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To: Kent Health and Wellbeing Board

Date: 16th July 2014

Subject: Assurance Framework

Classification: Unrestricted

Summary: This section outlines changes for some of the indicators and highlights those raising concerns or showing increasing good performance.

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, r 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 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 (KMPHO) 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 but also in 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 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 as 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 managed 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).

For Decision: The Health and Wellbeing Board is asked to:

- 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

1. 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 arranged on the 5 Outcomes with additional stress indicators. Dementia is on the agenda for this Board meeting. To avoid duplication data on dementia is reported as an integral part of the Dementia paper and not included in this report.

The report has also begun to incorporate CCG and District level data; this will allow further analysis and action identification. CCG level data and corresponding Kent figures have all been sourced either direct from provider or commissioning agency or through the Kent and Medway Public Health Observatory, please note they may differ from the main indicators which are sourced from published frameworks. Only CCG level data is presented in additional tables, District data will be tabled in the next report.

2. Progress since the last report

Since the last Health and Wellbeing Board meeting with a performance paper held in May 2014, a number of discussions and developments have taken place, the Board are asked to note these.

- 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.

- Partner agencies are meeting monthly to analyse the data and provide more narrative to the report, these have been well attended.

Key to KPI Ratings used

GREEN	Target has been achieved or exceeded, or in comparison to Kent
AMBER	Performance was at an acceptable level within the target or in comparison to Kent
RED	Performance is below an acceptable level, or in comparison to Kent
↑	Performance has improved relative to the previous period
↓	Performance has worsened relative to the previous period
↔	Performance has remained the same relative to the previous period

Data quality note: All data is categorised as management information. All results may be subject to later change.

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3. Indicator executive summary

The following tables provide a visual summary of the indicators within each outcome domain. Where an indicator has not been RAG rated this indicates that there is no current specified target at this stage. If there has been no change in the data since the previous report then a (nc) symbol will be present in the 'recent time period' field.

Outcome 1: Every child has the best start in life

There have been changes or updates in the data for unplanned hospitalisation rates, however no other metrics have had any planned data releases since the previous report in May.

Indicator Description - Targeted	Previous status	Recent status	Direction of travel	Recent time period
1.1 Increasing breastfeeding Initiation Rates	72.5%	72.1%	↓	2012/13 (nc)
1.2 Increasing breastfeeding continuance 6-8 weeks	*	40.8%	-	2012/13 (nc)
1.3 Improve MMR vaccination uptake – two doses (5 years old). Target 95%	90.5%	92.2%	↑	2012/13 (nc)
1.4 Reduction in the number of pregnant women with a smoking status at time of delivery (SATOD)	16.8%	15.2%	↑	2011/12** (nc)

*Previous year figures suppressed due to not meeting the data completion threshold

**currently no Kent figures for 2012/13 due to data quality

Indicator Description - Associated	Previous status	Recent status	Direction of travel	Recent time period
1.5 Unplanned hospitalisation for asthma (primary diagnosis) people aged under 19 years old (rate per 10,000)	14.8	14.6	↑	2013/14
1.6 Unplanned hospitalisation for diabetes (primary diagnosis) people aged under 19 years old (rate per 10,000)	7.6	7.3	↑	2013/14
1.7 Unplanned hospitalisation for epilepsy (primary diagnosis) people aged under 19 years old (rate per 10,000)	9.4	8.8	↑	2013/14
1.8 Reduction in conception rates for young women aged under 18 years old (rate per 1,000)	31.0	25.9	↑	2012 (nc)
1.9 Decrease the proportion of 4-5 year olds with excess weight	21.7%	21.7%	↔	2012/13 (nc)
1.10 Decrease the proportion of 10-11 year olds with excess weight	32.7%	32.7%	↔	2012/13 (nc)

Outcome 1: Every child has the best start in life – CCGs									
	Time Period	Kent	Ashford	Canterbury	DGS	SKC	Swale	Thanet	WK
1.4 No. of pregnant women with a smoking status at time of delivery (SATOD)	2013/14	13.1%*	10.9%	12.8%	12.9%	16.5%	20.6%	17.0%	9.4%
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

* Locally provided figures for 1.4 Kent and all CCG Data. Source: KMPHO

Local Data on SATOD continues to show Kent as having a higher proportion (13.1% in 2013/14) when compared to the national status (12.7% in 2012/13); there were 3 CCGs higher than Kent - Swale at 20.6%, Thanet at 17.0% and South Kent Coast at 16.5%.

Although 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 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. (2012/13 to 2013/14)

Kent is 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

There are updated figures for NHS Health Checks and Smoking Cessation Services, the smoking attributable deaths metric has been amended to reflect the recent Public Health Outcomes framework release.

Indicator Description - Targeted	Previous status	Recent status	Direction of travel	Recent time period
2.1 Reduction in the under-75 mortality rate from cancer (rate per 100,000)	142.9	138.0	↑	2010-12 (nc)
2.2 Reduction in the under-75 mortality rate from respiratory disease (rate per 100,000)	33.2	31.4	↑	2010-12 (nc)
2.3 Increase in the proportion of people receiving NHS Health Checks of the target number to be invited (proxy for under-75 mortality from cardiovascular disease). Target 50%	30.4%	46.9%	↑	Q4 2013/14
2.4 Increase in the number of people quitting smoking via smoking cessation services (number. proxy for under-75 mortality). Target 9,249	1,488	1,653	↑	Q4 2013/14
2.5 Reduction in the number of hip fractures for people aged 65 and over (rate per 100,000)	599.0	544.0	↑	2012/13 (nc)
2.6 Reduction in the rates of estimated deaths attributable to smoking, persons aged 35+ (rate per 100,000)	296.2	285.2	↑	2010-12

Indicator Description - Associated	Previous status	Recent status	Direction of travel	Recent time period
2.7 Decrease the proportion of adults with excess weight	n/a	64.6%	-	2012 (nc)
2.8 Increase the percentage of physically active adults	n/a	57.2%	-	2012 (nc)

Outcome 2: Effective prevention of ill health by people taking greater responsibility for their health and wellbeing – CCGs									
	Time Period	Kent	Ashford	Canterbury	DGS	SKC	Swale	Thanet	WK
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	480.47	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

The under-75 mortality 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

The proportion of adults with excess weight in Kent is 64.6%, 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

Both metrics have been updated from the previous report with information provided by Adult Social Care.

Indicator Description - Targeted	Previous status	Recent status	Direction of travel	Recent time period
3.1 Clients with community based services who receive a personal budget and/or direct budget. Target for February 88.3%	71%	67%	↓	February 2014
3.2 Increase the number of people using telecare and telehealth technology (number). Target for February 2,125	2,754	2,992	↑	February 2014

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”

There have been updates to metrics 4.5 and 4.6 on those accessing structured treatment for substance misuse.

Indicator Description - Targeted	Previous status	Recent status	Direction of travel	Recent time period
4.1 Reduction in the number of suicides (DASR per 100,000)	8.4	8.1	↑	2010-12
4.2 Increased employment rate among people with mental illness/those in contact with secondary mental health services	-	7.4%	-	2012/13 (nc)

Indicator Description - Associated	Previous status	Recent status	Direction of travel	Recent time period
4.3 Increased crisis response of A&E liaison within 2 hours – Urgent	76.7%	73.5%	↓	Q3 2013/14 (nc)
4.4 Increased crisis response of A&E liaison, all urgent referrals to be seen within 24 hours. Target 100%	100%	100%	↔	Q3 2013/14 (nc)
4.5 Number of adults receiving treatment for drug misuse (primary substance) number – New Treatment Journeys	1,352	1,248	↓	March 2014 YTD
4.6 Number of adults receiving treatment for alcohol misuse (primary substance) number	-	1,945	-	March 2014 YTD
4.7 Increase in the successful completion and non-representation of opiate drug users leaving community substance misuse treatment	14.6%	10.9%	↓	2012
4.8 Decrease the number of people entering prison with substance dependence issues who are previously not known to community treatment	Awaiting indicator development and reporting from Public Health England			

Outcome 4: People with mental health issues are supported to 'live well' – CCGs									
	Time Period	Kent	Ashford	Canterbury	DGS	SKC	Swale	Thanet	WK
4.3 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 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%

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 but also in 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

This is the first report where dementia metrics have been presented; this has been through partnership work with KMCS and will continue to evolve to look at trend data.

