

By: Meradin Peachey
Director of Public Health

To: Kent Health and Wellbeing Board

Date: 20 November 2013

Subject: Assurance Framework

Classification: Unrestricted

For Decision:

The Health and Wellbeing Board is asked to:

- Note the data outlined in the Assurance Framework, as agreed at the meeting in September 2013.

Introduction

This report aims to provide the Kent Health and Wellbeing Board with performance figures on a suite of indicators based on Kent's Health and Wellbeing Strategy; it is focused and arranged on the 5 Outcomes with additional system stress indicators.

The indicators were drawn from a number of existing frameworks and responsible agencies across Kent and England, as agreed at the Health and Wellbeing Board meeting in September 2013

- Kent Public Health and the Public Health Outcomes Framework,
- NHS England and the NHS Outcome Framework,
- Families and Social care and the Adult Social Care Outcome Framework.
- NHS England South Escalation Framework.

The Assurance Framework is in development and indicators are still evolving, this will need to be taken into consideration when interpreting the Assurance Framework. The report has the most recently available data, both from local and national data sets, which are referenced. As the framework develops further work will look into the available geographical subsets of the indicators both at CCG level and district level, where possible.

Due to the number of indicators within the Assurance Framework it is proposed that the Outcomes are rotated with the more detailed framework section showing just one Outcome per report, with the system stress indicators in detail for every Board. This report focusses on Outcome 1 and at the next Board meeting on 29th January 2014 a detailed report will be presented on- Outcome 2: Effective prevention of ill health by people taking greater responsibility for their health and wellbeing.

Key to KPI Ratings used

| | |
|--------------|---|
| GREEN | Target has been achieved or exceeded |
| AMBER | Performance at acceptable level, below Target but within 10% |
| RED | Performance is below 10% of the target |
| ↑ | 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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Executive Summary

The following tables provide a visual summary of the indicators within each outcome domain.

The recent status refers to the rating for the last reporting period; time frames are detailed in the body of the report or available on request. The Direction of Travel similarly refers to the movement from the last reporting period.

Outcome 1: Every child has the best start in life

| Indicator Description - Targeted | Previous Status | Recent Status | Direction of Travel |
|---|--|---------------|---------------------|
| 1.1 Increasing Breastfeeding Initiation Rates | Data collation and reporting temporarily suspended. For explanation please see Indicator 1.1 | | |
| 1.2 Increasing Breastfeeding continuance 6-8 weeks | Data collation and reporting temporarily suspended. For explanation please see Indicator 1.2 | | |
| 1.3 Improve MMR vaccination uptake – Two doses (5 years old) | 87.2% | 90.5% | ↑ |
| 1.4 Reduction in the number of pregnant women who smoke at time of delivery | 16.8% | 15.2% | ↓ |

| Indicator Description - Associated | Previous Status | Recent Status | Direction of Travel |
|---|---|---------------|---------------------|
| 1.5 Unplanned hospitalisation for Asthma (primary diagnosis) people aged under 19 years old | Kent & Medway Public Health Observatory will be providing for next report | | |
| 1.6 Unplanned hospitalisation for Diabetes (primary diagnosis) people aged under 19 years old | Kent & Medway Public Health Observatory will be providing for next report | | |
| 1.7 Unplanned hospitalisation for Epilepsy (primary diagnosis) people aged under 19 years old | Kent & Medway Public Health Observatory will be providing for next report | | |
| 1.8 Decrease CAMHS average waiting times for routine assessment form referral (incl. Medway) | 9 weeks | 7 weeks | ↓ |
| 1.9 Increase proportion of SEN assessments within 26 weeks | 87.2% | 90.6% | ↑ |
| 1.10 SEN Kent children placed in Independent or Out of County Schools (number) | 554 | 537 | ↓ |
| 1.11 Reduction in Conception rates for young women aged under 18 years old (rate per 1,000) | 35.3 | 31.0 | ↓ |

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

| Indicator Description - Targeted | Previous Status | Recent Status | Direction of Travel |
|--|-----------------|---------------|---------------------|
| 2.1 Reduction in the under-75 mortality rate from Cancer (rate per 100,000) | 105.9 | 102.54 | ↓ |
| 2.2 Reduction in the under-75 mortality rate from Respiratory Disease (rate per 100,000) | 22.5 | 22.4 | ↓ |
| 2.3 Increase in the proportion of people receiving NHS Health Checks of the Target number to be invited (proxy for under-75 mortality) | 28.3% | 38.7% | ↑ |
| 2.4 Increase in the number of people quitting smoking via smoking cessation services (number. proxy for under-75 mortality) | 2,541 | 1,401 | ↓ |
| 2.5 Reduction in the number of hip fractures for people aged 65 and over (rate per 100,000) | 477.0 | 469.0 | ↓ |
| 2.6 Reduction in the rates of deaths attributable to smoking in all persons (rate per 100,000) | - | 7170.86 | - |

