

From: Roger Gough, Cabinet Member for Education and Health Reform

Meradin Peachey, Kent Director of Public Health

To: Kent Health and Wellbeing Board

Subject: Kent Framework for System Assurance

Classification: Unrestricted

Summary:

The Kent Health and Wellbeing Board (KHWB) wishes to develop an assurance framework across the Health and Social care system. It is proposed that indicators relevant to the Kent Health and Wellbeing strategy are taken as the basis to develop an overview of the health and social care system across Kent. These indicators will form a relatively simple Assurance Dashboard for the KHWB to assess current service effectiveness. In addition indicators have been derived from the NHS England South Escalation Framework that can alert the Board to potentially unsustainable pressures in the component sectors. The Dashboard will also provide assurance on a regular basis if overall status of the indicators is progressing in the right direction.

Recommendation(s):

- i) Note the contents of this paper and approve this proposal for developing Kent wide assurance framework.
- iii) Approve the development and ownership of the dash board for regular monitoring of the agreed indicators.

1. Introduction

At its inaugural meeting in April 2013 the Kent Health and Wellbeing Board (KHWB) received information on how constituent parts of the health and social care system in Kent are performing against national requirements. The KHWB requested this information be available as a standing agenda item and be extended to include primary and community services, acute hospital services, public health and social care.

An initial proposal was considered at the last meeting of the Kent Health and Wellbeing Board and a number of amendments were discussed. The Board requested that a revised report be presented to its next meeting.

The original principles of the framework still apply:

Currently across the health and social care services a large amount of information is collected and it is important that the KHWB receives the most relevant and appropriate data selected from the myriad available in order to inform its business.

It is also important to ensure that the assurance reports to the KHWB contain data that is already available rather than generating new information and data collection

requirements. To be meaningful the data must also be reportable in time-frames relevant to the sitting of the Board rather than annual updating that is required for a number of indicators.

As well as demonstrating how the health and social care system is operating across the County the data supplied should inform the key responsibilities of the Board concerning the promotion of integration and the five outcomes contained in the Health and Wellbeing Strategy. It would also be useful to include indicators that demonstrate potential stress within constituent parts of the system that may require concerted action to alleviate and ensure service sustainability.

In addition the Board requested that the framework also reflected more clearly the outcomes that the Board has committed itself to through the Health and Wellbeing Strategy and that indicators for children's health are more closely related to medical outcomes.

2. Current indicators

Nationally there are three Outcomes Frameworks (for the NHS, Adult Social Care and Public Health) that assess performance and many of the indicators contained in the Frameworks are incorporated into the Kent Joint Health and Wellbeing Strategy. There is no corresponding national framework for children although some indicators in other frameworks are relevant..

Other indicator sets that can inform the Health and Wellbeing Board include the KCC Key Performance Indicators (KPI's) that are reported on a quarterly basis.

3. Kent wide Assurance Framework

The role of the Kent Health and Wellbeing Board is to provide a system overview and to:

- assess the needs of their local population through the joint strategic needs assessment process
- produce a local health and wellbeing strategy as the overarching framework within which commissioning plans are developed for health services, social care, public health and other services which the board agrees are relevant
- promote greater integration and partnership, including joint commissioning, integrated provision, and pooled budgets where appropriate.

To assist the delivery of these functions the members of the Kent Health and Wellbeing Board wish to develop an assurance framework. It is proposed that the Board regularly receives quarterly or 6 monthly reports on a suite of indicators or dashboard as attached at Appendix 1.

The dashboard of indicators that is proposed is designed to incorporate a number of those relevant to the Kent Health and Wellbeing Strategy and KCC KPI's. The system stress or sustainability indicators are derived from the NHS England South Escalation Framework which is designed to trigger corrective action across the health and social care system when services are struggling to meet demand.