Indicator Description – Targeted		Previous status	Recent status	Direction of travel	Recent time period
5.1 Increase in the reported number of dementia patients on GP registers as a percentage of estimated prevalence		39.4%	41.5%	↑	2012/13
5.2 Reduce the rate of admissions to hospital for patients older than 64 years old with a secondary diagnosis of dementia (rate per 1000)		25.0	25.1	↓	2013/14
5.3 Reduce the rate of admissions to hospital for patients older than 74 years with a secondary diagnosis of dementia (rate per 1000)		49.9	50.5	↓	2013/14
5.4 Reduce the total bed-days in hospital per population for patients older than 64 years old with a secondary diagnosis of dementia (rate per 1000)		231.8	225.7	↑	2013/14
5.5 Reduce the total bed-days in hospital per population for patients older than 74 years with a secondary diagnosis of dementia (rate per 1000)		464.0	452.5	↑	2013/14
5.6 Increase the proportion of patients aged 75 and over admitted as an emergency for more than 72 hours who have been:					
Dartford and Gravesham NHS Trust	(a) identified as potentially having dementia	93%	92%	↓	Q4 2013/14
	(b) who are appropriately assessed	100%	100%	↔	
	(c) and, where appropriate, referred on to specialist services in England	97%	100%	↑	
East Kent Hospitals University NHS Foundation Trust	(a) identified as potentially having dementia	99%	100%	↑	Q4 2013/14
	(b) who are appropriately assessed	95%	94%	↓	
	(c) and, where appropriate, referred on to specialist services in	100%	100%	↔	

Indicator Description – Targeted		Previous status	Recent status	Direction of travel	Recent time period
	England				
Maidstone and Tunbridge Wells NHS Trust	(a) identified as potentially having dementia	99%	99%	↔	Q4 2013/14
	(b) who are appropriately assessed	99%	99%	↔	
	(c) and, where appropriate, referred on to specialist services in England	100%	100%	↔	
Medway NHS Foundation Trust	(a) identified as potentially having dementia	69%	78%	↑	Q4 2013/14
	(b) who are appropriately assessed	97%	88%	↓	
	(c) and, where appropriate, referred on to specialist services in England	85%	91%	↑	
Indicator Description – Targeted		Previous status	Recent status	Direction of travel	Recent time period
KMPT	5.7 Decrease the % of people waiting longer than 4 weeks to assessment with Memory Assessment Services	21.0%	23.4%	↓	Q4 2013/14

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

Outcome 5: People with dementia are assessed and treated earlier – CCGs									
	Time Period	Kent	Ashford	Canterbury	DGS	SKC	Swale	Thanet	WK
for patients 64+ 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
	direction of travel	↑	↓	↑	↓	↑	↓	↑	↑
5.5 Total bed-days in hospital per population for patients 74+ with a secondary diagnosis of dementia (rate per 1000)	2012/13	464.0	351.4	392.8	592.1	370.7	514.9	385.8	529.3
	2013/14	452.5	382.4	327.1	673.0	363.9	573.1	383.1	467.7
	direction of travel	↑	↓	↑	↓	↑	↓	↑	↑

The reported number of dementia patients on GP registers as a proportion of estimated prevalence in 2012/13 varied from 34.6% in Thanet 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.

This is mirrored in the rate for over 74 year olds with Ashford lowest at 43.3 and Canterbury highest at 56.6. (all 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 as 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

Children's Services	Previous status	Recent status	Direction of travel	Recent time period
6.1 Decrease the number waiting for routine treatment after assessment – CAMHS	701	565	↑	April 2014
6.2 CAMHS Caseload, for patients open at end of the month	8,928	8,523	↑	April 2014
6.3 Increase proportion of SEN assessments within 26 weeks. Target 90%	94.5%	94.5%	↔	March 2014 (nc)
6.4 SEN Kent children placed in independent or out of county schools (number)	578	583	↓	March 2014 (nc)

Stress Indicators – Children’s Services CCG

	Time Period	Kent	Ashford	Canterbury	DGS	SKC	Swale	Thanet	WK
6.1 Decrease the number waiting for routine treatment after assessment - CAMHS	April 2014	565	16	0	216	120	69	49	95
6.2 CAMHS Caseload (excluding Medway and Out of Area)	April 2014	8523	724	1206	1432	1347	531	1250	2033

Public Health	Previous status	Recent status	Direction of travel	Recent time period
6.5 Population vaccination coverage – Flu (aged 65+) (NEW). Target 75%	73.1%	71.4%	↓	2012/13 (nc)
6.6 Population vaccination coverage – Flu (at risk individuals) (NEW). Target 75%	46.3%	48.7%	↑	2012/13 (nc)

Acute/Urgent	Previous status	Recent status	Direction of travel	Recent time period
6.7 Bed occupancy rates, overnight				
Dartford and Gravesham NHS Trust	96.6%	96.7%	Refer to section 6.7	Q4 2013/14
East Kent Hospitals University NHS Foundation Trust	90.8%	92.3%		
Maidstone and Tunbridge Wells NHS Trust	90.3%	93.6%		
Medway NHS Foundation Trust	88.5%	94.3%		
Kent and Medway NHS and Social Care Partnership	90.2%	94.1%		
6.8 A&E attendances within 4 hours (all) from arrival to admission, transfer or discharge				
Dartford and Gravesham NHS Trust (all)	96.6%	97.9%	Refer to section 6.8	Week ending 25/05/2014
East Kent Hospitals University NHS Foundation Trust (all)	95.3%	93.5%		
Maidstone and Tunbridge Wells NHS Trust (all)	94.4%	96.9%		
Medway NHS Foundation Trust (all)	83.0%	83.2%		
6.9 Number of emergency admissions	To be further discussed and developed with NHS England and KMPHO			

Primary Care	Previous status	Recent status	Direction of travel	Recent time period
6.10 GP attendances	Awaiting information from NHS England and indicator development			

Primary Care	Previous status	Recent status	Direction of travel	Recent time period
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			

Social care / Community care	Previous status	Recent status	Direction of travel	Recent 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	2,148 days	2,170 days	Refer to section 6.14	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 Target 130	127	100	↑	April 2014

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.

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.

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).

