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To: Kent Health and Wellbeing Board

Date: 20th May 2015

Subject: Assurance Framework

Classification: Unrestricted

Summary:

This paper provides an overview of the indicators contained within the Kent Health and Wellbeing Strategy, with a more detailed look at the acute and urgent care services in Kent.

Recommendations:

The Health and Wellbeing Board is asked to:

1. Continue to raise reporting and recording concerns on breastfeeding rates with the relevant partners.
2. Seek assurance from NHS England on actions for improving the uptake of 2 dose MMR vaccination amongst 5 years olds
3. Seek assurance from NHS England for improving the uptake of flu vaccination in the target population
4. Seek assurance from CCGs and Social Care on plans for ensuring capacity and capability of the local systems to address potential demands during winter of 2015/16.

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 continues to focus on the acute and urgent care stress metrics as presented in the previous report, this can be seen in Appendix 1.

2. Key developments

There were no major changes in metrics for Outcome 2 and 5 that need to be raised in this current report.

Outcome 1: Every child has the best start in life.

Breastfeeding rates for both initiation and continuation, where available, show lower than national performance for Kent; data quality concerns continue to surround the recording and reporting of breastfeeding continuation rates both in Kent and nationally.

The proportion of 5 year olds having the MMR 2 dose vaccination (Indicator 1.5) has decreased and is now both below the 90% target and the National proportion.

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

The proportions of Kent adults who are receiving secondary mental health services on the care plan approach recorded as in stable and appropriate accommodation remains considerable higher than national levels, however all three aspects of the metric have decreased from the previous year for Kent (Indicator 3.6).

Outcome 4: People with mental health issues are supported to “live well”.

The rate of male suicides in Kent has slowly been increasing from 2008-10, the most recent reporting period now shows Kent with a slightly higher rate (14.6 per 100,000) than both the national male suicide rate (13.8 per 100,000) and the Kent female suicide rate (4.1 per 100,000). (Indicator 4.9)

Stress Indicators

All Trusts with the exception of East Kent Hospital University Foundation Trust (EHHUFT) experienced increases in the bed occupancy rate in Q3 2014/15. EKHUFT was the only Trust to reduce its occupancy rates to just below the recommended operating level of 85%.

For the week ending 12/04/2015, Dartford and Gravesham NHS Trust (DG NHS) and Medway NHS Foundation Trust (MFT) had their proportions of A&E attendances within 4 hours (all) from arrival to admission transfer or discharge above both National and the target of 95%. Maidstone and Tunbridge Wells NHS Trust (MTW) and EKHUFT remain below both National and the target for this time period. Overall the performance of the Trusts has increased from the lower proportions consistently experienced by all the Trusts in December and January. Further analysis is needed locally into the other factors influencing this metric outside of the number of attendances and admissions.

Although the acute delayed days continue to form the majority of delayed days in Kent, there has been a noticeable increase in the number of non-acute delayed days; with 1,287 non-acute delayed days in February compared 1,710 acute. Both NHS and Social care attributed delayed days have increase, with Social Care experiencing the highest number of delayed days in February 2015 at 947 since reporting from April 2013.

Please refer to Section 5 of Appendix 1 for a detailed outline of bed occupancy, A&E discharges, admissions or transfers within 4 hours, and delayed days.

3. Recommendations

The Health and Wellbeing Board is asked to:

1. Continue to raise reporting and recording concerns on breastfeeding rates with the relevant partners.
2. Seek assurance from NHS England on actions for improving the uptake of 2 dose MMR vaccination amongst 5 years olds
3. Seek assurance from NHS England for improving the uptake of flu vaccination in the target population
4. Discuss the reporting of NHS 111 performance in Kent, and make suggestions on alternate metrics
5. Seek assurance from CCGs and Social Care on plans for ensuring capacity and capability of the local systems to address potential demands during winter of 2015/16.

4. Background Papers

Joint Kent Health and Wellbeing Strategy

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Key to KPI Ratings used in Appendix 1

GREEN	Target has been achieved or exceeded, or in comparison to National
AMBER	Performance was at an acceptable level within the target or in comparison to National
RED	Performance is below an acceptable level, or in comparison to National
↑	Performance has improved relative to the previous period
↓	Performance has worsened relative to the previous period
↔	Performance has remained the same relative to the previous period

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

Appendix 1. Indicator executive summary

The following tables provide a visual summary of the indicators within each outcome domain. Where an indicator has not been RAG rated this indicates that there is no current specified target at this stage or there has not been a National RAG comparison made in the Public Health Outcomes Framework (PHOF).

Outcome 1: Every child has the best start in life

There have been updated published figures since the previous report for MMR uptake of 2 doses at age 5 (1.5) school readiness (1.6) excess weight in children (1.7 & 1.8) and CAMHS (1.11 – 1.13).

Indicator Description	Known Target	Previous status	Recent status	DoT	Recent time period
1.1 Reducing the number of pregnant women with a smoking status at time of delivery (PHOF)	12.0% national	15.2% (r)*	13.0% (r)	↑	2013/14
1.2 Increasing breastfeeding initiation rates (PHOF)	73.9% national	72.1% (r)	71.3% (r)	↓	2013/14
1.3 Increasing breastfeeding continuance at 6-8 weeks (PHOF)	47.2% national	**	40.8% (r)	-	2012/13
1.4 Reducing conception rates for young women aged under 18 years old (rate per 1,000. PHOF)	24.3% national	25.9 (a)	22.9 (a)	↑	2013
1.5 Improving MMR vaccination uptake of two doses at 5 years old (PHOF)	90%	92.2% (g)	87.1% (r)	↓	2013/14
1.6 Increasing school readiness: all children achieving a good level of development at end of Year R (% of all eligible children. PHOF)	60.4% national	63.4% (g)	68.5% (g)	↑	2013/14
1.7 Reducing the proportion of 4-5 year olds with excess weight (PHOF)	22.5% national	21.7% (a)	20.8% (g)	↑	2013/14
1.8 Reducing the proportion of 10-11 year olds with excess weight (PHOF)	33.5% national	32.7% (a)	32.7% (g)	↔	2013/14
1.9 Increasing the proportion of SEND assessments within 26 weeks (Stress indicator. KCC MIU)	90%	92.9% (g)	92.4% (g)	↓	August 2014***
1.10 Reducing the number of Kent children with SEND placed in independent of out of county schools (Stress indicator. KCC MIU)	-	604	599	↑	August 2014***

Indicator Description	Known Target	Previous status	Recent status	DoT	Recent time period
1.11 Reducing CAMHS average waiting times to routine assessment from referral (Stress indicator. South East CSU)	tbc	5 weeks	6 weeks	↓	February 2015
1.12 Reducing the number waiting for routine CAMHS treatment (Stress indicator. South East CSU)	tbc	262	279	↓	February 2015
1.13 Having an appropriate CAMHS caseload for patients, open at any point during the month (Stress indicator. South East CSU)	8,408	8,662 (r)	8,381 (g)	↑	February 2015
1.14 Reducing unplanned hospitalisation rates for asthma (Primary diagnosis) in people aged under 19 years old (rate per 100,000. KMPHO)	-	14.8	14.6	↑	2013/14
1.15 Reducing unplanned hospitalisation rates for diabetes (Primary diagnosis) in people aged under 19 years old (rate per 100,000. KMPHO)	-	7.6	7.3	↑	2013/14
1.16 Reducing unplanned hospitalisation rates for epilepsy (Primary diagnosis) in people aged under 19 years old (rate per 100,000. KMPHO)	-	9.4	8.8	↑	2013/14

*Refers to 2011/12 as 2013/14 figures for Kent were suppressed. ** Figures suppressed for Kent. *** Rolling 12 month figures

Data quality concerns continue to surround the recording and reporting of breastfeeding continuation rates (at 6-8 weeks) nationally not all Local Authorities have had figures published for 2013/14; both Kent and national as a whole do not have published figures. Work continues between KCC, NHS England Area Team and Providers to find local solutions.