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 - Targeted | Previous Status | Recent Status | Direction of Travel |
|--|-----------------|---------------|---------------------|
| 3.1 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 | 84% | 86% | ↑ |
| 3.2 Clients with community based services who receive a personal budget and/or direct budget | 76% | 76% | ↔ |
| 3.3 Increase the number of people using telecare and telehealth technology (number) | 1,596 | 1,937 | ↑ |

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

| Indicator Description - Targeted | Previous Status | Recent Status | Direction of Travel |
|---|---|---------------|---------------------|
| 4.1 Reduction in the number of suicides (DASR per 100,000) | 7.54 | 7.36 | ↓ |
| 4.2 Increased employment rate among people with mental illness/those in contact with secondary mental health services | Indicator in development; awaiting further data (ASCOF) | | |

| Indicator Description - Associated | Previous Status | Recent Status | Direction of Travel |
|------------------------------------|-----------------|---------------|---------------------|
|------------------------------------|-----------------|---------------|---------------------|

| Indicator Description - Associated | Previous Status | Recent Status | Direction of Travel |
|--|-----------------|---------------|---------------------|
| 4.3 Increased crisis response of A&E Liaison within 2 hours – Urgent | 85% | 77% | ↓ |
| 4.4 Increased crisis response of A&E Liaison all urgent referrals to be seen within 24 hours | 100% | 100% | ↔ |
| 4.5 Number of adults receiving treatment for drug misuse (primary substance. Number) | 3415 | tbc | - |
| 4.6 Number of adults receiving treatment for alcohol misuse (primary substance. Number) | 1651 | 1794 | ↑ |

Outcome 5: People with dementia are assessed and treated earlier

| Indicator Description - Targeted | Previous Status | Recent Status | Direction of Travel |
|---|--------------------------------|---------------|---------------------|
| 5.1 Improvements in the rates of diagnosis in Kent | Awaiting Information from KMCS | | |
| 5.2 Increase in effectiveness of post diagnosis care in sustaining independence and improving quality of life for an increased number of people | Awaiting Information from KMCS | | |
| 5.3 Reduction in care home placements | Awaiting Information from KMCS | | |
| 5.4 Reduction in hospital admissions | Awaiting Information from KMCS | | |

| Indicator Description - Associated | Previous Status | Recent Status | Direction of Travel |
|---|--------------------------------|---------------|---------------------|
| 5.5 People waiting longer than 12 weeks to access memory services | Awaiting Information from KMCS | | |

System stress indicators: derived from the NHS England South Escalation Framework

| Indicator Description – Acute Trusts | Previous Status | Recent Status | Direction of Travel |
|--|-----------------|---------------|----------------------|
| 6.1 Bed occupancy Rates, Day only | | | |
| Dartford and Gravesham NHS Trust | 90.7% | 97.7% | Refer to section 6.1 |
| East Kent Hospitals University NHS Foundation Trust | 94.6% | 95.0% | |
| Maidstone and Tunbridge Wells NHS Trust | 97.6% | 97.2% | |
| 6.2 A&E attendances within 4 hours (all) from arrival to admission, transfer or discharge | | | |
| Dartford and Gravesham NHS Trust (all) | 96.2% | 94.2% | Refer to section 6.2 |

| Indicator Description – Acute Trusts | Previous Status | Recent Status | Direction of Travel |
|---|--|----------------------|----------------------------|
| East Kent Hospitals University NHS Foundation Trust (all) | 92.9% | 89.2% | |
| Maidstone and Tunbridge Wells NHS Trust (all) | 96.6% | 95.1% | |
| 6.3 Number of Emergency Admissions | To be further discussed and developed with NHS England | | |

| Indicator Description – Social care / Community Care | Previous Status | Recent Status | Direction of Travel |
|---|---------------------------------------|----------------------|----------------------------|
| 6.4 Number of Delayed days, Acute and Non-Acute for Kent | 1,965 days | 1,969 days | Refer to section 6.4 |
| 6.5 Infection control rates | Awaiting Information from NHS England | | |

| Indicator Description – Primary Care | Previous Status | Recent Status | Direction of Travel |
|---|---|----------------------|----------------------------|
| 6.6 GP Attendances | Awaiting Information from NHS England and Indicator Development | | |
| 6.7 Out of Hours activity / 111 call volumes | Awaiting Information from NHS England and Indicator Development | | |

