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

| **To:** | Kent Health and Wellbeing Board |

| **Date:** | 12th February 2014 |

| **Subject:** | Assurance Framework |

| **Classification:** | Unrestricted |

For Decision:

The Health and Wellbeing Board is asked to:

- Note the contents of the report
- Agree the amendments and additional indicators proposed following discussions with stakeholders.
- Consider and recommend reporting requirements at Local Health and Wellbeing Boards

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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. This report outlines details of Outcome 2: Effective prevention of ill health by people taking greater responsibility for their health and wellbeing.

As agreed at the Health and Wellbeing Board meeting in September 2013, the indicators were drawn from a number of existing frameworks and responsible agencies across Kent and England:

- Kent Public Health and the Public Health Outcomes Framework (PHOF)
- NHS Outcome Framework
- Families and Social Care and the Adult Social Care Outcome Framework
- NHS England South Escalation Framework

Previously it was proposed that each report would have an overview of every indicator, however each Outcome domain would be focused on in turn per report, allowing for a manageable approach to monitoring the indicators. Stress indicators will be presented in more detail in every report.

2. Progress since the last report

Since the last Health and Wellbeing Board meeting held in Nov.2013, a number of discussions and developments have taken place, the Board are asked to note and agree the proposals.

- The report to contain the national metrics stated in the Better Care fund; in most cases these metrics were already present in the framework. Metrics on avoidable emergency admissions and patient/service user experience are to be defined and developed in future reporting.

- Additional indicators have been added to reflect the evolution of local and national data sets. These are highlighted within the report.

- Following discussions with the Area Team (NHS England), changes have been made to the section previously titled System Stress Indicators to now reflect stress indicators across the different components of the system – Public Health, Acute/Urgent, GP and Social Care. Work is on-going to ensure the most appropriate indicators have been identified.

- Discussions have taken place with Healthwatch Kent on the inclusion of indicators reflective of their service; Healthwatch Indicators will be added to future reports following on-going discussions.

The Board is also asked to consider future reporting on the Assurance Framework to local Health and Wellbeing Boards.

Key to KPI Ratings used

GREEN	Target has been achieved or exceeded
AMBER	Performance at acceptable level, below target but within 10%
RED	Performance is below 10% of the target
⇧	Performance has increased relative to previous levels (not related to target)
⇩	Performance has decreased relative to previous levels (not related to target)
⇔	Performance has remained the same relative to previous levels (not related to target)

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

Geographical Comparisons: Comparisons have been made, in addition to England, to Trafford and Bedford; both are within Kent's Socioeconomic Decile Group – Decile 7 Less Deprived as outlined in the mortality rankings. Trafford and Bedford were the closest to Kent within the group based on the median value for deprivation and adjusted ranking.

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3. Indicator executive summary

The following tables provide a visual summary of the indicators within each outcome domain. The recent status refers to the rating for the last reporting period; the direction of travel similarly refers to the movement from the last reporting period. **If an indicator has not been RAG rated that indicates that there is no current specified target at this stage**.

Outcome 1: Every child has the best start in life

Indicator Description - Targeted	Previous status	Recent status	Direction of travel	Recent time period
1.1 Increasing breastfeeding Initiation Rates	Temporary suspension. Recommencement March 2014			
1.2 Increasing breastfeeding continuance 6-8 weeks	Temporary suspension. Recommencement March 2014			
1.3 Improve MMR vaccination uptake – two doses (5 years old). **Target for this indicator is 95%**	87.2%	90.5%	⇧	2011/12
1.4 Reduction in the number of pregnant women who smoke at time of delivery	16.8%	15.2%	⇩	2011/12

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)	19.7	19.6	⇩	2012/13
1.6 Unplanned hospitalisation for diabetes (primary diagnosis) people aged under 19 years old (rate per 10,000)	8.1	9.5	⇧	2012/13
1.7 Unplanned hospitalisation for epilepsy (primary diagnosis) people aged under 19 years old (rate per 10,000)	8.4	6.9	⇩	2012/13
1.8 Decrease CAMHS average waiting times for routine assessment form referral (incl. Medway). **Target for this is 4 weeks**	7 weeks	5 weeks	⇩	October 2013
1.9 Increase proportion of SEN assessments within 26 weeks. **Target for this is 90%**	90.6%	94.3%	⇧	December 2013
1.10 SEN Kent children placed in independent or out of county schools (number)	537	553	⇧	December 2013
1.11 Reduction in conception rates for young women aged under 18 years old (rate per 1,000)	35.3	31.0	⇩	2011

For Outcome 1, indicators on MMR Vaccination uptake, pregnant women who smoke at time of delivery, unplanned hospitalisation for asthma and epilepsy, CAMHS waiting times, SEN assessments within 26 weeks and conception rate for under 18 years old are all

heading in the right direction, either increasing or decreasing appropriately. None have a RAG rating of Red against existing targets.

The rate of unplanned hospitalisation for diabetes (primary diagnosis) for people aged under 19 years old shows a small increase. Although this is more likely to be related to Type 1 diabetes, further local analysis may need to be undertaken to understand what proportion are due to Type 1 and Type 2 diabetes, and if it is increasing over time. This analysis will assist in service improvement action planning at a local level.

The number of SEN Kent children placed in independent or out of county schools has increased overall across the year, however there were decreases in the numbers from June through to September 2013. This indicator is being monitored by Kent County Council and a 3-year plan has been implemented.

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

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)	-	104.76	▬	2009-11
2.2 Reduction in the under-75 mortality rate from respiratory disease (rate per 100,000)	-	22.4	▬	2009-11
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 for this is 50%**	28.3%	38.7%	⇧	Q2 2013/14
2.4 Increase in the number of people quitting smoking via smoking cessation services (number. proxy for under-75 mortality). **Target for this is 9,249**	1,527	1,353	⇩	Q2 2013/14
2.5 Reduction in the number of hip fractures for people aged 65 and over (rate per 100,000)	477.0	469.0	⇩	2011/12
2.6 Reduction in the rates of deaths attributable to smoking persons aged 35+ (rate per 100,000)	207	198	⇩	2009-11

Indicators on mortality rates have been revised since the previous reports and it is expected that these will be amended again in the next PHOF release.

Reductions are occurring in both hip fractures and deaths attributable to smoking; however it will be important that local analysis is taken into consideration to draw firm conclusions. This will ensure that in case of local areas that may be seeing an increase will then have an action plan to address the identified issues.

NHS health checks and smoking cessation services are currently performing below targeted levels. Kent Public Health is monitoring both services and will be using CCG level data to identify areas of under-performance and develop local plans to address these. Addressing underperformance through local plans is important to ensure populations that are at a high risk of a cardiovascular event can be identified at an early

stage, and receive appropriate interventions either through lifestyle changes or through pharmacological treatment.

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 - Targeted	Previous status	Recent status	Direction of travel	Recent time period
3.1 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. ***This has been moved to Adult Social Care System Stress (6.8) and is also a BCF indicator.***				
3.2 Clients with community based services who receive a personal budget and/or direct budget. **Target for this -77%**	76%	73%	⇩	September 2013
3.3 Increase the number of people using telecare and telehealth technology (number). **Target for this is 1,750**	1,937	2,276	⇧	September 2013

The proportion of clients who receive a personal and/or direct budget has decreased from the previous quarter; however the actual number has increased as have the numbers on the caseload further, thereby producing a lower proportion. The target for the recent status is 77%, rising to 84% for Quarter 3.

There has been an increase in the number of people using a telecare service and has exceeded the target for the full year of 2,200. Telecare is a mechanism to allow people to live independently and to support after a period of enablement.

