Outcome Framework
- KCC Social Care
- Adult Social Care Outcome Framework
- NHS England South Escalation Framework

2. Background to the report

The Kent Health and Wellbeing Board Assurance Framework was developed to provide the Board with an overview of activity and outcomes across the Kent Health and Social Care System.

Many of the indicators in the framework have been included in the revised draft Health and Wellbeing Strategy and will be used to assess progress and impact of the strategy. Others have been derived from the NHS England South Escalation Framework to provide assurance or highlight potentially unsustainable pressures in the component sectors.

The framework aims to provide updates on a regular basis to highlight whether indicators are progressing in the right direction. At the February KHWB meeting, members recommended that the assurance framework should be replicated for local Health and Wellbeing Boards.

The KHWB meeting held in November 2013 decided that the assurance framework should:

- Contain national metrics stated in the Better Care fund; in most cases these metrics were already present in the framework. Metrics on avoidable emergency admissions and patient/service user experience are to be defined and developed in future reporting.
- Add indicators to reflect the evolution of local and national data sets. These are highlighted within the report.
- Following discussions with the Area Team (NHS England) reflect stress indicators across the different components of the system – Public Health, Acute/Urgent, GP and Social Care. Work is on-going to ensure the most appropriate indicators have been identified.

Key to KPI Ratings used

GREEN	Better than Kent Status
AMBER	Similar to Kent Status
RED	Worse than Kent Status
仓	Performance has increased relative to previous levels (not related to target)
Û	Performance has decreased relative to previous levels (not related to target)
⇔	Performance has remained the same relative to previous levels (not related to target)

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

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3. Strategy Indicators

The following tables provide an overview of the indicators outcome group in the Kent Health and Wellbeing Strategy. The direction of travel refers to the movement from the last time period. The RAG rating relates to the comparison with the overall Kent value.

A breakdown of the indicator values for each local health and wellbeing board area in Kent is included at Appendix A.

Outcome 1: Every child has the best start in life

Indicator	Kent Status	West Kent Status	DoT	Time Period
1.1 Increasing breastfeeding initiation rates (PHOF)	72.1%	not currently available	-	2012/13
1.2 Increasing breastfeeding continuation 6-8 weeks (PHOF)	40.8%	not currently available	-	2012/13
1.3 Improve MMR vaccination update - two doses 5 years old, (PHOF)	92.2%	not currently available	-	2012/13
1.4 Reduction in the number of pregnant women with a smoking status at the time of delivery (KMPHO)	13.1%	9.4%	ı	2013/14
1.5 Unplanned hospitalisation for asthma (primary diagnosis) people aged under 19 years old (rate per 10,000, KMPHO)	14.6	12.3	仓	2013/14
1.6 Unplanned hospitalisation for diabetes (primary diagnosis) people aged under 19 years old (rate per 10,000, KMPHO)	7.3	5.5	Û	2013/14
1.7 Unplanned hospitalisation for epilepsy (primary diagnosis) people aged under 19 years old (rate per 10,000, KMPHO)	8.8	6.5	仓	2013/14
		16.6 Sevenoaks	仓	
1.8 Reduction in conception rates for young women aged under 18 years old (rate	25.9	26.1 T & M	Ŷ	2012
per 1,000, PHOF)	25.9	13.5 T Wells	仓	2012
		19.2 Maidstone		
1.0 Degrees the proportion of 4.5 year olds with evenes weight (DHOE)	24 70/	19.2% Sevenoaks	\$	2012/13
1.9 Decrease the proportion of 4-5 year olds with excess weight (PHOF)	21.7%	20.9% T & M	Û	2012/13

Indicator	Kent Status	West Kent Status	DoT	Time Period
		21.5% T Wells	仓	
		24.4% Maidstone	Û	
		30.2% Sevenoaks	仓	
1.10 Decrease the proportion of 10-11 year olds with excess weight (PHOF)	22.70/	31.3% T & M		2012/13
	32.7%	30.3% T Wells	Û	2012/13
		30.1% Maidstone		

