ADULT SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

Wednesday, 18th November, 2026

2.00 pm

Council Chamber, Sessions House, County Hall, Maidstone

Kent County Council
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AGENDA

ADULT SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

Wednesday, 18 November 2026 at 2.00 pm
Council Chamber, Sessions House, County Hall, Maidstone

Ask for: **Maya Bundy**
Telephone: **03000 416072**

Membership (13)

Reform UK (8):	Mr A Kibble, Mr R Mayall, Mr S Dixon, Mr T L Shonk, Mr T Mole (Vice-Chair), Mrs S Roots, Mr M Fraser Moat and Mr L Evans (Chair)
Liberal Democrat (1):	Mr A Ricketts
Restore Britain (1):	Mr O Bradshaw
Conservative (1):	Mr A Kennedy
Green (1):	Mr S Jeffery
Labour (1):	Ms C Nolan

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

1 Introduction/Webcasting Announcement

2 Apologies and Substitutes

3 Declarations of Interest by Members in items on the agenda

4 Minutes of the meeting held on 24 September 2026 (Pages 1 - 10)

5 Verbal Updates by Cabinet Members, Corporate Director and Director of Public Health

6 26/00060 - Marmot Accelerator Programme 2026-2028 (Pages 11 - 32)

7 Annual Report on Quality in Public Health (including Annual Complaints) (Pages 33 - 38)

8 Adult Social Care and Health Complaints Report (Pages 39 - 52)

9 Adult Social Care Pressures Plan 2026/2027 (Pages 53 - 106)

10 Adult Social Care Performance Dashboard (Pages 107 - 124)

11 Work Programme (Pages 125 - 126)

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Benjamin Watts
Deputy Chief Executive
03000 416814

Tuesday, 10 November 2026

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

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KENT COUNTY COUNCIL

ADULT SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care and Public Health Cabinet Committee held at Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 24th September, 2026.

PRESENT: Mr O Bradshaw, Mr S Dixon, Mr L Evans (Chair), Mr M Fraser Moat, Mr A Kennedy, Mr A Kibble, Mr R Mayall, Miss D Morton (Substitute for Mr T Mole), Ms C Nolan, Mr A Ricketts and Mrs S Roots

ALSO PRESENT: Mrs G Foster, Mr J Henderson, Mr M Mulvihill and Mrs C Palmer

IN ATTENDANCE: Mr C Beale (Senior Commissioner), Miss M Bundy (Democratic Services Officer), Mr B Campbell (Commissioning Manager), Dr A Ghosh (Director of Public Health), Ms H Gillivan (Director for Adults and Integrated Commissioning), Ms H Groombridge (ASCH Performance Manager), Ms S Hill (Director of Operations (Long Term Support)), Ms R Lozanova (Commissioner), Ms M Stirrup (Head of Deprivation of Liberty Safeguards), Mr M Thomas-Sam (Director of Operations (Short Term Support)), Mrs V Tovey (Assistant Director of Integrated Commissioning), Ms G Walton (Assistant Director (Adults Commissioning and Partnerships)) and Ms H Woodland (Corporate Director of Adult Social Care and Health).

UNRESTRICTED ITEMS

89. Apologies and Substitutes
(Item. 2)

Apologies were received from Mr Shonk and Mr Mole, for whom Miss Morton was substituting.

90. Declarations of Interest by Members in items on the agenda
(Item. 3)

There were no declarations of interest.

91. Minutes of the meeting held on 8 July 2026
(Item. 4)

RESOLVED that the minutes of the meeting held on 08 July 2026 were a correct record and they be signed by the Chairman.

92. Verbal Updates by Cabinet Members, Director of Public Health and Corporate Director
(Item. 5)

1. Georgia Foster, Cabinet Member for Adult Social Care, provided a verbal update on the following:

a) Mrs Foster reported on visits to Hedgerows Short Break Centre in Staplehurst and MedEquip, highlighting the important support provided to adults with learning disabilities and enabling people to remain in their own homes.

b) Members were encouraged to promote the Kent Connect to Support website and the Know How to Start campaign, which provided residents with information, advice and access to support services.

c) Mrs Foster updated Members on the national Big Conversation on Care consultation led by Baroness Casey and highlighted opportunities for future engagement on the future of adult social care.

d) Finally, Mrs Foster advised that the procurement phase of the recommissioning of Older Persons Residential and Nursing Services had been completed and that mobilisation activity was underway, with new contractual arrangements expected to commence in January 2027.