Outcome 4: People with mental health issues are supported to "live well"

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)	7.54	7.36	⇩	2010-12
4.2 Increased employment rate among people with mental illness/those in contact with secondary mental health services	-	7.4%	-	2012/13

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	85%	77%	⇩	Q2 2013/14
4.4 Increased crisis response of A&E liaison, all urgent referrals to be seen within 24 hours. **Target for this 100%**	100%	100%	⇔	Q2 2013/14
4.5 Number of adults receiving treatment for drug misuse (primary substance) number	3,364	2,931	⇩	2012/13

Indicator Description - Associated	Previous status	Recent status	Direction of travel	Recent time period
4.6 Number of adults receiving treatment for alcohol misuse (primary substance) number	Figures currently Restricted			
4.7 *Increase in the successful completion and non-representation of opiate drug users leaving community substance misuse treatment (NEW)*	*10.21%*	*10.13%*	⇩	June 2012 – May 2013
4.8 *Decrease the number of people entering prison with substance dependence issues who are previously not known to community treatment (NEW)*	Awaiting indicator development and reporting from Public Health England			

Two further indicators have been proposed for Outcome 4; these indicators refer to substance misuse treatment services and both feature in the Public Health Outcomes Framework. Indicator 4.7 focusses on increasing the number of client's successfully leaving structured treatment and not returning to the treatment services within a set period of time, due to not relapsing. Indicator 4.8 monitors the number of people entering prison, with a substance misuse problem who have not accessed structured treatment in the community before (treatment naïve). This indicator is still under development but will help assess the reach and accessibility of community services in engaging substance misusers before entering the penal system.

Outcome 5: People with dementia are assessed and treated earlier

Indicator Description - Targeted	Previous status	Recent status	Direction of travel	Recent time period
5.1 Improvements in the rates of diagnosis in Kent	Awaiting information from KMCS			
5.2 Increase in effectiveness of post diagnosis care in sustaining independence and improving quality of life for an increased number of people	Awaiting information from KMCS			
5.3 Reduction in care home placements	Awaiting information from KMCS			
5.4 Reduction in hospital admissions	Awaiting information from KMCS			

Indicator Description - Associated	Previous status	Recent status	Direction of travel	Recent time period
5.5 People waiting longer than 12 weeks to access memory services	Awaiting information from KMCS			

Stress indicators

Public Health	Previous status	Recent status	Direction of travel	Recent time period
6.1 *Population vaccination coverage – Flu (aged 65+) (NEW).* **Target for this 75%**	*72.8%*	*73.1%*	⇧	2011/12

Public Health	Previous status	Recent status	Direction of travel	Recent time period
6.2 Population vaccination coverage – Flu (at risk individuals) (NEW). **Target for this is 75%**	*47.2%*	*46.3%*	⇩	*2011/12*

Two indicators on flu vaccination of those at risk have been proposed as public health stress indicators; coverage is correlated to levels of diseases, vaccination decreases can be identified as trigger points for further action. Both indicators have a target of 95%, 2012/13 data will need to be analysed to give further information on these indicators.

Acute/Urgent	Previous status	Recent status	Direction of travel	Recent time period
6.3 Bed occupancy rates, overnight				
Dartford and Gravesham NHS Trust	96.1%	93.2%	Refer to section 6.3	Rolling 12 month September 2013
East Kent Hospitals University NHS Foundation Trust	77.1%	80.5%		
Maidstone and Tunbridge Wells NHS Trust	89.4%	89.3%		
Kent and Medway NHS and Social Care Partnership	93.3%	93.3%		
6.4 A&E attendances within 4 hours (all) from arrival to admission, transfer or discharge				
Dartford and Gravesham NHS Trust (all)	93.7%	92.4%	Refer to section 6.4	Four- week rolling to Week 40 (ending 05/01/2014)
East Kent Hospitals University NHS Foundation Trust (all)	92.6%	92.5%		
Maidstone and Tunbridge Wells NHS Trust (all)	95.0%	94.3%		
6.5 Number of emergency admissions	To be further discussed and developed with NHS England			

Across all the trusts there has been a gradual decrease over time in the proportions for A&E attendances being dealt within 4 hours from arrival, however all remain above 90%, and will need on-going monitoring. There is a noticeable difference on bed occupancy rates of East Kent Hospitals University NHS Foundation Trust in comparison to the other three, of which have similar proportions. The high percentage of bed occupancy and delayed days could potentially affect transfer from A&E.

Primary Care	Previous status	Recent status	Direction of travel	Recent time period
6.6 GP attendances	Awaiting information from NHS England and indicator development			
6.7 Out of Hours activity / 111 call volumes	Awaiting information from NHS England and indicator development			

| Social care / Community care	Previous status	Recent status	Direction of travel	Recent time period
6.8 (was 3.1) 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. **Target for this is 85%**	85.7%	84.1%	⇩	2012/13
6.9 Number of delayed days, acute and non-acute for Kent BCF	2,118 days	2,297 days	Refer to section 6.8	Rolling 3 month Nov 2013
6.10 Infection control rates	Awaiting Information from NHS England			
*6.11 Percentage of people with short term intervention that had no further service (NEW).***Target for this is 46%**	47.4%	47.6%	⇧	September 2013
6.12 Admissions to permanent residential care for older people (number) (NEW). BCF ***Target for this is 130***	133	120	⇩	September 2013

Indicators 6.11 and 6.12 have been proposed as new indicators to take into account the Better Care Fund and stress indicators.

The proportion of people remaining home after discharge has decreased slightly from 2011/12 to 2012/13; however Kent has remained above National levels at 81.4%. Kent County Council has a target of 85%.

4. Assurance Framework

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

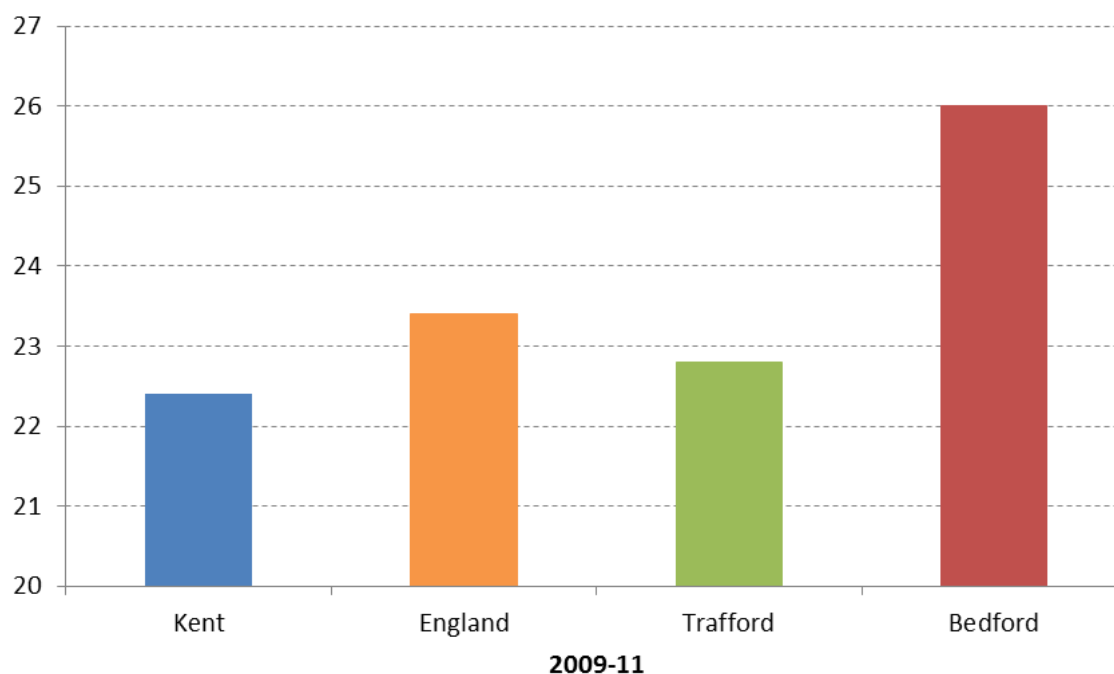| 2.1 Reduction in the under-75 mortality rate from cancer |
| --- |
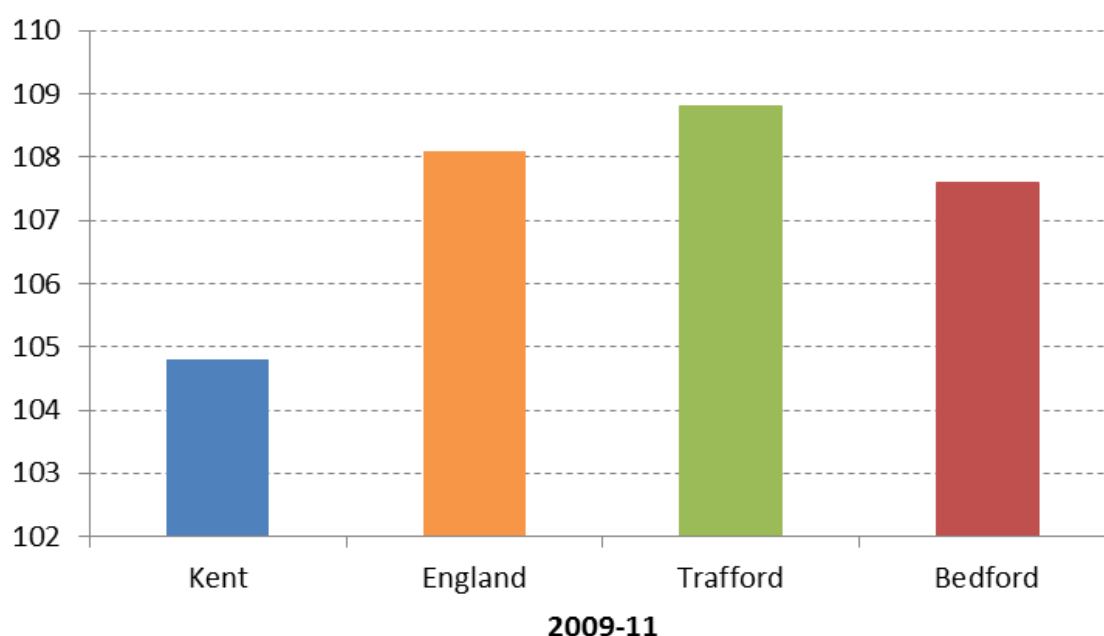
The data highlights that in Kent Directly Standardised death Rate - per 100,000 from cancer for under 75 years is 104.8. This is comparatively lower than England and also with comparative Counties (Trafford and Bedford). Cancer is the highest cause of death in under 75's; prevention and early detection is considered as important as treatment. Consistent increases would need to be analysed alongside other indicators and an evaluation of public health policy and interventions.

