

By: Deborah Smith Public Health Specialist, KCC

To: Ashford Health and Wellbeing Board

Date: 30th March 2015

Subject: ASHFORD Local Performance Plan

Classification:

Purpose and summary of report

The Ashford Local Performance Plan is a live document illustrating the range of activities and programmes delivered in the Ashford Clinical Commissioning Group area, organized under the Kent Health and Wellbeing Strategy outcomes:

1. Every child has the best start in life
2. Effective prevention of ill health by people taking greater responsibility for their health and wellbeing.
3. The quality of life for people with long term conditions is enhanced and they have access to good quality care and support
4. People with mental health issues are supported to 'live well'
5. People with dementia are assess and treated earlier and are supported to live well.

The Plan was originally drafted in November 2014 to provide Ashford's response to the Kent Health and Wellbeing Board's request for local contributions to the delivery of the Kent Health and Wellbeing strategy. Since then, this plan has further consolidated the partnership activities undertaken in Ashford that supports this agenda. The list of programmes and activities is not exhaustive and some of those identified will be unique to Ashford while others will be delivered locally in Ashford as part of Kent wide strategies. It is recommended that the activities within this Plan should be reviewed and updated by Ashford Lead Officers Group to identify challenges and good practice and include new initiatives where appropriate, in order to inform the Ashford Health and Wellbeing Board of changes and progress.

Progress against the Health and Wellbeing Board outcomes are measured through national indicator sets (the majority of which are Public Health Outcome Framework indicators) and the Ashford Local Performance Plan highlights local Kent and Ashford performance values where available. The activities and programmes articulated in the Plan will contribute towards the indicator, but it should be acknowledged that there are a number of broader initiatives and determining factors that will also influence performance pertaining to the targets and indicators and it is not possible to include all of these.

Ashford Health and Wellbeing Board may wish to identify and monitor a number of key activities in the plan on a regular basis. Closer and more detailed inspection on a few

activities rather than all, may ensure that monitoring and overview is more manageable.

The local smoking prevalence trends have been updated more recently and early indications show that this may be a priority for Ashford. Smoking will therefore be considered in the priority setting agenda at the Ashford Health and Wellbeing Board next July 2015. Further information is provided in the LOG update report.

Recommendations

The Ashford Health and Wellbeing Board is asked to:

1. Note the contents of the Ashford Local Performance Plan
2. Agree that the Ashford Lead Officers Group raise any specific concerns and/or good practice that arise from the plan to the Ashford Health and Wellbeing Board.
3. Agree to identify a number of key priority activities and to receive regular updates and reports on the progress of these activities.
4. Endorse the plan as an information resource to update the Kent Health and Wellbeing on Ashford's local achievements in relation to the Kent Health and Wellbeing Strategy priorities and outcomes.

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Ashford Local Performance Plan

Introduction

The Ashford Local Performance Plan is designed to provide a local response to the Kent Health and Wellbeing strategy, providing examples of partnership programmes that are being delivered within the Ashford Clinical Commissioning Group area. Some of the activities are unique to Ashford, others may be part of Kent strategic programmes delivered at a local level. All activities are organized within the agreed four priorities and five outcomes and the Kent Health and Wellbeing strategy.

The list of activities are not exhaustive and will be revised on a regular basis by the Local Officers Group (LOG) that serves the Ashford Health and Wellbeing Board. The Plan will be a 'live' document so that updates can be made to refresh the content and ensure that the document can continue to serve as an information tool to capture key initiatives being delivered against shared priorities and outcomes.

Performance values against national and local targets have been included to illustrate local performance where possible. It should be noted that the activities **contribute** to outcome targets but are not the sole contributor. There may be a range of additional programmes, policies and wider determining factors that may influence performance which is not possible to articulate in this plan. The LOG will review the performance and targets within the Plan on quarterly basis and report particular concerns and achievements to the Ashford Health and Wellbeing Board.

Ashford Local Performance Plan

The Kent Health and Wellbeing Strategy sets out 4 priorities. Each priority has 5 outcome areas.

Priority 1 – Tackle Key Health Issues where Kent is performing worse than the England average

Priority 2 – Tackle health inequalities

Priority 3 – Tackle the gaps in service provision

Priority 4 – Transform services to improve outcomes, patient experience, and value for money

Outcome 1-Every child has the best start in life

Outcome 2-Effective prevention of ill health by people taking greater responsibility for their health and wellbeing

Outcome 3-The quality of life for people with long term conditions is enhanced and they have access to good quality care & support

Outcome 4-People with mental health issues are supported to 'live well'

Outcome 5-People with dementia are assessed and treated earlier, and are supported to live well

This action plan is to be read in conjunction with the Local HWBB Performance Report.