2. Jamie Henderson, Cabinet Member for Environment, Coastal Regeneration and Public Health, provided a verbal update on the following:

a) Mr Henderson reported on a visit to Porchlight, one of the providers delivering the Live Well Kent and Medway service and highlighted the positive impact of the support available to people experiencing mental health challenges and homelessness.

b) Mr Henderson highlighted activity associated with World Suicide Prevention Day and promoted the Release the Pressure service and local Safe Havens available across Kent.

c) Mr Henderson provided updates on Know Your Numbers Week and Sexual Health Awareness Week, highlighting media campaigns, the importance of preventative health interventions and access to local services.

d) Mr Henderson encouraged residents to participate in the forthcoming Stoptober campaign and outlined the health and financial benefits associated with stopping smoking.

e) Finally, Mr Henderson highlighted public health messaging relating to winter preparedness, including flu vaccination uptake and efforts to improve childhood Measles, Mumps and Rubella (MMR) vaccination rates across Kent and Medway.

3. Dr Anjan Ghosh, Director of Public Health, provided a verbal update on the following:

a) Dr Ghosh advised that planning was underway to consider longer-term resilience issues, including summer preparedness and water resilience.

b) An update was provided on the forthcoming Health and Wellbeing Board meeting and the ongoing work to strengthen the Board's strategic role as the principal partnership forum for health and wellbeing across Kent.

c) Dr Ghosh reported on work taking place in Ashford, Faversham and Sevenoaks as part of the Age Friendly Communities Programme, including the development of local action plans, grant funding opportunities and volunteer ambassador schemes.

d) Dr Ghosh advised that a stroke prevention pilot would commence in Dartford and Gravesham, focused on the early identification of atrial fibrillation and preventative interventions.

e) Members were informed that a carers needs assessment had recently been completed and would help inform future commissioning arrangements and partnership working to support unpaid carers.

f) Updates were provided on substance misuse services, gambling harms initiatives, sexual health commissioning arrangements and the Kent Marmot Coastal Programme.

g) Finally, Dr Ghosh reported on the publication of a Secondary Age Children's Health Needs Assessment focusing on emotional wellbeing and mental health.

4. Helen Woodland, Corporate Director of Adult Social Care and Health, provided an update on the following:

a) Ms Woodland reported on positive engagement with health partners and outlined work being undertaken to reset and strengthen partnership arrangements through the Health and Wellbeing Board.

b) Ms Woodland advised that a joint review of mental health, learning disability and autism pathways would commence during the autumn in collaboration with Medway Council.

c) Updates were provided on work with NHS partners to improve hospital discharge arrangements, including the development of a Home First pilot with Dartford and Gravesham NHS Trust.

d) Ms Woodland highlighted the Kent Care Awards and praised the contribution of care staff across the county.

e) Members were reminded of the forthcoming Kent Registered Managers Conference and its role in strengthening engagement with the care market.

f) Ms Woodland thanked commissioning and operational staff for their work in establishing the new equipment contract with MedEquip and highlighted the significant scale of the service in supporting people to remain independent.

g) Finally, Ms Woodland highlighted progress in workforce development, including the successful completion of social work and occupational therapy apprenticeship programmes and the recruitment of additional apprentices.

5. In response to questions and comments from Members, discussion covered the following:

    a) Ms Woodland explained that governance arrangements relating to the Better Care Fund (BCF) were being reviewed and that oversight would be strengthened through reporting to the Health and Wellbeing Board.

    b) A Member raised concern that sixth-form students were not currently included within the meningitis vaccination programme. In response, Dr Ghosh outlined lessons learned from the Kent outbreak and explained that vaccination policy was determined nationally based on epidemiological evidence. He stated that further consideration of extending eligibility to sixth form students may take place in the future.

    c) Helen Gillivan, Director of Adults and Integrated Commissioning, advised that provider notifications had recently been issued in relation to the recommissioning of Older Persons Residential and Nursing Services and that further information on market participation would be available once the procurement process had concluded.