The Public Health Outcomes Framework is still in early development with expansion of the indicators still to occur in some cases. The expectation is that this indicator, which was amended, will be backdated. Current provision is two year pooled data with no trend.

Source: Public Health Outcomes Framework: Indicator 4.05i

http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000044/pat/6/ati/102/page/4/par/E12000008/are/E10000016

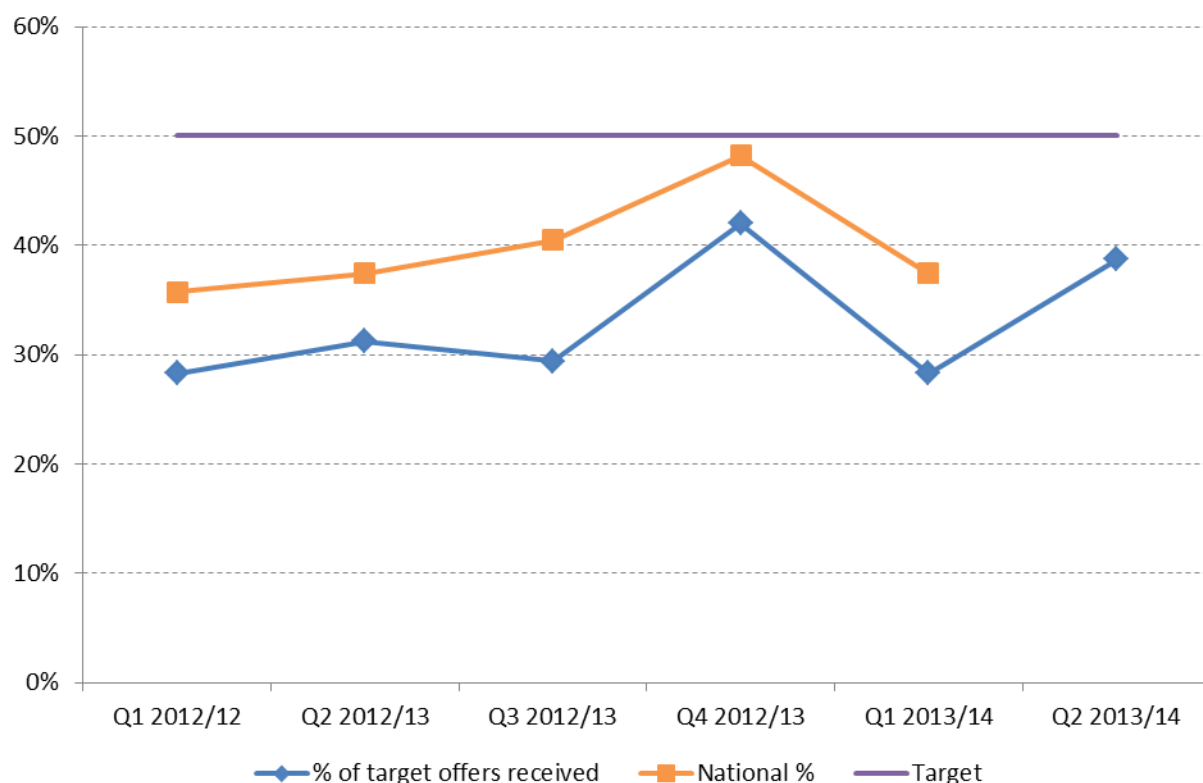## 2.2 Reduction in the under-75 mortality rate from respiratory disease

In Kent the Directly Standardised death rate - per 100,000 for respiratory diseases for under 75 years is 22.4 which is again lower than England and two comparative Counties. Respiratory disease is on one the top causes of death in under 75's. Chronic Obstructive Pulmony disease (COPD) is one of the major respiratory diseases of which smoking is the major cause. As with metric 2.1, trend would need to be monitored alongside other indicators and an evaluation of public health policy and interventions.

The Public Health Outcomes Framework is still in early development with expansion of the indicators still to occur in some cases. The expectation is that this indicator, which was amended, will be backdated. Current provision is two year pooled data with no trend.

Source: Public Health Outcomes Framework: Indicator 4.07i (provisional)

http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000044/pat/6/ati/102/page/6/par/E12000006/are/E06000055

2.3 Increase the proportion of people receiving NHS health checks   ⇧

It was agreed in previous meetings that the uptake of NHS Health Checks is considered as a proxy indicator for under-75 mortality from all cardiovascular disease. The indicator informs 50% of the target population (40 – 74 years old) to be invited for a NHS health check receiving an actual NHS health check, by quarter.

NHS health checks are to identify early signs of poor health and assess the risk of heart disease, stroke, kidney disease and diabetes; the higher the proportion receiving the health checks the better the opportunities for early identification and prevention.

Public Health Kent monitors any variation at CCG and GP level on a monthly basis to ensure the programme is functioning across Kent.

Target: The eligible population in Kent is 91,241for 2013/14; the target for 2013/14 is for all 91,241 to be invited to attend a NHS Health Check with actual take-up of 50% or 45,621.