The proportion of 5 year olds having the MMR 2 dose vaccination has decreased to 87.1%; this now places Kent as both below the target of 90% and the England proportion of 88.3%.

Indicator 1.8 on excess weight in children has changed its RAG from Amber to Green; this is due national data refresh as a result of which the national proportion of excess weight has increased consequently placing Kent in a better position by comparison.

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

There have been updates to the following metrics, life expectancy at birth (2.1) and slope index of inequality (2.3) smoking cessation services (2.5) and NHS Health Checks (2.6).

Indicator Description	Target	Previous status	Recent status	DoT	Recent time period
2.1 Increasing life expectancy at birth (PHOF):					
Male (years)	79.4 national	79.9 (g)	79.9 (g)	↔	2011-13
Female (years)	83.1 national	83.4 (g)	83.6 (g)	↑	2011-13
2.2 Increasing healthy life expectancy at Birth (PHOF):					
Male (years)	63.4 national	63.6 (a)	63.5 (a)	↔	2010-12
Female (years)	64.1 national	65.5 (g)	66.0 (g)	↑	2010-12
2.3 Reducing the slope index for health inequalities (PHOF):					
Male (years)	9.1 national	7.1	7.1	↔	2011-13
Female (years)	6.9 national	4.8	5.1	↓	2011-13
2.4 Reducing the proportion of adults with excess weight (PHOF)	63.8% national	-	64.6% (a)	-	2012
2.5 Increasing the proportion of people quitting having set a quit date with smoking cessation services (KCC Public Health)	52%	50% (a)	51% (a)	↑	Q3 2014/15
2.6 Increasing the proportion of people receiving a NHS Health Check of the eligible population (KCC Public Health)	50%	36.1% (r)	50.6% (g)	↑	2014/15
2.7 Reducing alcohol related admissions to hospital (per 100,000. PHOF)	637 national	557 (g)	565 (g)	↓	2012/13
2.8 Increasing the proportion of eligible women screened adequately in the breast cancer screening programme (PHOF)	75.9% national	78.2% (g)	77.6% (g)	↓	2014
2.9 Increasing the proportion of eligible women screened adequately in the cervical cancer screening programme (PHOF)	74.2% national	77.2% (g)	77.1% (g)	↔	2014

Indicator Description	Target	Previous status	Recent status	DoT	Recent time period
2.10 Reducing the rates of deaths attributable to smoking persons aged 35+ (rate per 100,000. Local Tobacco Control Profiles)	288.7 national	285.2 (g)	281.8 (g)	↑	2011-13
2.11 Reducing the under-75 mortality rate from cancer considered preventable (rate per 100,000. PHOF)	83.8 national	80.5 (g)	78.2 (g)	↑	2011-13
2.12 Reducing the under-75 mortality rate from respiratory disease considered preventable (rate per 100,000. PHOF)	17.9 national	16.6 (a)	16.7 (a)	↓	2011-13
2.13 Reducing the under-75 mortality rate from cardiovascular disease considered preventable (rate per 100,000. PHOF)	50.9 national	52.3 (a)	49.3 (a)	↑	2011-13

As outlined in the previous report, cancer screening for both breast and cervical cancer has decreased from 2013 to 2014; this is an ongoing decrease for both measures from 2010; however both currently remain above national coverage rates.

2014/15 saw an increase in the proportion of the eligible population in Kent receiving an NHS Health Check, from just 36.1% in 2013/14 to 50.6%; The actual numbers receiving a check went from 32,924 to 45,623.

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

Updates have been made to metrics on telecare/telehealth (3.2) permanent admissions to residential care (3.4) adults with learning disabilities living in their own home (3.5) adults who are receiving secondary mental health services recorded as living independently (3.6) and recorded diabetes (3.7).

Indicator Description	Target	Previous status	Recent status	DoT	Recent time period
3.1 Increasing clients with community based services who receive a personal budget/ direct budget (ASC KCC)					
Learning Disability Clients	95%	93.2% (r)	93.1% (r)	↔	November 2014
Mental Health Clients	95%	78.9% (r)	82.6% (r)	↑	November 2014

Indicator Description	Target	Previous status	Recent status	DoT	Recent time period
OPPD Clients	95%	73.9% (r)	73.7% (r)	↔	November 2014
3.2 Increasing the number of people using telecare and telehealth technology (ASC KCC)	3,740	4,234 (g)	4,332 (g)	↑	December 2014
3.3 Increasing the proportion of older people (65+) mostly at risk of long term care and hospital admission, who were still at home 91 days after discharge from hospital in reablement/rehabilitation services (Stress indicator. BCF. ASCOF)	82.5% national	-	83.8%	-	2013/14
3.4 Reducing admissions to permanent residential care for older people Stress indicator. BCF. ASC KCC	110	51 (g)	63 (g)	↓	December 2014
3.5 Increasing the percentage of adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family (PHOF, no published RAG)					
Persons	74.8% national	70.1%	70.0%	↔	2013/14
Male	74.5% national	68.7%	68.2%	↓	2013/14
Female	75.3% national	72.0%	72.7%	↑	2013/14
3.6 Increasing the percentage of adults who are receiving secondary mental health services on the care programme approach recorded as living independently, with or without support (aged 18-69 years. PHOF, No published RAG)					
Persons	60.9% national	81.5%	77.9%	↓	2013/14
Male	59.5% national	79.8%	76.9%	↓	2013/14
Female	62.5% national	83.5%	79.1%	↓	2013/14
3.7 Reducing the gap in employment rate between those with a learning disability and the overall employment rate (% point gap. PHOF, No published RAG)	65.1 national	66.5	66.1	↑	2013/14
3.8 Increasing the early diagnosis of diabetes – Recorded Diabetes (registered GP Practice aged 17+. PHOF)	6.2% national	6.0%* (a)	6.2% (a)	↑	2013/14
3.9 Reducing the number of hip fractures for people aged 65 and over (rate per 100,000. PHOF)	568.1 national	599.0 (a)	544.0 (a)	↑	2012/13

* Estimated value

The proportions of Kent adults who are receiving secondary mental health services on the care programme approach recorded as living independently, with or without support, remain considerably higher than national levels, however all three aspects of the metric have decreased from the previous time period (3.6)

Overall there is a decreasing trend on the admissions to permanent residential care for older people (3.4) and the increase experienced in December 2014 is still below the maximum of 110 admissions.

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

There have been updates made to the two substance misuse treatment metrics (4.4 & 4.5) adults and social isolation (4.10) and responses to the annual population survey (4.12).