Outcome 1	Every child has the best start in life		Targets and Indicators	Comments
1.1	A reduction in the number of pregnant women who smoke at time of delivery	<p>Baby Clear programme is being delivered in acute trusts by midwives. There has been commitment from the CCG to get the midwifery services on board with the initiative</p> <p>This will also be part of the Health Visitor role</p> <p>Baby Be Smoke free. A programme for teenage pregnant mums being piloted in Kent.</p>	<p>National Target: 11% by 2015</p> <p>Latest Kent Value: 13.1% (Local figures)</p> <p>Time Period: 2013/14</p>	

		Smoke free policy covering hospital grounds Work with Children Centres on the 'Smoke free home' agenda (PH) Smoke free parks and family spaces	Source: HSCIC Control Action Plan Lead: Public Health	
1.2	An increase in breastfeeding Initiation rates	Best Beginning programme in birthing centres and acute trusts From October 1 st 2014 PS Breast feeding will be delivering the countywide contract for Infant Feeding Services to work with hospitals, community health services and children centres to increase initiation and continuance. Breastfeeding friendly public venues/booths Also included as part of HV role. Sure Start Breastfeeding Peer Supporters available for mums	National Target: 73.90% Latest Kent Value: 72.10% Time period: 2012/13 Source: PHOF national average 12/13 Lead: CCGs	
1.3	An increase in breastfeeding continuance 6-8 weeks	From October 1 st 2014, PS Breast feeding will be delivering the countywide contract for Infant Feeding Services to work with hospitals, community health services and children centres to increase initiation and continuance. Also to focus on improving the quality of data recording and reporting of breastfeeding.	National Target: 47.20% Latest Kent Value: 40.80% Time Period: 2012/13 Source: PHOF national average	

			12/13 Lead: Public Health	
1.4	A reduction in conception rates for young women aged under 18 years old (rate per 1,000)	<p>Kent Teenage Pregnancy Strategy developed. Would require strong Leadership provided by the local HWBB</p> <p>CCG level H&W action plans with SMART targets</p> <p>Integrated performance framework for the strategy at CCG and district level</p> <p>Decrease in pregnancies between 15-18 and steady numbers falling in older groups.</p> <p>ASHFORD- Sexual health education/ Regular screening for STDs (indirectly helps in informing the teenage about the pregnancy).</p>	<p>National Target: 25.9</p> <p>Latest Kent Value: 25.9</p> <p>Time Period: 2012</p> <p>Source: PHOF Kent level 2012/13</p> <p>Lead: Public Health</p>	
1.5	An improvement in MMR vaccination uptake two doses (5 years old)	<p>Improving call and recall in GP practices</p> <p>Timely reporting of data</p> <p>Accurate information to parents to help them make an informed decision</p>	<p>National Target: 95%</p> <p>Latest Kent Value: 92.2%</p> <p>Time Period: 2012/13</p> <p>Source: Public Health</p> <p>Lead: NHS England (Supported by PHE)</p>	
1.6	An increase in	The 'Born to move' initiative is a Health Visitor led project to	National Target:	

	<p>school readiness: all children achieving a good level of development at the end of reception as a percentage of all eligible children</p>	<p>raise awareness of the importance of human interaction between parent /carer and infant or child to enable optimal development, physically & emotionally.</p> <p>Health improvements are addressing inequalities from the start through a universal multi-agency project: 'Making everywhere as good as the best'. Make sure the whole team understand biological, social and psychological aspects of child health....up to date with neuroscience, with skills to promote positive parenting' <i>Transforming Community Services: Ambition, Action, Achievement</i> - Department of Health: 2011</p> <p>'Move from valuing what we measure to measuring what we value' to demonstrate improved outcomes.</p> <p>The project supports the five key stages in public health: starting well; developing well; living well; working well; ageing well.</p> <p><u>Long term outcomes of the project are:-</u></p> <ul style="list-style-type: none"> • Increased vocabulary at 5 years predicts future success at GCSE and beyond, so improving educational attainment and communication skills. • Children develop positive attitudes towards physical activity – reducing childhood obesity levels. Avon longitudinal study identifies 8 risk factors in first year to target help where it is needed most. • Increased parent and carer participation and awareness of their vital role in helping children to achieve improved self-esteem, ability for social interaction and 	<p>51.7%</p> <p>Latest Kent value: Still awaiting for value</p> <p>Source: PHOF national average 12/13</p> <p>Lead: To be determined</p>	
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		<p>development of problem solving skills.</p> <p>In addition to this there is also a Health Visitor/School Nurses collaborative called 'Clean and Dry, and 'Ready for School' to improve school readiness.</p>		
1.7	A reduction in the proportion of 4-5 year olds with excess weight	<p>KCC responsible for commissioning the Mandatory programme weight and measurement programme for Yr R and Yr 6 (National Child Measurement Programme), this programme provided by KCHT School Nursing Team.</p> <p>KCHT Healthy Schools Team support local schools, healthy weight is a key element of this provision. Provision of programmes for children and families also provided by KCHT Health Improvement Team. Sports Partnership team at KCC provide many resources for schools to increase physical activity.</p> <p>Public Health working with Children Centres to increase the amount of activities offered and engaged with which promote healthy lifestyle</p> <p>KCC's walking bus scheme to be promoted in schools</p> <p>Public Health Team are leading on developing a County strategy on Healthy Weight. Public consultation on healthy weight – findings due in November 2014.</p> <p>Healthy weight programme- focused based on early years development</p>	<p>National Target: <21.7%</p> <p>Latest Kent value: 21.7%</p> <p>Time Period: 2012/13</p> <p>Source: Public Health</p> <p>Lead: Public Health</p>	
1.8	A reduction in the proportion of 10-11	<p>Mandatory programme to weight and measure Yr R and Yr 6 (National Child Measurement Programme), KCC commissions</p>	<p>National Target: <32.7%</p>	