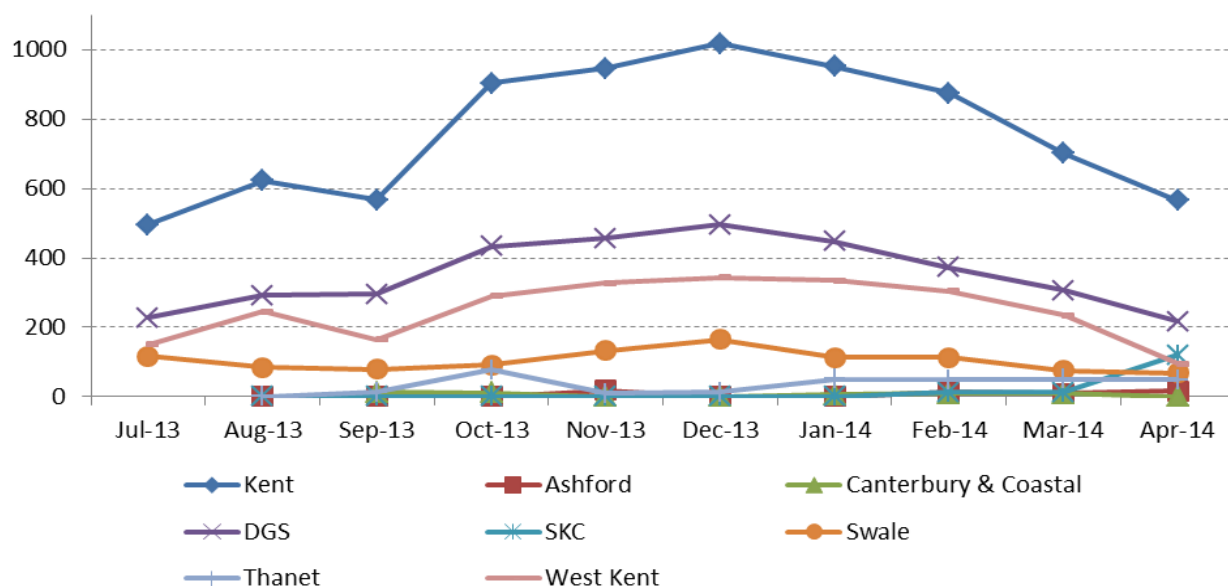
4. Better Care Fund (BCF) Metrics

Better Care Fund (BCF) Metrics*		BCF Definition*	Related Assurance Framework Metric	Direction of Travel
1	Permanent admissions to residential and care homes	Reduction in admissions based on rate of council-supported permanent admissions to residential and nursing care	Metric 6.17 Admissions to permanent residential care for older people – Stress Indicator	↑
2	Effectiveness of reablement – those 65+ still at home 91 days after discharge	Range to be between 82-88% and not show a reduction over 2 years	Metric 6.13 Proportion of older people still at home 91 days after discharge – Stress Indicator	-
3	Delayed transfers of care	Reduction in DTOC using total number of delayed transfers of care for each month	Metric 6.14 Number of delayed days, acute and non-acute for Kent – Stress Indicator	↓
4	Avoidable emergency admissions	Up to 15% reduction in admissions	Metric 6.9 under development	-
5	Patient / Service user experience	Kent will use the national metric implemented in 2015/16	Under development following meetings with HealthWatch	-
6	Social Care Quality of Life (Local Metric)	Further local metrics may be used at CCG level; however as part of the Kent HWB dashboard improvements will be required in quality of life and reduction in injuries due to falls.	Not currently reflected	-
7	Injuries due to falls in people aged 65 and over (Local Metric)		Not currently reflected	-

(*Source: BCF Paper to Kent Health & Wellbeing Board, 26th March 2014)

5. Stress indicators

Children's Services 6.1 Decrease the number waiting for routine treatment after assessment – CAMHS



This metric addresses the number waiting for a routine treatment, where the treatment has not yet taken place. The highest number of people waiting for treatment is between 7 – 13 weeks, it should be noted that this includes the waiting time to assessment as well as the time to treatment. The highest number by presenting problem was for “partnership” category. The waiting list is managed by a clinically-led priority based allocation system and those that present with serious/complex needs are moved off the waiting list as a priority.

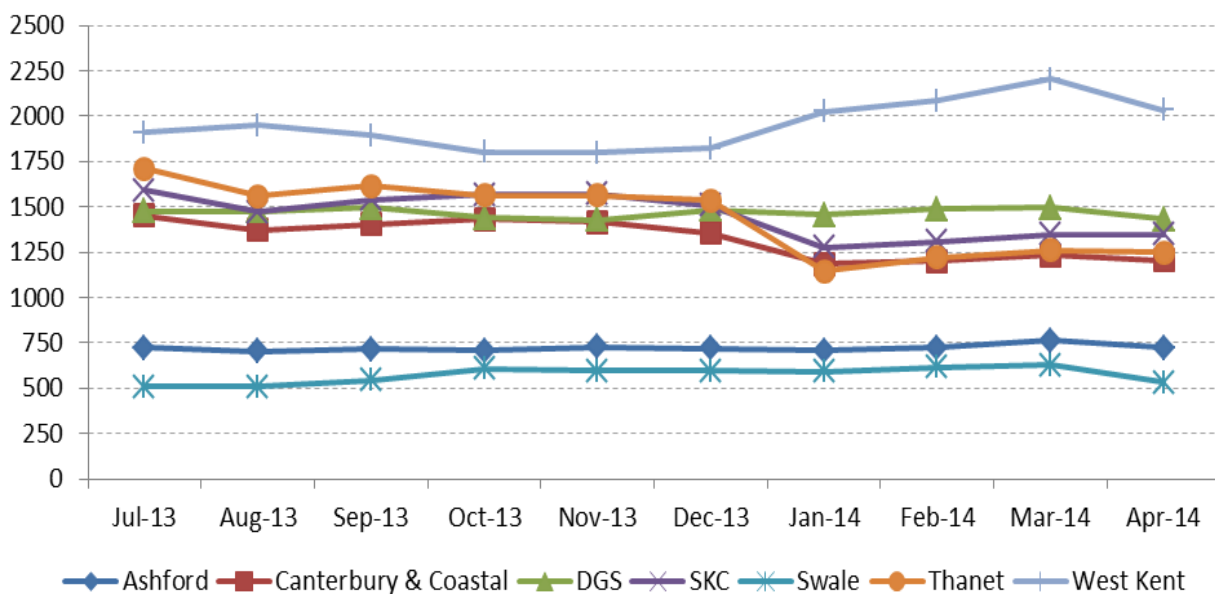
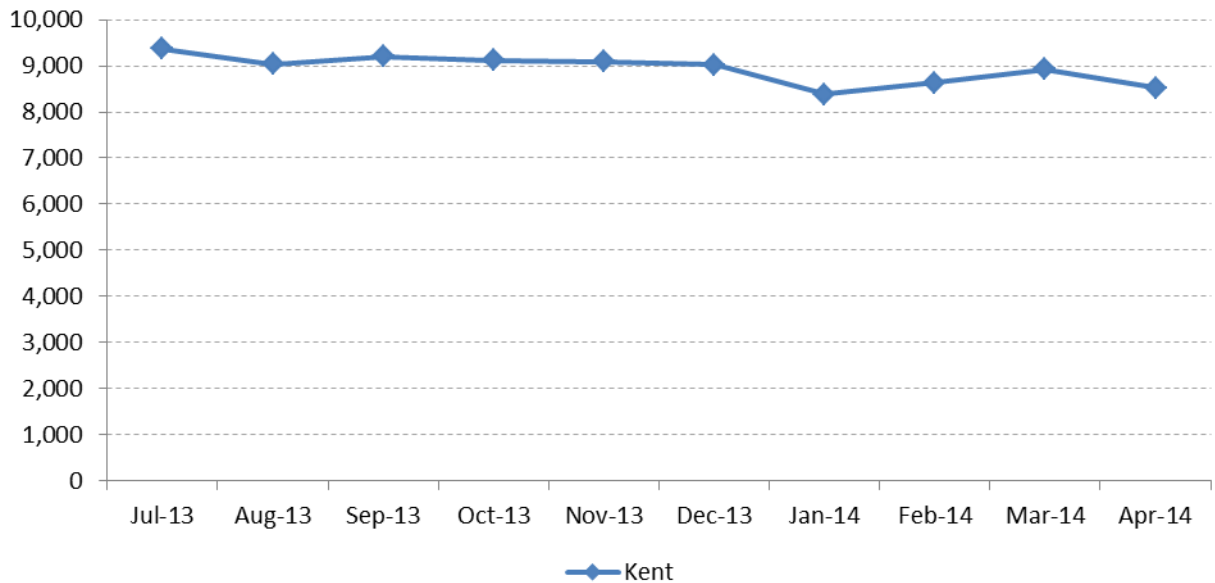
This does not include those from Medway CCG or any out-of-area clients.