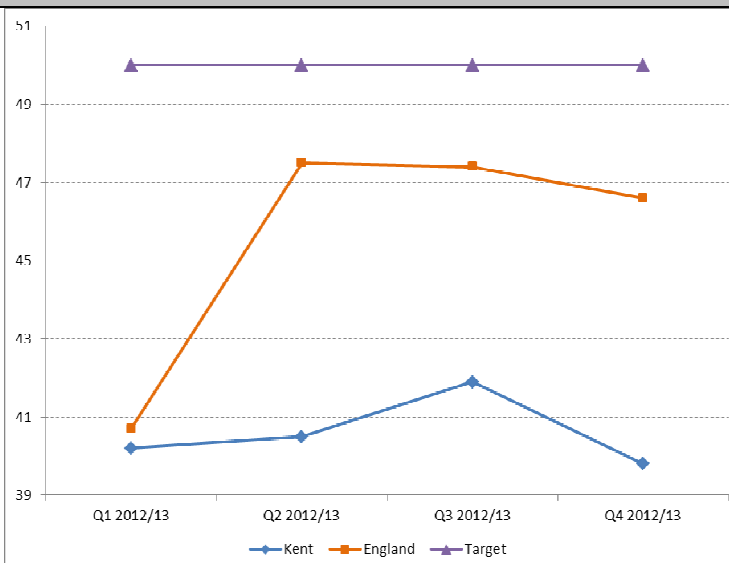
Assurance Framework

Outcome 1: Every child has the best start in life

1.1 Increasing Breastfeeding Initiation Rates

Data collation and reporting temporarily suspended by NHS England, Public Health England, Department of Health and the Health and Social Care Information Centre while assessing options. Collection will recommence in Q3 however reporting will not be till the end of Q4.

1.2 Increasing Breastfeeding Continuance 6 - 8 weeks



Successful infant feeding is important to the future health of the child. Breastfeeding specifically confers a number of health benefits to both the baby and to the mother; a report commissioned by UNICEF in 2011 described the economic benefits of breastfeeding. There is very strong evidence that breastfeeding prevents:

- four acute conditions in infants: gastrointestinal disease, respiratory disease, otitis media, and necrotising enterocolitis (NEC)
- breast cancer and other cancers in mothers.

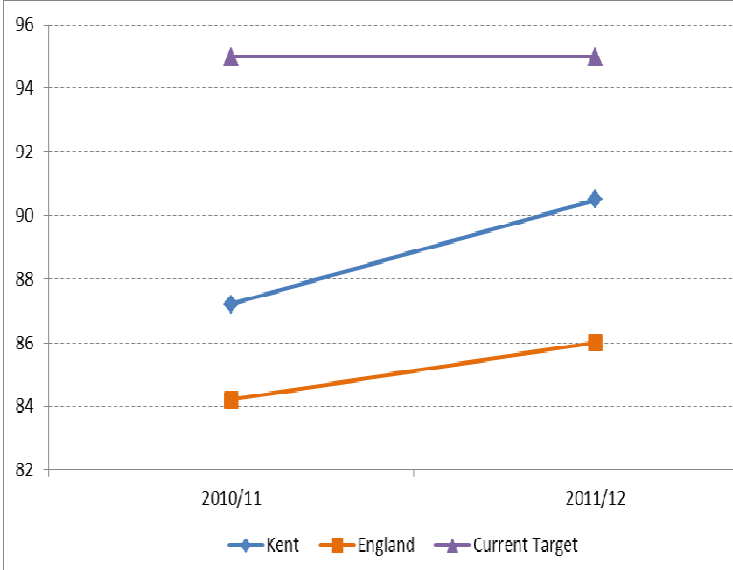
Public Health Kent are currently consulting on current and future service provision on breastfeeding support services in Kent, with the aim of putting services out to tender within the next year. This will ensure coverage and quality of service going forward.

Data collation and reporting temporarily suspended by NHS England, Public Health England, Department of Health and the Health and Social Care Information Centre while assessing options. Collection will recommence in Q3 however reporting will not be till the end of Q4.

To ensure accurate data reporting for the current year Kent Public Health will be working with GP practices and the Child Health Information Department on data collection. This will aim to ensure coverage levels of 95% once data submissions recommence.

In addition the UNICEF reports that there is good evidence that if the number of babies receiving any breastmilk at all rose by 1% this could lead to a small increase in IQ. A very modest increase in exclusive breastfeeding rates could lead to at least three fewer cases of Sudden Infant Death Syndrome annually. A modest increase in breastfeeding rates could result in a reduction in childhood obesity by about 5% which would mean a decrease of 16,300 obese children in the UK.