Source: Public Health Kent

2.4 Increase in the number of people quitting smoking via smoking cessation Services ⇩

Legend: Number of quit dates set — Target number of quits — Number of quits
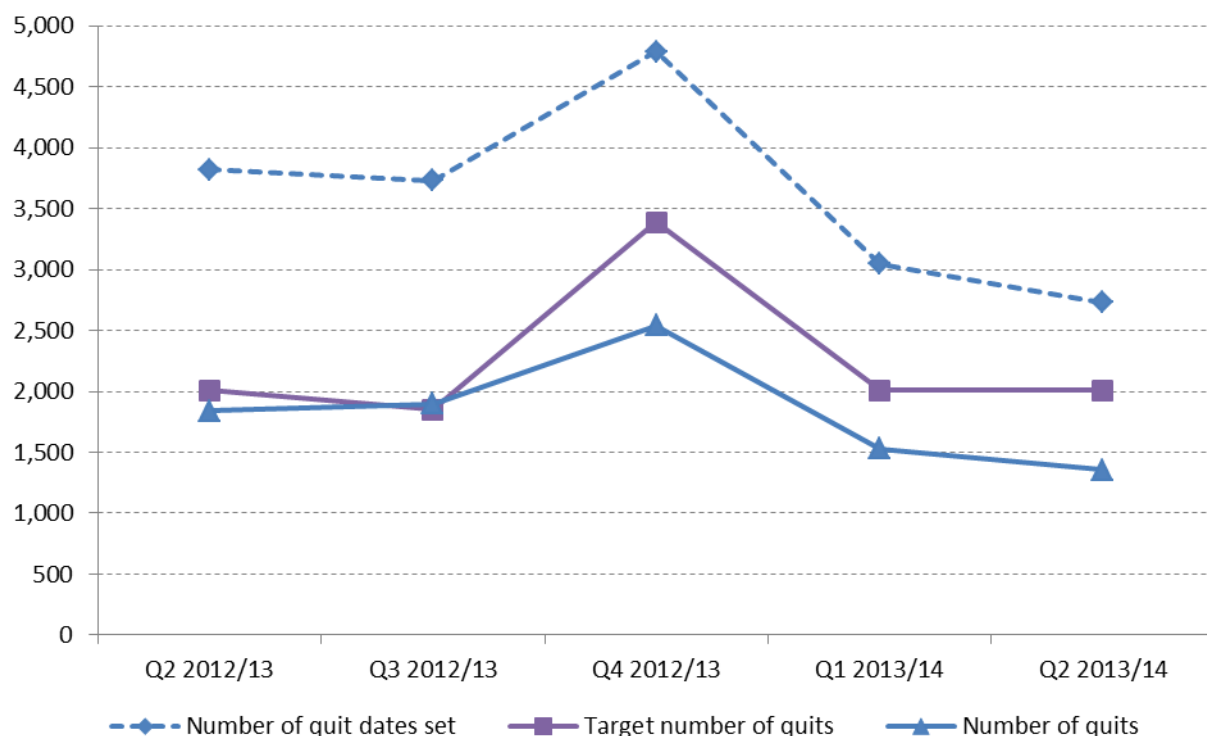
Proxy for under-75 mortality from all cardiovascular disease.

From Q2 2012/13 to Q2 in 13/14, the proportion of people quitting following setting a quit date is on average 50% (48% -53%).

Smoking contributes to a range of illnesses – respiratory disease, cancer deaths, circulatory disease and diseases of the digestive system. It is estimated that treating smoking related illness cost £2.7 billion to the NHS in 2006/07. (Healthy Lives, Healthy People: A Tobacco Control Plan for England. 2011). https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213757/dh_124960.pdf .

If the numbers of quitters decrease, then the impact on population health and cost to the different components of the health system could escalate.

Kent Public Health is currently working with the commissioned service provider to ensure reporting is available at CCG levels to allow for further analysis and identification of variation across the county.

Target: Historic Department of Health target of 9,249 quits

Source: Public Health Kent

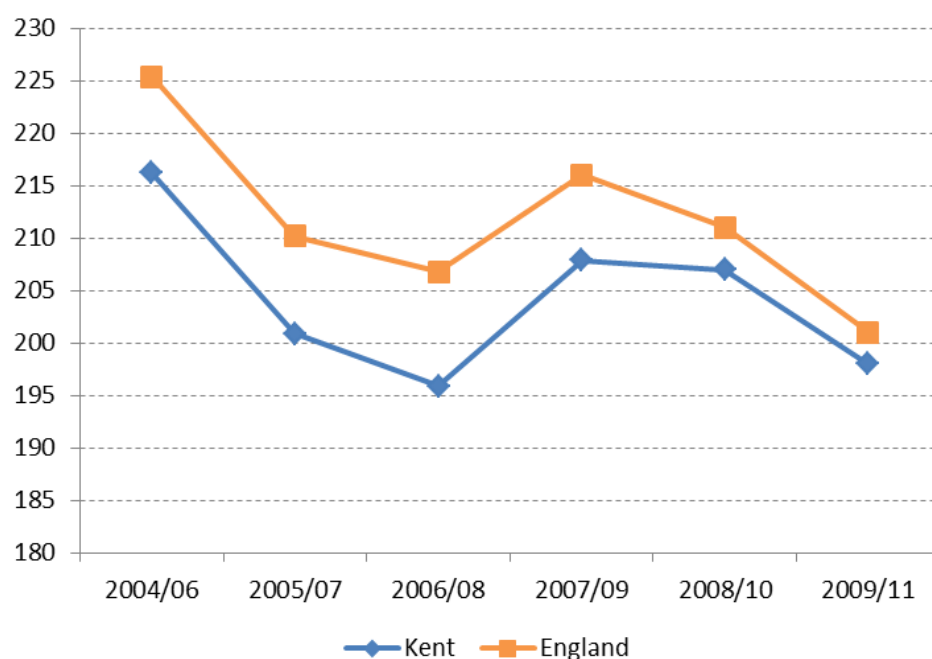| 2.5 Reduction in the number of hip fractures for people aged 65 and over | ⇩ |
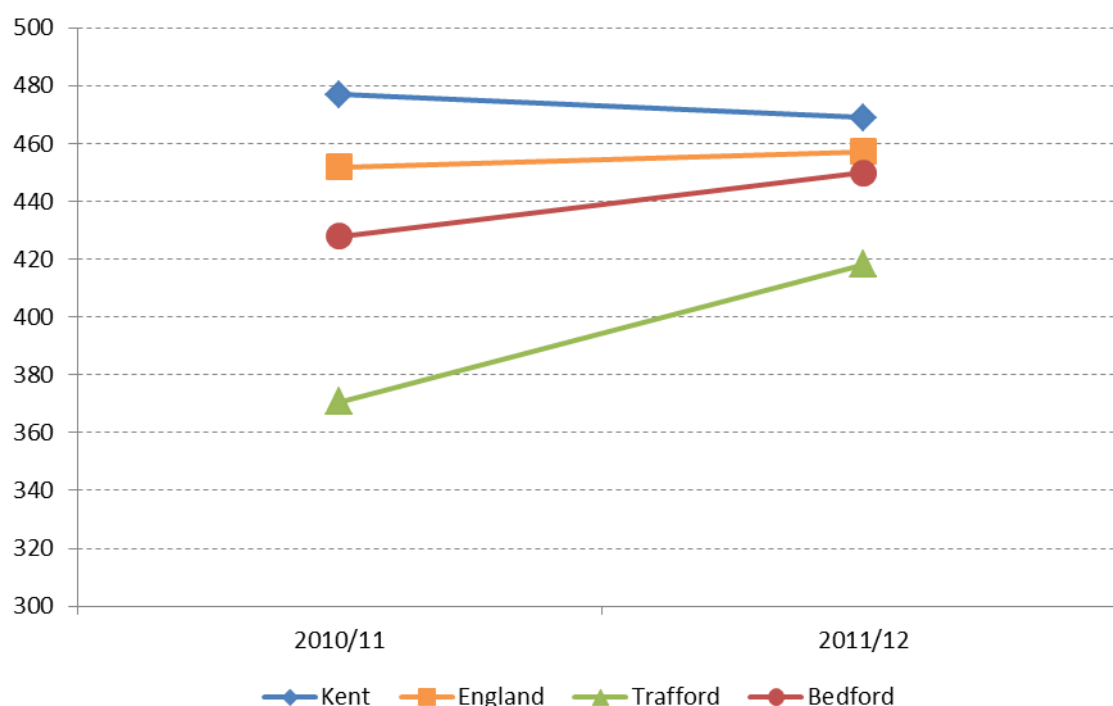
In Kent Directly standardised rate of emergency admissions for fractured neck of femur in those aged 65+ is 469.0 per 100,000. Although showing a downward trend it is still above England rate and that of comparative counties.