Some of these overarching indicators such as Under 75 mortality rates for cardiovascular disease, respiratory disease and cancer are only reported on an annual basis. However, applying the analysis and methodology developed by Professor Chris Bentley compliments the report on *Addressing Health Inequalities in Kent*, reported to the board on 17th July 2013, which highlighted small geographical areas (Lower Super Output Areas) with the top 20% premature mortality due to cardiovascular, cancer and respiratory diseases. The high level indicators mentioned in the assurance framework related to premature mortality will have a sub set of detailed indicators which can be monitored on quarterly basis. For instance the indicator on under 75 mortality for all cardiovascular diseases will have a sub indicator of associated risk factors such as that of smoking cessation and uptake of NHS Health Checks in these areas. Similarly the indicator on Cancer can have a subset on uptake of cancer screening services and respiratory can have an indicator on smoking cessation. By monitoring these sub indicators the local health and wellbeing Board will be able to track progress of the named high level indicators.

4. Conclusions

Indicators across the Kent Health and Wellbeing Strategy and KCC KPIs can provide an overview of the status of the health and social care system. These indicators can form the basis for a relatively simple Assurance Dashboard that will inform the KHWB of current service effectiveness. In addition indicators derived from the NHS England South Escalation Framework can reveal whether the current service levels are sustainable in the longer term. The Dashboard should also demonstrate whether indicators are improving or deteriorating.

Use of the dashboard should enable the KHWB to:

- Have timely indication of areas of concern and improvement across the system with emphasis on those aspects that involve joint responsibility
- Identify potential areas of stress within the system that may be unsustainable without concerted action to address the issues highlighted.

Please see Appendix 1 for a sample dashboard

5. Recommendation(s)

The Health and Wellbeing Board is asked to:

- i) Note the contents of this paper and approve this proposal for developing Kent wide assurance framework.
- iii) Approve the development and ownership of the dash board for regular monitoring of the agreed indicators.

6. Contact details

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Appendix 1

Proposed targets and indicators for the Kent Health and Wellbeing Board Assurance Framework

Joint health and Wellbeing Strategy Outcome targets and associated indicators

Outcome 1 Every child has the best start in life

Targets

Increasing breastfeeding initiation rates and continuance at 6-8 weeks, until they are at least 50% in all parts of Kent.

Improve MMR vaccination uptake and improve access to the vaccination, particularly for the most vulnerable groups. To attain 95% coverage levels

Reducing the number of pregnant women who smoke through their pregnancies by 50%

Associated indicators relevant to the H&WB Strategy

Unplanned hospitalisation for asthma, diabetes and epilepsy in children aged under 19s

CAMHS waiting times for assessment and treatment

SEN assessment timescales and out of county/independent school placements

Conception rates for young women aged under 18 years

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

Targets

Reducing the under-75 mortality rate from cancer (see report section 3)

Reducing the under-75 mortality rate from respiratory disease (see report section 3)

Reducing the numbers of hip fractures and falls for people aged 65 and over, where Kent is performing significantly worse than the England average

Reducing the rates of deaths attributable to smoking in all persons, targeting those who are vulnerable or most at risk (focussing on social gradient of smoking)

Reducing the under-75 mortality rate from respiratory disease (see report section 3)

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

Targets

The proportion of older people (65 and over) mostly at risk of long term care and hospital admission, who were still at home 91 days after discharge from hospital in re-ablement/rehabilitation services

Increasing the number of people using integrated personal budgets

Increasing the number of people using telecare and telehealth technology

Outcome 4 People with mental health issues are supported to “live well”

Targets

Reducing the number of suicides

Increasing the employment rate among people with a mental illness/those in contact with secondary mental health services

Associated indicators relevant to the H&WB Strategy

Rate of crisis response within 24 hours

Numbers of people receiving treatment for drug and alcohol misuse

Outcome 5 People with dementia are assessed and treated earlier

Targets

Improving the rates of diagnosis in Kent to at least 60% of expected levels

Increasing effectiveness of post diagnosis care in sustaining independence and improving quality of life for an increased number of people, including early intervention and crisis services in place, reduced care home placements and hospital admissions, an increased number of people supported by these new services

Associated indicator relevant to the H&WB Strategy

People waiting longer than 12 weeks to access memory services

System stress indicators derived from the NHS England South Escalation Framework

Acute Trusts

Bed Occupancy Rates

A&E 4 hr target

A&E admissions

Ambulance Service

Delays breaching 30 minute turnaround time

Social Care/Community Care

Delayed Transfers of Care

Infection control rates

Primary Care

GP attendances

Out of Hours activity/111 call volumes