

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

**To:** Kent Health and Wellbeing Board

21 September 2016

**Subject:** Assurance Framework

**Classification:** Unrestricted

**Summary:**

This report provides information on indicators related to Outcome 3 of Kent's Health and Wellbeing Strategy which focuses on the quality of life for people with long term conditions. It also considers interface with the Sustainability and Transformation Plan (STP).

It also provides exception reporting on areas requiring further attention by the Board.

**Recommendations:**

The Board is asked to note the contents of this report and agree the following recommendations:

- a. Agree for local Health and Wellbeing Boards to undertake a review of local action plans for addressing hip fractures and injuries due to falls in people aged 65 and over, and report back on progress in delivery and outcomes at the Board meeting in March 2017.
- b. Agree for Kent Health and Wellbeing Board to align outcomes of the current Health and Wellbeing Strategy with delivery outcomes for the STP.

## 1. Introduction

This report provides information on indicators related to Outcome 3 of Kent's Health and Wellbeing Strategy which focuses on the quality of life for people with long term conditions. It also considers interface with the Sustainability and Transformation Plan (STP).

Kent and Medway health and social care system is required to develop plans for the delivery of Five Year Forward View through the Kent and Medway STP mainly for three areas:

- Improving the health and wellbeing of local population
- Transforming quality of care and performance
- Achieve and maintain sustainable finances and workforce

Successful achievement of the strategy outcomes and realisation of the ambitions of the STP relies on closer working between the health and social care system. Therefore it is important that going forward there needs to be an interface with the outcomes of the Kent Health and Wellbeing Strategy.

One of the key priorities for the delivery of the STP plan is through robust delivery of 'out of hospital care'. Given that the majority of urgent care pressure is attributed to older people with long term conditions, there is synergy in presenting information on local plans for out of hospital care along with the performance figures on a suite of indicators for Outcome 3.

To that effect this report will present progress on indicators related to Outcome 3. In addition, Board Members will receive presentations from CCGs and Social Care outlining their progress on plans for out of hospital and primary care services.

## **2. Exception Reporting**

Overall performance in indicators for Outcome 3 suggests good progress, with the exception to the indicator related to reducing the number of hip fractures for people aged 65 and over. This would benefit from further analysis at a local level. The Public Health Outcomes Framework (PHOF) data suggests that Kent continues to have a higher rate compared to England, with last three reporting periods seeing an increasing trend (544 in 2012/13, 581 in 2013/14 and 598 in 2014/15). Overall, across Kent districts there is variation, with the highest being in Ashford in 2014/15. Additionally, data from PHOF for 'Injuries due to falls in older people aged 65 and over' also highlights Kent with a higher rate than England, with local variation (Appendix 2).

## **3. Update on current activity to address falls prevention in Kent**

Work is being undertaken to improve partnership working to therefore improve referrals on a number of fronts. This includes links with district council housing and community falls service providers, and also care homes and community falls service providers. CCGs and Public Health will develop frailty pathways, and CCGs and GP practices will monitor polypharmacy prescribing.

A county-wide multi-agency falls group has been developed to enhance wellbeing outcomes of older residents of Kent through reducing preventable falls-related harm. The group consists of representatives from CCGs, District Council Housing, Social Care, Kent Fire and Rescue Service, South East Coast Ambulance Service, Kent Community Health Foundation Trust, Local Pharmacy and Medical Committees and Public Health. It has a number of functions that include developing and improving communication and information flow between all stakeholders at a local and district level, providing advice on policy development, planning and implementation of national initiatives, and making use of robust falls indicators and datasets in order to inform priorities and to evaluate progress and outcomes.

The Public Health department commission postural stability classes across Kent and there is at least one class operating in each district. Additionally, an integrated falls pilot with Kent Fire & Rescue Service (KFRS) is being piloted in the Dartford, Gravesham and Swanley (DGS) CCG area. The CCG, Public Health and the community falls service continue to work with the Home Care Team at KFRS to deliver an integrated falls pilot. Pathways have been established to allow the team within KFRS to risk assess people they felt were at risk of falls and refer them to the single point of referral for postural stability support.

However, given the high rate of injuries due to falls and associated costs it is important that local health and wellbeing Boards review their plans to address this.

## **4. Recommendations:**

The Board is asked to note the contents of this report and agree the following recommendations:

- a. Agree for local Health and Wellbeing Boards to undertake a review of local action plans for addressing hip fractures and injuries due to falls in people aged 65 and over, and report back on progress in delivery and outcomes at the Board meeting in March 2017.
- b. Agree for Kent Health and Wellbeing Board to align outcomes of the current Health and Wellbeing strategy with delivery outcomes for the STP.