Indicator Description	Target	Previous status	Recent status	DoT	Recent time period
4.1 Increasing the crisis response of A&E Liaison within 2 hours	-	82.1%	75.5%	↓	Q2 2014/15
4.2 Increasing the crisis response of A&E liaison, all urgent referrals to be seen within 24 hours	100%	100% (g)	100% (g)	↔	Q2 2014/15
4.3 Increasing access to IAPT (Increasing Access to Psychological Therapies) services	Kent value not available				
4.4 Increasing the number of adults receiving treatment for alcohol misuse (ndtms.net)	tbc	1,808	1,937	↑	2013/14
4.5 Increasing the number of adults receiving treatment for drug misuse (ndtms.net)	tbc	2,931	2,807	↓	2013/14
4.6 Reducing the number of people entering prison with substance dependence issues who are previously not known to community treatment (PHOF)	46.9% national	-	57.4% (r)	-	2012/13
4.7 Increasing the successful completion and non-re-presentation of opiate drug users leaving community substance misuse treatment services (PHOF)	7.8% national	10.9% (g)	10.3% (g)	↓	2013

Indicator Description	Target	Previous status	Recent status	DoT	Recent time period
4.8 Increasing the employment rate amongst people with mental illness/those in contact with secondary mental health services (ASCOF)	7.0% national	7.4%	6.2%	↓	2013/14
4.9 Reducing the number of suicides (rate per 100,000. PHOF)					
Persons	8.8 national	8.1 (a)	9.2 (a)	↓	2011-13
Males	13.8 national	12.6 (a)	14.6 (a)	↓	2011-13
Females	4.0 national	4.0 (a)	4.1 (a)	↓	2011-13
4.10 Increasing 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 (PHOF)	44.5% national	44.0% (a)	45.8% (a)	↑	2013/14
4.11 Increasing the percentage of adult social carers who have as much social contact as they would like according to the Personal Social Services Carers survey (PHOF)	41.3% national	-	33.9% (r)	-	2012/13
4.12 Decreasing the percentage of respondents who according to the Annual Population survey have (PHOF):					
Low Satisfaction (score 0-4)	5.6% national	5.6% (a)	5.4% (a)	↓	2013/14
Low Worthwhile (score 0-4)	4.2% national	4.0% (a)	4.1% (a)	↔	2013/14
Low Happiness (score 0-4)	9.7% national	9.9% (a)	9.0% (a)	↓	2013/14

As outlined in the previous report, The rate of male suicides in Kent has slowly been increasing from 2008-10, the most recent reporting period now has Kent as higher than the national rate and the Kent female rate as 14.6 per 100,000 males to 4.1 per 100,000 females. Public Health has a suicide prevention strategy and wellbeing programmes specifically targeting men in Kent, an example is the Kent Sheds programme. There has been an equity audit conducted into IAPT services which has highlighted that men are not accessing psychological therapies as much as women are, from this, wellbeing programmes are further targeting men, specifically in the workplace.

The number of people entering prison with identified substance dependence issues is monitored in indicator 4.6 which looks at the number of those with identified dependence at entry into prison who have not previously accessed community treatment services. This indicator looks at unmet need. Kent is showing as having a higher proportion (57.4%) unknown to community services compared to national proportions (46.9%). This is the first time the metric has been published and will need further analysis and monitoring to develop the right actions to take.

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

Metric 5.6 on patients aged 75 and over admitted as an emergency, has been updated since the previous report.

Indicator Description		Target	Previous status	Recent status	DoT	Recent time period
5.1 Increasing the reported number of dementia patients on GP registers as a percentage of estimated prevalence (South East CSU)		tbc	39.4%	41.5%	↑	2012/13
5.2 Reducing rates of hospital admissions for patients older than 64 years old with a secondary diagnosis of dementia (rate per 1,000. South East CSU)		tbc	25.0	25.1	↔	2013/14
5.3 Reducing rates of hospital admissions for patients older than 74 years with a secondary diagnosis of dementia (rate per 1000. South East CSU)		tbc	49.9	50.5	↓	2013/14
5.4 Reducing total bed-days in hospital per population for patients older than 64 years old with a secondary diagnosis of dementia (rate per 1000. South East CSU)		tbc	231.8	225.7	↑	2013/14
5.5 Reducing total bed-days in hospital per population for patients older than 74 years with a secondary diagnosis of dementia (rate per 1000. South East CSU)		tbc	464.0	452.5	↑	2013/14
5.6 Increase the proportion of patients aged 75 and over admitted as an emergency for more than 72 hours who have been (South East CSU):						
Dartford and Gravesham NHS Trust	(a) identified as potentially having dementia	tbc	91%	94%	↑	Q3 2014/15
	(b) who are appropriately assessed	tbc	100%	100%	↔	
	(c) and, where appropriate, referred on to specialist services in England	tbc	98%	98%	↔	
East Kent Hospitals University NHS Foundation Trust	(a) identified as potentially having dementia	tbc	99%	100%	↑	Q3 2014/15
	(b) who are appropriately assessed	tbc	93%	96%	↑	

Indicator Description		Target	Previous status	Recent status	DoT	Recent time period
	(c) and, where appropriate, referred on to specialist services in England	tbc	100%	100%	↔	
Maidstone and Tunbridge Wells NHS Trust	(a) identified as potentially having dementia	tbc	99%	98%	↓	Q3 2014/15
	(b) who are appropriately assessed	tbc	100%	99%	↓	
	(c) and, where appropriate, referred on to specialist services in England	tbc	100%	100%	↔	
Medway NHS Foundation Trust	(a) identified as potentially having dementia	tbc	91%	93%	↑	Q3 2014/15
	(b) who are appropriately assessed	tbc	94%	93%	↓	
	(c) and, where appropriate, referred on to specialist services in England	tbc	100%	98%	↓	
5.7 Decreasing the percentage of people waiting longer than 4 weeks to assessment with Memory Assessment Services (South East CSU)		tbc	21.0%	23.4%	↓	Q4 2013/14
5.8 Increasing the proportion of patients diagnosed with dementia whose care has been reviewed in the previous 15 months/12 months (South East CSU)		tbc	76.0%	79.7%	↑	2013/14
5.9 Reducing care and nursing home placement, especially those made at a time of crisis and/or from an acute setting		Under development with Adult Social Care KCC and South East CSU				
5.10 Increasing numbers of carers assessments and carers accessing short breaks						
5.11 Increasing attendance at Dementia Peer Support Groups						
5.12 Increasing number of Dementia Champions						

Stress indicators

Indicator Description	Target	Previous status	Recent status	DoT	Recent time period
Children's: Increasing the proportion of SEND assessments within 26 weeks (indicator 1.9 KCC MIU)	90%	92.9% (g)	92.4% (g)	↓	August 2014***
Children's: Reducing the number of Kent children with SEND placed in independent or out of county schools (indicator 1.10 KCC MIU)	-	604	599	↑	August 2014***
Children's: Reducing CAMHS average waiting times from routine assessment from referral (indicator 1.11 South East CSU)	tbc	5 weeks	6 weeks	↓	February 2015
Children's: Reducing the number waiting for routine CAMHS treatment (indicator 1.12 South East CSU)	tbc	262	279	↓	February 2015
Children's: Having an appropriate CAMHS caseload for patients, open at any point during the month (indicator 1.13 South East CSU)	8,408	8,662 (r)	8,381 (g)	↑	February 2015
Public Health Increasing the population Flu vaccination coverage for those aged 65+. (PHOF)	75%	71.4% (r)	71.1% (r)	↓	2013/14
Public Health Increasing the population Flu vaccination coverage for those at risk individuals. (PHOF)	75%	48.7% (r)	49.3% (r)	↑	2013/14
Acute/Urgent Bed Occupancy Rate – Overnight (NHS England)					
Dartford and Gravesham NHS Trust	tbc	93.6%	96.1% (r)	↓	Q3 2014/15
East Kent Hospitals University NHS Foundation Trust	tbc	87.6%	84.5% (g)	↑	
Maidstone and Tunbridge Wells NHS Trust	tbc	91.6%	93.7% (r)	↓	
Medway NHS Foundation Trust	tbc	88.9%	93.0% (r)	↓	
Kent and Medway NHS and Social Care Partnership	tbc	92.4%	94.3% (r)	↓	
Acute/Urgent A&E attendances within 4 hours (all) from arrival to admission, transfer or discharge (NHS England)					
Dartford and Gravesham NHS Trust (all)	95%	95.6% (g)	97.4% (g)	↑	Week ending 12/04/2015
East Kent Hospitals University NHS Foundation Trust (all)	95%	86.3% (r)	90.4% (r)	↑	