Increases in the number of people suffering from a hip fracture have an effect both on urgent care and adult social services, with many potentially needing long-term care. This metric can be considered alongside metric 6.12 admissions to permanent residential care for older people.

Source: Public Health Outcomes Framework: Indicator 4.15i

http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000044/pat/6/ati/102/page/6/par/E12000008/are/E10000016

2.6 Reduction in the rate of deaths attributable to smoking ⇩

Directly age standardised rate per 100,000 population aged 35 and over

The 2013 health profiles for districts highlight the variation across the county; The highest rate was in Thanet at 250 per 100,000. The four districts with the highest rates were all in East Kent. This is mirrored in the three lowest rates which are all in West Kent, the lowest being experienced in Sevenoaks at 136 per 100,000.

Smoking causes more preventable deaths than anything else and contributes significantly towards increasing inequalities within and between communities. Therefore reductions in the rates and numbers of deaths attributable to smoking are essential through concerted effort across the system.
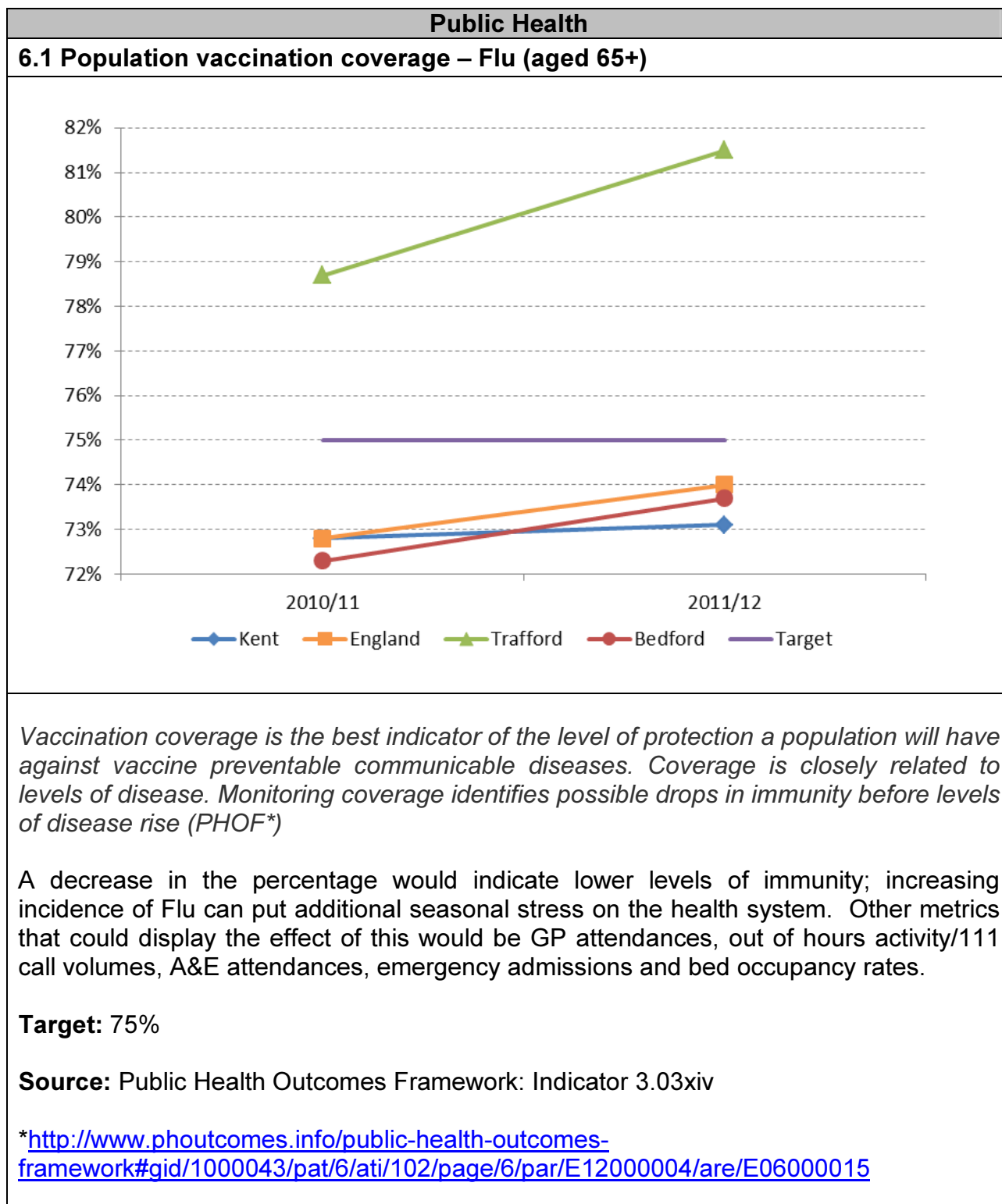
Source: Kent and Medway Public Health Observatory. APHO Health Profiles (2013 most recent)

http://www.apho.org.uk/default.aspx?RID=49802

5. Better Care Fund

BCF Indicators	BCF Metric	
6.8 (was 3.1) 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	Effectiveness of reablement	Refer to Section 6 stress indicators; 6.8
6.9 Number of delayed days, acute and non-acute for Kent	Delayed transfers of care	Refer to Section 6 stress indicators; 6.9
6.12 Admissions to permanent residential care for older people (number) (NEW)	Admissions to residential and care homes	Refer to Section 6 stress indicators; 6.12
For future definition and sourcing		
Avoidable Emergency Admissions		
Patient / Service user experience		

6. Stress indicators

Public Health
6.1 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 hours 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/E12000004/are/E06000015

