From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health

Dr Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee, 17 September 2024

Subject: Strategic indicators report – Kent and Medway Integrated Care Strategy

Decision no: N/A

Key Decision : No

Classification: Unrestricted

Past Pathway of report: None

Future Pathway of report: None

Electoral Division: All

Is the decision eligible for call-in? No

Summary: This report aims to monitor progress of a selection of 'strategic' indicators identified in the Kent and Medway Integrated Care Strategy. Kent County Council has adopted this strategy as the Joint Health and Wellbeing Strategy.

Recommendations:
The Health Reform and Public Health Cabinet Committee is asked to NOTE the findings from this report.

Due to infrequent updates of most indicators, it is recommended to generate this report annually. If the committee would find it useful, a different set of indicators from the strategy could be presented in six months.

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1. Introduction

1.1 The Kent and Medway Integrated Care Strategy describes the priority areas for improvement in health and care services. Ambitions which can only be achieved through effective partnership working.

1.2 It comprises six shared outcome areas

- Give children and young people the best start in life
- Tackle the wider determinants to prevent ill health

- Support happy and healthy living
- Empower people to best manage their health conditions
- Improve health and care services
- Support and grow our workforce

1.3 A set of indicators referred to as the 'LogFrame' has been developed to help monitor the progress of objectives within each of these shared outcomes. The latest version is provided (see "appendix 2 Logframe K&M ICS 2024-07-01"). This report presents a selection of these indicators. The workforce outcome has been excluded because the indicators have not yet been finalised. A visual representation of these indicators is provided in the PowerPoint document "appendix 1 Health Reform Public Health (HRPH) report 2024-08-15". It presents the latest value for Kent (or Kent and Medway combined) against the target and current England average. It also shows the trend and the variation within Kent wherever possible.

1.4 These indicators should be treated differently to traditional performance measures. Differences between areas are due to several reasons, some of which relate to the underlying population characteristics and socio-economic circumstances of residents. Consequently, indicators are categorised as being 'higher' or 'lower' compared to England, rather than 'better' or 'worse'. Wherever possible, the indicator has been shown by district council or crime and safety partnership. It should be noted that targets have not been agreed with these areas. They have been included to inform the committee about the variation within the Kent average (which is often considerable).

1.5 In most cases, the targets or 'levels of ambition' in the Logframe have been set over a five year period, ending in the calendar year 2028 or financial year 2028/29.

1.6 Due to infrequent updates of most indicators, it is recommended to generate this report annually.

2. Indicator summary

The following indicators are included in this report:

- Child healthy weight and severe obesity
- School readiness
- Loneliness
- Violent crime and domestic burglary
- Physically inactive adults
- Alcohol-related hospital admissions
- Ambulatory care sensitive conditions hospital admissions
- Waiting for NHS diagnostic services
- Deaths in hospital
- People aged 65 and over who were still at home 91 days after discharge from hospital into reablement services

There are about 90 indicators within the 'LogFrame' indicator set, designed to underpin the strategy. Some of these are still being developed with system partners. Of those that have been finalised, there are too many to present in one go. The indicators in this report correspond to public health priorities and /

or are intended to represent a sample from each shared outcome area. Two further factors have been considered in choosing indicators: 1) whether longitudinal data is available for Kent / Kent and Medway and 2) whether smaller area data (usually district) is available to highlight variability within the Integrated Care System.

2.1 Child healthy weight:

2.1.1 Indicator: By 2028, the proportion of children in Year 6 who are healthy weight will be maintained at the current level of 63% and severe obesity will have reduced from 5%.

2.1.2 Numerator 1: Number of children in year 6 (aged 10 to 11 years) with a valid height and weight measured by the National Child Measurement Programme (NCMP) with a BMI classified as healthy weight. For population monitoring purposes children are classified as healthy weight if their body mass index is between the 2nd and less than the 85th centile of the British 1990 growth reference (UK90) according to age and sex.

2.1.3 Denominator 1: Number of children in year 6 with a valid height and weight measured by the NCMP.

2.1.4 Numerator 2: Number of children in year 6 (aged 10 to 11 years) with a valid height and weight measured by the NCMP (National Child Measurement Programme) with a BMI classified as severely obese. For population monitoring purposes children are classified as living with severe obesity if their body mass index is on or above the 99.6th centile of the British 1990 growth reference (UK90) according to age and sex.