Overall there was a decrease in the number of children waiting for routine treatment with West Kent and DGS showing a sustained decrease from December 2013 onwards.

South Kent Coast experienced the largest increase of children waiting for routine treatment, having 13 in March to 120 in April.

Source: KMCS: Performance Report Children and Young People Service in Kent and Medway April 2014.

6.2 CAMHS Caseload, for patients open at the end of the month



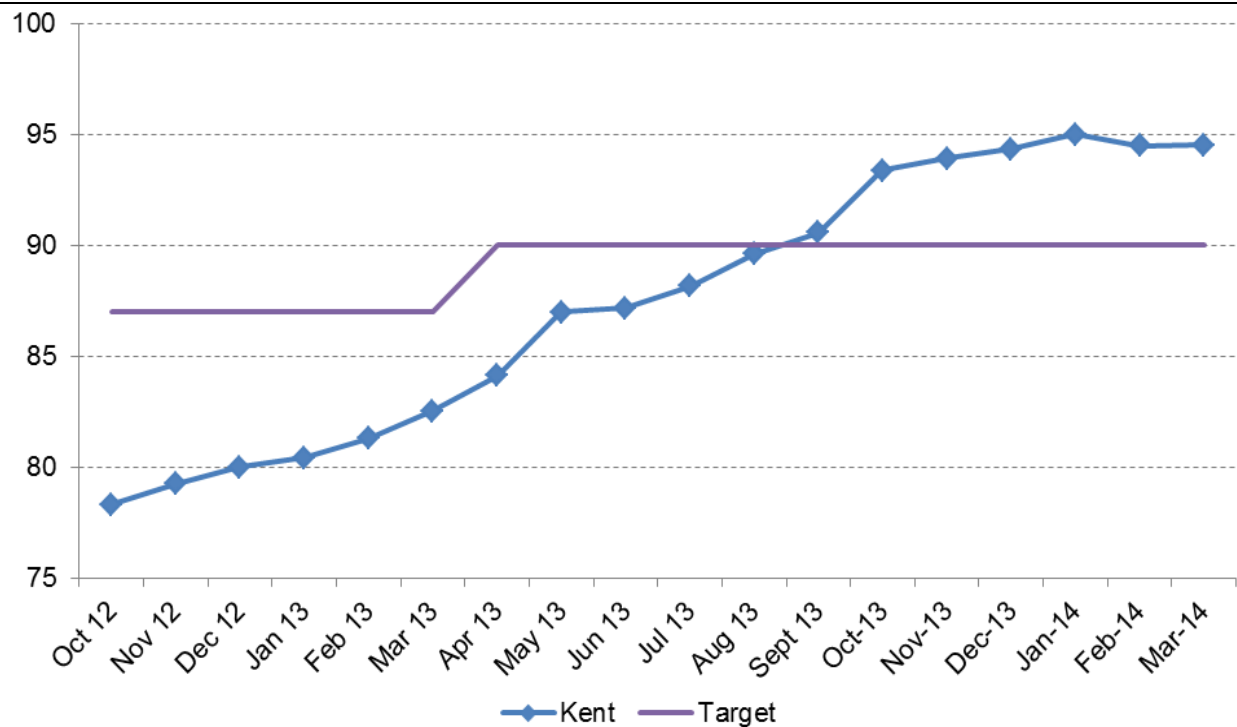
This metric shows the number of clients currently on the caseload by CCG area and Kent as a whole.

This does not include those from Medway CCG or any out-of-area clients.

The caseload for Kent as a whole has remained around 9,000 clients; The CCGs have also remained relatively stable with the exception of West Kent which experienced increases from December 2013 and Thanet which decreased notable in January. Canterbury & Coastal has also decreased.

Source: KMCS: Performance Report Children and Young People Service in Kent and Medway April 2014.

6.3 Increase proportion of SEN assessments within 26 weeks



There is considerable evidence of the benefits of early and timely intervention to address children’s Statement of Educational Need (SEN). Parents are concerned that SEN statements should be completed within the statutory time limit so that appropriate intervention to meth their children’s SEN can begin.

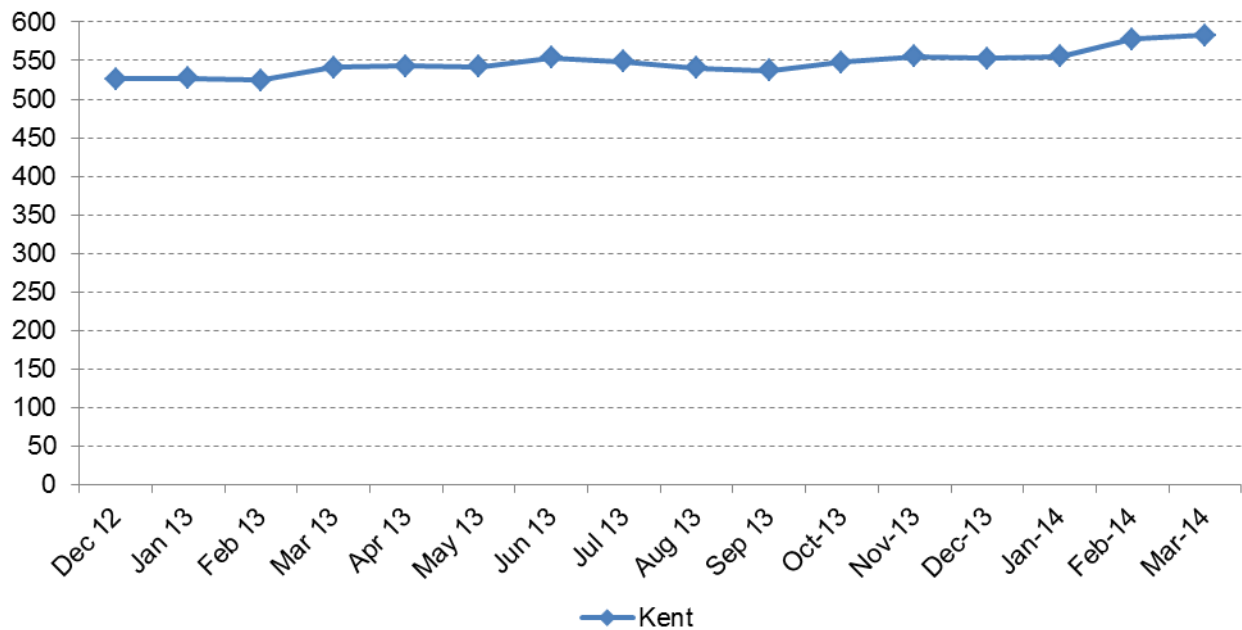
(DOE:https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/219452/main_20text_20osr192011.pdf)

The proportion of SEN assessments has remained above target and around 95% over the last 4 months; although CCG level data is currently not available, District figures indicate lower proportions than the target in Dartford (78.3%) and Dover (80.0%).