Indicator Description	Target	Previous status	Recent status	DoT	Recent time period
Maidstone and Tunbridge Wells NHS Trust (all)	95%	92.4% (r)	90.3% (r)	↓	
Medway NHS Foundation Trust (all)	95%	93.0% (r)	96.9% (g)	↑	
Acute/Urgent Emergency admissions BCF	Awaiting alignment with BCF definitions				
Primary Care GP Attendances	To be defined and developed with South East CSU				
Primary Care Out of Hours activity					
Primary Care 111 NHS Service	Figures only available at Kent, Medway, Surrey and Sussex Level				
Social / Community Care Increasing the proportion of older people (65+) mostly at risk of long term care and hospital admission, who were still at home 91 days after discharge from hospital in reablement/rehabilitation services BCF (indicator 3.3 ASCOF)	82.5% (national)	-	83.8%	-	2013/14
Social / Community Care Decreasing the number of delayed bed days BCF (NHS England)	-	2,605	2,997	↓	February 2015
Acute days	-	1,599	1,710	↓	
Non-acute days	-	1,006	1,287	↓	
Social / Community Care Infection control rates	Continuing to be sources with Public Health England				
Social / Community Care Reducing admissions to permanent residential care for older people (aged 65+) BCF (People. Indicator 3.4 ASC KCC)	110	51 (g)	63 (g)	↓	December 2014

Both Flu vaccination metrics remain below the target of 75%; there has been a slight increase in the proportion of those at risk individuals receiving the vaccination, with an increase from 48.7% in 2012/13 to 49.3% in 2013/14.

The report continues to be unable to report Kent NHS 111 performance.

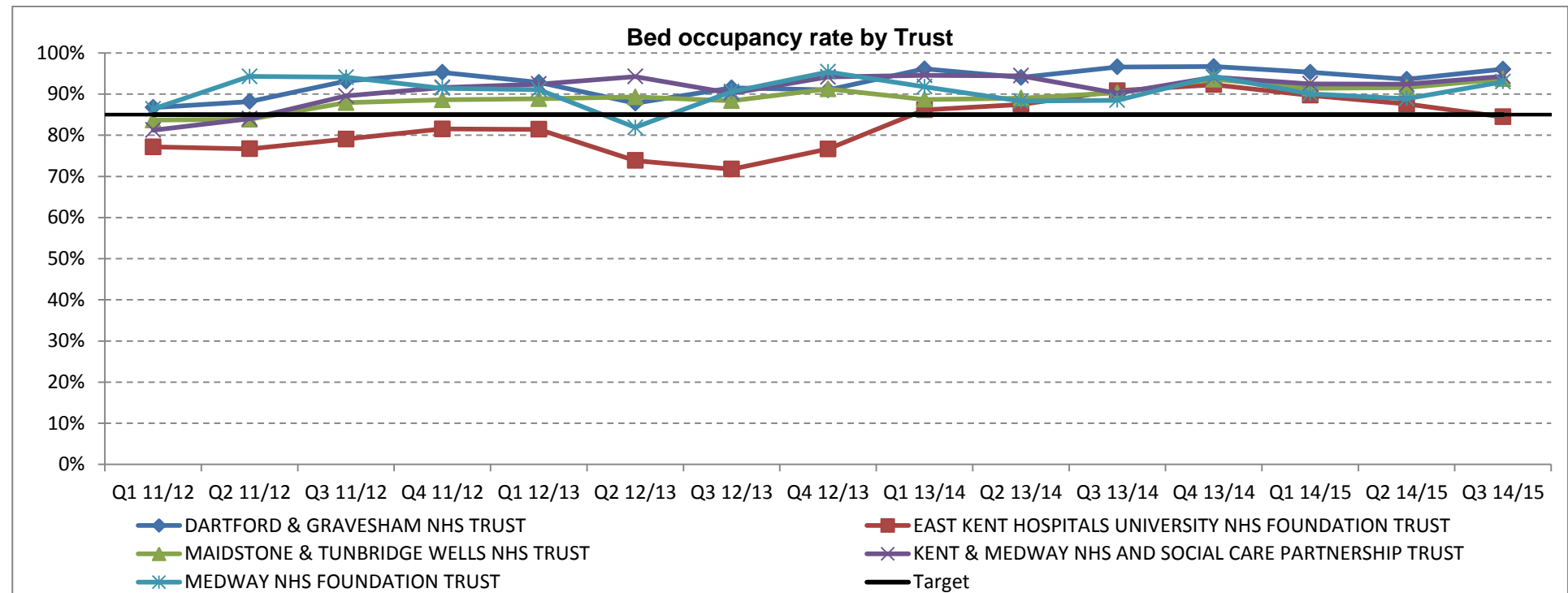
Better Care Fund (BCF) Metrics: Awaiting notification of BCF Performance Dashboard.

Stress indicators

It has been requested that this extended section on Acute/Urgent services presented in the previous report remain for this report with an update to the published figures; these metrics are bed occupancy rate, A&E attendances within 4 hours discharged, admitted or transferred and delayed days.

Acute/Urgent Bed Occupancy Rate – Overnight

(Source: NHS England. April 2015)

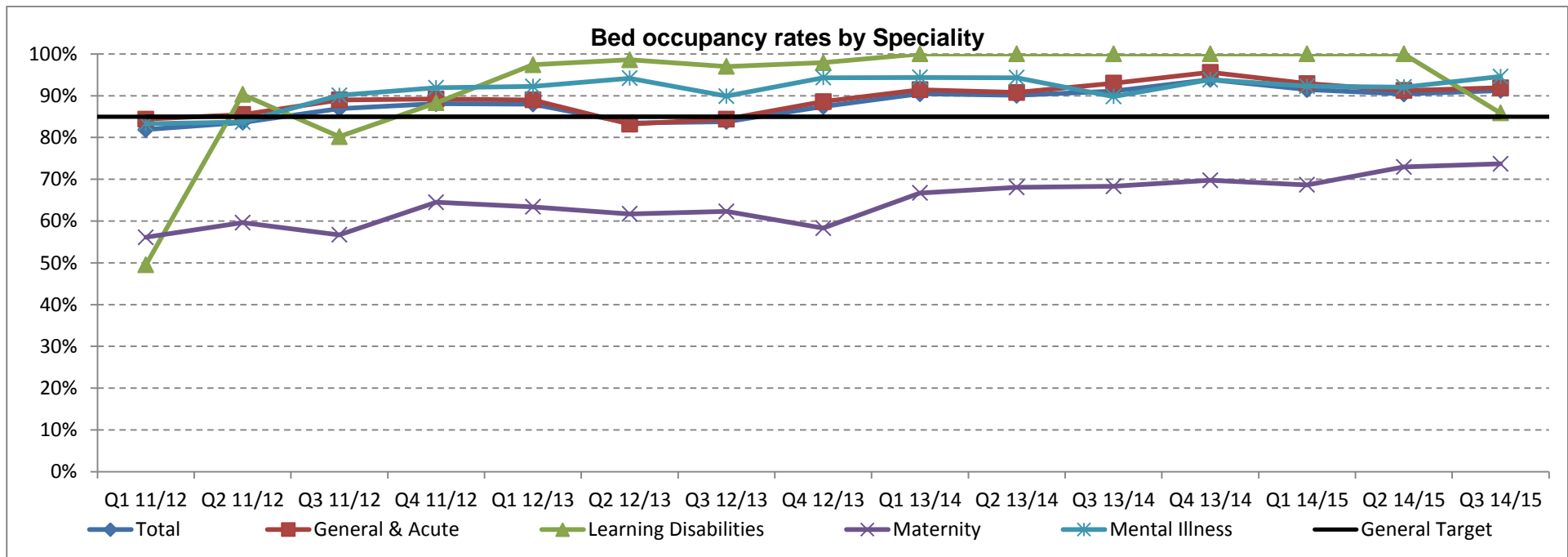


Bed occupancy rates look at the number of available beds open overnight and the percentage that are occupied by Trust and speciality.