2.1.5 Denominator 2: Number of children in year 6 with a valid height and weight measured by the NCMP.

2.1.6 Rationale: There is a long-term downward trend in the healthy weight category both locally and nationally, exacerbated by the COVID-19 pandemic. The proportion categorised as ‘healthy weight’ is yet to recover to pre-pandemic levels. Severe obesity among the same age group has steadily increased since 2015.

2.1.7 Summary: The latest time period is the 2022/23 academic year. The next update to this indicator should be available in January 2025. There are significant differences within Kent. Healthy weight ranges from approximately 60% in Dartford, Gravesham and Thanet to over 70% in Tunbridge Wells. Severe obesity ranges from about 2% in Tunbridge Wells to 7% in Thanet and Gravesham.

2.2 School readiness

2.2.1 Indicator: By 2028, pupils achieving a good level of development at the end of the Early Years Foundation Stage will have improved from 65.8% in 2021/22 to at least 70%.

2.2.2 Numerator: All children defined as having reached a good level of development at the end of the early years foundation stage (EYFS) by local authority. Children are defined as having reached a good level of development if they achieve at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and the early learning goals in the specific areas of mathematics and literacy.

2.2.3 Denominator: All children eligible for the Early years foundation stage (EYFS) Profile by local authority

2.2.4 Rationale: Also referred to as ‘School readiness’, Children are defined as having reached a good level of development if they achieve expected early learning goals. The aspiration of achieving 70% is intended to match the best among our The Chartered Institute of Public Finance and Accountancy (CIPFA) nearest neighbour authorities in 2020/21.

2.2.5 Early Years Foundation Stage (EYFS) reforms were introduced in September 2021. As part of those reforms, the EYFS profile was significantly revised. It is therefore not possible to directly compare 2021 to 2022 assessment outcomes with earlier years.

2.2.6 Summary: The latest time period is the 2022/23 academic year. The next update to this indicator should be available in February 2025. The overall rate for Kent has improved to 68%. Thanet is significantly lower than the England average. Other districts are similar or higher than the England average.

2.3 Loneliness

2.3.1 Indicator: By 2028/29, the proportion of people who feel lonely often or always will have reduced from 7.3% in 2020/21 to no more than 5% across Kent and Medway.

2.3.2 Numerator: People who report they feel lonely often or always in the Sport England Active Lives Adult survey.

2.3.3 Denominator: Valid responses to the question: "How often do you feel lonely?"

2.3.4 Rationale: Since the earliest figures were released covering the period from November 2019 to November 2020, the proportion has increased by fractions of one percent each survey. Reducing to 5% therefore constitutes a significant challenge.

2.3.5 Questions about loneliness are routinely asked as part of the Active Lives survey conducted by Sport England. The figures are shared at a ‘partnership’ level and the Kent Partnership includes Medway Council. The number of people surveyed locally ranges between 4,000 and 6,300 respondents.

2.3.6 Summary: The latest survey covers responses between November 2021 and November 2022. The Kent partnership value is 6.1% which is statistically similar to the England value (6.8%). The small increase in the Kent value observed recently is not statistically significant.

2.4 Violent crime and domestic robbery

2.4.1 Indicator: By 2028, the (crude) rate of serious violence will be lower or similar compared to the national average.

2.4.2 Numerator: Recorded crimes in Kent for homicide, assault with injury and robbery of personal property

2.4.3 Denominator: Office for National Statistics (ONS) mid-year population estimates

2.4.4 Rationale: This indicator has been suggested by the Kent Violence Reduction Unit. It includes police recorded crimes relating to homicide, assault with injury and robbery of personal property.

2.4.5 Summary: The latest published time period is April 2023 to March 2024. To produce more robust figures, the quarterly data has been aggregated into distinct four quarter periods. The next update to this indicator should be available in late October 2024. The Kent average (excluding Medway) is statistically significantly lower than the England average. However, this masks disparity within Kent. The rate in Thanet is significantly higher than England. Sevenoaks, Tonbridge and Malling, Tunbridge Wells, Ashford, Maidstone and Folkestone and Hythe are all lower.

