

**By:** Roger Gough  
Cabinet Member for Education and Health Reform

**To:** Kent Health and Wellbeing Board -

**Date:** 16 July 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 at four levels, namely, Kent, District and CCGs and Trusts. The board members are also asked to make a decision on the points raised in section 3.

## 2. Indicator summary for noting

Please refer to the full Assurance Report and Appendix 1 for the full figures.

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

- Local Data on **smoking status at time of delivery** (SATOD) continues to show Kent as having a higher proportion when compared to the national status, The national proportion was 12.7% in 2012/13 and local Kent data has 13.1% in 2013/14; there were 3 CCGs above the Kent proportion, with Swale the highest at 20.6%, Thanet at 17.0% and South Kent Coast at 16.5%.
- Kent level figures for **unplanned hospitalisation** are improving, **epilepsy** rates have decreased from 9.4 to 8.8, **asthma** from 14.8 to 14.6 and **diabetes** from 7.6 to 7.3. However there are increases for epilepsy rates in Ashford, Swale and Thanet; for asthma in Ashford, Canterbury & Coastal and South Kent Coast; for diabetes in South Kent Coast, Swale and West Kent (all 2012/13 to 2013/14).
- Kent is also decreasing and below national rate for **under 18 conception** rate in 2012 (25.9 per 1,000 for Kent and 27.7 national) however there is variety across the districts, from 13.5 in Tunbridge Wells to Thanet at 36.1 and Swale at 35.6. It should be noted though that most of the districts had decreased from 2011 except for Dartford (increased by 4.5) and Tonbridge & Malling (increased by 4.3).
- Kent is currently not an outlier on either of the **excess weight in children** metrics (4-5 years old 21.7% and 32.7% for 10-11 year olds, 2012/13) being not significantly different to the national (22.2% and 33.3% respectively). By district those aged 4-5 years old with excess weight ranged from 19.2% in Sevenoaks to 24.4% in Maidstone; whereas for 10-11 year olds with excess weight the lowest proportion was 29.8% in Canterbury to 36.4% in Gravesend. 2013/4 will be the first year where cohort comparisons can be made and the changes between those measured when they were 4-5 and now 10-11.

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

- The **under-75 mortality rate for cancer** (2010-12) ranges between 111.43 per 100,000 for Ashford CCG to 147.87 at South Kent Coast. For respiratory disease Thanet was the highest at 40.17 per 100,000 and Swale was the lowest at 23.56. In addition to Swale being the lowest in 2010-12, it should be noted that 2 years ago Swale CCG had the highest mortality rate compared to the other Kent CCGs.
- There has been improved performance in both the **NHS Health Check** take-up and the number of people quitting smoking via the smoking cessation services in Q4 2013/14; however Public Health will continue to monitor these services closely.
- The **hip fracture rate** for Kent has gradually been increasing; local data shows an increase from 2010/11 at 410.15 per 100,000 to 2013/14 at 480.47. 2012/13 varies between 397.7 per 100,000 in West Kent CCG to 559.6 in Swale CCG. Swale CCG was the only area to decrease from 2012/13 to 2013/14, with a decrease from 770.77 to 559.60. Work at local CCG level has commenced to address this increase in rate.
- The proportion of **adults with excess weight** in Kent is 64.6% this is similar to the national proportion of 63.8%; Canterbury District has the lowest proportion at 54.2% whereas Swale has the highest at 68.8% followed closely by Thanet at 68.4%.
- Ashford district had the lowest proportion of **physically active adults** 48.7%; Kent did not differ greatly from the national percentage with 57.2% compared to 56.0%. Tunbridge Wells was the highest district at 64.8%.

## **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 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 2014 there were 2,992 clients, which is far exceeding the target of 2,125.
- CCG level figures on both Outcome 3 indicators will be presented in the next report.

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

- The proportion of **A&E referrals** to liaison psychiatry assessment within 2 hours for Kent has decreased from Q1 to Q3 2013/14, from 84.7% to 73.5%; there is variance between the CCGs in Q3 with DGS at 90.8% within 2 hours and SKC at 57.5%; SKC experienced low percentages specifically in November and December. All CCGs had 100% being seen within 24 hours.
- The rate of **successful completion and non-representation** back into treatment services within 6 months of opiate drug misusers in Kent has fallen from 14.4% in 2011/12 to 10.0% in 2012/13; however Kent still remains above national figures of 8.1%.

## **Outcome 5: People with dementia are assessed and treated earlier.**

- The reported number of **dementia patients on GP registers** as a proportion of estimated prevalence in 2012/13 varied from 34.6% in Thanet to 44.8% in Swale; all CCGs have increased from 2011/12. The Kent proportion for 2012/13 was 41.5%.