	<p>year olds with excess weight</p>	<p>KCHT School Nursing Team to do this.</p> <p>KCHT Healthy Schools Team support local schools, healthy weight is a key element of this provision. Provision of programmes for children and families also provided by KCHT Health Improvement Team. Sports Partnership team at KCC provide many resources for schools to increase physical activity.</p> <p>Public Health Team are leading on developing a County strategy on Healthy Weight. Public consultation on healthy weight – findings due in November 2014</p> <p>Active Green Travel project- encourages primary school children to use an active travel method estimated 120,000 journeys saved already. Schools selected on the basis of obesity data.</p> <p>Ashford’s collaboration with PHE to produce local strategy on Healthy Weight</p>	<p>Latest Kent Value: 32.7%</p> <p>Time Period: 2012/13</p> <p>Source: Public Health</p> <p>Lead: Public Health</p>	
<p>1.9</p>	<p>An increase in the proportion of SEN assessments within 26 weeks</p>	<p>KCC has published a Strategy to improve the outcomes for Kent’s children and young people with SEN and those who are disabled (SEND and create at least 275 additional places for pupils with autism (ASD) or behavioural, emotional and social needs (BESN), increasing the number of Kent special school places and establishing new specialist resourced provision (SRP) within our schools, alongside investment in the skills of school staff creating capacity across all schools. The benefits will include greater choice for parents and a reduction in the number of children placed outside the maintained sector in county. We have steadily increased the number of</p>	<p>National Target: 90%</p> <p>Latest Kent Value: 94.5%</p> <p>Time Period: March 2014</p> <p>Source: Cabinet Report</p>	

		<p>assessments completed within 26 weeks, however the Children & Families Act, from September 2014, will require assessments to be completed within 20 weeks and we are introducing new systems to be compliant with the statutory changes.</p> <ul style="list-style-type: none"> • Undertake a process analysis for the new assessment process and implement steps to deliver a 20 week completion timescale • Ensure all professionals engaged in the integrated assessments in each district are aware of revised timescales • Complete a review of paper based processes within the assessment procedures and identify areas where paperless working can minimise timescales and reduce administration in assessments • Evaluate the impact of the pilot for Local decision making for assessments, ensure it is encouraging school to school support and the delivery of Core Standards • Identify and test systems for robust monitoring and timely access to High Needs Funding (HNF) as an alternative to assessment. • Analyse trends in assessments requests and compare with HNF requests 	<p>Lead: KCC</p>	
<p>1.10</p>	<p>A reduction in the number of Kent children with SEN placed in independent or out of county schools</p>	<ul style="list-style-type: none"> • Implement a 3-year plan to increase specialist resourced provision (SRP) in mainstream • Develop Service Level Agreements for SRPs • Liaise with NHS therapy commissioners and NHS providers to ensure relevant services are in place in new mainstream provision 	<p>National Target: No target stated</p> <p>Latest Kent Value: 583</p> <p>Time Period: March 2014</p>	

		<ul style="list-style-type: none"> • Ensure that SEN commissioning plans are included in the school capital programme • Implement the outcome from a review of Special school designations • Extend core standards to special schools • Review PEO impact and direct expertise to Kent schools and annual reviews • Introduce a Dynamic Procurement System (DPS) for out county placements • Develop robust systems for College placements and high needs funding • Ensure new commissioning arrangements for Warm Stone PRU are operating effectively 	Lead: KCC	
1.11	A reduction in CAMHS average waiting times for routine assessment from referral	<p>The commissioners of CAMHS services (CCG) are working with Sussex Partnership to reconfigure services and drive up performance. This includes retention and deployment of staff. Performance is closely monitored by CCG ensuring all partners are aware of their responsibility for children’s emotional wellbeing.</p> <p>A cross Kent Children and Young Persons Emotional Wellbeing strategy is being developed.</p>	National Target: 6 weeks Latest Kent value: Still awaiting for value Source: KMCS Lead: CCGs	
1.12	A reduction in the number waiting for a	The commissioners of CAMHS services (CCG) are working with Sussex Partnership to reconfigure services and drive up	National Target: 10 weeks	

	routine treatment CAMHS	<p>performance. This includes retention and deployment of staff. Performance is closely monitored by CCG ensuring all partners are aware of their responsibility for childrens emotional wellbeing.</p> <p>A cross Kent Children and Young Persons Emotional Wellbeing strategy is being developed.</p> <p>Focus on Looked After Children, children receiving Free School meals and Children with Special Educational Needs.</p> <p>Sharing Practices between agencies</p>	<p>Latest Kent Value: (565)</p> <p>Time period: (April 2014)</p> <p>Source: KMCS</p> <p>Lead: CCGs</p>	
1.13	An appropriate CAMHS caseload, for patients open at any point during the month	<p>The commissioners of CAMHS services (CCG) are working with Sussex Partnership to reconfigure services and drive up performance. This includes retention and deployment of staff. Performance is closely monitored by CCG ensuring all partners are aware of their responsibility for children and emotional wellbeing.</p> <p>A cross Kent Children and Young Persons Emotional Wellbeing strategy is being developed.</p>	<p>National Target: 8408 (Kent & Medway)</p> <p>Latest Kent Value: 8523</p> <p>Time period: April 2014</p> <p>Source: Business Continuity Capacity Plan</p> <p>Lead: CCGs</p>	
1.14	A reduction in unplanned hospitalisation for asthma (primary diagnosis) people	<p>Through the 'Transformation Programme for Children and Young People' the rate of admission for asthma in < 19yr olds will be reduced.</p> <p>Smoke free parks and family spaces- Targeted campaign to</p>	<p>National Target: No target stated</p> <p>Latest Kent Value: 14.6</p>	

