By: Roger Gough

Cabinet Member for Education and Health Reform

Andrew Scott-Clark
Director of Public Health

To: Kent Health and Wellbeing Board

Date: 23rd November 2016

Subject: Assurance Framework: Report on Outcome 5 of the Kent Health

and Wellbeing Strategy: Dementia

Classification: Unrestricted

Summary:

This report provides information on indicators related to Outcome 5 of Kent's Health and Wellbeing Strategy, focusing on 'People with dementia are assessed and treated earlier and are supported to live well'. It also considers potential interface with the Sustainability and Transformation Plan (STP).

Recommendations:

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

- a. Given the changes made in the arrangements for data collection and reporting Health and Social Care Commissioners will collectively develop and agree a new set of dementia related indicators across Kent and Medway.
- NHS Clinical Commissioning Groups to work with NHS providers to further consider ways of improving services for people with dementia who are admitted as an emergency.
- c. Local Health and Wellbeing Boards to ensure a robust local system for integrated commissioning and provision of care for people with dementia.

1. Introduction

This report provides information on indicators related to Outcome 5 of Kent's Health and Wellbeing Strategy, focusing on 'People with dementia are assessed and treated earlier and are supported to live well'. It also considers potential interface with the Sustainability and Transformation Plan (STP).

Kent and Medway health and social care system has developed Kent and Medway STP which will have a number of key priorities and two of these are:

- Prevention of ill health: system wide to support health and wellbeing
- Provision of local care: providing integrated care closer to home

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 quite important that going forward the outcomes of the refreshed Health and Wellbeing Strategy are aligned with priorities of the STP.

One of the key functions of the Board is to review the progress of Outcomes of the Health and Wellbeing Strategy and related indicators. Considering that one of the key priorities for the delivery of the STP is through robust delivery of 'local care', there is synergy in presenting an update on overall care for people with dementia.

To that effect this report will present progress on indicators related to Outcome 5 of the strategy.

2. Exception Reporting

Since last reporting on this Outcome, due to contractual changes the reporting and collection arrangements across the system have changed and therefore data related to previously agreed indicators is no longer available (appendix 1).

For some of the indicators, limited data is available but not across all organisations and therefore it is difficult to draw specific conclusions around overall progress for this Outcome.

Across two of the hospitals which serve Kent's population there has been some decline in the proportion of patients identified as potentially having dementia and receiving appropriate assessment (for those aged 75 and over admitted as an emergency for more than 72 hours). This requires further investigation by the relevant CCGs.

From the available data it appears that good progress has been made in increasing thenumber of dementia patients on GP registers as a percentage of estimated prevalence.

3. Recommendations:

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

- a. Given the changes made in the arrangements for data collection and reporting Health and Social Care officers collectively develop and agree a new set of dementia related indicators across Kent and Medway.
- b. NHS Clinical Commissioning Groups to work with NHS providers to further consider ways of improving services for people with dementia who are admitted as an emergency.
- c. Local Health and Wellbeing Boards to ensure a robust local system for integrated commissioning and provision of care for people with dementia

Report Prepared by

Malti Varshney, Consultant in Public Health malti.varshney@kent.gov.uk Helen Groombridge, Performance Officer, Public Health helen.groombridge@kent.gov.uk

仓	Performance has improved relative to the previous period
Û	Performance has worsened relative to the previous period
⇔	Performance has remained the same relative to the previous period

Outcome 5: People with dementia are assessed and treated earlier and are supported to 'live well'

Indicator Descri	ption	Target	Previous status	Recent status	DoT	Recent time period										
	e reported number of dementia patients on GP registers as a imated prevalence (CCGs)															
 5.2 Reducing rates of hospital admissions for patients older than 64 years old with a secondary diagnosis of dementia (rate per 1,000. CCGs) 5.3 Reducing rates of hospital admissions for patients older than 74 years with a secondary diagnosis of dementia (rate per 1000. CCGs) 5.4 Reducing total bed-days in hospital per population for patients older than 64 years old with a secondary diagnosis of dementia (rate per 1000. South East CCGs) 			Kent figures are now no longer available – please refer to the CCG table below.													
										al bed-days in hospital per population for patients older than 74 andary diagnosis of dementia (rate per 1000. CCGs)						
									5.6 Increase the proportion of patients aged 75 and over admitted as an emergency for more than 72 hours who have been (NHS England):							
Dartford and Gravesham NHS Trust	(a) identified as potentially having dementia	To be	94%	92%	Û	Q1 2016/17										
	(b) who are appropriately assessed	confirmed		98%	95%	Û	Q12010/17									