All Trusts with the exception of EKHUFT experienced increases in the bed occupancy rate in Q3 2014/15. EKHUFT was the only Trust to reduce its occupancy rates to just below the recommended operating level of 85%.

Maternity is the only speciality to continue operating under the 85% recommended level; however this speciality is gradually increasing on capacity since Q1 2011/12.

In total there were 3,368 beds available in Q3 2014/15, the majority of which were for General & Acute Speciality (2,639 beds), 13 beds were available for Learning Disabilities, 192 Maternity and 523 for Mental Illness.



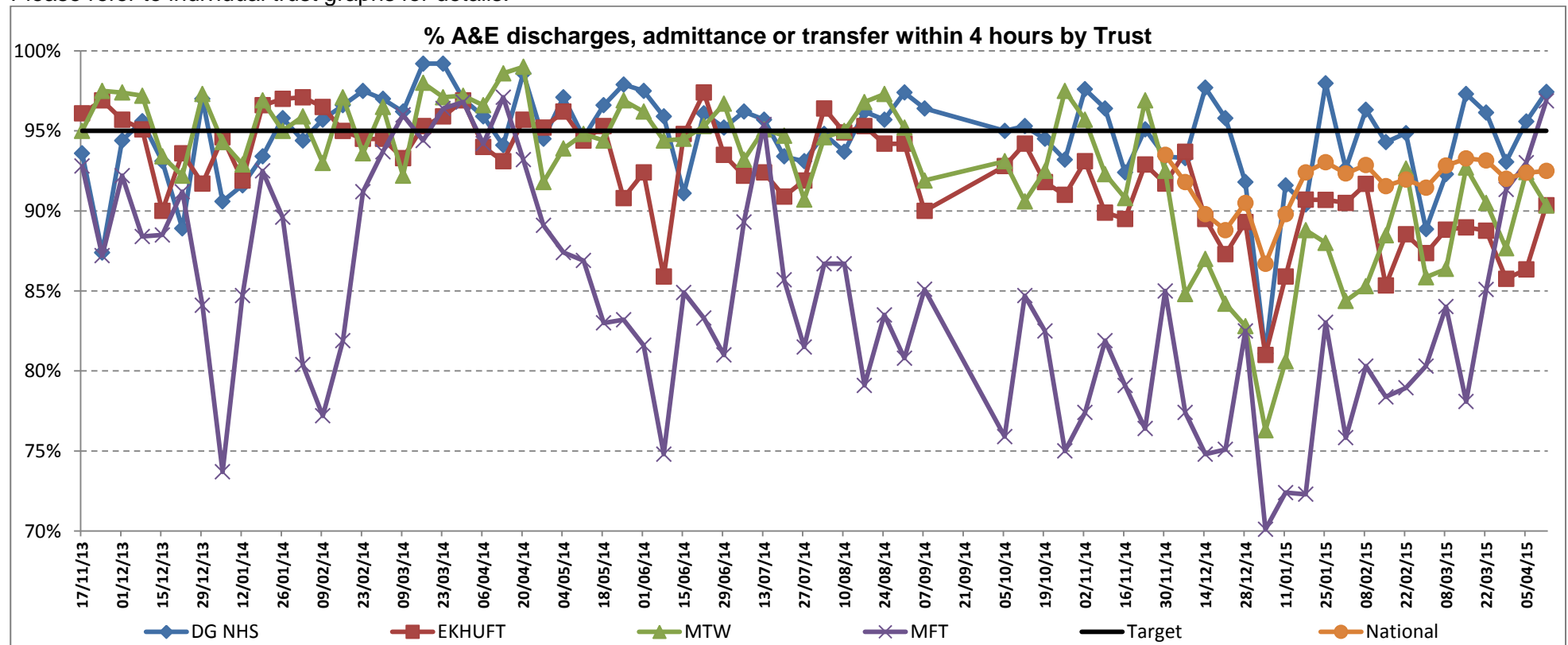
Acute/Urgent A&E attendances within 4 hours (all) from arrival to admission transfer or discharge

(Source: NHS England. April 2015)

For the week ending 12/04/2015, DGS and MFT had their A&E % within 4 hours above both National and the target of 95%. This is consistent with previous performance at DGS but is a positive direction for MFT who have not been above 90% since July 2014.

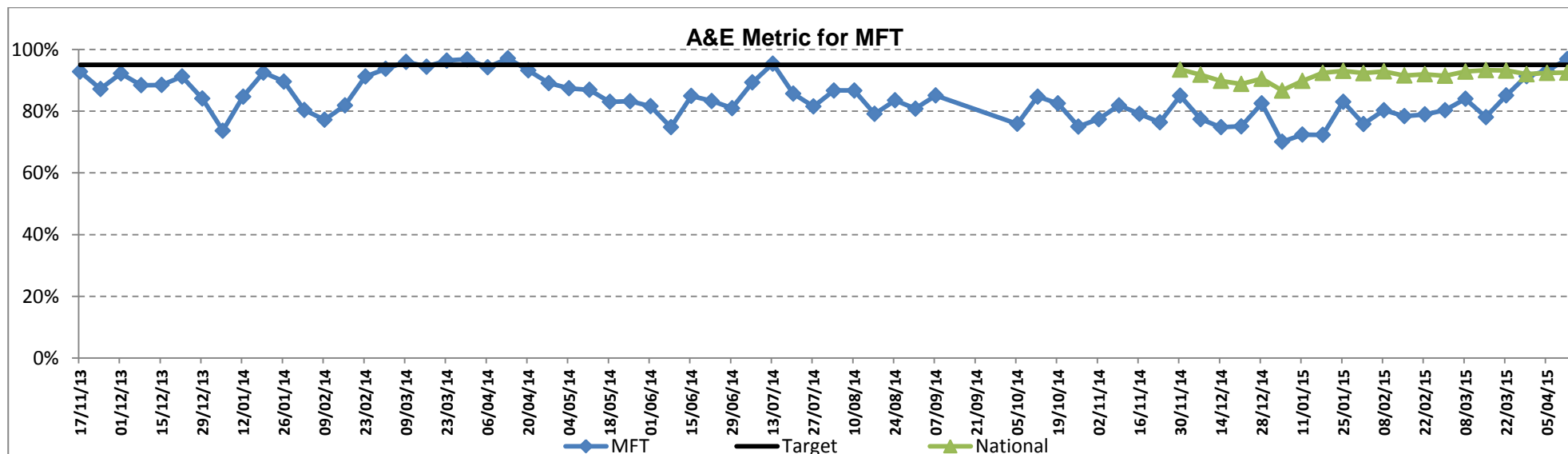
MTW have been steadily improving from the beginning of January 2015 where they experienced their lowest percentage of 76%.

Please refer to individual trust graphs for details.



Medway NHS Foundation Trust (MFT):

MFT have improved since the week ending 15/03/2015, and at the week ending 12/04/2015 met and exceeded the target of 95% and national performance at 97%.