2.5 Physical inactivity

2.5.1 Indicator: By 2028, the proportion of adults in Kent and Medway who are physically inactive will have fallen from 22.3% in 2020/21 to 20%.
2.5.2 Numerator: Weighted number of respondents aged 19 and over to Sport England Active Lives Adult survey, with valid responses to questions on physical activity, doing less than 30 MIE (moderate intensity equivalent) minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days.
2.5.3 Denominator: Weighted number of respondents aged 19 and over, with valid responses to questions on physical activity.
2.5.4 Rationale: Physical inactivity is defined as engaging in less than 30 minutes of physical activity per week. The Chief Medical Officer recommends that adults undertake a minimum of 150 minutes of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two, in bouts of 10 minutes or more. The aspiration of achieving 20% is intended to match the best among our CIPFA nearest neighbour authorities in 2020/21.
2.5.5 Summary: The latest time period is 2022/23. The next update to this indicator should be available in May 2025. The Kent proportion is significantly lower than the England average (23%) and just above the 20% ambition. The proportion in Gravesham and Swale is above 25%. Half of the 12 Kent districts are lower than the England average.

2.6 Alcohol-related hospital admissions

2.6.1 Indicator: By 2028, hospital admissions in Kent and Medway due to alcohol will have fallen from 418.7 in 2021/22 to 395 per 100,000.
2.6.2 Numerator: Admissions to hospital where the primary diagnosis is an alcohol-related condition. For each episode identified, an alcohol-attributable fraction is applied to the primary diagnosis field based on the diagnostic codes, age group, and sex of the patient.
2.6.3 Denominator: All age ONS mid-year population estimates aggregated into five-year age bands.
2.6.4 Rationale: This is the ‘narrow’ definition of alcohol admissions. The narrow measure estimates the number of hospital admissions which are primarily due to alcohol consumption and provides the best indication of trends in alcohol-related hospital admissions. The ‘broad’ definition considers contributory causes of the admission but is sensitive to changes in coding practice over time. The ambition to reduce to a rate of 395 per 100,000 represents a reduction of at least 5%.
2.6.5 Summary: The latest time period is the 2022/23 financial year. The next update to this indicator should be available in May 2025. Kent has been

lower than the England average for the past 7 years, although Gravesham is higher. The overall Kent rate is still above the target, although there has been a small reduction since the previous year.

2.7 Ambulatory Care Sensitive Conditions

2.7.1 Indicator: By 2028, the deprivation gap in terms of the rate of unplanned hospitalisation for chronic ambulatory care sensitive conditions will be reduced from current levels.
2.7.2 Numerator: the number of times people with specific long-term conditions, which should not normally require hospitalisation, are admitted to hospital in an emergency. These conditions include, for example, Angina, Chronic Obstructive Pulmonary Disease (COPD), Asthma, Diabetes, Epilepsy, and high blood pressure.
2.7.3 Denominator: ONS mid-year population estimates
2.7.4 Rationale: Ambulatory care sensitive conditions are conditions for which effective management and treatment should prevent admission to hospital. It typically includes types of respiratory and heart disease, diabetes and selected acute conditions. The rate of hospital admission among the most deprived 20% is approximately double that of the least deprived.
2.7.5 Summary: The latest time period is 2022/23 financial year. The next update to this indicator should be available in October 2024. The latest published national data is 2020/21 financial year. In Kent, the ratio between the most and least deprived is 2. It has reduced very gradually over the past 10 years. The gap between most and least deprived is largest in Swale.

2.8 NHS Diagnostic test waiting times

2.8.1 Indicator: By 2028, waits for diagnostics will meet national ambitions.
2.8.2 Numerator: Patients who have waited six weeks or more for a diagnostic procedure.
2.8.3 Denominator: All patients waiting for a diagnostic test/procedure funded by the NHS. This includes all referral routes (i.e. whether the patient was referred by a GP or by a hospital-based clinician or other route) and also all settings (i.e. outpatient clinic, inpatient ward, x-ray department, primary care one-stop centres etc.) It should exclude planned diagnostics as part of a series of procedures in a treatment plan, screening programme activity, pregnancy diagnostics and patients currently occupying a hospital bed.
2.8.4 Rationale: According to NHS England 2024/25 priorities and operational planning guidance 95% patients should receive their diagnostic test within 6 weeks from the time the request has been sent.
2.8.5 Summary: The latest time period is June 2024. The next update to this indicator should be available in late August 2024. At Kent and Medway ICB level, 26% are waiting more than six weeks which equates to roughly 16,000 patients waiting more than six weeks. To meet the target, this needs to reduce to around 3,100. At an acute Trust level, the target is being met by Dartford and Gravesham and Maidstone and Tunbridge

Wells NHS Trusts but not by East Kent Hospitals and Medway NHS Foundation Trusts.