- **Admission rates for 64 year olds** and over with a secondary diagnosis of dementia was between 20.5 per 1,000 in Ashford and 28.8 in Canterbury (2013/14).
- This is mirrored in the rate for **over 74 year olds** with Ashford lowest at 43.3 and Canterbury highest at 56.6 (2013/14).
- **Bed-days in hospital for over 64 year olds** with secondary diagnosis of dementia varied greatly across the CCGs, Kent was 225.7 per 1,000, the lowest CCG was SKC at 183 and the highest was DGS at 342.8 (2013/14).
- The number of **bed-days increased for over 74 year olds** with 327 per 1,000 at Canterbury to 673.0 per 1,000 at DGS (2013/14).
- The dementia indicator that looks into **identification, assessment and referrals** by trust has Medway NHS Foundation Trust was below target in Q4 2013/14 on identification and assessment. The figures do not disaggregate between Kent and Medway residents, and Swale residents access Medway Hospital.

### Stress Indicators

- Overall for Kent the number of people waiting for routine treatment with **CAMHS** has been decreasing since December 2013; the highest number of people waiting for treatment is between 7 and 13 weeks and includes the time they waited to assessment. The waiting list is clinically-led and those presenting with high/complex needs are moved into treatment as a priority.
- **Overnight bed occupancy rates** for quarter 4 2013/14 vary between 92.3% at East Kent Hospitals University NHS Foundation Trust to 96.7% at DGS NHS Trust. Trend data indicated that DGS, EKHUFT, MTW and KMPT all have a gradual upward trend; for MFT it is indicated that there has been no overall increase or decrease.
- **A&E Attendances within 4 hours** from arrival also varies from 83.2% in Medway NHS Foundation Trust to 97.9% in DGS NHS Trust. These figures relate to the week ending 25/05/2014. Trend data indicated stable lines for EKHUFT and MTW, DGS experienced a gradual increase and MFT a downward trend.
- There was a reduction in the number of **admissions to permanent residential care** for older people in April 2014 of 100 from 127 people in March, and is now below the 130 target (maximum target).

### 3. Points for decision

The Board are asked to note and agree the following proposals.

- Further discuss at local boards the areas of variance between CCGs or districts in the metrics outlined above.
- Seek assurances that plans are in place regarding the reductions surrounding successful treatment exits and non-representations in substance misuse services.
- Local Assurance framework reports are in development and will be presented to Local H&W Boards over the next quarter

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## Appendix 1: CCG Level Figures

Please note that only metrics with CCG level figures are included in these tables, these will be developed to include District and Trust level data. All CCG level data has been either sourced from the Kent and Medway Public Health Observatory or from KMCS and may differ from those published in the PHOF or elsewhere due to differences in methodology. RAG rating is in comparison to Kent.

<b>Outcome 1: Every child has the best start in life – CCGs</b>									
<b>Indicator - Targeted</b>	<b>Time Period</b>	<b>Kent</b>	<b>Ashford</b>	<b>Canterbury</b>	<b>DGS</b>	<b>SKC</b>	<b>Swale</b>	<b>Thanet</b>	<b>WK</b>
1.4 No. of pregnant women with a smoking status at time of delivery	2013/14	13.1%	10.9%	12.8%	12.9%	16.5%	20.6%	17.0%	9.4%
<b>Indicator - Associated</b>									
1.5 Unplanned hospitalisation for asthma under 19s (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 under 19s (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 under 19s (rate per 10,000)	2013/14	8.8	8.1	8.2	9.9	6.4	13.6	15.7	6.5

<b>Outcome 2: Effective prevention of ill health by people taking greater responsibility for their health and wellbeing – CCGs</b>									
<b>Indicator - Targeted</b>	<b>Time Period</b>	<b>Kent</b>	<b>Ashford</b>	<b>Canterbury</b>	<b>DGS</b>	<b>SKC</b>	<b>Swale</b>	<b>Thanet</b>	<b>WK</b>
2.1 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 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 proportion of people receiving NHS Health Checks (where GP practice can be linked)	2013/14	36.1%	38.7%	40.1%	15.9%	33.6%	28.3%	29.2%	27.8%
2.4 number of people quitting smoking	2013/14	5254	420	630	834	957	518	930	965
2.5 number of hip fractures people aged 65+ (rate per 10,000)	2013/14	480.5	459.7	562.5	554.9	431.5	559.6	540.9	397.7
2.6 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

<b>Outcome 4: People with mental health issues are supported to 'live well' – CCGs</b>									
<b>Indicator - Associated</b>	<b>Time Period</b>	<b>Kent</b>	<b>Ashford</b>	<b>Canterbury</b>	<b>DGS</b>	<b>SKC</b>	<b>Swale</b>	<b>Thanet</b>	<b>WK</b>
<b>4.3</b> crisis response of A&E liaison within 2 hours - Urgent	Q3 13/14	73.5%	<b>65.4%</b>	<b>67.6%</b>	<b>90.8%</b>	<b>57.5%</b>	<b>86.0%</b>	<b>80.9%</b>	<b>81.0%</b>
<b>4.4</b> crisis response of A&E liaison, all urgent referrals to be seen within 24 hours	Q3 13/14	100%	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