6. RESOLVED that the Adult Social Care and Public Health Cabinet Committee note the verbal updates.

93. Adult Social Care Performance Dashboard
(Item. 6)

1. The item was introduced by Mrs Foster and the report was introduced by Helen Groombridge, Adult Social Care and Health Performance Manager, who provided an overview of Adult Social Care performance during Quarter 1 2026/27. Members were advised that three key performance indicators were rated green, two were rated amber and two were rated red. Performance remained stable across a number of areas, including assessment waiting times and review activity. Strong outcomes continued to be achieved through enablement services and support remained focused on helping people maintain their independence within their communities.

2. In response to questions and comments from Members, discussion covered the following:

    a) Sydney Hill, Director of Operations (Long-Term Support), explained that the reduction in Care Needs Assessments reflected the increased use of preventative interventions, information and advice, equipment provision and enablement services. She emphasised that demand had not reduced by that people's needs were increasingly being met through alternative support pathways before a full assessment became necessary.

    b) Ms Hill advised that increases in safeguarding referrals had been linked in part to periods of extreme weather and wider national events. Work continued to ensure referrals were proportionate and that alternative reporting pathways were available where concerns did not meet safeguarding thresholds.

c) Michael Thomas-Sam, Director of Operations (Short-Term Support), advised that direct payments remained a longstanding policy objective, promoting greater choice and control for service users. He explained that the increase in uptake among older people was not the result of a specific initiative targeting that age group but reflected the assessment process and the availability of direct payments as an option.

3. RESOLVED that the Adult Social Care and Public Health Cabinet Committee note the performance of adult social care services in Quarter 1 2026/27.

94. Public Health Performance Dashboard
(Item. 7)

1. The report was introduced by Victoria Tovey, Assistant Director of Integrated Commissioning, who provided an overview of Quarter 1 2026/27 performance across Public Health commissioned services. She reported that six indicators were RAG rated green, four amber and two red. Ms Tovey advised that temporary reductions in performance had been anticipated following significant service transformation and provider changes across a number of commissioned services.

2. In response to questions and comments from Members, discussion covered the following:

a) Chris Beale, Senior Commissioner, advised that the reduction in National Health Service (NHS) Health Check activity had occurred during the transition to a new delivery model under which Kent County Council (KCC) now held direct relationships with General Practitioner (GP) providers. He reported that invitation levels had returned to previous levels during Quarter 2 and that work continued with GP practices and the Local Medical Committee to increase uptake. Ms Tovey added that bringing the service in-house had enabled savings to be achieved and additional health checks to be delivered within the available budget. Mr Henderson also highlighted that he had supported promotional activity to increase awareness and uptake of the programme.

b) Ms Tovey stated that work was underway to ensure equitable access to NHS Health Checks across Kent, including in coastal and other priority areas. Measures included collaboration between GP practices, targeted outreach activity, and partnerships with pharmacies to address gaps in provision. Mr Beale added that a prioritisation programme was being developed to improve uptake in areas of greatest need following the transition to the new delivery model.

c) Ms Tovey clarified that A Better Life (ABL) delivered health improvement services alongside district partners in West and North Kent. She also reported that new pilot initiatives had been launched within Accident and Emergency (A&E) settings to encourage participation in health improvement services.

d) Mr Beale explained that dedicated outreach activity was available through NHS Health Checks and One You Kent services, with additional

targeted support for smoking cessation and work underway to increase engagement in areas of deprivation.

3. RESOLVED that the Adult Social Care and Public Health Cabinet Committee note the performance of Public Health commissioned services in Quarter 1 2026/2027.

95. 26/00056 - Community Wellbeing Service for Adults with Sensory Needs
(Item. 8)

1. The item was introduced by Mrs Foster, who outlined proposals to recommission the Community Wellbeing Service for Adults with Sensory Needs and approve a three-month extension to the current contract to facilitate procurement and mobilisation. Georgina Walton, Assistant Director (Prevention), introduced the report and highlighted the importance of maintaining a dedicated specialist service for people with sensory impairments. She explained that extensive engagement and co-production had demonstrated the need to retain specialist sensory expertise and ensure the services remained accessible, person-centred and well connected to wider community support.