2.9 Deaths in hospital

2.9.1 Indicator: By 2028, the proportion of deaths in hospital across Kent and Medway will reduce from 41% to 36%.
2.9.2 Numerator: Number of registered deaths by calendar year, in each area in all age groups where the place of death is recorded as hospital.
2.9.3 Denominator: Total number of registered deaths by calendar year
2.9.4 Rationale: To understand the trends and variations in place of death as proxy indicator for quality of end of life care. The level of ambition has been set In line with the best performing CIPFA nearest neighbour in 2020 calendar year. Although 2020 was not a typical year due to the COVID-19 pandemic, it was not dramatically different from the years before and after and the long-term trend is downwards in nearly all areas.
2.9.5 Summary: The latest time period is 2022. The next update to this indicator should be available in December 2024. Overall, Kent (37%) has one of the lowest proportions of deaths in hospitals among other counties and unitary authorities in England. Rutland is the lowest (33.5%). This masks variation within Kent between the extremes of Dartford (45%) and Tunbridge Wells and Canterbury (~32%). This pattern of disparity is repeated in previous years.

2.10 Reablement services

2.10.1 Indicator: By 2028/29, the percentage of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement services will have increased in Kent to at least 85% (2021/22: Kent 84.5%).
2.10.2 Numerator: Number of older people discharged from acute or community hospitals to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital. This should only include the outcome for those cases referred to in the denominator.
2.10.3 Denominator: Number of older people discharged from acute or community hospitals from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting).
2.10.4 Rationale: This measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days following discharge – the key outcome for many people using reablement services.
2.10.5 Summary: The latest time period is 2022/23 financial year. The next update to this indicator should be available in December 2024. The Kent figure has dropped from 84% in 2021/22 to 81%, England is 82%.

3. Other corporate implications

3.1 Other departments within the Council and partners across the Integrated Care System report regularly on some of these indicators. It is possible that figures reported elsewhere differ slightly from the equivalent in this report due to time lag in publication.

4. Conclusions

4.1 This report summarises a selection of indicators from the Kent and Medway Integrated Care Strategy / Joint Health and Wellbeing Strategy. It presents the latest value for Kent (or Kent and Medway combined) against the target and current England average. It also shows the trend and the variation within Kent wherever possible.

4.2 The Kent average often masks considerable variation within Kent. Smaller geographical areas such as district and borough councils are convenient ways to highlight this. But it should be noted that the underlying reasons are usually due to socio-economic characteristics in the population and the effects of living within different NHS Acute Trust catchment areas. Therefore, these disparities will be experienced by people in particular neighbourhoods and communities across the whole of Kent.

4.3 There are three areas of particular concern for Kent overall:

- 4.3.1 There is an ongoing rise in severe obesity among children aged 10 or 11. Eight years ago the Kent figure was about 3%, now it is over 5%. In Thanet and Gravesham, the figure is nearer 7%. The long-term trend for 'healthy weight' children is worsening.
- 4.3.2 NHS patients in East Kent and Swale are waiting longer for diagnostic tests than the rest of the population.
- 4.3.3 The gap in hospital admissions for ambulatory care sensitive conditions between most and least deprived populations is stubbornly fixed.

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5. Recommendation(s):

5.1 The Health Reform and Public Health Cabinet Committee is asked to NOTE the findings from this report.

5.2 Due to infrequent updates of most indicators, it is recommended to generate this report annually. If the committee would find it useful, a different set of indicators from the strategy could be presented in six months.

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6. Background Documents

6.1 Office for Health Improvement & Disparities. Public Health Profiles. [Accessed 2024-08-05] https://fingertips.phe.org.uk © Crown copyright [2024].
- 6.1.1 Child Healthy Weight
- 6.1.2 Child Severe Obesity
- 6.1.3 School readiness
- 6.1.4 Physically inactive adults
- 6.1.5 Alcohol-related hospital admissions
- 6.1.6 Deaths in hospital
- 6.1.7 Discharged into reablement services 91 days at home

6.2 Home Office
- 6.2.1 Police recorded crime Community Safety Partnership open data, year ending March 2016 to year ending March 2024

6.3 Sport England. Active Lives Adult survey
- 6.3.1 Feeling lonely often or always

6.4 Kent County Council
- 6.4.1 Ambulatory Care Sensitive conditions hospital admissions. Available from Health and Social Care Maps online Power BI tool on Kent Public Health Observatory website.
- 6.4.2 School readiness by district produced by Kent Analytics team from Integrated Children's Dataset (unpublished)

6.5 NHS England
- 6.5.1 Diagnostics Waiting Times and Activity.
- 6.5.2 Adult Social Care Outcomes Framework. Percentage of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement services.

7. Contact details

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