- The rate of unplanned hospitalisation for diabetes (primary diagnosis) for people aged under 19 years old in West Kent increased from 4.82 per 10,000 in 2012/13 to 5.5 in 2013/14. Although this is more likely to be related to Type 1 diabetes, further local analysis may need to be undertaken to understand what proportion are due to Type 1 and Type 2 diabetes, and if it is increasing over time. This analysis will assist in service improvement action planning at a local level.
- Tonbridge & Malling experienced an increase in the under 18 conception rate for 2011 at 21.8 per 1,000 to 26.1 per 1,000 in 2012; Dartford was the only other district to have increased during this time period.

Outcome 2: Effective prevention of ill health by people taking greater responsibility for their health and wellbeing

Indicator	Kent Status	West Kent Status	DoT	Time Period
2.1 Reduction in the under-75 mortality rate from cancer (rate per 100,000, KMPHO)	135.5	145.2		2012
2.2 Reduction in the under-75 mortality rate from respiratory disease (ASR per 100,000, KMPHO)	30.7	30.0	仓	2012
2.3 Increase in the proportion of people receiving NHS Health Checks of the target number to be invited (where GP Practice can be linked, Public Health)	36.1%	27.8%	-	2013/14

Indicator	Kent Status	West Kent Status	DoT	Time Period
2.4 Increase in the number of people quitting smoking via smoking cessation services (Public Health)	5254	965	_	2013/14
2.5 Reduction in the number of hip fractures for people aged 65 and over (ASR per 100,000, KMPHO)	480.5	397.7	Û	2012/13
2.6 Reduction in the rates of deaths attributable to smoking persons aged 35+ (rate per 100,000, KMPHO)	295.5	299.2	Û	2010-12
	64.6%	65.3% Sevenoaks	-	
		65.2% T & M	-	2042
2.7 Decrease the proportion of adults with excess weight (PHOF)		59.4% T Wells	-	2012
		66.2% Maidstone	-	
		64.3% Sevenoaks	-	
2.8 Increase the Percentage of physically active clients (PHOF)	F7 00/	61.1% T & M	-	2042
	57.2%	64.8% T Wells	-	2012
		60.9% Maidstone	-	

- Although West Kent remains above Kent on the mortality rate for cancer, it has been reducing year on year from 2009. West Kent has the 2nd highest rate behind South Kent Coast.
- The rate of smoking attributable deaths in West Kent is similar to Kent overall although there has been a decrease between 2009-11 and 2010-12 from 310.4 to 299.2.
- Adults with excess weight is a new indicator and only one year is currently available, no direction of travel can be presented; district-level data is available and shows Sevenoaks, Tonbridge & Malling and Maidstone to have higher proportions than Kent.

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	Kent Status	West Kent status	DoT	Time Period
3.1 Clients with community based services who receive a personal budget and/or direct budget	67%	not currently available	-	February 2014
3.2 Increase in the number of people using telecare and telehealth technology	2,992	not currently available	-	February 2014

Exception items:

- There has been a further drop in the proportion of people receiving a personal budget and/or direct budget, this is due to more people receiving a short term service such as enablement or telecare and would not therefore be eligible for a personal budget or direct payment.
- There have been further increases in the number of people using telecare and telehealth technology and to February there were 2,992 clients, this far exceeds the target of 2,125.
- Local health and wellbeing board area figures on both metrics will be available for the next report.

