

Report Subject: Swale Health and Wellbeing Board – Assurance Framework

Date: September 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 Swale overview of these indicators.

Recommendations:

The Swale 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 Swale 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 |
| æ | Performance has increased relative to previous levels (not related to target) |
| | 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.

Report Prepared by

Susannah Adams, Programme Officer, Public Health, Susannah.adams@kent.gov.uk

Helen Groombridge, Performance Officer, Public Health, Susannah.adams@kent.gov.uk

Malti Varshney, Consultant in Public Health, Malti.varshney@kent.gov.uk

Mark Gilbert, Commissioning and Performance Manager, Public Health
Mark.gilbert@kent.gov.uk

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.

Due to geographical boundaries where district only is indicated this relates to the area covered within Swale District Council. As more data becomes available at CCG level, district only data will be replaced.

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 | Swale 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% | 20.6% | - | 2013/14 |
| 1.5 Unplanned hospitalisation for asthma (primary diagnosis) people aged under 19 years old (rate per 10,000, KMPHO) | 14.6 | 16.3 | æ | 2013/14 |
| 1.6 Unplanned hospitalisation for diabetes (primary diagnosis) people aged under 19 years old (rate per 10,000, KMPHO) | 7.3 | 10.2 | | 2013/14 |
| 1.7 Unplanned hospitalisation for epilepsy (primary diagnosis) people aged under 19 years old (rate per 10,000, KMPHO) | 8.8 | 13.6 | | 2013/14 |
| 1.8 Reduction in conception rates for young women aged under 18 years old (rate per 1,000, PHOF) | 25.9 | 35.6 district only | æ | 2012 |
| 1.9 Decrease the proportion of 4-5 year olds with excess weight (PHOF) | 21.7% | 23.2% district only | | 2012/13 |
| 1.10 Decrease the proportion of 10-11 year olds with excess weight (PHOF) | 32.7% | 33.2% district only | | 2012/13 rag changed |

Exception items:

- For 2013/14 Swale has the highest proportion of women with a smoking status at time of delivery across all areas in Kent; at 20.6% it is significantly higher than Kent as a whole at 13.1%, Thanet is the 2nd highest at 17.0%. it should be noted that Swale had the lowest number of maternities in 2013/14.
- Although the unplanned hospitalisation rate for asthma in under 19 years old for Swale is above Kent for 2013/14 at 16.3 per 10,000 compared to 14.6, the Swale rate has decreased since 2010/11 from having the highest rate across the CCGs to the 3rd highest in 2013/14; This was a decrease from 29.1 per 10,000 to 16.3 per 10,000.
- Swale district experienced a decrease in the under 18 conception rate from 2011 at 41.2 per 1,000 to 35.6 per 1,000 in 2012, with an overall decrease since 2005. However Swale District remains above the Kent average and have the 2nd highest rate in Kent.

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

| Indicator | Kent Status | Swale Status | DoT | Time Period |
|--|-------------|------------------------|-----|-------------|
| 2.1 Reduction in the under-75 mortality rate from cancer (rate per 100,000, KMPHO) | 135.5 | 133.8 | æ | 2012 |
| 2.2 Reduction in the under-75 mortality rate from respiratory disease (ASR per 100,000, KMPHO) | 30.7 | 23.6 | æ | 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% | 28.3% | - | 2013/14 |
| 2.4 Increase in the number of people quitting smoking via smoking cessation services (Subject to amendment, Public Health) | 5254 | 518 | - | 2013/14 |
| 2.5 Reduction in the number of hip fractures for people aged 65 and over (ASR per 100,000, KMPHO) | 480.5 | 559.6 | æ | 2013/14 |
| 2.6 Reduction in the rates of deaths attributable to smoking persons aged 35+ (rate per 100,000, KMPHO) | 295.5 | 334.9 | æ | 2010-12 |
| 2.7 Decrease the proportion of adults with excess weight (PHOF) | 64.6% | 68.8% district only | - | 2012 |
| 2.8 Increase the Percentage of physically active clients (PHOF) | 57.2% | 52.6% district only | - | 2012 |

Exception items:

- The Swale rate of hip fractures in those aged over 65 years has fluctuated since 2008/09, and experienced a reduction from 770.8 per 100,000 in 2012/13 to 559.6 in 2013/14.
- Although the Swale rate of deaths attributable to smoking (aged 35+) has been reducing since 2008-10, it is the highest rate in 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 | Swale 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 | Swale Status | DoT | Time Period |
|---|---|-------------------------|-----|---------------|
| 4.1 Reduction in the number of suicides (ASR per 100,000, KMPHO) | 5.31 | 4.56 | æ | 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% | 86.0% | æ | Q3 2013/14 |
| 4.4 Increased crisis response of A&E liaison, all urgent referrals to be seen within 24 hours (KMCS) | 100% | 100% | | Q3 2013/14 |
| 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 | | 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 PHE | | | |

Exception items:

- 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 | Swale 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% | 44.8% | æ | 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 | 21.3 | | 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 | 48.7 | | 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 | 257.4 | | 2013/14 |
| 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 | 573.1 | | 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% æ | 99% | 78% æ | 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% æ | 100% | 100% | 91% æ | Q4 2013/14 |

Exception items:

- The total number of bed-days in hospital for patients older than 64 years old and 74 years old of patients with a secondary diagnosis of dementia is increasing for Swale and continues to be higher than Kent; the aim is for a decrease in the number of bed-days.

4. Stress Indicators

Children's Services

| Indicator | Kent Status | Swale Status | DoT | Time Period |
|--|-------------|---------------------|-----|------------------------|
| 6.1 Decrease the number waiting for routine treatment after assessment – CAMHS (KMCS) | 565 | 69 | æ | April 2014 rag removed |
| 6.2 CAMHS Caseload, for patients open at any point during the month (excluding Medway and Out of Area, KMCS) | 8,523 | 531 | - | April 2014 |
| 6.3 Increase proportion of SEN assessments within 26 weeks (MIU KCC) | 94.5% | 93.2% district only | æ | March 2014 rag changed |
| 6.4 SEN Kent children placed in independent or out of county schools (number, MIU KCC) | 583 | 67 district only | | March 2014 |

Exception items:

- Swale district has increasing proportions of SEN assessments within 26 weeks and is now just below Kent levels.

Public Health

| Indicator | Kent Status | Swale 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 are not available at CCG level, work is ongoing between Kent Public Health and the Area Team (NHS England) on future provision.

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 Dartford and Gravesham (D&G) NHS Trust.
- A&E attendances within 4 hours from arrival also varies from 83.2% in Medway NHS Foundation Trust to 97.9% in D&G 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 | Swale 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 treated earlier | | | | | | | | | |
|---|--------------------|--------------------------|----------------|-------------------|------------|------------|--------------|---------------|------------------|
| 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 than 74 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 |
| Trust Level Data | | | | | | | | | |
| | Time Period | D&G NHS Trust | | EKHUFT | | MTW | | Medway | |
| 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 | Q4 2013/14 | 92% | | 100% | | 99% | | 78% | |
| (b) who are appropriately assessed | | 100% | | 94% | | 99% | | 88% | |
| (c) and, where appropriate, referred on to specialist services in England | | 100% | | 100% | | 100% | | 91% | |

| Stress Indicators | | | | | | | | | |
|--|--------------------|-------------|----------------|-------------------|-------------|-------------|--------------|---------------|-------------|
| Indicator | Time Period | Kent | Ashford | Canterbury | DGS | SKC | Swale | Thanet | WK |
| 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 |