2. In response to questions and comments from Members, discussion covered the following:

   a) Ms Walton confirmed that the proposed extension would not reduce service provision and was intended solely to facilitate procurement and implementation of the new contract. It was not anticipated that the extension would result in increased costs.

   b) Ms Walton clarified that projected demand data reflected differences in district population sizes and demographic trends rather than variations in service quality or availability. She also confirmed that the service formed part of the Council's statutory responsibilities under the Care Act.

   c) Members welcomed the quality of the information contained the report and highlighted the value of the evidence provided.

3. RESOLVED that the Adult Social Care and Public Health Cabinet Committee endorse the proposed decision to:

   a) APPROVE the commissioning of a new Community Wellbeing Service for Adults with Sensory Needs;
   b) APPROVE a three-month extension on the current Community Wellbeing Service for Adults with Sensory Needs contract, to enable effective mobilisation and transition to the new service;
   c) DELEGATE authority to the Corporate Director, Adult Social Care and Health to take relevant actions to secure and manage the three-month extension; negotiate, finalise the terms of, and (in consultation with the Cabinet Member for Adult Social Care) award the contract for the Community Wellbeing Service for Adults with Sensory Needs;
   d) DELEGATE authority to the Corporate Director, Adult Social Care and Health (in consultation with the Cabinet Member for Adult Social Care and S151 Officer) to exercise any approved contract extensions;

e) DELEGATE authority to the Corporate Director, Adult Social Care and Health (in consultation with the Cabinet Member for Adult Social Care and S151 Officer), to accept and deploy any additional external funding secured during the lifetime of the contract to enhance the approved service, provided this does not create any unfunded financial commitment for the Council: and
f) DELEGATE authority to the Corporate Director, Adult Social Care and Health to enter relevant contracts or other legal agreements as required to implement the decision.

96. 26/00057 - Community Wellbeing Service for Older People, Physical Disability and Dementia
(Item. 9)

1. The item was introduced by Mrs Foster, who outlined proposals to recommission the Community Wellbeing Service for Older People, Physical Disability and Dementia through a Strategic Partner and Service Delivery Network model and approve a six-month extension to existing contracts. Ms Walton introduced the report and highlighted the preventative nature of the service, which supported approximately 41,500 residents during 2025. She explained that the new model would create a single access route whilst retaining specialist support.

2. RESOLVED that the Adult Social Care and Public Health Cabinet Committee endorse the proposed decision to:

   a) APPROVE the commissioning of a new Community Wellbeing Service for Older People, Physical Disability and Dementia;
   b) APPROVE a six-month extension on the current Wellbeing Services in the Community Contracts to enable effective mobilisation and transition to the new service;
   c) DELEGATE authority to the Corporate Director, Adult Social Care and Health to take relevant actions to secure and manage the six-month extension; negotiate, finalise the terms of, and (in consultation with the Cabinet Member for Adult Social Care) award the contract for the Community Wellbeing Service for Older People, Physical Disability and Dementia;
   d) DELEGATE authority to the Corporate Director, Adult Social Care and Health (in consultation with the Cabinet Member for Adult Social Care and S151 Officer), to exercise any approved contract extensions;
   e) DELEGATE authority to the Corporate Director, Adult Social Care and Health (in consultation with the Cabinet Member for Adult Social Care and S151 Officer), to accept and deploy any additional external funding secured during the lifetime of the contract to enhance the approved service, provided this does not create any unfunded financial commitment for the Council: and
   f) DELEGATE authority to the Corporate Director, Adult Social Care and Health to enter relevant contracts or other legal agreements as required to implement the decision.

97. 26/00058 - Mental Health Assessment Service
(Item. 10)

1. The item was introduced by Mrs Foster, who highlighted the Council's statutory responsibilities in relation to Mental Health Assessments under Deprivation of Liberty Safeguards (DoLS) arrangements and outlined proposals to recommission the service. Ben Campbell, Commissioning Manager, introduced the report and explained that the recommissioning would ensure continued delivery of statutory responsibilities and improve outcomes for vulnerable residents.