## **Report Prepared by**

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**Key to KPI Ratings used**

GREEN	Target has been achieved or exceeded, or in comparison to National
AMBER	Performance was at an acceptable level within the target or in comparison to National
RED	Performance is below an acceptable level, or in comparison to National
↑	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.

**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	Target	Previous status	Recent status	DoT	Recent time period
<b>3.1</b> Increasing clients with community based services who receive a personal budget/ direct budget (ASC KCC)	Unresolved with Adult Social Care KCC				
<b>3.2 Alternative:</b> Increasing the number of adult social care clients receiving a Telecare service (ASC KCC)	5,708	5,792 (g)	5,998 (g)	↑	April 2016
<b>3.3</b> Increasing the proportion of older people (65+) 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 ( <b>Stress. BCF. ASCOF, HSCIC</b> )	82.1% (national)	83.8%	84.1%	↑	2014/15
<b>3.4 Alternative:</b> Reducing admissions to permanent residential care (or nursing care) for older people ( <b>Stress. BCF. ASC KCC</b> )	139	121 (g)	121 (g)	↔	April 2016
<b>3.5</b> Increasing the percentage of adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family (PHOF)					
Persons	73.3% (national)	70.0%	72.4%	↑	2014/15
Male	73.2% (national)	68.2%	71.3%	↑	2014/15

Indicator Description	Target	Previous status	Recent status	DoT	Recent time period
Female	73.1% (national)	72.7%	73.9%	↑	2014/15
<b>3.6</b> Increasing the percentage of adults who are receiving secondary mental health services on the care programme approach recorded as living independently, with or without support (aged 18-69 years. PHOF)					
Persons	59.7% (national)	77.6%	75.3%	↓	2014/15
Male	58.4% (national)	76.6%	74.6%	↓	2014/15
Female	61.3% (national)	78.7%	76.2%	↓	2014/15
<b>3.7</b> Reducing the percentage point gap in employment rate between those with a learning disability and the overall employment rate (PHOF.)					
	66.9% (national)	66.3%	65.0%	↑	2014/15
<b>3.8</b> Increasing the early diagnosis of diabetes – Recorded Diabetes (registered GP Practice aged 17+. PHOF)					
	6.4% (national)	6.2%	6.2%	↔	2014/15
<b>3.9</b> Reducing the number of hip fractures for people aged 65 and over (rate per 100,000. PHOF)					
	571 (national)	581 (a)	598 (a)	↓	2014/15

Hip Fracture in people aged 65 and over - persons. (PHOF 4.14i)  
per 100,000

	2010/11	2011/12	2012/13	2013/14	2014/15
Ashford	534	563	537	635	650
Canterbury	631	612	547	648	556
Dartford	628	659	639	679	614
Dover	508	595	499	594	661
Gravesham	560	522	581	451	634
Maidstone	683	594	475	576	624
Sevenoaks	591	611	516	622	540
Shepway	582	611	603	549	573
Swale	792	578	607	523	568
Thanet	646	633	548	601	649
Tonbridge & Malling	524	612	505	543	514
Tunbridge Wells	521	579	522	542	604
England	580	576	568	583	571
Kent	604	599	544	581	598

Injuries due to falls in people aged 65 and over - Persons (PHOF 2.24i)  
per 100,000

	2010/11	2011/12	2012/13	2013/14	2014/15
Ashford	1,626	1,771	1,774	1,909	1,939
Canterbury	1,785	1,850	1,813	1,944	1,909
Dartford	2,269	2,515	2,814	2,804	2,800
Dover	1,737	2,039	1,717	1,926	1,992
Gravesham	2,020	2,172	2,512	2,353	2,392
Maidstone	2,230	2,300	1,949	2,415	2,438
Sevenoaks	2,348	2,377	2,364	2,523	2,539
Shepway	1,740	1,895	1,749	1,786	1,625
Swale	2,193	1,984	1,869	1,801	1,630
Thanet	1,904	2,166	2,085	2,324	2,307
Tonbridge & Malling	2,547	2,499	2,451	2,457	2,473
Tunbridge Wells	2,983	2,842	2,651	2,857	2,734
England	2,030	2,035	2,011	2,072	2,125
Kent	2,088	2,175	2,096	2,224	2,201