	aged under 19 years old (rate per 100,000)	reduce children's exposure to second hand smoke 'The Truth About TB' – Housing services to take part in public health publicity campaigns on recognising the signs of tuberculosis to encourage earlier diagnosis and treatment	Time period: 2013/14 Lead: NHS England (supported by CCG)	
1.15	A reduction in unplanned hospitalisation for diabetes (primary diagnosis) people aged under 19 years old (rate per 100,000)	Through the 'Transformation Programme for Children and Young People' the rate of admission for diabetes in <19yr olds will be reduced.	National Target: No target stated Latest Kent Value: 7.3 Time period: 2013/14 Lead: NHS England (supported by CCG)	
1.16	A reduction in unplanned hospitalisation for epilepsy (primary diagnosis) people aged under 19 years old (rate per 100,000)	Through the 'Transformation Programme for Children and Young People' the rate of admission for epilepsy in <19yr olds will be reduced.	National Target: No target stated Latest Kent Value: 8.8 Time period: 2013/14 Lead: NHS England (supported by CCG)	
Outcome	Effective prevention of ill health by people taking greater responsibility for their		Targets and Indicators	Comments

2	health and wellbeing			
2.1	An increase in Life Expectancy at Birth	<p>Breast feeding</p> <p>6-8 weeks health check</p> <p>Immunisation</p> <p>Antenatal screening programme</p> <p>Public Health programmes to reduce smoking in pregnancy</p> <p>Post natal support to mother</p> <p>Increase the number of healthy births to families</p> <p>Sustain the drive to reduce teenage pregnancy.</p>	<p>None stated as of yet.</p> <p>Source: PHOF Kent Level</p> <p>Lead: Public Health</p>	
2.2	An increase in Healthy Life Expectancy	<p>Public Health are leading on programmes to encourage as many primary aged school children in the borough, as possible, to use active travel to school. The project is running with some current target schools. It needs additional funding to be expanded into target areas of the borough. Due to the age of the children they are accompanied on the walk / cycle / scoot to school by parents or extended family members, increasing exercise by household, on a wholesale basis.</p> <p>Smoke free Play Spaces Pilot</p> <p>Smoke free homes project- Introducing no smoking clauses in tenancy agreements</p>	<p>None stated as of yet.</p> <p>Source: PHOF Kent Level</p> <p>Lead: Public Health</p>	
2.3	A reduction in the	Public Health are looking to develop a project to help support	None stated as of yet.	

	Slope Index for Health Inequalities	<p>young people at risk of self-harm. The project will aim to link in closely with local schools, GPs and other relevant agencies (including in relation CAMHS and Young Healthy Minds). It is likely that the project will focus on supporting individual young people on a one-to-one basis. There may also be scope to work therapeutically with small groups of young people where this issue has been identified.</p> <p>Mind the Gap- Identifying strategies and programmes being pursued by partners as viewed against known areas of deprivation. Focus on Areas of deprivation that is decided through number of determinants. Action plan to reduce the inequalities within the borough and collectively improving the Ashford average against Kent and England's average.</p>	<p>Source: PHOF Kent Level</p> <p>Lead: Public Health</p>	
2.4	A reduction in the proportion of adults with excess weight	<p>Fresh Start is delivered by the local pharmacy advisor and involves a weekly appointment to discuss a personal weight loss plan. The programme includes advice and support on healthy eating, recipes and meal ideas and beating the cravings.</p> <p>In addition KCC PH team also commission the Health Trainer programme which offers free, confidential one-to-one support, to help patients make positive lifestyle changes. The programme is active in the most deprived areas of Kent to reduce health inequalities. Up to six free sessions are offered to support, encouragement and practical assistance in local venues. Health Trainers work with individuals to establish what changes the person wishes to make, to develop a personalised behaviour change plan and to provide support and encouragement to enable them to achieve their goals.</p> <p>Issues that can be helped you with include: - accessing local</p>	<p>National Target: <64.6%</p> <p>Latest Kent Value: 64.6%</p> <p>Time period: 2012</p> <p>Source: PHOF Kent Level 2012</p> <p>Lead: Public Health</p>	