2. In response to questions and comments from Members, discussion covered the following:

    a) Mr Campbell advised that the service would be procured within the existing budget and that recent changes to the definition of deprivation of liberty were expected to reduce the number of mental health assessments required. While this was anticipated to reduce overall costs, the financial implications remained uncertain and would be considered through engagement with the market as part of the procurement process.

3. RESOLVED that the Adult Social Care and Public Health Cabinet Committee endorse the proposed decision to:

    a) APPROVE the recommissioning of a new DoLS Mental Health Assessment Service and confirm the current contractual arrangements, including the approved contract modification which will enable procurement and mobilisation of the new service;
    b) DELEGATE authority to the Corporate Director, Adult Social Care and Health to take relevant actions to negotiate, finalise the terms of, and (in consultation with the Cabinet Member for Adult Social Care) award the contract for the Mental Health Assessment Service;
    c) DELEGATE authority to the Corporate Director, Adult Social Care and Health (in consultation with the Cabinet Member for Adult Social Care and the S151 Officer) to exercise any approved contract extensions; and
    d) DELEGATE authority to the Corporate Director, Adult Social Care and Health to enter relevant contracts or other legal agreements as required to implement the decision.

98. 26/00059 - Section 75 Legal Partnership Agreement
(Item. 11)

1. The item was introduced by Mrs Foster, who outlined proposals to enter into a revised Section 75 Partnership Agreement with the Kent and Medway Integrated Care Board, providing an updated governance framework for the Better Care Fund (BCF). Ms Gillivan introduced the report and highlighted that the revised agreement strengthened governance arrangements, clarified responsibilities between organisations and supported effective partnership working between KCC and the Integrated Care Board (ICB).

2. In response to questions and comments from Members, discussion covered the following:

    a) Members sought assurance that the Committee's role in scrutinising health and care matters would not be diminished by the introduction of the new wellbeing board arrangements and asked how the Committee's

involvement would be maintained. The Chairman advised that further clarification would be sought regarding future reporting and scrutiny arrangements.

3. RESOLVED that the Adult Social Care and Public Health Cabinet Committee endorse the proposed decision to:

   a) ENTER into a revised Section 75 Partnership Agreement with the Kent and Medway Integrated Care Board; and
   b) DELEGATE authority to the Corporate Director, Adult Social Care and Health to take relevant actions to finalise the necessary legal agreements and sign the Section 75 Partnership Agreement on behalf of Kent County Council.

99. Work Programme
(Item. 12)

RESOLVED to note the Work Programme.

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From: Linden Kemkaran, Cabinet Member for Public Health

Dr Anjan Ghosh, Director of Public Health

To: Adult Social Care and Public Health Cabinet Committee – 18 November 2026

Subject: Marmot Accelerator Programme 2026-2028

Decision no: 26/00060

Key Decision: Yes

Classification: Unrestricted

Past Pathway of report: None

Future Pathway of report: Cabinet Member Decision

Electoral Division: All

Is the decision eligible for call-in? Yes

Summary:
This report sets out the proposal to approve the Marmot Accelerator Programme Framework 2026-2028, for the management and deployment of the Programme funding.

Kent became the UK's first Marmot Coastal Region on 13 March 2026, marking the start of a long-term commitment to reducing health inequalities by improving the social determinants of health across Kent's coastal communities.

The Marmot Accelerator Programme is part of this wider, long-term initiative. It will fund innovative projects that improve access to employment, education and training opportunities for residents living within Kent's Coastal Region.

The Programme focuses on supporting three priority groups:

- Young people, aged under 25, who are at risk of becoming or are currently Not in Education, Employment or Training (NEET);
- People on probation;
- People with additional barriers to employment, education and training, including care leavers, carers and people with mental ill health.

Approval is sought for the Marmot Accelerator Programme Framework that will guide funding allocation, enabling projects to be commissioned flexibly while maintaining strategic oversight and accountability.

Approval is sought to add a further £413,700 from Public Health funding, creating a total financial envelope of £1 million for the period 2026-2028.

Recommendation(s):

The Adult Social Care and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make recommendations to the Leader of the Council in relation to the proposed decision, as detailed in the attached Proposed Record of Decision document (Appendix A), to approve the Marmot Accelerator Programme Framework for 2026–2028 for the management and deployment of the Programme funding, as part of the wider Kent Marmot Coastal Region.