<b>Outcome 5: People with dementia are assessed and treated earlier – CCGs</b>									
<b>Indicator - Targeted</b>	<b>Time Period</b>	<b>Kent</b>	<b>Ashford</b>	<b>Canterbury</b>	<b>DGS</b>	<b>SKC</b>	<b>Swale</b>	<b>Thanet</b>	<b>WK</b>
<b>5.1</b> reported no. of dementia patients on GP registers as a % of estimated prevalence	2011/12	<b>39.4</b>	<b>41.1</b>	<b>39.2</b>	<b>43.8</b>	<b>37.3</b>	<b>42.4</b>	<b>33.0</b>	<b>40.1</b>
	2012/13	<b>41.5</b>	<b>43.0</b>	<b>43.2</b>	<b>44.2</b>	<b>38.7</b>	<b>44.8</b>	<b>34.6</b>	<b>42.6</b>
	Direction of travel	↑	↑	↑	↑	↑	↑	↑	↑
<b>5.2</b> admissions to hospital for patients 64+ with a secondary diagnosis of dementia (rate per 1000)	2012/13	<b>25.0</b>	<b>19.9</b>	<b>28.5</b>	<b>28.8</b>	<b>25.4</b>	<b>20.5</b>	<b>26.2</b>	<b>23.0</b>
	2013/14	<b>25.1</b>	<b>20.5</b>	<b>28.8</b>	<b>27.0</b>	<b>25.1</b>	<b>21.3</b>	<b>26.1</b>	<b>24.1</b>
	Direction of travel	↓	↓	↓	↑	↑	↓	↑	↓
<b>5.3</b> admissions to hospital for patients 74+ with a secondary diagnosis of dementia (rate per 1000)	2012/13	<b>49.9</b>	<b>40.7</b>	<b>57.3</b>	<b>56.5</b>	<b>50.0</b>	<b>45.9</b>	<b>49.6</b>	<b>46.3</b>
	2013/14	<b>50.5</b>	<b>43.3</b>	<b>56.6</b>	<b>53.3</b>	<b>50.3</b>	<b>48.7</b>	<b>50.2</b>	<b>48.5</b>
	Direction of travel	↓	↓	↑	↑	↓	↓	↓	↓
<b>5.4</b> Total bed-days in hospital per population for patients 64+ with a secondary diagnosis of dementia (rate per 1000)	2012/13	<b>231.8</b>	<b>177.3</b>	<b>192.5</b>	<b>303.9</b>	<b>191.0</b>	<b>225.4</b>	<b>201.2</b>	<b>262.3</b>
	2013/14	<b>225.7</b>	<b>187.6</b>	<b>168.1</b>	<b>342.8</b>	<b>183.0</b>	<b>257.4</b>	<b>193.0</b>	<b>231.4</b>
	Direction of travel	↑	↓	↑	↓	↑	↓	↑	↑

<b>Outcome 5: People with dementia are assessed and treated earlier – CCGs</b>									
<b>Indicator - Targeted</b>	<b>Time Period</b>	<b>Kent</b>	<b>Ashford</b>	<b>Canterbury</b>	<b>DGS</b>	<b>SKC</b>	<b>Swale</b>	<b>Thanet</b>	<b>WK</b>
<b>5.5</b> Total bed-days in hospital per population for patients 74+ with a secondary diagnosis of dementia (rate per 1000)	2012/13	<b>464.0</b>	<b>351.4</b>	<b>392.8</b>	<b>592.1</b>	<b>370.7</b>	<b>514.9</b>	<b>385.8</b>	<b>529.3</b>
	2013/14	<b>452.5</b>	<b>382.4</b>	<b>327.1</b>	<b>673.0</b>	<b>363.9</b>	<b>573.1</b>	<b>383.1</b>	<b>467.7</b>
	Direction of travel	↑	↓	↑	↓	↑	↓	↑	↑

<b>Stress Indicators – Children’s Services CCG</b>									
<b>Indicator - Targeted</b>	<b>Time Period</b>	<b>Kent</b>	<b>Ashford</b>	<b>Canterbury</b>	<b>DGS</b>	<b>SKC</b>	<b>Swale</b>	<b>Thanet</b>	<b>WK</b>
<b>6.1</b> Decrease the number waiting for routine treatment after assessment – CAMHS (number)	April 2014	565	16	0	216	120	69	49	95
<b>6.2</b> The number of people on the CAMHS Caseload (excluding Medway and Out of Area)	April 2014	8523	724	1206	1432	1347	531	1250	2033