Outcome 4: People with mental health issues are supported to "live well"

Indicator	Kent Status	West Kent Status	DoT	Time Period
4.1 Reduction in the number of suicides (ASR per 100,000, KMPHO)	5.31	4.83	1	2011-13
4.2 Increased employment rate among people with mental illness/those in contact with secondary mental health services (ASCOF)	7.4%	not currently available	-	2012/13
4.3 Increased crisis response of A&E liaison within 2 hours – Urgent (KMCS)	73.5%	81.0%	\$	Q3 2013/14
4.4 Increased crisis response of A&E liaison, all urgent referrals to be seen within 24 hours (KMCS)		100%	\$	Q3 2013/14

Indicator	Kent Status	West Kent Status	DoT	Time Period
	100%			
4.5 Number of adults receiving treatment for drug misuse (primary substance) number (KDAAT)	to be presented in next report			
4.6 Number of adults receiving treatment for alcohol misuse (primary substance) number (KDAAT)	to be presented in next report			
4.7 Increase in the successful completion and non-representation of opiate drug users leaving community substance misuse treatment (PHOF)	10.9% not currently available 20			2012
4.8 Decrease the number of people entering prison with substance dependence issues who are previously not known to community treatment (PHOF)	Awaiting indicator development and reporting from PHI			

- There was little variance between Q2 and Q3 2013/14 on A&E liaison for West Kent and remains seeing a higher proportion within 2 hours than Kent for Q1, Q2 and Q3.
- Further work is needed on the substance misuse metrics (4.5, 4.6, 4.7 and 4.8) with the aim to provide figures for the next report.

Outcome 5: People with dementia are assessed and treated earlier

Indicator	Kent Status	West Kent Status	DoT	Time Period
5.1 Increase in the reported number of dementia patients on GP registers as a percentage of estimated prevalence (KMCS)	41.5%	42.6%	仓	2012/13
5.2 Rate of admissions to hospital for patients older than 64 years old with a secondary diagnosis of dementia (rate per 1000, KMCS)	25.1	24.1	Û	2013/14
5.3 Rate of admissions to hospital for patients older than 74 years with a secondary diagnosis of dementia (rate per 1000, KMCS)	50.5	48.5	Û	2013/14
5.4 Total bed-days in hospital per population for patients older than 64 years old with a secondary diagnosis of dementia (rate per 1000)	225.7	231.4	仓	2013/14

Indicator	Kent Status	West Kent Status	DoT	Time Period
5.5 Total bed-days in hospital per population for patients older than 74 years with a secondary diagnosis of dementia (rate per 1000)	452.5	467.7	Û	2013/14

Indicator	D&G NHS Trust	EKHUFT	MTW	MFT	Time Period
5.6 The proportion of patients aged 75 and over admitted as an emergency for more than 72 hours who have been:					
(a) identified as potentially having dementia	92% ₺	100% 企	99% ⇔	78% 1	Q4 2013/14
(b) who are appropriately assessed	100% ⇔	94% ₽	99% ⇔	88% 🞝	Q4 2013/14
(c) and, where appropriate, referred on to specialist services in England	100% 仓	100% ⇔	100% ⇔	91% 🗘	Q4 2013/14

- The reported number of dementia patients on GP registers as a proportion of estimated prevalence has increased in West Kent from 2012/13 to 2013/14 at 40.1% to 42.6% and continues to be higher than Kent; however Ashford, Canterbury, DGS and Swale all had higher proportions than West Kent, Swale was the highest at 44.8%.
- The two metrics on bed-days for West Kent had rates above Kent in 2013/14, however both are decreasing and heading in the right direction.

4. Stress Indicators

Children's Services

Indicator	Kent Status	West Kent status	DoT	Time Period
6.1 Decrease the number waiting for routine treatment after assessment – CAMHS (KMCS)	565	95	仓	April 2014
6.2 CAMHS Caseload, for patients open at any point during the month (excluding Medway and Out of Area, KMCS)	8,523	2,033	-	April 2014
6.3 Increase proportion of SEN assessments within 26 weeks (MIU KCC)		95.5% Sevenoaks	Û	
	04.59/	100% T & M	\$	March
	94.5%	100% T Wells	\$	2014
		100% Maidstone	仓	
		62 Sevenoaks	Û	
6.4 SEN Kent children placed in independent or out of county schools (number,	F92	43 T & M	仓	March
MIU KCC)	583	42 T Wells	⇔	2014
		48 Maidstone	Û	