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1. Introduction

1.1 The Marmot Accelerator Programme is part of Kent's wider Kent Marmot Coastal Region, launched by the Council on 13 March 2026. It will fund projects that support people in coastal communities into employment, education and training.

1.2 The Programme will focus on three priority groups: young people who are not in education, employment or training or are at risk of becoming so; people on probation; and people who face additional barriers to employment, education or training.

1.3 This report outlines the proposed Marmot Accelerator Programme Framework for 2026-2028, which will guide the allocation and commissioning of the proposed £1 million Public Health funding to deliver the Programme’s intended outcomes.

2. Key Considerations

2.1 People living in coastal areas often have poorer health than those living elsewhere. The Chief Medical Officer's 2021 report found that coastal communities in England have poorer outcomes across a range of physical and mental health conditions. This difference, or “coastal excess,” remains even when factors such as age and deprivation are taken into account.

2.2 There are similar inequalities within Kent. Life expectancy is lower in some coastal areas than in inland areas. These inequalities are described in Kent's 2021 Annual Public Health Report and latterly, the Institute of Health Equity's 2026 report on Kent's coastal communities, which found that life expectancy in Thanet is 76.8 years for men and 82 years for women. In Tunbridge Wells it is 82 years for men and 86 years for women.

2.3 Work and health are closely linked. Good employment can support health and wellbeing, while poor health can make it harder to find and stay in work. There are also differences in employment between Kent's coastal and inland areas. In 2024-25, 23.4% of working-age residents in Kent's coastal districts were economically inactive, compared with 19% in inland districts.

2.4 In response, on 13 March 2026, Kent County Council (KCC), along with its partners, launched the Kent Marmot Coastal Region to reduce health inequalities by addressing the wider factors that affect people's health and wellbeing in these communities. The initiative has a long-term focus in the following districts: Ashford, Canterbury, Dover, Folkestone & Hythe, Swale and Thanet.

2.5 The initial focus is on work and skills for work, addressing three of the Marmot principles:

- Enable all children, young people, and adults to maximise their capabilities and have control over their lives,
- Create fair employment and good work for all, and;
- Ensure a healthy standard of living for all.

2.6 The Kent Marmot Coastal Region will be achieved through a three-tiered approach:

- Tier 1: Top-level change through a long-term coastal focus and culture change to address inequalities
- Tier 2: Mid-level change through system alignment
- Tier 3: Ground-level influence through small-scale impact testing via 'Marmot Accelerators'

2.7 The Marmot Accelerator Programme forms part of Tier 3. It will test local level approaches that can help people overcome barriers to employment, education and training.

2.8 The Programme will work alongside existing employment and skills activity in Kent. This will help to avoid duplication, make best use of existing support and strengthen the impact of the Programme.

3. Background

<u>The Marmot Accelerator Programme</u>

3.1 The Programme (2026-2028) will adopt a test-and-learn approach. It will fund projects that test different ways of helping people into employment, education or training. Learning from the projects will help inform future policy, commissioning and service development.

3.2 The Programme will support three pledges made when the Kent Marmot Coastal Region was launched. These are to be achieved within 2026-2028:

- To support at least 200 young people aged under 25, into education and employment, who would otherwise be part of the Not in Education, Employment or Training group (NEET).
- To support at least 150 people on probation into education and employment.
- To support at least 100 people with additional barriers to employment, education and training, such as care leavers, carers and people with mental ill health, into work.

Framework for allocating funding and delivery plan

3.3 It is proposed that a 'Marmot Accelerator Programme Framework' will be used to guide the use of the allocated Public Health funding and support decision making.

3.4 The Framework will provide a transparent and consistent approach to the commissioning, funding and oversight of projects, ensuring that investment is aligned to the Programme's objectives and targeted towards priority groups.