The table below outlines the figures on attendance and admissions from the week ending the 7th December 2014 to the week ending 12th April 2015. Although MFT have not experienced a decrease in the number of attendances in the final 3 weeks of published data, they did increase week on week those that were dealt with within 4 hours. On their emergency admissions, they significantly decreased the actual number of patients spending greater than 4 hours from decision to admit to admission; this reduced from 124 in week ending 22nd March to 11 in week ending 12th April.

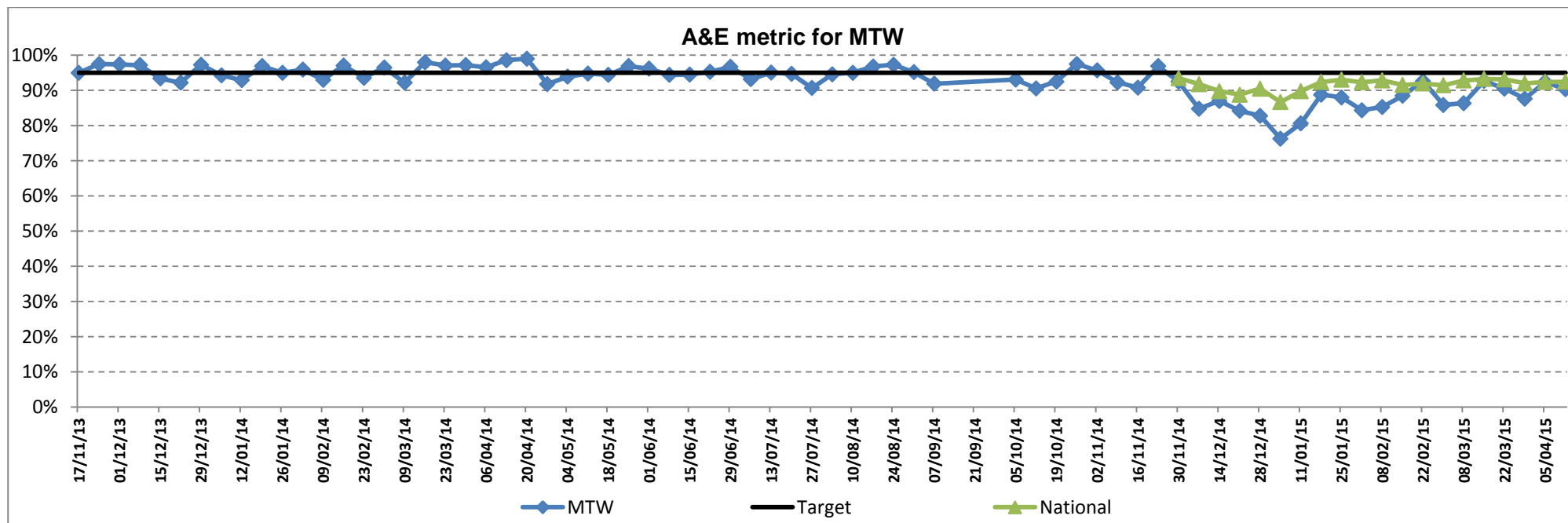
A&E attendances and emergency admissions – MFT

Week Ending	Total Attendances	A&E attendances Percentage in 4 hours or less (all)	Emergency Admissions		
			Emergency Admissions via Type 1 A&E	Other Emergency admissions (i.e not via A&E)	Number of patients spending >4 hours from decision to admit to admission
07/12/2014	2,001	77.4%	341	203	179
14/12/2014	1,972	74.8%	318	195	159
21/12/2014	1,961	75.1%	336	310	189
28/12/2014	1,820	82.5%	329	214	66
04/01/2015	1,870	70.1%	382	221	182
11/01/2015	1,798	72.4%	384	218	147
18/01/2015	1,732	72.3%	378	198	188

Week Ending	Total Attendances	A&E attendances Percentage in 4 hours or less (all)	Emergency Admissions		
			Emergency Admissions via Type 1 A&E	Other Emergency admissions (i.e not via A&E)	Number of patients spending >4 hours from decision to admit to admission
25/01/2015	1,739	83.0%	315	212	93
01/02/2015	1,779	75.8%	369	208	204
08/02/2015	1,879	80.3%	345	214	168
15/02/2015	1,943	78.4%	276	229	155
22/02/2015	1,900	78.9%	317	215	140
01/03/2015	1,940	80.3%	329	221	134
08/03/2015	1,871	84.0%	336	217	148
15/03/2015	1,953	78.1%	373	206	168
22/03/2015	2,026	85.1%	381	224	124
29/03/2015	2,008	91.3%	359	273	49
05/04/2015	1,973	93.0%	320	301	40
12/04/2015	1,985	96.9%	342	201	11

Maidstone and Tunbridge Wells NHS Trust (MTW):

MTW began a noticeable decrease in proportions within 4 hours from the end of November (23/11/2014) and experienced their lowest proportions in January 2015 compared to any week as far back as November 2013. From the end of November they also operated below national proportions. MTW have slowly been increasing in their performance since January 2015 however they still remain below target and national.



The table below outlines the figures on attendance and admissions from the week ending the 7th December 2014 to the week ending 12th April 2015. There does not appear to be any trend data here to explain the increasing performance; wider actions would need to be considered which are outside of the scope of attendance and admission figures alone.

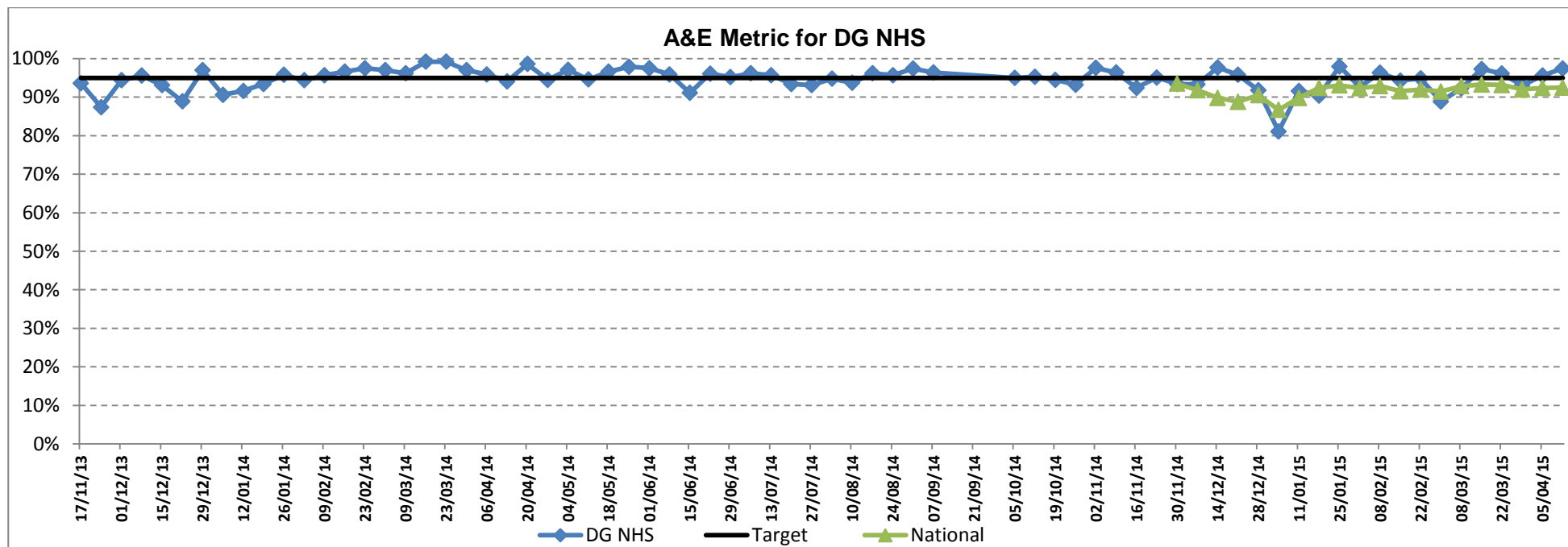
A&E attendances and emergency admissions – MTW