6.2 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 hours activity/111 call volumes, A&E attendances, emergency admissions and bed occupancy rates.
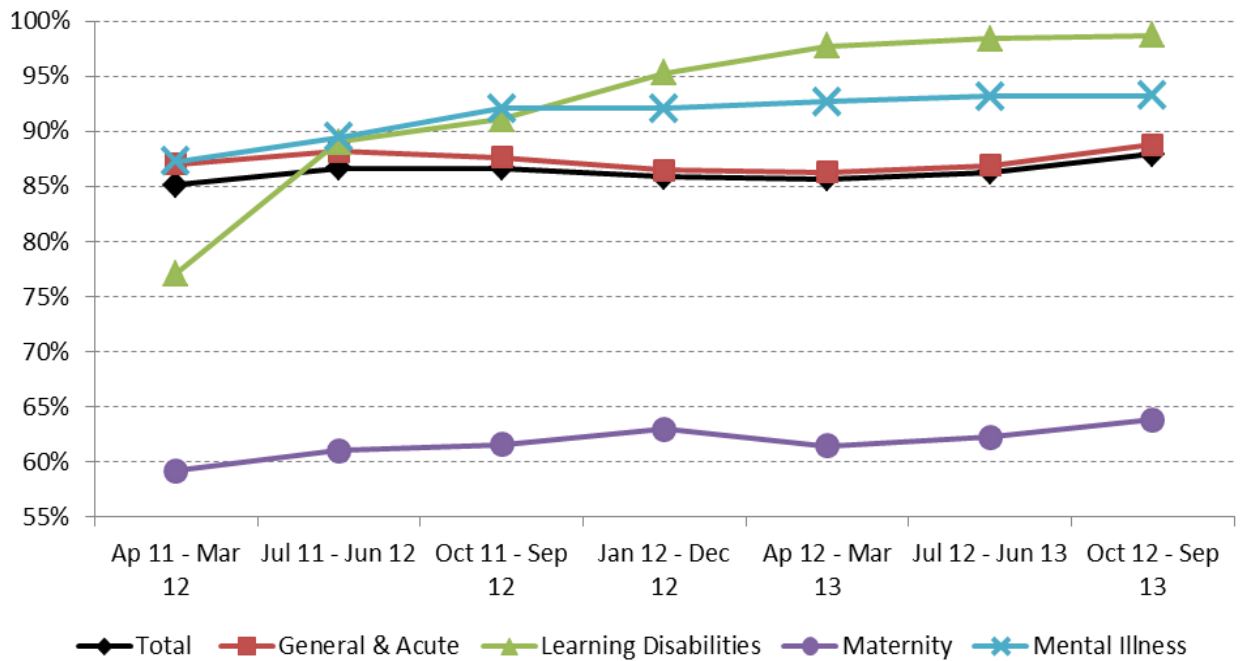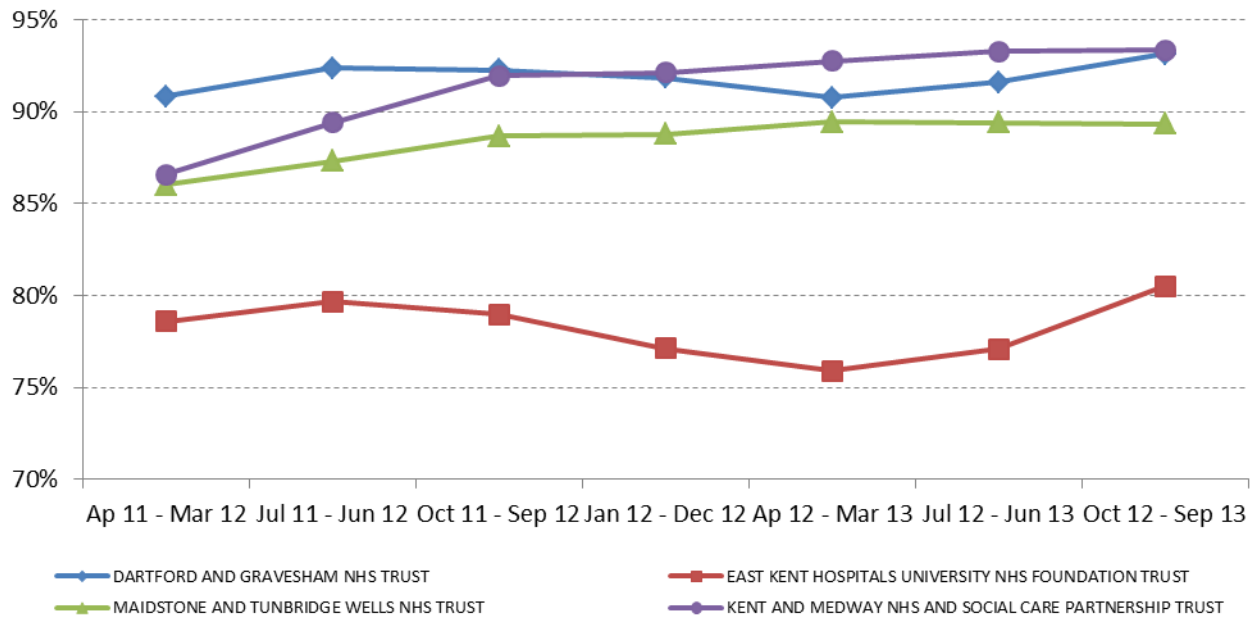
Target: 75%

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

6.3 Bed occupancy rates

Legend (top chart):
- DARTFORD AND GRAVESHAM NHS TRUST
- EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST
- MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST
- KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST

Legend (bottom chart):
- Total
- General & Acute
- Learning Disabilities
- Maternity
- Mental Illness

Acute/Urgent

Rolling 12 months data.

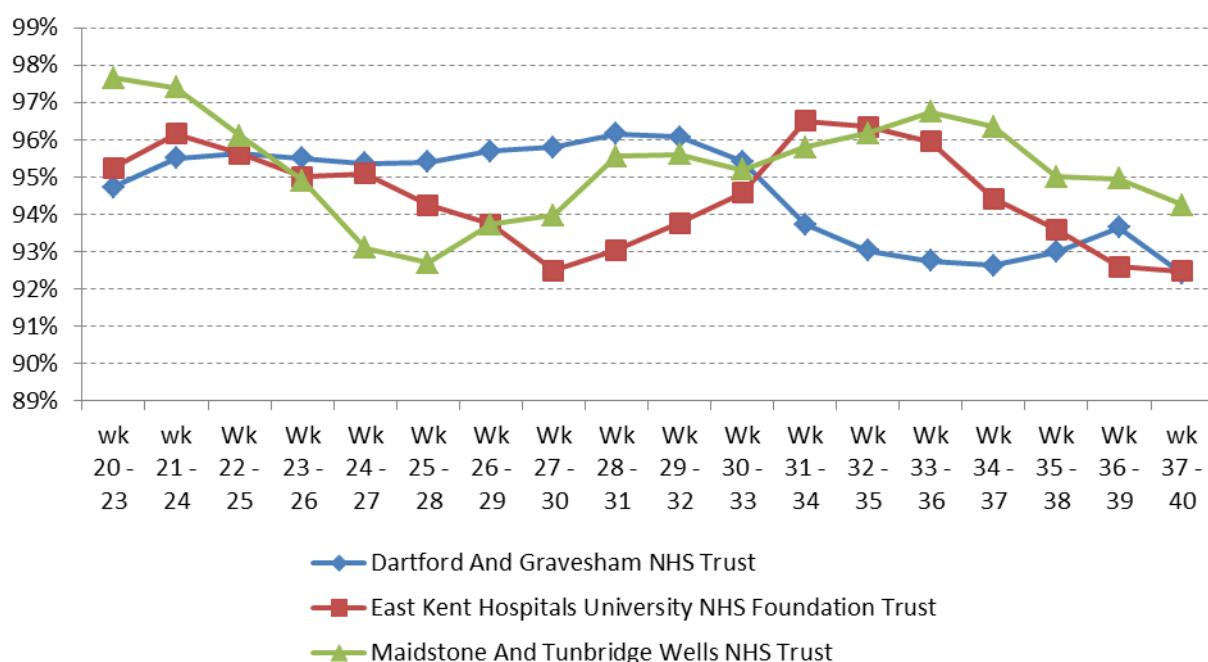Percentage of occupied beds open overnight only by consultant main specialty and by Trust.
Whilst under-utilisation of beds is not desirable, Occupancy rates at 100% indicate minimal flexibility to respond to an emerging crisis or outbreak.
To understand system wide issues this indicator could potentially be seen in conjunction with other indicators such as A&E transfers and delayed days.
Source: NHS England. January 2014
http://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/bed-data-overnight/

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

Percentage within 4 hours.