Indicator Descri	ption	Target	Previous status	Recent status	DoT	Recent time period
	(c) and, where appropriate, referred on to specialist services in England		unpublished	96%	-	-
East Kent	(a) identified as potentially having dementia		99%	99%	⇔	
Hospitals University NHS	(b) who are appropriately assessed		92%	95%	む	Q1 2016/17
Foundation Trust	(c) and, where appropriate, referred on to specialist services in England		unpublished	96%	-	
	(a) identified as potentially having dementia		99%	100%	仓	
Maidstone and Tunbridge Wells NHS Trust	(b) who are appropriately assessed		100%	100%	⇔	Q1 2016/17
TWIO TRUCK	(c) and, where appropriate, referred on to specialist services in England		unpublished	99%	-	
	(a) identified as potentially having dementia		97%	95%	Û	
Medway NHS Foundation Trust	(b) who are appropriately assessed		100%	96%	Û	Q1 2016/17
	(c) and, where appropriate, referred on to specialist services in England		unpublished	96%	-	
5.7 Decreasing the percentage of people waiting longer than 4 weeks to assessment with Memory Assessment Services		Data no longer available for this indicator				
5.8 Increasing the proportion of patients diagnosed with dementia whose care has been reviewed in the previous 15 months		This indicator has changed and is no longer available for this definition				
5.9 Reducing care and nursing home placement, especially those made at a time of crisis and/or from an acute setting		Kent figures are now no longer available				
5.10 Increasing numbers of carers assessments and carers accessing short breaks			Unable to source data from either KCC ASC or CCGs			

Indicator Description	Target	Previous status	Recent status	DoT	Recent time period
5.11 Increasing attendance at Dementia Peer Support Groups					
5.12 Increasing number of Dementia Champions					

Indicator Description – Available CCG Figures	Previous status	Recent status	DoT	Recent time period	
5.1 Increasing the reported number of dementia patients on GP registers as a percentage of	estimated pre	valence (Sou	th East C	SU)	
NHS Ashford CCG	47%	53%	仓		
NHS Canterbury CCG	47%	64%	仓	2015/16	
NHS West Kent CCG	47%	56%	仓		
5.2 Reducing rates of hospital admissions for patients older than 64 years old with a secondal East CSU)	ry diagnosis d	of dementia (r	ate per 1,	000. South	
NHS Ashford CCG	20.1	21.8	Û		
NHS Canterbury CCG	30.6	28.1	仓	2015/16	
NHS West Kent CCG	26.4	24.2	仓		
5.3 Reducing rates of hospital admissions for patients older than 74 years with a secondary d CSU)	agnosis of de	ementia (rate	per 1000.	South East	
NHS Ashford CCG	43.6	47.4	Û	2015/16	

Indicator Description – Available CCG Figures	Previous status	Recent status	DoT	Recent time period		
NHS Canterbury CCG	63.1	58.2	仓			
NHS West Kent CCG	54.3	49.3	む			
5.4 Reducing total bed-days in hospital per population for patients older than 64 years old with 1000. South East CSU)	n a secondary	diagnosis of	dementia	(rate per		
NHS Ashford CCG	187	178	仓			
NHS Canterbury CCG	188	189	Û	2015/16		
NHS West Kent CCG	262	265	Û			
5.5 Reducing total bed-days in hospital per population for patients older than 74 years with a secondary diagnosis of dementia (rate per 1000. South East CSU)						
NHS Ashford CCG	403	385	仓			
NHS Canterbury CCG	394	388	む	2015/16		
NHS West Kent CCG	545	544	矿			