1.3 Improve MMR vaccination uptake – 2 doses 5 years old



Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely correlated with levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise

(Public Health Outcomes Framework:

<http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000043/pat/6/ati/102/page/6/par/E12000004/are/E06000015>)

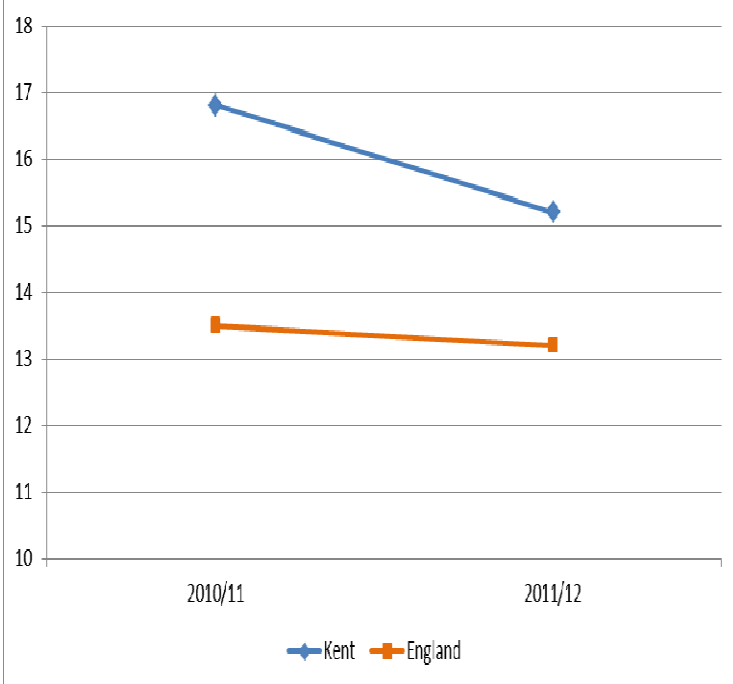
Target: Current target is 95%

Figures provided in the Public Health Outcomes Framework are currently presented here while further local provision is being sourced.

Responsible authority: NHS England

Source: PHOF November 2013

1.4 Reduction in the number of pregnant women who smoke at time of delivery



Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes.

Encouraging pregnant women to stop smoking during pregnancy may also help them kick the habit for good, and thus provide health benefits for the mother and reduce exposure to second-hand smoke by the infant

(Public Health Outcomes Framework:

<http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/1>

Measure is percentage

Data collation and reporting temporarily suspended by NHS England, Public Health England, Department of Health and the Health and Social

Care Information Centre while assessing options. Collection will recommence in Q3 however reporting will not be till the end of Q4.

[02/page/6/par/E12000004/are/E06000015](https://www.kent.gov.uk/02/page/6/par/E12000004/are/E06000015)

Figures provided in the Public Health Outcomes Framework are currently presented here

Responsible KCC Directorate: Public Health
Source: PHOF November 2013

1.5 Unplanned hospitalisation for Asthma (primary diagnosis) people aged under 19 years old

Awaiting provision from Kent & Medway Public Health Observatory

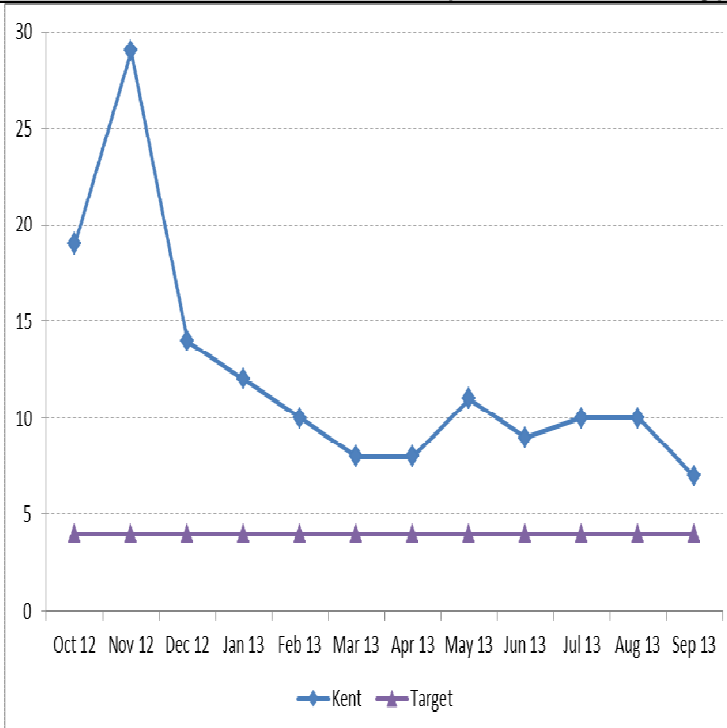
1.6 Unplanned hospitalisation for Diabetes (primary diagnosis) people aged under 19 years old

Awaiting provision from Kent & Medway Public Health Observatory

1.7 Unplanned hospitalisation for Epilepsy (primary diagnosis) people aged under 19 years old

Awaiting provision from Kent & Medway Public Health Observatory

1.8 CAMHS average waiting times for routine assessment form referral (includes Medway)



Measure is in weeks

Target: Current target is 4 week average waiting time

Recommendations made by Ofsted, the National Support Team from the Department of Health in 2010 and Christchurch University included the need to move towards Early Intervention and clearer referral pathways, as there were a large number of young people referred to Tier 3 CAMHS who could have been seen earlier and more effectively in Early Intervention Services.