Exception items:

• The districts within West Kent continue to show high proportions of SEN assessments within 26 weeks, and remain above Kent levels. Although Sevenoaks and Maidstone show an increase in the number of SEN Kent children placed in independent or out of county schools, the increases are either by one or two children,

Public Health

Indicator	Kent Status	West Kent Status	DoT	Time Period
6.5 Population vaccination coverage – Flu (aged 65+, PHOF) Target: 75%	71.4%	not currently available	-	2012/13
6.6 Population vaccination coverage – Flu (at risk individuals, PHOF) Target: 75%	48.7%	not currently available	-	2012/13

Exception items:

• Currently metrics on Flu vaccinations in not available at CCG level, however alternatives are being investigated.

Acute/Urgent and Primary Care

Indicator	D&G NHS Trust	EKHUFT	MTW	MFT	Time Period			
6.7 Bed Occupancy Rates (overnight)	96.7%	92.3%	93.6%	94.3%	Q4 2013/14			
6.8 A&E Attendances within 4 hours (all) from arrival to admission, transfer or discharge	97.9%	93.5%	96.9%	83.2%	Week ending 25/05/2014			
6.9 Number of emergency admissions	To be further discussed and developed with NHS England							
6.10 GP Attendances	Awaiting information from NHS England and indicator development							
6.11 Out of Hours activity	Awaiting information from KMCS and indicator development							
6.12 111 NHS Service	Work ongoing with KMCS to shape and define							

Exception items:

• Overnight bed occupancy rates for Q4 2013/14 vary between 92.3% at EKHUFT to 96.7% at DGS NHS Trust.

- A&E attendances within 4 hours from arrival also varies from 83.2% in Medway NHS Foundation Trust to 97.9% in DGS NHS Trust. These figures relate to the week ending 25/05/2014.
- Work is ongoing to either define or find suitable current metrics for those listed above; monthly data meetings are held that include KMCS and NHS colleagues where discussions are ongoing.

Social care / Community care

Indicator	Kent Status	West Kent Status	DoT	Time Period	
6.13 The proportion of older people (65 and older) 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 BCF	Under review by Adult Social Care				
6.14 Number of delayed days, acute and non-acute for Kent BCF	2170 days	Not currently available	-	April 2014	
6.15 Infection control rates	Work ongoing with NHS England to shape and define				
6.16 Percentage of people with short term intervention that had no further service	Under further development with Adult Social Care				
6.17 Admissions to permanent residential care for older people (number). BCF	100	not currently available	-	April 2014	

Exception items:

• There was a reduction in the number of admissions to permanent residential care for older people in April 2014 of 100 people from 127 people in March and is now below the 130 target (maximum number). This metric will be presented at local health and wellbeing board level in the next report following work by Adult Social Care.

Appendix A: Local area indicators

Outcome 1: Every child has the best start in life										
Indicator	Time Period	Kent	Ashford	Canterbury	DGS	SKC	Swale	Thanet	West Kent	
1.4 Reduction in the number of pregnant women with a smoking status at the time of delivery	2013/14	13.1%	10.9%	12.8%	12.9%	16.5%	20.6%	17.0%	9.4%	
1.5 Unplanned hospitalisation for asthma (primary diagnosis) people aged under 19 years old (rate per 10,000)	2013/14	14.6	16.6	11.5	16.5	18.0	16.3	14.8	12.3	
1.6 Unplanned hospitalisation for diabetes (primary diagnosis) people aged under 19 years old (rate per 10,000)	2013/14	7.3	4.7	7.9	6.2	9.6	10.2	11.9	5.5	
1.7 Unplanned hospitalisation for epilepsy (primary diagnosis) people aged under 19 years old (rate per 10,000)	2013/14	8.8	8.1	8.2	9.9	6.4	13.6	15.7	6.5	

