

Report Subject: Thanet 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 Thanet overview of these indicators.

Recommendations:

The Thanet 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 Thanet 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
↑	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.

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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	Thanet 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%	17.0%	–	2013/14
1.5 Unplanned hospitalisation for asthma (primary diagnosis) people aged under 19 years old (rate per 10,000, KMPHO)	14.6	14.8	↑	2013/14
1.6 Unplanned hospitalisation for diabetes (primary diagnosis) people aged under 19 years old (rate per 10,000, KMPHO)	7.3	11.9	↑	2013/14
1.7 Unplanned hospitalisation for epilepsy (primary diagnosis) people aged under 19 years old (rate per 10,000, KMPHO)	8.8	15.7	↓	2013/14
1.8 Reduction in conception rates for young women aged under 18 years old (rate per 1,000, PHOF)	25.9	36.1	↑	2012
1.9 Decrease the proportion of 4-5 year olds with excess weight (PHOF)	21.7%	21.6%	↓	2012/13
1.10 Decrease the proportion of 10-11 year olds with excess weight (PHOF)	32.7%	33.0%	↑	2012/13

Exception items:

- Thanet has the second highest proportion of women with a smoking status at time of delivery. At 17% in 2013/14; Swale was the highest at 20.6%
- For unplanned hospitalisation rate of people aged under 19 for asthma there has been a year on year decrease since 2009/10, with Thanet having one of the highest rates amongst CCGs to being in the middle.
- Thanet has consistently had the highest rate for unplanned hospitalisation on diabetes since 2008/09; the highest was at 13.5 in 2012/13 which decreased to 11.9 in 2013/14.
- Thanet also had the highest rate for unplanned hospitalisation for epilepsy across the CCGs and Kent at 15.7 in 2013/14 compared to Kent at 8.8.
- Thanet experienced a decrease in the under 18 conception rate for 2011 at 45.6 per 1,000 to 36.01 per 1,000 in 2012 from 45.6 in 2011; however, this is still above the Kent average.

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

Indicator	Kent Status	Thanet Status	DoT	Time Period
2.1 Reduction in the under-75 mortality rate from cancer (rate per 100,000, KMPHO)	135.5	140.0	↑	2012
2.2 Reduction in the under-75 mortality rate from respiratory disease (ASR per 100,000, KMPHO)	30.7	40.2	↑	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%	29.2%	-	2013/14
2.4 Increase in the number of people quitting smoking via smoking cessation services (Public Health)	5254	930	-	2013/14
2.5 Reduction in the number of hip fractures for people aged 65 and over (ASR per 100,000, KMPHO)	480.5	540.9	↓	2012/13
2.6 Reduction in the rates of deaths attributable to smoking persons aged 35+ (rate per 100,000, KMPHO)	295.5	333.9	↑	2010-12

Indicator	Kent Status	Thanet Status	DoT	Time Period
2.7 Decrease the proportion of adults with excess weight (PHOF)	64.6%	68.4%	-	2012
2.8 Increase the Percentage of physically active clients (PHOF)	57.2%	52.4%	-	2012

Exception items:

- 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 Thanet 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	Thanet 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	Thanet Status	DoT	Time Period
4.1 Reduction in the number of suicides (ASR per 100,000, KMPHO)	5.31	5.86	↑	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%	80.9%	↑	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:

- Although the Thanet rate for suicide is above Kent, it has decreased from 6.73 per 100,000 in 2010/12 to 5.86 in 2011/13 and is not the highest rate across Kent.
- 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	Thanet 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%	34.6%	↑	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	26.1	↑	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	50.2	↓	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	193.0	↑	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	383.1	↑	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% ↑	99% ⇔	78% ↑	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% ↑	100% ⇔	100% ⇔	91% ↑	Q4 2013/14

Exception items:

- There has been an increase in the number of dementia patients on GP registers for all areas and Kent as a whole; however Thanet for 2012/13 has the lowest percentage across Kent.

4. Stress Indicators

Children's Services

Indicator	Kent Status	Thanet Status	DoT	Time Period
6.1 Decrease the number waiting for routine treatment after assessment – CAMHS (KMCS)	565	49	↓	April 2014
6.2 CAMHS Caseload, for patients open at any point during the month (excluding Medway and Out of Area, KMCS)	8,523	1250	-	April 2014
6.3 Increase proportion of SEN assessments within 26 weeks (MIU KCC)	94.5%	93.9%	↓	March 2014
6.4 SEN Kent children placed in independent or out of county schools (number, MIU KCC)	583	66	↑	March 2014

Exception items:

- There has been a gradual increase in the percentage of SEN assessments for Thanet across 2012/13 however this has remained above 90%.

Public Health

Indicator	Kent Status	Thanet 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, 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 Dartford and Gravesham NHS Trust (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	Thanet 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