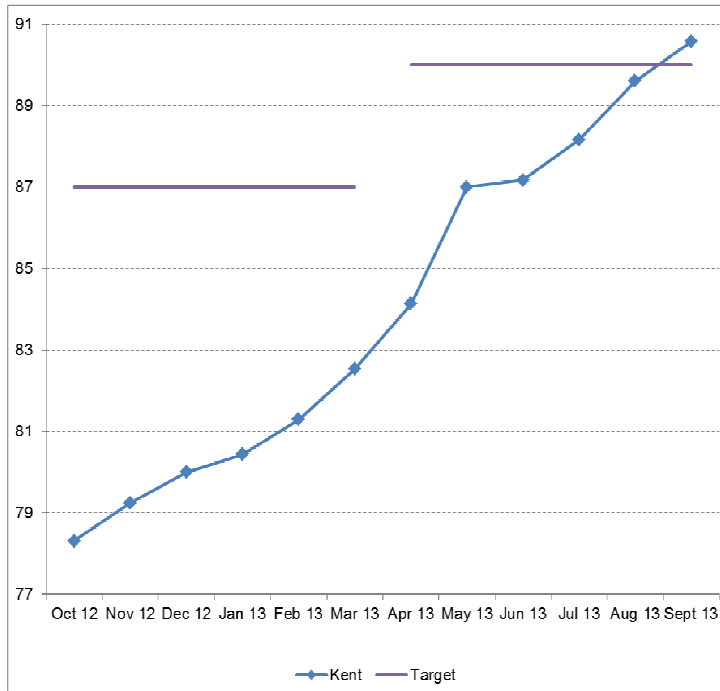
Monitoring the waiting times is crucial to ensure young people are supported earlier and are seen quicker to ensure the appropriate help is identified even if the need is to signpost them on elsewhere.

There has been a period of transition with the implementation of a new single provider; It systems and processes are in development.

Figures currently include Medway. This information can be provided by CCG

Responsible authority: NHS England
Source: Kent and Medway Commissioning Support

1.9 SEN assessments, Percentage within 26 weeks



Measure is Percentage

Target: 90% within 26 weeks (excluding exceptions)

Figures are rolling 12 months
This indicator can be further provided by District.

Responsible KCC directorate: Education, Learning & Skills
Source: Management Information Kent County Council

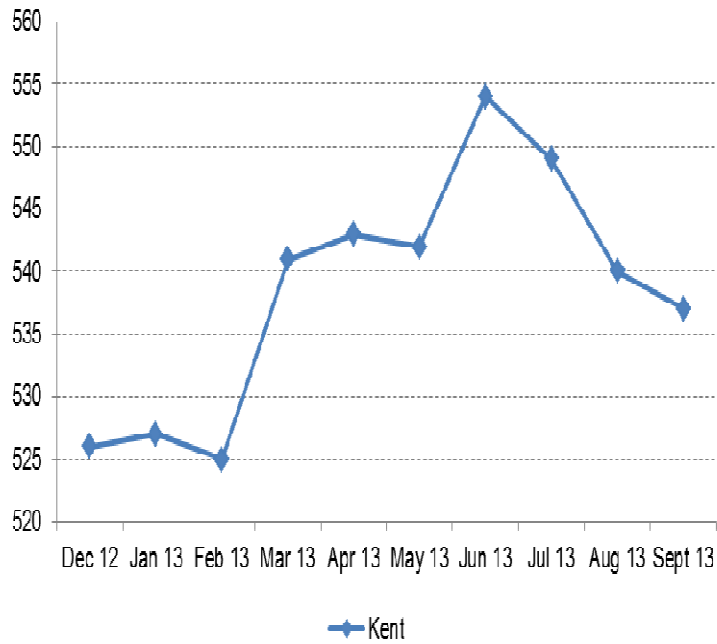
There is considerable evidence of the benefits of early and timely intervention to address children's SEN. Parents are concerned that SEN statements should be completed within the statutory time limit so that appropriate intervention to meet their children's SEN can begin.