Outcome 2: Effective prevention of ill health by people taking greater responsibility for their health and wellbeing										
Indicator	Time Period	Kent	Ashford	Canterbury	DGS	SKC	Swale	Thanet	West Kent	
2.1 Reduction in the under 75 mortality rate from cancer (rate per 100,000)	2012	135.5	111.4	121.0	128.5	147.9	133.8	140.0	145.2	
2.2 Reduction in the under 75 mortality rate from respiratory disease (rate per 100,000)	2012	30.7	28.1	26.8	30.1	34.8	23.6	40.2	30.0	
2.3 Increase in the proportion of people receiving NHS Health Checks of the target number to be invited	2013/14	36.1%	38.7%	40.1%	15.9%	33.6%	28.3%	29.2%	27.8%	
2.4 Increase in the number of people quitting smoking via smoking cessation services	2013/14	5254	420	630	834	957	518	930	965	
2.5 Reduction in the number of hip fractures for people aged 65 and over (rate per 10,000)	2013/14	480.5	459.7	562.5	554.9	431.5	559.6	540.9	397.7	
2.6 Reduction in the rates of the deaths attributable to smoking persons aged 35+ (rate per 100,000)	2010-12	295.5	245.3	270.4	287.7	301.7	334.8	333.9	299.2	

Outcome 4: People with mental health issues are supported to 'live well'										
Indicator	Time Period	Kent	Ashford	Canterbury	DGS	SKC	Swale	Thanet	West Kent	
4.3 Increased crisis response of A&E liaison within 2 hours – Urgent	Q3 2013/14	73.5%	65.4%	67.6%	90.8%	57.5%	86.0%	80.9%	81.0%	
4.4 Increased crisis response of A&E liaison, all urgent referrals to be seen within 24 hours	Q3 2013/14	100%	100%	100%	100%	100%	100%	100%	100%	

Outcome 5: People with dementia are assessed and tree	eated earlie	r							
Indicator	Time Period	Kent	Ashford	Canterbury	DGS	SKC	Swale	Thanet	West Kent
5.1 Increase in the reported number of dementia patients on GP registers as a percentage of estimated prevalence	2012/13	41.5	43.0	43.2	44.2	38.7	44.8	34.6	42.6
5.2 Rate of admissions to hospital for patients older than 64 years old with a secondary diagnosis of dementia (rate per 1000)	2013/14	25.1	20.5	28.8	27.0	25.1	21.3	26.1	24.1
5.3 Rate of admissions to hospital for patients older than74 years with a secondary diagnosis of dementia (rate per 1000)	2013/14	50.5	43.3	56.6	53.3	50.3	48.7	50.2	48.5
5.4 Total bed-days in hospital per population for patients older than 64 years old with a secondary diagnosis of dementia (rate per 1000)	2013/14	225.7	187.6	168.1	342.8	183.0	257.4	193.0	231.4
5.5 Total bed-days in hospital per population for patients older than 74 years with a secondary diagnosis of dementia (rate per 1000)	2013/14	452.5	382.4	327.1	673.0	363.9	573.1	383.1	467.7
		Tr	ust Level D	ata					
	Time Period	D&G N	HS Trust	EKHU	IFT	M ⁻	rw	Medway	
5.6 The proportion of patients aged 75 and over admitted as	s an emerge	ency for mo	ore than 72 h	ours who have b	een:				
(a) identified as potentially having dementia	\mathbf{A}	9	2%	1009	%	99	9%	78	%
(b) who are appropriately assessed	Q4	10	00%	94%	6	99%		88	%
(c) and, where appropriate, referred on to specialist services in England	2013/14	10	00%	100%		100%		91%	

Stress Indicators									
Indicator	Time Period	Kent	Ashford	Canterbury	DGS	SKC	Swale	Thanet	wĸ
Children's Services									
Decrease the number waiting for routine treatment after assessment – CAMHS	April 2014	565	16	0	216	120	69	49	95
CAMHS Caseload, for patients open at any point during the month (excluding Medway and Out of Area)	April 2014	8523	724	1206	1432	1347	531	1250	2033