Week Ending	Total Attendances	A&E attendances Percentage in 4 hours or less (all)	Emergency Admissions		
			Emergency Admissions via Type 1 A&E	Other Emergency admissions (i.e not via A&E)	Number of patients spending >4 hours from decision to admit to admission
07/12/2014	2,406	84.8%	691	63	122
14/12/2014	2,515	87.0%	711	57	87
21/12/2014	2,661	84.2%	729	66	125
28/12/2014	2,455	82.8%	762	45	104
04/01/2015	2,382	76.3%	758	50	246
11/01/2015	2,254	80.6%	677	61	153

Week Ending	Total Attendances	A&E attendances Percentage in 4 hours or less (all)	Emergency Admissions		
			Emergency Admissions via Type 1 A&E	Other Emergency admissions (i.e not via A&E)	Number of patients spending >4 hours from decision to admit to admission
18/01/2015	2,205	88.8%	663	60	73
25/01/2015	2,167	88.0%	655	61	98
01/02/2015	2,336	84.4%	640	60	164
08/02/2015	2,339	85.3%	661	49	148
15/02/2015	2,378	88.5%	691	79	115
22/02/2015	2,300	92.7%	680	71	63
01/03/2015	2,467	85.9%	714	71	152
08/03/2015	2,495	86.4%	745	63	118
15/03/2015	2,454	92.7%	705	66	52
22/03/2015	2,674	90.5%	790	56	64
29/03/2015	2,561	87.7%	704	52	113
05/04/2015	2,585	92.4%	691	48	33
12/04/2015	2,567	90.3%	716	54	71

Dartford and Gravesham and NHS trust (DG NHS):

DG NHS is the only Trust to consistently vary around the 95% target; it did experience a dip in performance in the week ending 4th January 2015, however it has returned to previous levels.



The table below outlines the figures on attendance and admissions from the week ending the 7th December 2014 to the week ending 12th April 2015.

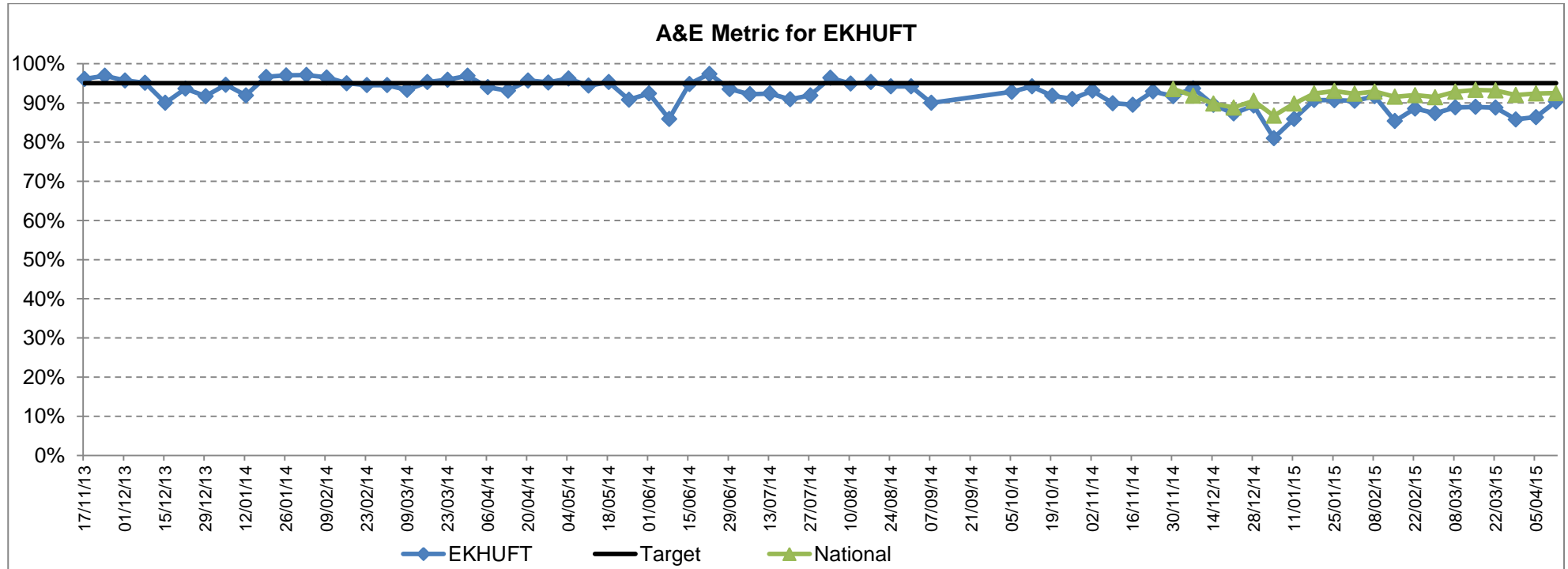
A&E attendances and emergency admissions – DG NHS

Week Ending	Total Attendances	Percentage in 4 hours or less (all)	Emergency Admissions		
			Emergency Admissions via Type 1 A&E	Other Emergency admissions (i.e not via A&E)	Number of patients spending >4 hours from decision to admit to admission
07/12/2014	1,906	93.3%	574	17	1
14/12/2014	1,942	97.7%	582	22	0
21/12/2014	1,974	95.8%	600	26	0
28/12/2014	1,850	91.8%	552	13	7
04/01/2015	1,826	81.1%	552	22	51
11/01/2015	1,718	91.6%	510	17	23
18/01/2015	1,653	90.4%	489	27	18
25/01/2015	1,675	98.0%	499	18	3

Week Ending	Total Attendances	Percentage in 4 hours or less (all)	Emergency Admissions		
			Emergency Admissions via Type 1 A&E	Other Emergency admissions (i.e not via A&E)	Number of patients spending >4 hours from decision to admit to admission
01/02/2015	1,726	92.6%	541	22	15
08/02/2015	1,712	96.3%	543	18	12
15/02/2015	1,858	94.3%	545	19	20
22/02/2015	1,732	94.9%	509	23	9
01/03/2015	1,839	88.9%	571	18	34
08/03/2015	1,959	92.3%	530	27	19
15/03/2015	1,746	97.3%	540	27	4
22/03/2015	1,814	96.1%	522	19	7
29/03/2015	1,945	93.1%	521	23	26
05/04/2015	1,856	95.6%	538	15	9
12/04/2015	1,874	97.4%	531	16	2

East Kent Hospitals University NHS Foundation Trust (EKHUFT):

EKHUFT remains below both national proportions of within 4 hours and the target of 95%.



