By:	Roger Gough Cabinet Member for Education and Health Reform
То:	Kent Health and Wellbeing Board
Date:	28 <sup>th</sup> May 2014
Subject:	Summary Assurance Framework
Classification:	Unrestricted

## 1. Introduction

This report aims to provide the Kent Health and Wellbeing Board with a summary of the assurance framework indicators where there are concerns identified or increasing good performance. The board members are also asked to make a decision on the points raised in section 3.

## 2. Indicator summary for noting

### Outcome 1: Every child has the best start in life.

• The MMR vaccination uptake has increased from 87.2% in 2010/11 to 92.2% in 2013/14, however this remains below target which is 95% (Indicator 1.3 in the assurance framework)

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

• NHS health checks and smoking cessation services remain below target with decreases between Q2 and Q3 2013/14; An action plan has been developed with the commissioned provider and is being monitored by Public Health Kent (Indicators 2.3 and 2.4 in the assurance framework)

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

- There has been a decrease in the proportion of clients receiving a personal budget and/or direct budget, primarily due to more clients receiving short term support packages, and the temporary impact of implementing the transformation programme. (indicator 3.1 in the assurance framework)
- There are ongoing increases in the number of people using telecare and telecare technology, thereby enabling them to stay in their home and community whilst managing their conditions, far exceeding target for 2013/14 with 2,754 at December to the year target of 2,200 (indicator 3.2 in the assurance framework)

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

• The proportion of people seen within 2 hours for urgent crisis response in A&E has decreased slightly from 76.7% in Q2 to 73.5% in Q3; however all remain seen within 24 hours (indicators 4.3 and 4.4 in the assurance framework)

### **Stress indicator: Public Health**

• Population vaccination coverage for Flu is varied with a decrease for those aged 65+ (71.4% coverage) and an increase for those at risk (48.7% coverage) Both remain below the target of 75%. (indicators 6.6 and 6.7 in the assurance framework)

## 3. Progress since last report and points for decision

Since the last Health and Wellbeing Board meeting in March 2014, a number of discussions and developments have taken place, the Board are asked to note and agree the proposals in bold. These will be available to the Local Health & Wellbeing Boards in July 2014.

- Endorse the process of setting-up multi-agency monthly meetings where analysis of the data and context can be discussed for the report. This group will also be responsible for proposing and reviewing targets of the Health & Wellbeing strategy.
- A new section has been added in Section 6 Stress indicators for children's services; CAMHS and SEN have been moved to this section. These indicators are:
  - CAMHS waiting times for routine assessment form referral
  - CAMHS waiting times for routine treatment
  - CAMHS caseload
  - SEN assessments within 26 weeks
  - SEN Kent children placed in independent or out of county schools
- Agree the alternative metrics for Outcome 5: people with dementia are assessed and treated earlier. The reason for the proposed change is that these indicators are measurable with locally available data. These indicators are

- Reported number of dementia patients on GP registers as a percentage of estimated prevalence

- Rate of admissions to hospital for patients either older than 64 years old or older than 74 years with a secondary diagnosis of dementia.

- Total bed-days in hospital per population for patients wither older than 64 years old or older than 74 years with a secondary diagnosis of dementia.

- The proportion of patients aged 75 and over admitted as an emergency for more than 72 hours who have been identified as potentially having dementia, who are appropriately assessed and, where appropriate, referred on to specialist services in England.

- Proportion of people waiting to access Memory services - waiting time to assessment with MAS.

- CCG members are asked to discuss with their constituent members the importance of complete data collation and timely submissions of Infant feeding continuation statistics
- Seek assurance from Public Health England/ NHS England for plans to improve the uptake of flu vaccinations in 2014/15.
- Scoping work has continued to assess the availability of the indicators at a lower geographical area to ensure reports to the local Health and Wellbeing Boards are meaningful. The reports for the Local Health & Wellbeing Boards will be available in July 2014.

- There have been further discussions within Social Care, Health and Wellbeing Directorate to ensure the most relevant and appropriate metrics are being used; Indicators associated with and from the ASCOF may be subject to amendment.
- Note the inclusion of new metrics on excess weight in children and adults, and physically active adults in Outcomes 1 and 2 following the previous Board's recommendations
- Statistics for Medway Foundation Trust has been added to indicators 6.8 and 6.9 surrounding bed occupancy rates and A&E attendances due to the identification of Swale residents accessing Medway Hospital.

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