		<p>services - physical activity - healthy eating - healthy weight - stopping smoking - alcohol/drugs concerns - reducing stress - sexual health concerns</p> <p>Public Health Team are leading on developing a County strategy on Healthy Weight. Public consultation on healthy weight services – findings due in November 2014</p>		
2.5	<p>An increase in the number of people quitting smoking via smoking cessation services</p>	<p>This is an important measure to support the 4 week quit indicator, but there are additional measures that we should include to reduce the take up of smoking under a preventative approach and harm reduction initiatives. Eg:</p> <ul style="list-style-type: none"> • Promote smoke-free acute and mental health hospitals (PH48) • Support Smoke-free legislation (through standardised packaging of tobacco products and smoke free work vehicles etc.) • Support smokers to cut down to quit where they are not yet ready to quit abruptly (PH45) • Support educational approaches to reducing the risk of young people taking up smoking (through schools, youth settings etc) (note: national target to reduce smoking prevalence of 15yr olds to 12% by 2015) <p>There are also other potential indicators for smoking cessation services to record quit smoking rates at 12 weeks and for quits to be CO verified (rather than self reported).</p> <p>Another emerging issue is to support people with learning disabilities and mental health issues to quit smoking or reduce their levels of smoking.</p> <p>Explicitly targeting take up of stop smoking services and</p>	<p>National Target: 9249 or 52% quit rate National Smoking Prevalence: 18.4%</p> <p>Latest Kent value: Smoking Prevalence: 19%</p> <p>Ashford Local value: Smoking Prevalence 21.1%</p> <p>Source: Public Health</p> <p>Lead: Public Health</p>	

		reducing smoking prevalence from routine and manual workers and areas of deprivation .		
2.6	An increase in the proportion of people receiving NHS Health Checks of the target number to be invited	<p>Increase outreach opportunities for those not accessing checks at GP practice.</p> <p>Increase awareness about the NHS Health Check across Kent through targeted marketing.</p> <p>Linking homeless households to GPs- Referrals from Housing options officers to a range of services that would potentially increase number of homeless households accessing primary health care services.</p>	<p>National Target: 50%</p> <p>Latest Kent value: Still awaiting for value</p> <p>Source: Public Health</p> <p>Lead: Public Health</p>	
2.7	A reduction in alcohol related admissions to hospital	<p>Will be addressed via the Kent Alcohol strategy 2014-16. Each HWB area is requested to develop a local alcohol action plan to implement the Kent Alcohol Strategy 2014-16.</p> <p>Safety in Action: workshops for year 6 children covering range of safety issues including drug awareness and accident prevention</p>	<p>No target stated.</p> <p>Lead: Public Health</p>	
2.8	(Breast Cancer Screening) An increase in the proportion of eligible women screened adequately within the previous years on 31st March	The breast screening units send out regular reports to GP practices regarding screening uptake during the practice's screening round in order to make practices aware of who is attending or not, and to encourage informed choice and uptake. We are currently starting a piece of what to understand how practices use that information and identify how best to use it going forward.	<p>No target stated.</p> <p>Lead: NHS England</p>	
2.9	(Cervical Cancer Screening) An increase in the proportion of eligible	The breast screening units will start to send the Screening and Immunisation Team uptake data on each round so that in advance vans going to particular areas (especially those with low uptake historically), we can support and encourage	<p>No target stated.</p> <p>Lead: NHS England</p>	

	women screened adequately within the previous 3 years on 31st March	practices to make use of promotional material to reach their eligible population.		
2.10	A reduction in the rates of deaths attributable to smoking persons aged 35+ (rate per 100,000)	PH strategy to prevent young p from taking up smoking and also to increase the number of smokers quitting. Targeting areas of deprivation and routine and manual workers, people with mental health and learning disabilities. There are also specific indicators on mortality due to lung cancer which could be included (PHOF 51). Also could include PHOF 29: smoking related deaths (all ages) and COPD prevalence	No target stated. Latest Kent value: 285.2 Time Period: 2010-12 Lead: Public Health	
2.11	A reduction in the under-75 mortality rate from cancer (rate per 100,000)	Ashford, Canterbury and Coastal, South Kent Coast and Thanet Clinical Commissioning Groups and East Kent Hospitals University NHS Foundation Trust have developed a Cancer Recovery Plan to improve cancer care and reduce under 75 mortality from cancer.	No target stated. Latest Kent Value: 138 Time Period: 2010-12 Lead: Public Health	
2.12	A reduction in the under-75 mortality rate from respiratory disease (rate per 100,000)	CCG	No target stated Lead: Public Health	
Outcome 3	The quality of life for people with long term conditions is enhanced and they have access to good quality care and support.		Targets and Indicators	Comments

<p>3.1</p>	<p>An increase in clients with community based services who receive a personal budget and/or direct budget</p>	<p>Under the Care Act there will be an increase in the number of carers who can access a direct payment that they can use to support them in their caring role.</p> <p>An increase in the number of people who have taken up a direct payment for homecare services</p>	<p>National Target: To be determined.</p> <p>Latest Kent Value: 67%</p> <p>Time Period: Feb 2014</p> <p>Lead: Social Care</p>	
<p>3.2</p>	<p>An increase in the number of people using telecare and telehealth technology</p>	<p>Kent wide Telehealth service is being discussed as part of the work of the Kent Integrated Pioneer programme, through the Integrated Teletechnology Steering Group under Anne Tidmarsh, which has put forward an options paper for CCGs and other Pioneer partners to consider. This paper considers the integration of Telecare and Telehealth services and the broadening of the range of Technology Enabled Care Services (TECS) solutions available to fit in with individual's health and social care needs, and as part of promoting self-management and patient activation.</p>	<p>National Target: To be determined</p> <p>Latest Kent value: 2,992</p> <p>Time Period: Feb 2014</p> <p>Lead: Social Care</p>	
<p>3.3</p>	<p>An increase in 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</p>	<p>Community Geriatrician In June 2013 the innovative geriatrician pilot project offered support to care homes from a full-time consultant and a community matron working extended hours, who are the first point of contact for care homes when a resident's health deteriorates. They offered expert care to residents who became seriously unwell, without them needing to be taken to hospital. The project, which is part of the Health Foundation's Safer Clinical Systems programme, was nationally recognised in September 2013 when it won a Health</p>	<p>National Target: To be determined</p> <p>Latest Kent value: 84%</p> <p>Time Period: March 2014</p>	