(DOE:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/219452/main_20text_20or192011.pdf)

There are plans through the SEND strategy to increase the capacity of mainstream and special schools to reduce delays arising from placement pressure. Delays can also be due to late receipt of medical advice and this has been discussed with the Health and Well Being Board to obtain their support in ensuring this work is appropriately resourced (Quarterly Performance Report Quarter 1, Kent County Council Cabinet. Richard Fitzgerald)

1.10 SEN Kent children placed in Independent or Out of County Schools



Kent County Council has put into place a 3-year plan, the aims of which are:

- To Increase internal capacity at Kent Schools
- Create 200 places in state-maintained Kent special schools
- To Increase capacity in main stream schools to have adequate provision for those with low level need

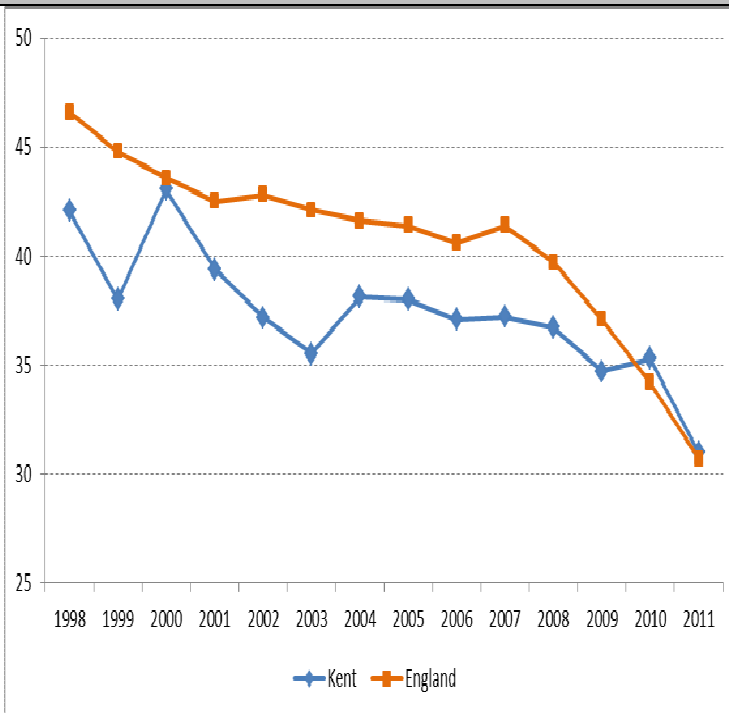
Measure is number
Figures are rolling 12 months

This indicator can be further provided by District.

Responsible KCC directorate: Education, Learning & Skills

Source: Management Information Kent County Council

1.11 Conception rates for young women aged under 18 years old



Rate per 1,000 females aged 15 – 17 years old.

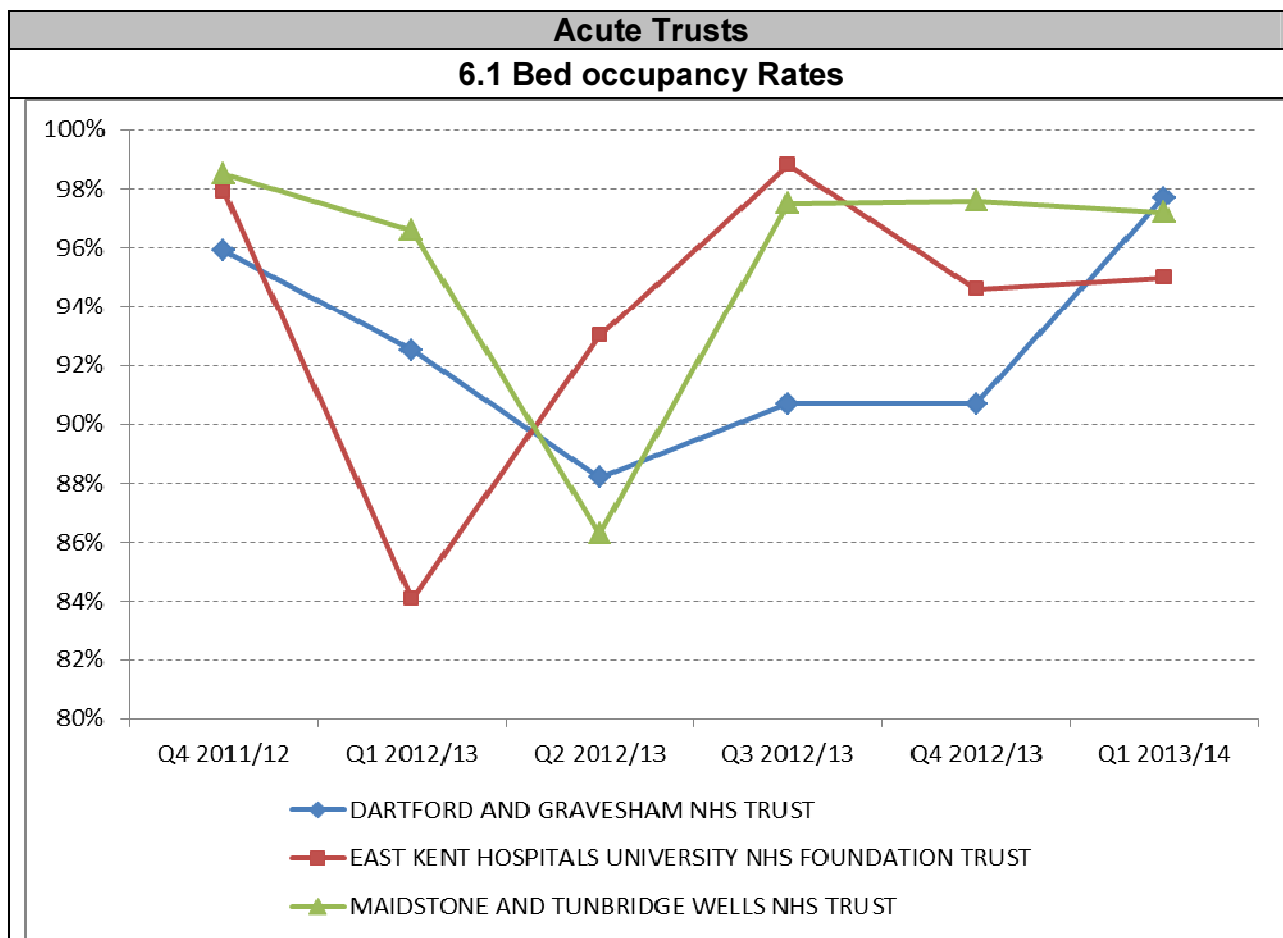
This is an annual figure which can be produced at District level.