4-weekly rolling figures (Week 40 is week ending 05/01/2014)

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.
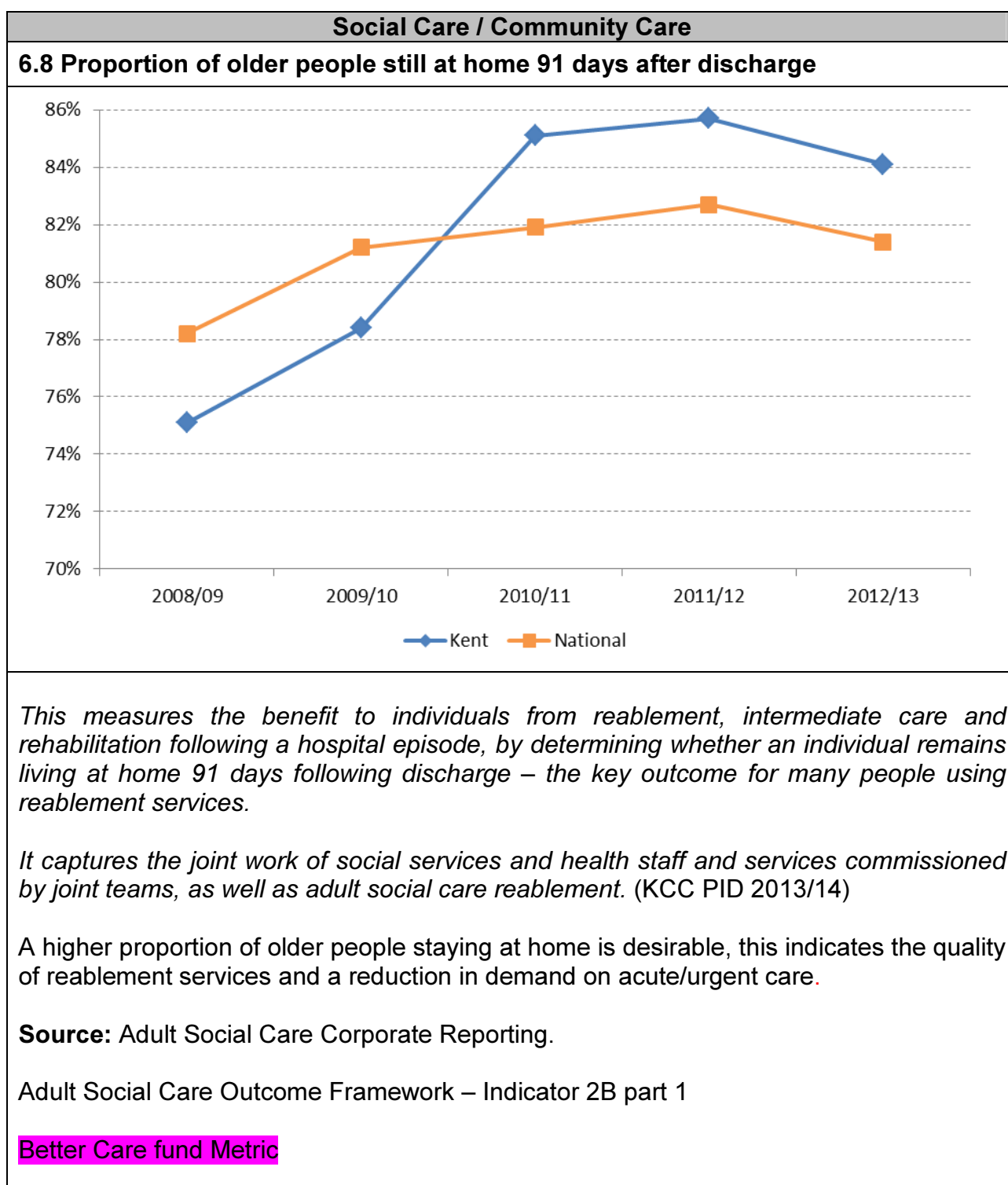
Source: NHS England. AE SitRep January 2014.

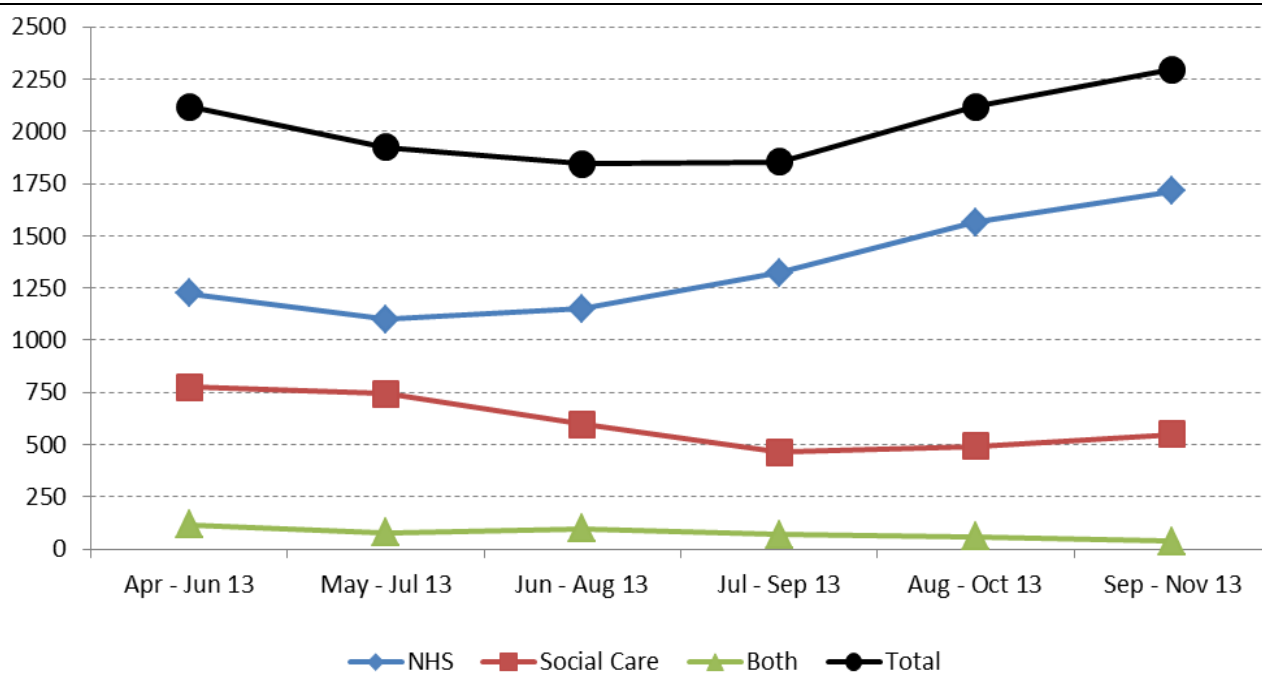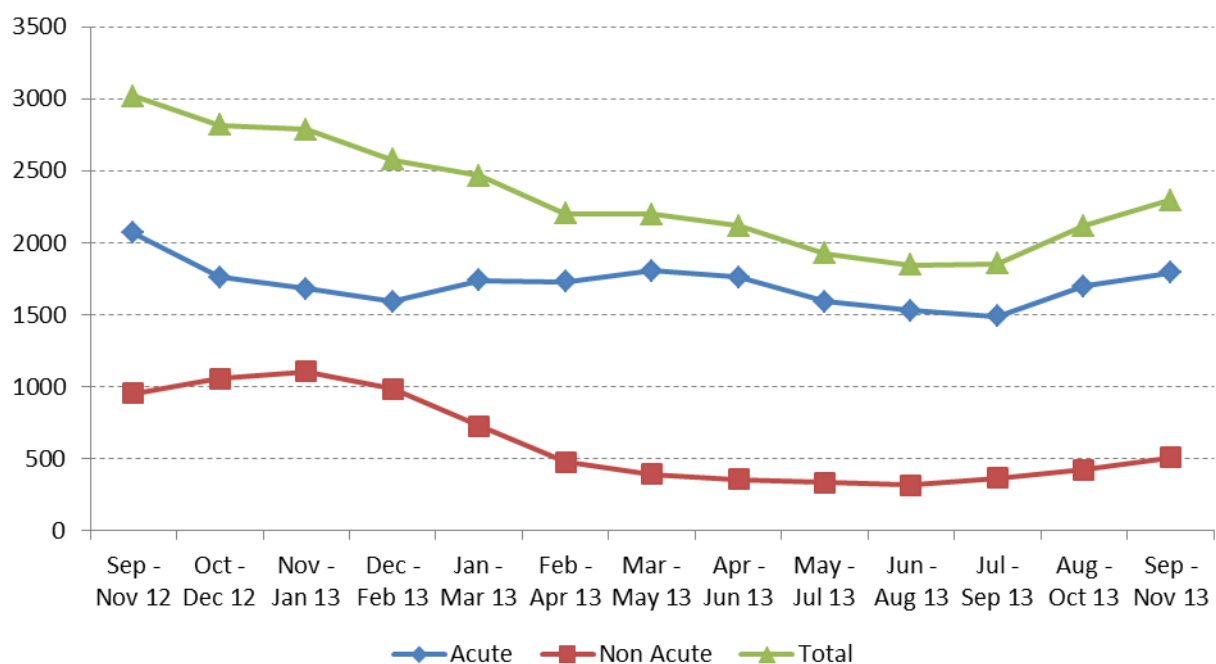http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/weekly-ae-sitreps-2013-14/

6.5 Number of emergency admissions

To be further discussed and developed with NHS England

Primary Care
6.6 GP Attendances
Awaiting information from NHS England and indicator development
6.7 Out of Hours activity / 111 call volumes
Awaiting information from NHS England and indicator development

Social Care / Community Care
6.8 Proportion of older people still at home 91 days after discharge

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.