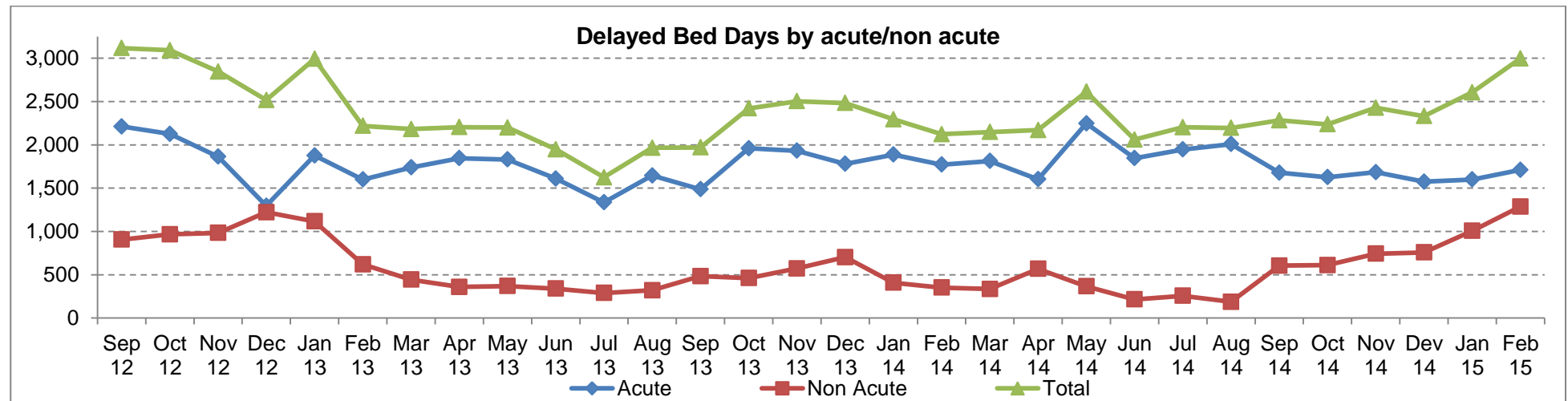
The table below outlines the figures on attendance and admissions from the week ending the 7th December 2014 to the week ending 12th April 2015. During the weeks ending the 29th March and the 5th April EKHUFT experienced its highest number of attendances during this time frame at over 4000 each, the proportion within 4 hours dipped slightly but not to the point experienced at the beginning of January.

A&E attendances and emergency admissions – EKHUFT

Week Ending	Type 1 Departments - Major A&E Attendances	Total Attendances	% in 4 hours or less (all)	Emergency Admissions			
				Emergency Admissions via Type 1 A&E	Emergency Admissions via Type 3 and 4 A&E	Other Emergency admissions (i.e not via A&E)	Number of patients spending >4 hours from decision to admit to admission
07/12/2014	2,789	3,817	93.7%	791	387	329	16
14/12/2014	2,720	3,785	89.5%	772	406	290	18
21/12/2014	2,781	3,847	87.3%	826	409	311	20
28/12/2014	2,574	3,548	89.3%	823	402	242	50
04/01/2015	2,708	3,672	81.0%	796	398	265	24
11/01/2015	2,414	3,480	85.9%	742	441	281	24
18/01/2015	2,431	3,415	92.9%	738	360	293	15
25/01/2015	2,546	3,588	90.7%	779	372	273	23
01/02/2015	2,635	3,663	90.5%	819	346	276	14
08/02/2015	2,657	3,682	91.7%	816	375	280	4
15/02/2015	2,739	3,862	85.3%	834	383	291	40
22/02/2015	2,615	3,716	88.5%	770	364	329	29
01/03/2015	2,731	3,828	87.4%	777	390	304	46
08/03/2015	2,715	3,869	88.8%	779	359	311	36
15/03/2015	2,754	3,945	89.0%	720	389	336	23
22/03/2015	2,840	3,998	88.8%	784	366	321	25
29/03/2015	2,902	4,094	85.8%	779	385	312	24
05/04/2015	2,923	4,107	86.3%	760	394	295	22
12/04/2015	2,837	3,900	90.4%	735	363	265	18

Social / Community Care Decreasing the number of delayed days

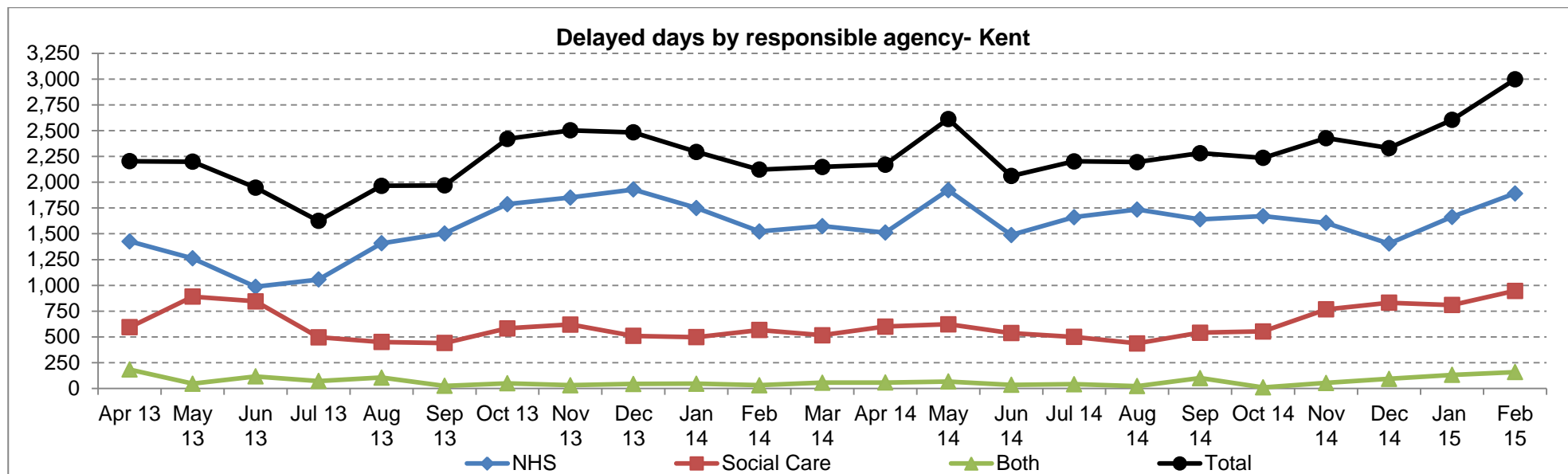
(BCF. Source: NHS England. April 2015)



Published figures on the number of delayed days currently is to February 2015.

Although the delayed days labelled as Acute (type of care the patient receives) continue to form the majority of delayed days in Kent there has been a noticeable gradual increase in the number of Non-acute delayed days since September 2014; with 1,287 non-acute delayed days, this was just below the acute days at 1,710.

The chart below shows the delayed days each month by the responsible agency for the delay, this is split by NHS, Social care and then both. The majority of the delayed days were attributable to the NHS, following a plateau, the days have increased from December 2014 through to February 2015; Social care has too followed this and been increasing from August 2014. For Social Care, the highest number of delayed days was experienced in February 2015 at 947 since reporting from April 2013.



The table below outlines the reason categories for delayed days and which responsible agency they can be attributed to.

Delayed Days Reasons and attribution	Attributable to NHS	Attributable to Social Care	Attributable to both
A. Awaiting completion of assessment	✓	✓	✓
B. Awaiting public funding	✓	✓	✓
C. Awaiting further non-acute (including community and mental health) NHS care (including intermediate care, rehabilitation services etc)	✓	✗	✗
D i). Awaiting residential home placement or availability	✓	✓	✗
D ii). Awaiting nursing home placement or availability	✓	✓	✓
E. Awaiting care package in own home	✓	✓	✓
F. Awaiting community equipment and adaptations	✓	✓	✓
G. Patient or Family choice	✓	✓	✗
H. Disputes	✓	✓	✗
I. Housing – patients not covered by NHS and Community Care Act	✓	✗	✗

Source: <http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/>