Target: 90% within 26 weeks (excluding exceptions)

Source: Management Information Unit, Kent County Council

6.4 SEN Kent children placed in independent or out of county schools



Increases are expected during the school year as more children are identified and receive a statement of SEN which in turn requires appropriate school placements to be found; the numbers then reduce at the end of the school year as children reach end of statutory school age.

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

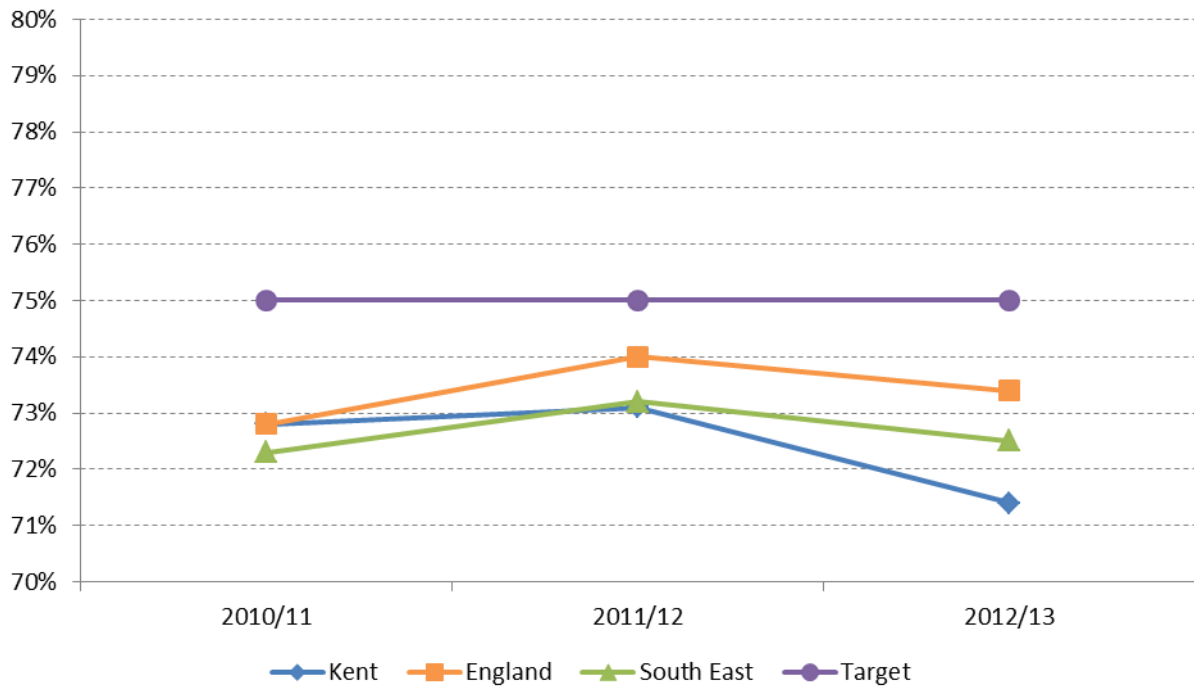
- To increase internal capacity at Kent schools
- Create 200 places in state-maintained Kent special schools
- To increase capacity in mainstream schools to have adequate provision for those with low level need

SEN is monitored by Education and Young People's Services and Education and Young People's Cabinet Committee (KCC)

Source: Management Information Unit, Kent County Council

Public Health

6.5 Population vaccination coverage – Flu (aged 65+)



Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely related to levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise (PHOF*)

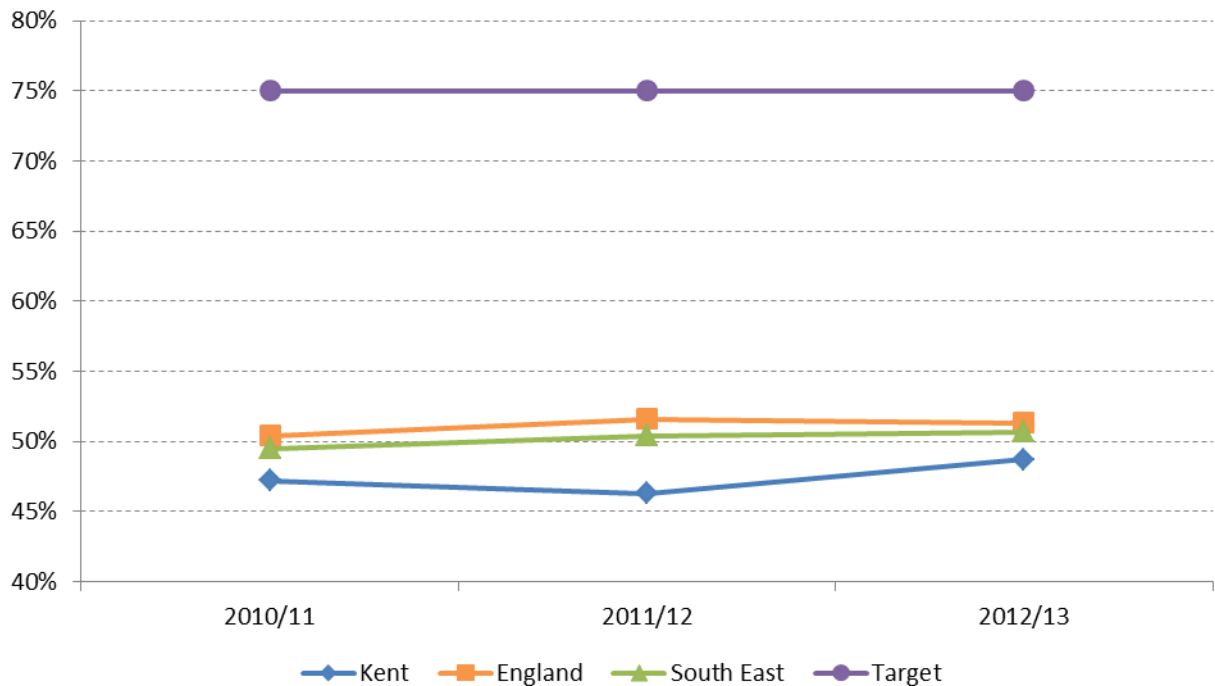
A decrease in the percentage would indicate lower levels of immunity; increasing incidence of Flu can put additional seasonal stress on the health system. Other metrics that could display the effect of this would be GP attendances, out of hour's activity/111 call volumes, A&E attendances, emergency admissions and bed occupancy rates.

Target: 75%

Source: Public Health Outcomes Framework: Indicator 3.03xiv

*<http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000043/pat/6/ati/102/page/6/par/E1200004/are/E06000015>

6.6 Population vaccination coverage – Flu (at risk individuals)



Studies have shown that flu vaccines provide effective protection against the flu. The flu vaccination is offered to people in at-risk groups such as pregnant women and elderly people. These people are at greater risk of developing serious complications, such as bronchitis and pneumonia if they catch flu. (PHOF)*

A decrease in the percentage would indicate lower levels of immunity; increasing incidence of Flu can put additional seasonal stress on the health system. Other metrics that could display the effect of this would be GP attendances, out of hour's activity/111 call volumes, A&E attendances, emergency admissions and bed occupancy rates.