It captures the joint work of social services and health staff and services commissioned by joint teams, as well as adult social care reablement. (KCC PID 2013/14)

A higher proportion of older people staying at home is desirable, this indicates the quality of reablement services and a reduction in demand on acute/urgent care.

Source: Adult Social Care Corporate Reporting.

Adult Social Care Outcome Framework – Indicator 2B part 1

Better Care fund Metric

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

Number of delayed days during the reporting period, using three month rolling figures. Acute and non-acute at Local Authority level – Kent. The second chart shows the number of delayed days by the responsible organisation – NHS, Social Care or Both.

Delayed days are when a patient is ready from 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. It is also not desirable and can be stressful to the patient to be in hospital unnecessarily.
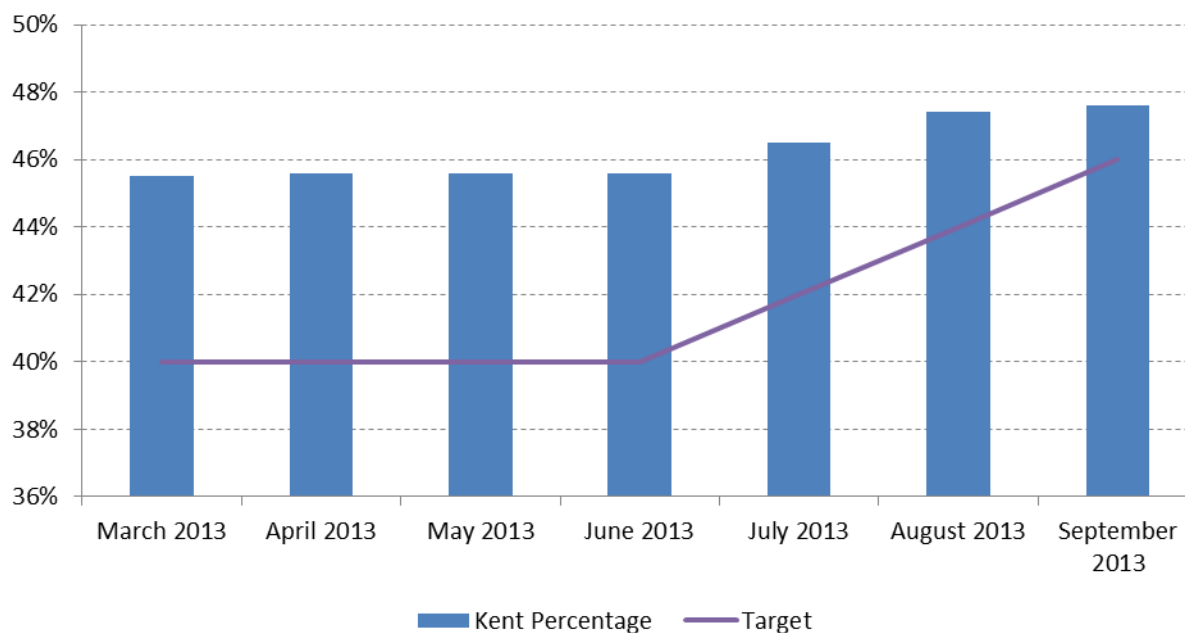
Source: NHS England. January 2014http://www.england.nhs.uk/statistics/statistical-work-

areas/delayed-transfers-of-care/

6.10 Infection control rates
Awaiting Information from NHS England

6.11 Percentage of people with short term intervention that had no further service


Aims to measure the effectiveness of short term intervention, looking at the percentage of people who are successfully enabled to stay at home with no further support from Social Care. This will include the provision of services such as enablement, immediate care and equipment. (ASC Dashboard September 2013)

An increasing proportion on people needing no further service indicates a good quality of service received and no further demand on services.

Target: The target for the end of the year is 60%; there is an incremental target increase from July 2013.

Source: Adult Social Care Dashboard September 2013. Social Care & Public Health Cabinet Committee.

6.12 Admissions to permanent residential care for older people
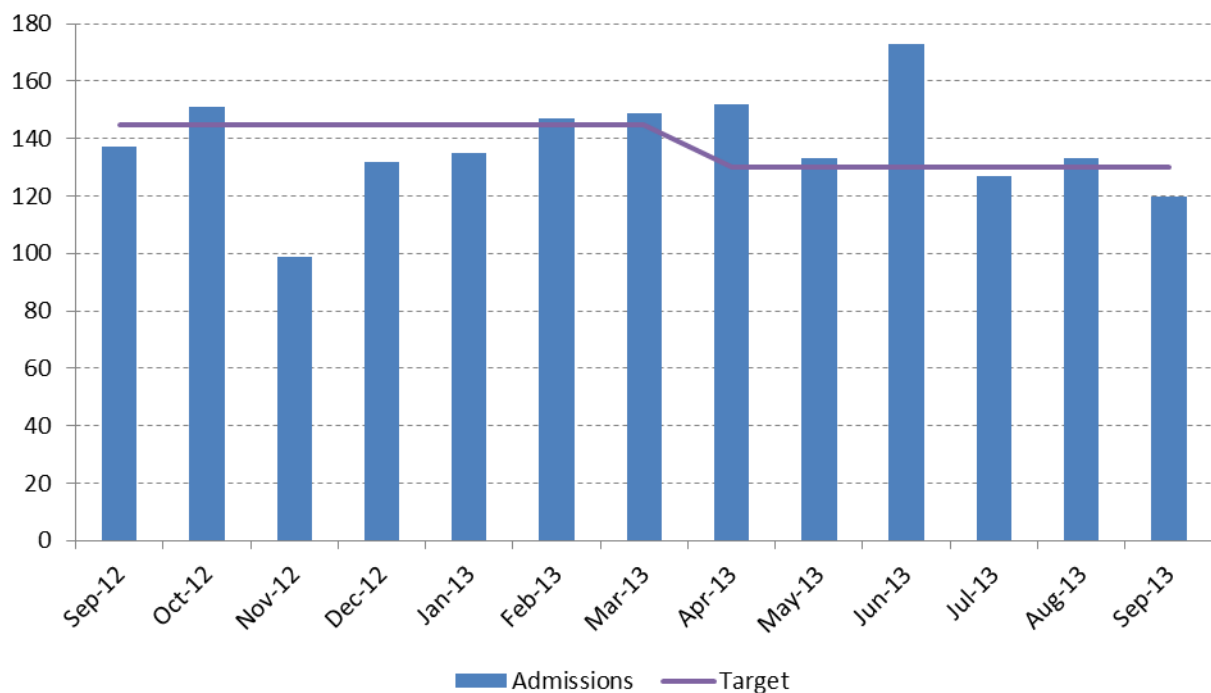
Many admissions are linked to hospital discharges, or specific circumstances or health conditions such as breakdown in carer support, falls, incontinence and dementia. (ASC Dashboard September 2013)

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.

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

Source: Adult Social Care Dashboard September 2013. Social Care & Public Health Cabinet Committee.

Better Care fund Metric