	discharge from hospital in reablement/ rehabilitation services	<p>Service Journal (HSJ) Efficiency Award for community service redesign</p> <p>More patients and their carers will be supported to manage their own care in order to reduce unplanned admissions to hospital and improve health outcomes; improve access to patient information; reduce number of times patients have to repeat information to professionals (Tell us Once). More importantly this will lead to a 45% reduction in the rates of people dying earlier than expected.</p>	<p>Lead: Social Care</p>	
3.4	A reduction in admissions to permanent residential care for older people	<p>Carer assessment and support services and short breaks for carers in place to help prevent carers breakdown which is one of the main reasons people go into residential care.</p> <p>Community equipment service being retendered to provide effective support to keep people in their own home</p> <p>Mental health services are being re-commissioned in partnership with public health to create a core offer of services to help people remain connected to their local communities.</p> <p>Community capacity building being explored in Wye to understand how communities can support themselves. This is through the delivering Communities Differently- a project we have been grant funded to progress</p>	<p>To be determined</p> <p>Lead: Social Care</p>	
3.5	An increase in the percentage of adults with a learning disability who are	<p>KCC has recently completed a pilot for people with a learning disability in order to ensure that they are able to live in their own homes for longer and also to ensure that they can become more independent. The final report is encouraging about the</p>	<p>To be determined</p> <p>Lead: Social Care</p>	

	known to the council, who are recorded as living in their own home or with their family (Persons/Male/Female)	<p>potential for the use of telecare for people with a learning disability and an implementation plan is being developed to ensure that the recommendations are acted on.</p> <p>The Pathways to Independence Project looks at enabling people with a learning disability to achieve increasing independence in their daily lives from creating confidence to enable people to travel independently to take part in voluntary work. This enablement projects aims to boost independence with the impact of enabling people with a learning disability to engage with their community and to stay at home for longer. Case studies can be found on KNeT on: http://knet/ourcouncil/Pages/SC-pathways-to-independence-case-studies.aspx.</p>		
3.6	An increase in the percentage of adults (age 18-69) who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support. (Persons/Male/Female)	% of people in settled accommodation (NI149) which KMPT have to report on as part of their dashboard the target.	To be determined Lead: Social Care	
3.7	A reduction in the gap in the employment rate between those with a learning disability	The Pathways to Independence address this issue. In addition to this there is a lot of work that goes on through the Kent Learning Disability Partnership about employment. Through the 'What I Do Group', the Learning Disability Partnership has engaged with Kent Supported Employment who regularly	To be determined Lead: Social Care	

	and the overall employment rate	<p>attend meetings and provide information and advice to people with learning disabilities.</p> <p>The Department of Work and Pensions has a member of staff who attends meetings of the Partnership Board. The What I Do Group has created a training DVD for Job Centre Plus staff which trains the staff in how to meet the needs of people with learning disabilities through longer appointments, having meetings in meeting rooms, being ready to help people with learning disabilities use the computers etc.</p>		
3.8	An increase in the early diagnosis of diabetes.	Integrated diabetes care pathway is currently being developed across East Kent CCGs which focuses on early diagnosis as part of better care for diabetic patients.	To be determined Lead: To be determined.	
3.9	A reduction in the number of hip fractures for people aged 65 and over (rate per 100,000).	<p>Ashford and Canterbury CCG are working collaboratively in addressing falls amongst older adults aged 65 and over. Based on the Falls Framework which was agreed by the Kent Health and Wellbeing Board, a task and finish group has been set up as a cross organisational group to develop an effective pro-active and re-active falls pathway across the localities of Ashford and Canterbury and Coastal.</p> <p>The group's aim is to implement recommendations in line with the Better Care Fund, development of the Community Networks and the Integrated Urgent Care Centre (IUCC) and the Over 75 CQUIN, over 2014/15:</p> <p>The outcomes expected to be achieved is to reduce the rates of injury as a result of a fall in the over 65's by:</p> <ol style="list-style-type: none"> i) Early identification of those likely to have a fall (e.g. medication reviews, housing issues) 	<p>National Target: No target stated</p> <p>Latest Kent Value: 544</p> <p>Time period: 2012/13</p> <p>Lead: Public Health</p>	