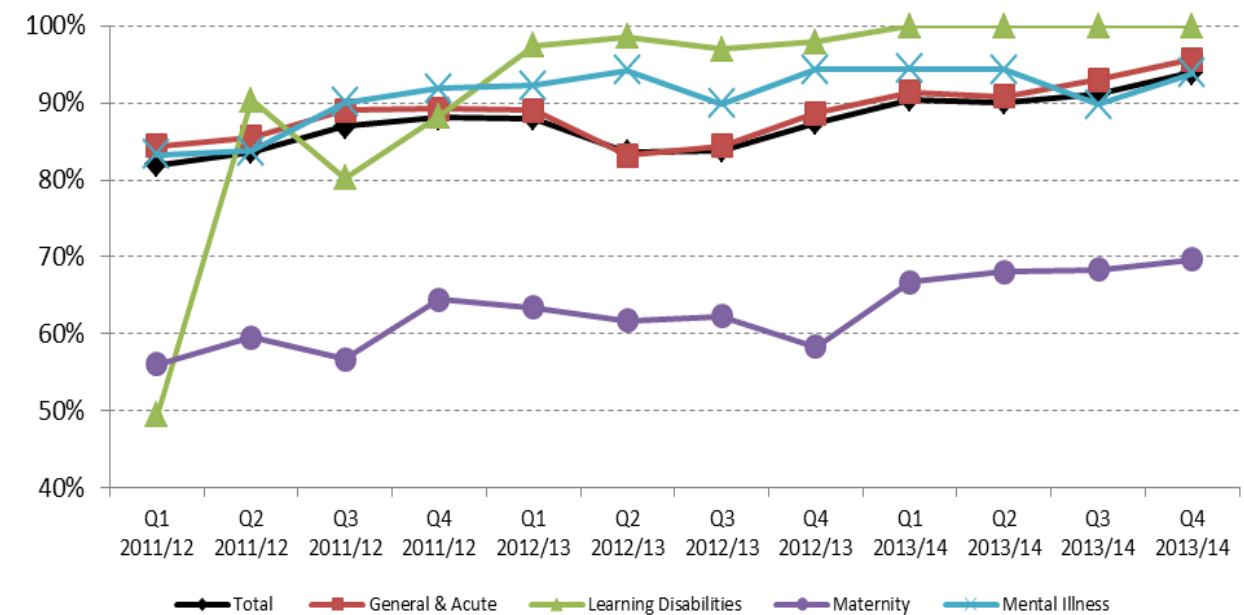
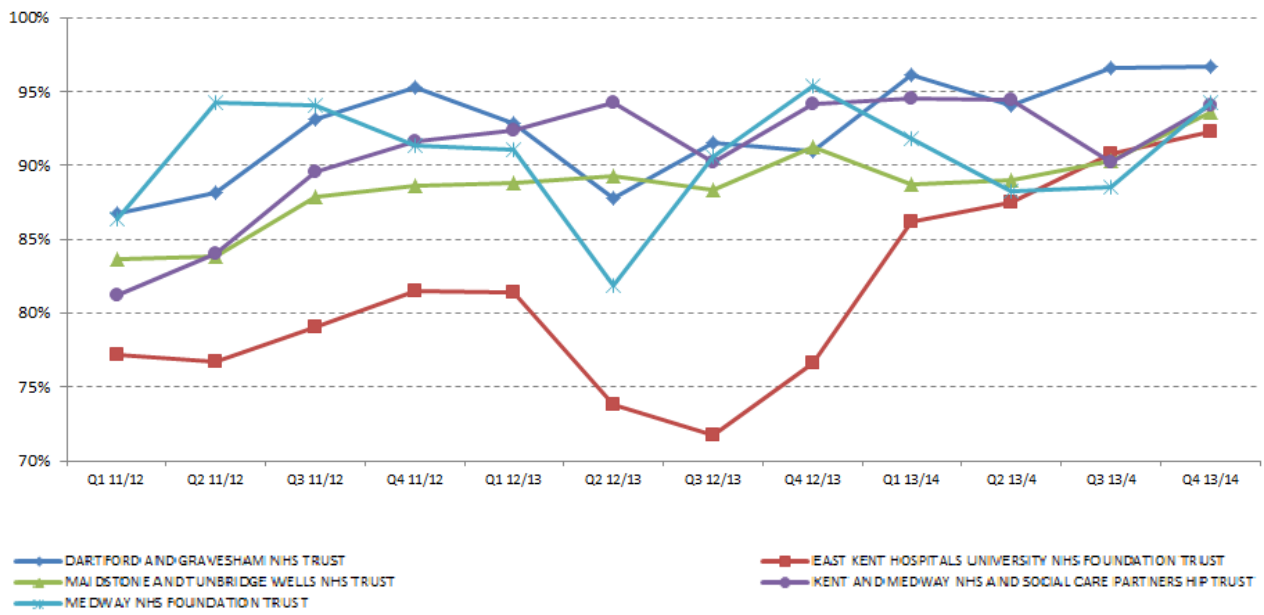
Target: 75%

Source: Public Health Outcomes Framework: Indicator 3.03xv

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

Acute/Urgent

6.7 Bed occupancy rates



Percentage of occupied beds open overnight only by consultant main specialty and by Trust. Medway Foundation Trust has been added to account for Swale residents.

All Trusts experienced increases in occupation from Q3 to Q4 however the largest increase was for Medway NHS Foundation Trust. East Kent has continued to increase after experiencing a dip in Q3 2012/13. Bed occupancy for maternity specialty has continued to increase gradually across 2013/14. Learning Disability remains at 100% occupancy.

The trends from Q1 2011/12 to Q4 2013/14 indicated that DGS, EKHUFT, MTW and KMPT all have a gradual upward trend; The trend for MFT indicated that there had been no overall increase or decrease.