Responsible KCC directorate: Public Health
Source: ONS. Kent & Medway Public Health Observatory. Kent County Council

Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.

(Public Health Outcomes Framework: <http://www.phoutcome.s.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000004/are/E06000015>)

System stress indicators: derived from the NHS England South Escalation Framework



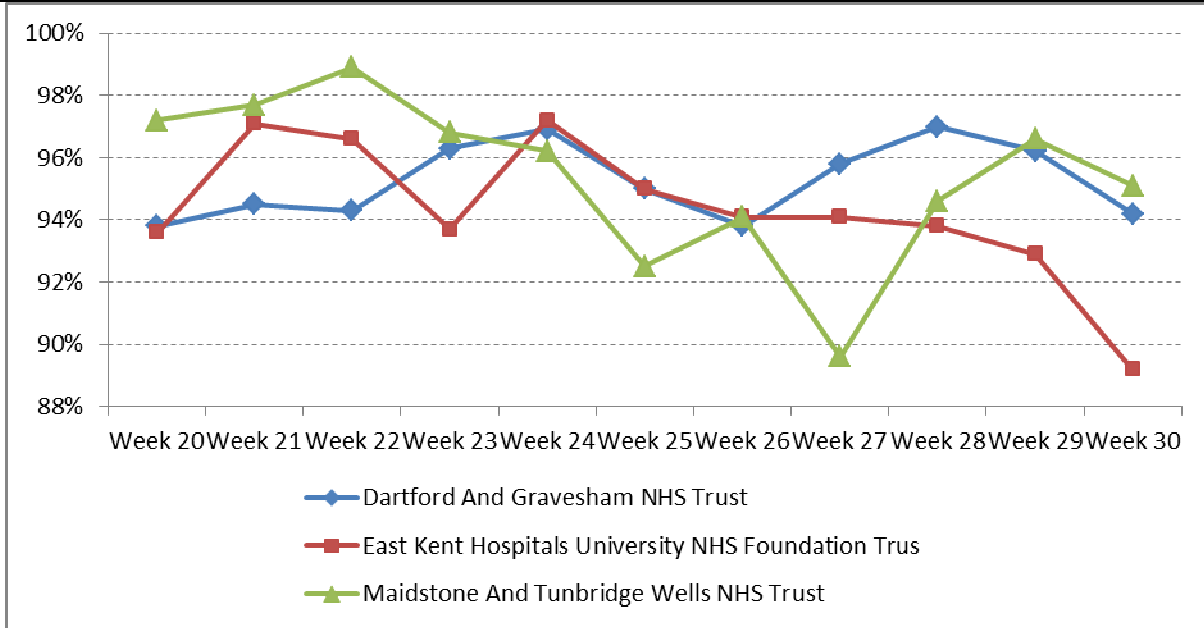
% of occupied beds open day only. Quarterly figures.
Comparative groups will be included for the next report.