		<p>ii) Engaging with the community postural stability classes for continued care through therapeutic exercise classes to help reduce the likelihood of another fall.</p> <p>Sheltered scheme managers given specific health related target for 2014 to promote events in scheme with health theme e.g. exercise, healthy eating, falls prevention work</p>		
Outcome 4	People with mental ill health issues are supported to 'live well'		Targets and Indicators	Comments
4.1	An increased crisis response of A&E liaison within 2 hours – urgent	<p><u>CCG future operating model:</u> Integrated Urgent Care Service – Multi-disciplinary service within hospital consisting of GP, Hospital Specialists, Mental Health and Health and Social Care Teams. Improving the co-ordination and flow of patients through the urgent care system, with 24/7 care co-ordination centre and enhanced ambulatory care services.</p>	<p>National Target: 95%</p> <p>Latest Kent Value: 73.5%</p> <p>Time Period: Q3 2013/14</p> <p>Source: KMCS</p> <p>Lead: CCGs</p>	
4.2	An increased crisis response of A&E liaison, all urgent referrals to be seen within 24 hours	<p><u>CCG future operating model:</u> Integrated Urgent Care Service – Multi-disciplinary service within hospital consisting of GP, Hospital Specialists, Mental Health and Health and Social Care Teams. Improving the co-ordination and flow of patients through the urgent care system, with 24/7 care co-ordination centre and enhanced ambulatory care services.</p>	<p>National Target: 100%</p> <p>Latest Kent Value: 100%</p> <p>Time Period:</p>	

			Q3 2013/14 Source: KMCS Lead: CCGs	
4.3	An increase in access to IAPT services	CCGs are responsible for commissioning IAPT services and will be able to report on progress against national targets. HWBB partners can assist by letting the public and clients know that the services can be accessed directly or via their GP. For further information on how to access IAPT NHS funded talking therapies in primary care go to www.liveitwell.org.uk . KCC Public Health is promoting well-being in the general population through a mental wellbeing investment programme. This is themed around the ways to well-being and includes a wide range of interventions to help people well and increased access to IAPT services.)	To be determined Lead: CCGs	
4.4	An increase in the number of adults receiving treatment for alcohol misuse	Promoting well-being in the general population (eg IAPTS & Six ways to well-being) Will be addressed via the Kent Alcohol strategy 2014-16. National measures: Kent sits in top quarter for achieving successful / completed treatment outcomes for alcohol treatment.	To be determined Lead: KDAAT/ Public Health	
4.5	An increase in the number of adults receiving treatment for drug misuse	Will be addressed via the Target schedule (contract) based on successful completions	To be determined Lead: KDAAT/ Public Health	
4.6	A reduction in the	Nationally, this can't be measured and community data capture	No target	

	number of people entering prison with substance dependence issues who are previously not known to community treatment	<p>system is not aligned. New national measures have just been announced.</p> <p>Local work is progressing to implement this new measure via a system to track referrals from community treatment to prisons and vice versa.</p> <p>Community Safety Partnership Projects around substance misuse e.g. community engagement day in Victoria Park. Partnership working arrangements to encourage and enable the sharing of appropriate and relevant information that meets legislative requirements.</p>	<p>Lead: KDAAT/ Public Health</p>	
4.7	An increase in the successful completion and non-representation of opiate drug users leaving community substance misuse treatment	<p>The system was recently revised to a Recovery Treatment focus system which is very successful. National measures: Kent sits in top quarter for achieving successful / completed treatment outcomes for drug treatment. A working group is being established to address low service uptake for this cohort and alternative models are being scoped for those with addiction to prescription only medications and OTC.</p>	<p>To be determined</p> <p>Lead: KDAAT/ Public Health</p>	
4.8	An increased employment rate among people with mental illness/those in contact with secondary mental health services	<p>This is a key target in the 'Live it Well Mental Health 'strategy for Kent. KCC and CCG are going out to consultation to decipher whether the strategy is fit for purpose and meets all priorities.</p> <p>Self-Harm Project- improving mental wellbeing for young in Ashford. Training programme for 20+ front line professionals and curriculum sessions and activities at HOUSE.</p>	<p>National Target: 10% (PCA)</p> <p>Latest Kent value: 7.4%</p> <p>Time period: 2012/13</p> <p>Source: Needs confirmation from</p>	

			KCC Lead: CCGs	
4.9	A reduction in the number of suicides (rate per 100,000)	<p>Public Health are working with KMPT to reduce the risk of suicide in high risk groups by putting measures in place to support middle aged and older men</p> <p>Promoting wellbeing in the general population (eg IAPTS & Six ways to well-being)</p> <p>Reducing the availability and lethality of suicide methods (eg Working with Network Rail re safety measures on the railway)</p> <p>Improving the reporting of suicide in the media</p> <p>Monitoring suicide statistics regularly</p> <p>Sk8side Saturday night opening at HOUSE educational and diversionary activities to support young people in improving and managing mental wellbeing</p>	<p>To be determined</p> <p>Latest Kent value: 7.36</p> <p>Time Period: 2010/12</p> <p>Lead: Public Health</p>	
4.10	An increase in the percentage of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey	<p>There are the commissioned services, dementia cafés, peer support and day care run by either Age UK, EKIDS and Alzheimer's society depending on location.</p> <p>With regards Dementia Friendly Community projects.</p> <p>In Ashford following the Community event the CCG task and finish group transformed into an action Alliance this is very well supported and similarly to Faversham is carrying out insight gathering, promoting the dementia help line and providing</p>	<p>No target</p> <p>Lead: Social Care</p>	