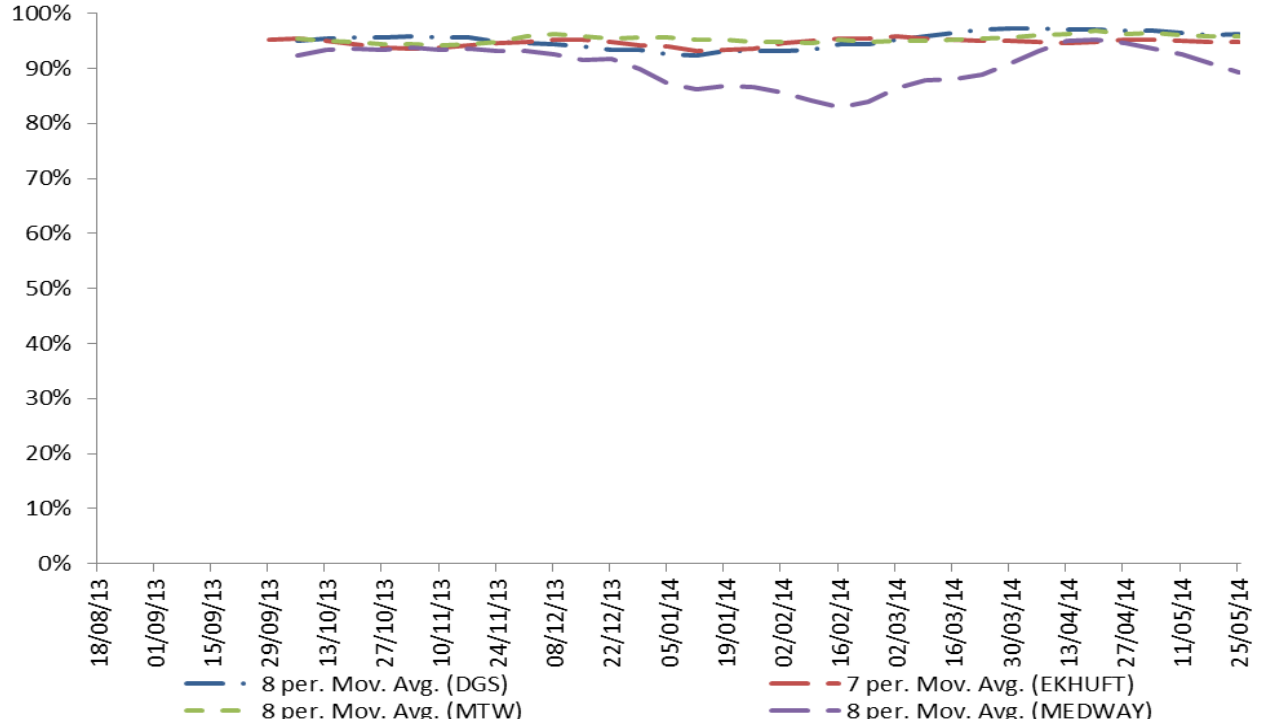
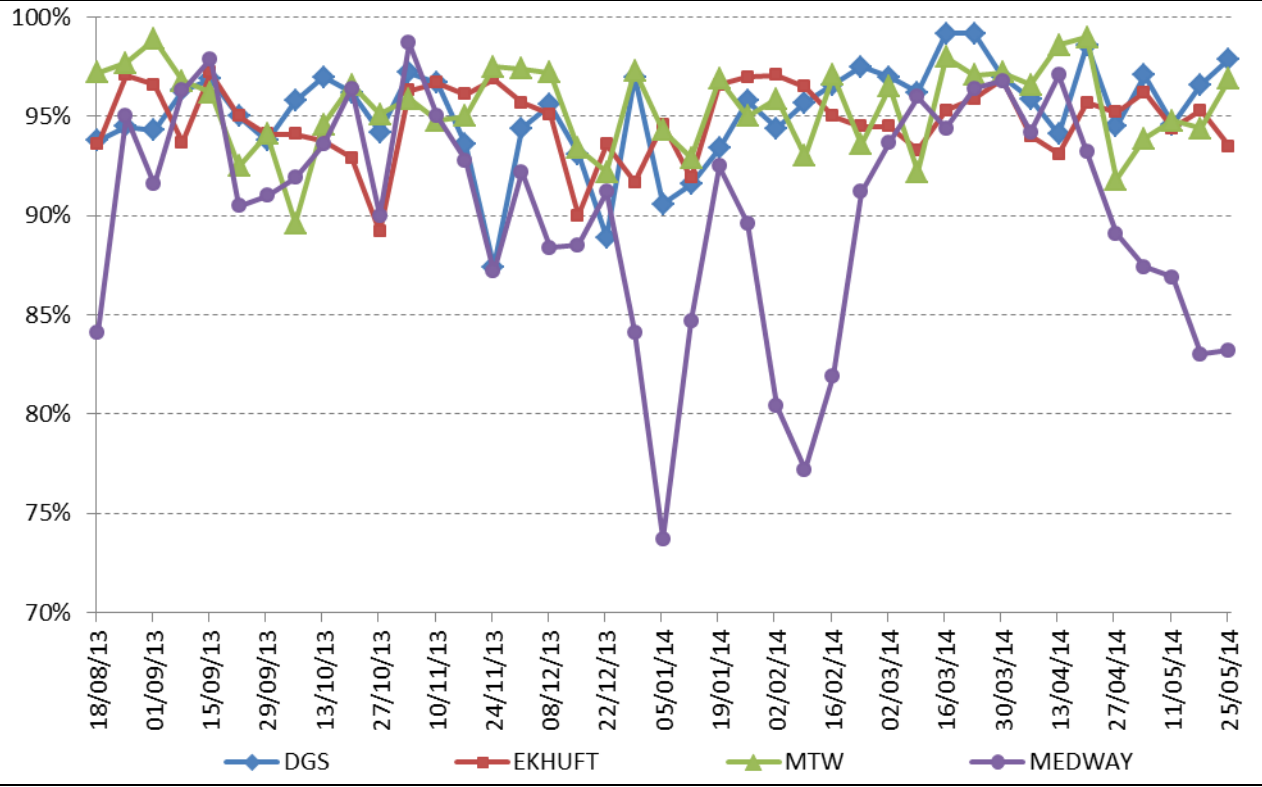
Acute/Urgent

To understand system wide issues this indicator could potentially be seen in conjunction with other indicators such as A&E transfers and delayed days.

Source: NHS England. June 2014

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

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



Numbers/proportions of people being in A&E more than 4 hours can indicate stressors on A&E and the staff with less flexibility to deal with any influxes/general arrivals and a 'blocking' situation could arise.

Taking the rolling 8-week average, all trusts are shown to be relatively stable, Medway experiences more variety but remains near the other trusts.

The trends from 18/08/2013 to 24/05/2014 show stable lines for EKHUFT and MTW; DGS experienced a gradual increase and Medway a downward trend.

Source: NHS England. AE SitRep June 2014.

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

6.9 Number of emergency admissions

To be further discussed and developed with NHS England

Primary Care

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

Social Care / Community Care

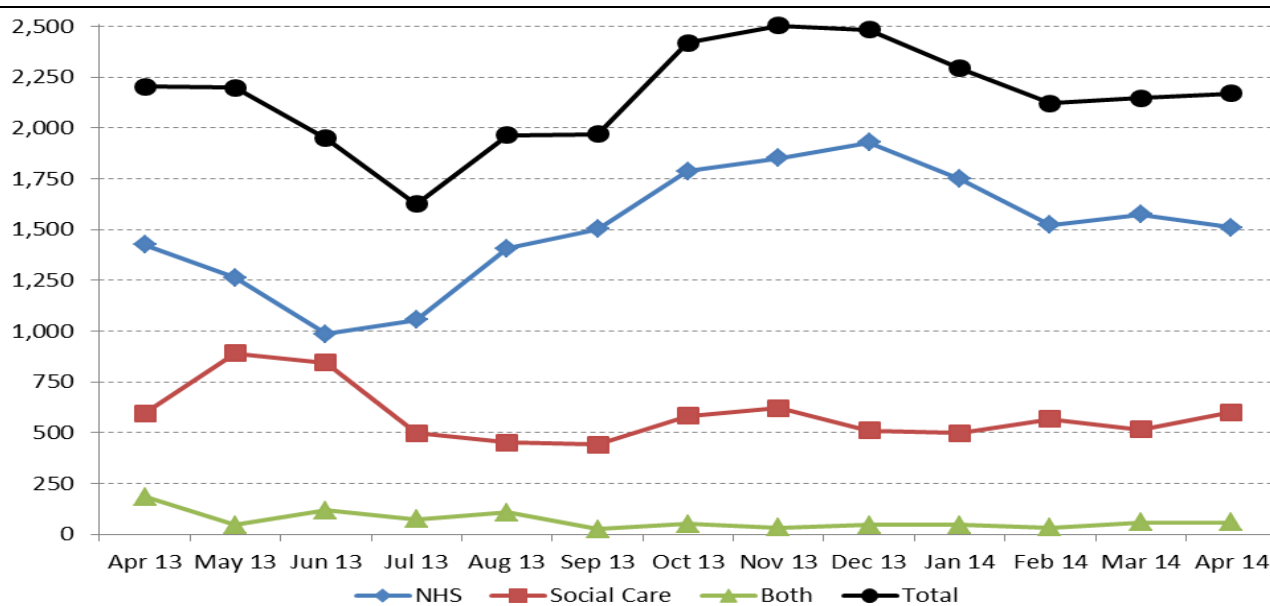
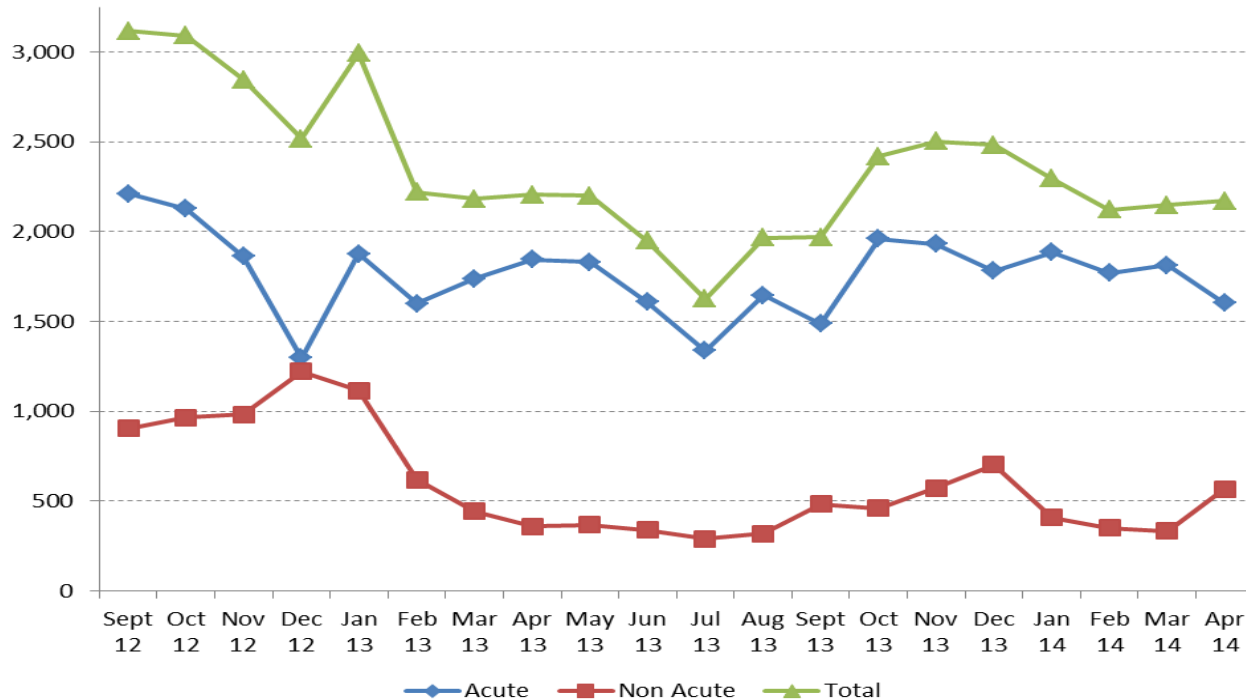
6.13 Proportion of older people still at home 91 days after discharge