Responsible Authority: NHS England

Source: NHS England. November 2013.

<http://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/bed-data-day-only/>

6.2 A&E attendances within 4 hours (all) from arrival to admission, transfer or discharge



% within 4 hours. Weekly figures for 2013/14 (Week 30 is week ending 27/10/2013)
Comparative groups will be included for the next report.

Responsible Authority: NHS England

Source: NHS England. AE SitRep November 2013.

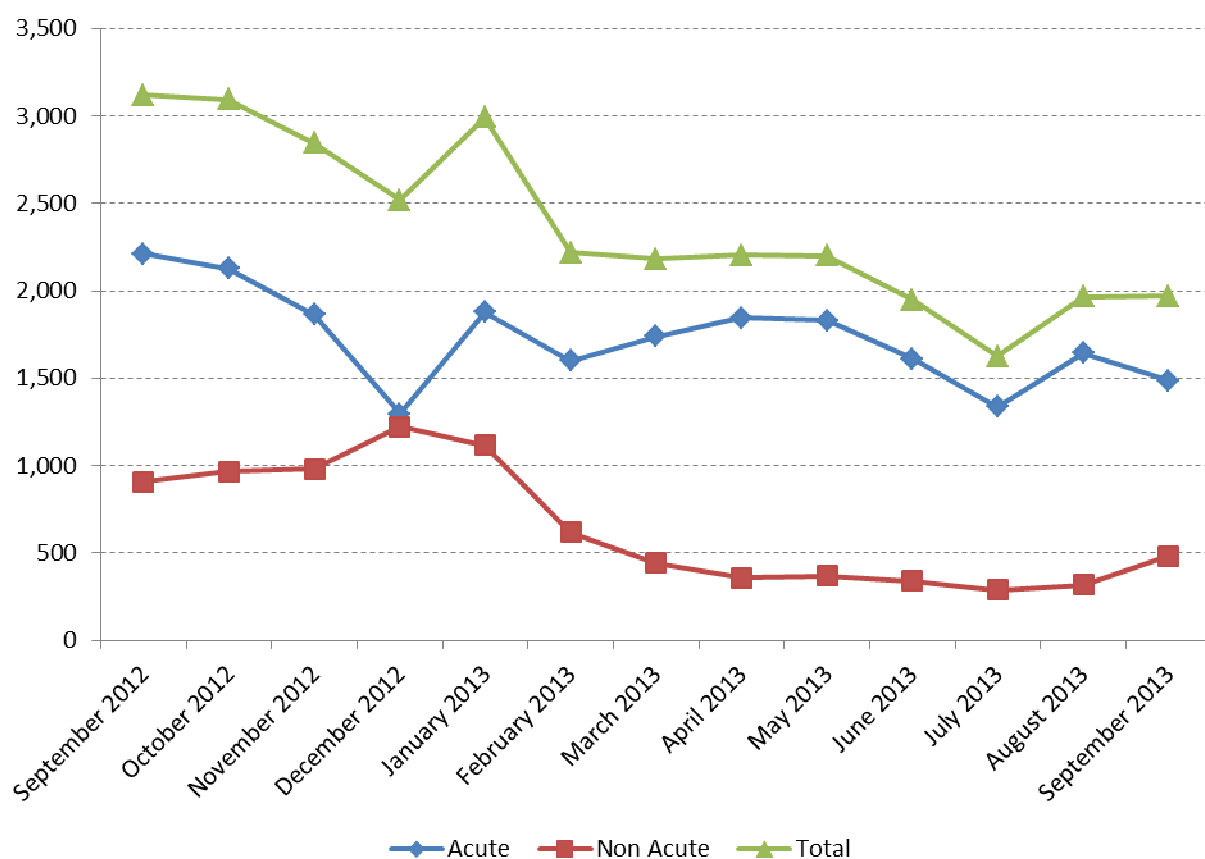
<http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/weekly-ae-sitreps-2013-14/>

6.3 Number of Emergency admissions

To be further discussed and developed with NHS England

Social Care / Community Care

6.4 Number of Delayed days, Acute and Non-Acute for Kent



Number of delayed days during the reporting period, Acute and Non Acute at Local Authority level – Kent.

Comparative groups will be included for the next report.

Responsible Authority: NHS England

Source: NHS England. November 2013.

<http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/>

6.5 Infection control rates

Awaiting Information from NHS England

Primary Care

6.6 GP Attendances

Awaiting Information from NHS England and Indicator Development

6.7 Out of Hours activity / 111 call volumes

Awaiting Information from NHS England and Indicator Development