		<p>content for the dementia friendly website, 220 council staff have attended dementia friends information sessions as have a number of the housing managers and in one case the residents of an extra care housing unit. The Alliance has identified three objectives for their first quarter of promoting the dementia help line, insight gathering and providing content for the dementia friendly website</p> <p>In Ashford Age UK are moving from their present site into Farrow Court. This will allow Age UK to expand their services, in a building designed to be dementia friendly.</p> <p>Age UK do provide a pop in service (Joe Fagg) in St John's Lane in Ashford which can provide support and advice on services and other information. Age UK can be contacted on 01233 620635.</p> <p>Provision of land and extra care scheme in St.Michael's and extra care scheme progressing at the Warren.</p> <p>Dementia Kent Action Alliance- ABC signed up. About 200 staff have undertaken dementia friends training. ABC hosted first meeting of Ashford Dementia Action Alliance. Key projects identified.</p>		
4.11	An increase in the percentage of adult carers who have as much social contact at they would like according to the	The Alzheimer's Society runs a dementia café at the Conningbrook Hotel in Ashford. This is aimed at people with dementia and their carers and is also a source of information and support. The café takes place every third Tuesday of the month and more details can be obtained by contacting 08450 405 919. Although this is not a day service, it is an opportunity	No target Lead: Social Care	

	Personal Social Services Carers survey	to meet and talk to other people in similar situations. Crossroads Care also provides a short break service which provides planned respite for the carers of people with dementia. The service is delivered in people's own homes and the carers are all trained to manage people with dementia		
4.12	An increase in the percentage of respondents who, according to the survey, are satisfied with their life, who are not feeling anxious, and who feel their life is worthwhile.	Please note 4.10	No target (4 measures) Lead: Social care	
Outcome 5	People with dementia are assessed and treated earlier and are supported to live well.		Targets and Indicators	Comments
5.1	An increase in the reported number of patients with Dementia on GP registers as a percentage of estimated prevalence	This is a national priority and the CCGs have a target to meet of 67% diagnosis rate (against expected prevalence) by March 2015. The CCG is developing actions to achieve this.	To be determined Latest Kent Value: 43.40% Time Period: 2012/13 Lead: CCGs	
5.2	A reduction in the rate of admissions to hospital for patients older than	This isn't a specific target, but we do now have a dashboard which monitors admissions. Better communication with CMHTOP- in GPs	To be determined Latest Kent Value: 24.8	

	64 years old with a secondary diagnosis of dementia, rate per 1000	Good Neighbourhood scheme- anticipatory care plans	Time Period: 2012/13 Lead: CCGs	
5.3	A reduction in the rate of admissions to hospital for patients older than 74 years old with a secondary diagnosis of dementia, rate per 1000	As above.	To be determined Latest Kent Value: 49.6 Time Period: 2012/13 Lead: CCGs	
5.4	A reduction in the total bed-days in hospital per population for patients older than 64 years old with a secondary diagnosis of dementia, rate per 1000	As above.	To be determined Latest Kent Value: 229.3 Time Period: 2012/13 Lead: CCGs	
5.5	A reduction in the total bed-days in hospital per population for patients older than 64 years old with a	As above.	To be determined Latest Kent value: 458.7 Time Period:	

	secondary diagnosis of dementia, rate per 1000		2012/13 Lead: CCGs	
5.6	<p>An increase in the proportion of patients aged 75 and over admitted as an emergency for more than 72 hours who</p> <ul style="list-style-type: none"> a. have been identified as potentially having dementia b. who have been identified as potentially having dementia, who are appropriately assessed c. who have been identified as potentially having dementia, who are appropriately assessed, referred on to specialist services in 	<p>This is the national CQUIN which acute trusts have to achieve. EKHUFT are on track with this.</p> <p>Dementia friendly Ashford- Dementia friendly communities Programmes</p>	<p>To be determined.</p> <p>Lead: CCGs</p>	

	England (by trust)			
5.7	A reduction in the proportion of people waiting to access Memory Services - waiting time to assessment with MAS.	<p>Don't think we are going to reduce the number of people waiting for assessment anytime soon as referrals have continued to increase over the last two or three years. KMPT have a KPI to achieve of ensuring that 95% of people who are referred to MAS have their first assessment within 28 days. The last data we have (for July) for Canterbury shows 73% achievement.</p> <p>Support for self-management – risk profiling, single point of access, shared decision making process with patients.</p>	<p>Target: 90% within 4 weeks</p> <p>Latest Kent value: Still awaiting for value</p> <p>Source: KMCS</p> <p>Lead: CCGs</p>	
5.8	An increase in the proportion of patients diagnosed with dementia whose care has been reviewed in the previous 15 months	This is part of the dementia QOF. Therefore if the diagnosis rates and therefore QOF registers increase, so should the number of people being reviewed.	<p>To be determined</p> <p>Lead: CCGs & KCC</p>	
5.9	A reduction in care home placements	<p>This is one of the CCG aims, although I'm not sure there is a specific target. This is being supported by the geriatrician project.</p> <p>Increase the availability and choice of accommodation for vulnerable people- Delivering further 39 new build dwellings – will ensure some are tailored around families with complex needs i.e. adapted properties.</p>	<p>To be determined</p> <p>Lead: CCGs & KCC</p>	