BCF

Currently under review by Adult Social Care

6.14 Number of delayed days, acute and non-acute for Kent

BCF



The above graphs show the number of delayed days per month, the first by acute and non-acute, the second by responsible authority.

Delayed days are when a patient is ready for transfer from a hospital bed but has not been moved, either for delays occurring by the NHS or Social Services. Increases in the number of delayed days could indicate blockages within the hospital/social care and have an impact on other patients receiving the care they need.

NHS reasons continue to account for the majority of delayed days, however there has been a decrease from December 2013 where the number was at its peak.

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

6.15 Infection control rates

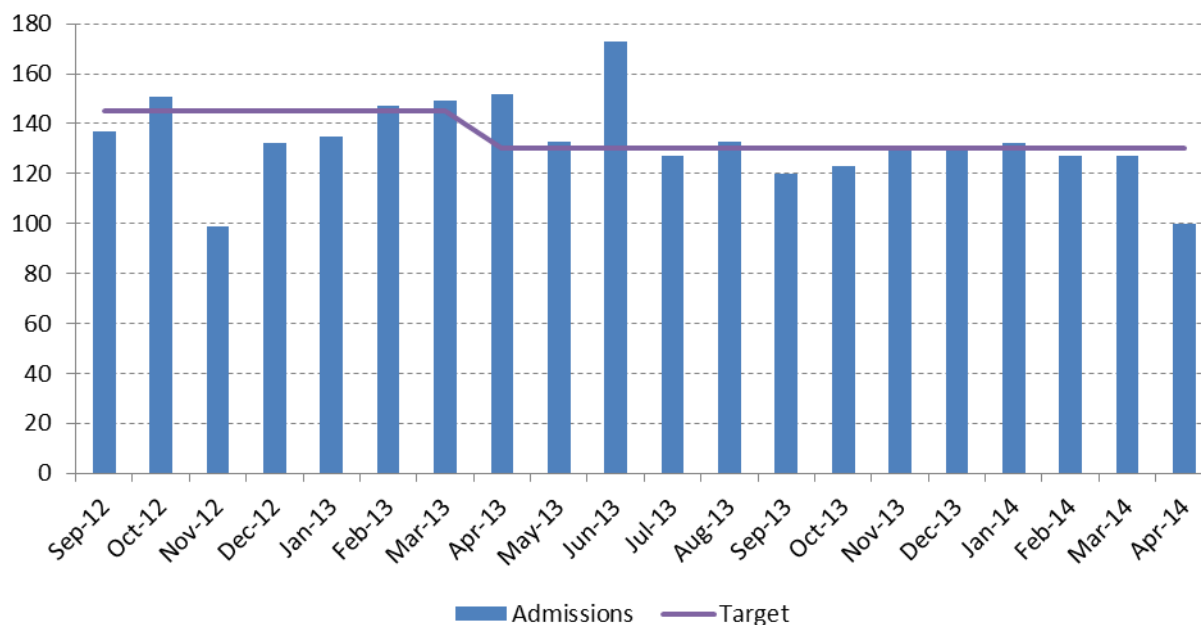
Work ongoing with NHS England to shape and define

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

BCF



Many admissions are linked to hospital discharges, or specific circumstances or health conditions such as breakdown in carer support, falls, incontinence and dementia. (ASC Dashboard September 2013)

A reduction in permanent admissions is desirable and an aim of adult social care; falls prevention support forms part of the analysis into monitoring permanent admissions. Self-management and the ability to stay in their own homes are important for both residents and health services. This reduction in permanent residential care can be potentially attributed to many factors such as better reablement support at home, and improved telecare/telehealth facilities and take-up.

Target: 2012/13 Target of 145 with a reduction in 2013/14 to 130.

Source: Adult Social Care Dashboard, Social Care & Public Health Cabinet Committee and Performance Manager ASC.

Appendix 1: CCG Level Data Tables

Outcome 1: Every child has the best start in life									
Indicator Description - Targeted	Time Period	Kent	Ashford CCG	Canterbury CCG	DGS CCG	SKC	Swale CCG	Thanet CCG	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%
Indicator Description - Associated									
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 Description - Targeted	Time Period	Kent	Ashford CCG	Canterbury CCG	DGS CCG	SKC	Swale CCG	Thanet CCG	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

Outcome 2: Effective prevention of ill health by people taking greater responsibility for their health and wellbeing									
Indicator Description - Targeted	Time Period	Kent	Ashford CCG	Canterbury CCG	DGS CCG	SKC	Swale CCG	Thanet CCG	West Kent
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 Description	Time Period	Kent	Ashford CCG	Canterbury CCG	DGS CCG	SKC	Swale CCG	Thanet CCG	West Kent
Indicator Description - Associated									
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 Description - Targeted	Time Period	Kent	Ashford CCG	Canterbury CCG	DGS CCG	SKC	Swale CCG	Thanet CCG	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

Outcome 5: People with dementia are assessed and treated earlier									
Indicator Description - Targeted	Time Period	Kent	Ashford CCG	Canterbury CCG	DGS CCG	SKC	Swale CCG	Thanet CCG	West Kent
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 Description - Targeted	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