3.5 To receive funding, proposals must:

A. Directly support residents within the Kent Marmot Coastal Region.
B. Directly support residents from at least one of the priority population groups: young people who are or at risk of becoming NEET, people who are on probation and people experiencing additional barriers to employment, education and training.
C. Focus on employment, education and/or training practices and opportunities.
D. Demonstrate alignment with relevant Kent-based strategies and policies.
E. Provide evidence of at least one sustainable outcome, to demonstrate impact beyond the agreed funding term.
F. Evaluate and publish an end-of-project report.

4. Options considered and dismissed, and associated risk

- Do nothing / defer action: Dismissed as this would not support the delivery of the launch pledges as part of the Marmot Coastal Region Initiative.

- Deliver a single County-wide project offer: Dismissed as the purpose of the Marmot Accelerator Programme is to test locally tailored approaches across different coastal communities, to different population groups and provide funding opportunities to a range of suppliers.

- Deliver all funding through one procurement route: Dismissed as a blended approach of Direct Awards, Requests for Quotations and Competitive Grant Awards provides greater flexibility, encourages innovation, supports local organisations and maximises value for money.

- Deliver projects outside of the Framework: Dismissed as the Framework will provide a consistent and transparent approach to spending decisions and to considering and approving proposals, ensuring that funding is allocated fairly and consistently.

5. How the proposed decision supports the Council's Strategic Statement

5.1 The Marmot Accelerator Programme supports KCC to achieve the following objectives set out within the Reforming Kent Strategic Statement 2025-2028 via the Programme delivery:

- **Putting Kent residents first:** the voices of residents with lived experience and local organisations are embedded within the Programme and local businesses are encouraged to create job opportunities for Kent residents.
- **Reforming Kent County Council:** the Programme is cost-efficient, whilst enabling high-quality, innovative test-and-learn approaches.
- **Supporting residents that need help:** the Programme supports priority population groups outlined in the launch pledges, and funds innovative, test-and-learn approaches that focus on prevention and early intervention.
- **Building better communities:** the Programme prioritises and addresses coastal inequalities, supporting the Council's Marmot commitment in the Strategic Statement.

6. Financial implications

6.1 A total funding allocation of £1 million from Public Health funding is proposed for April 2026 to March 2028.

6.2 An Officer Decision (Decision No. OD-26-00033) was taken in September 2026, which approved £586,300 Public Health funding for the Marmot Accelerator Programme.

6.3 This proposed decision seeks approval of a further £413,700 from Public Health funding to create a total financial envelope for the Programme of £1 million.

6.4 Planning and commissioning for the Programme is already underway. Two projects have been awarded, and were approved and funded from the £586,300 Public Health funding previously authorised under Officer Decision OD-26-00033. See Appendix B for an outline of how the Programme is expected to support the three priority groups and how the £1 million funding will be used.

6.5 The planned activities set out in Appendix B totals £997,256. The remaining £2,744 will be allocated in accordance with the approved Marmot Accelerator Programme Framework and the Council’s relevant financial and governance requirements, and determined by the Director of Public Health.

6.6 All expenditure will be undertaken in accordance with the Council's financial, procurement and governance requirements. Any additional funding for the Marmot Accelerator Programme, Programme continuation beyond March 2028, establishment of an ongoing commissioned service, or substantive changes to the approved scope or delivery arrangements will be subject to separate governance and approval processes.

7. Legal implications

7.1 Legal, commercial and information governance advice will be sought, as required, to ensure that the Programme complies with all relevant legal requirements. In particular, any contracts awarded under the Programme must

be procured in accordance with the Council's 'Spending the Council's Money' rules and in compliance with the Procurement Act 2023. Any grants awarded would need to be assessed and made in accordance with the Subsidy Control Act 2022. Relevant data protection requirements must also be complied with.

7.2 Any impacts arising from Local Government Reorganisation (LGR) will be addressed through Programme management of the projects and the established LGR transition and governance arrangements.

8. Equalities implications

8.1 An Equality Impact Assessment (EQIA) has been undertaken and demonstrates a positive impact, with no negative impacts.

8.2 The Programme aims to support priority population groups within the coastal region of Kent, supporting KCC to reduce health inequalities by improving the health of Kent's population, especially for those living within coastal communities. Priority population groups include young people who are NEET or at risk of becoming NEET, people on probation and people with additional disadvantages such as care leavers, carers and those experiencing mental ill health.

9. Data Protection implications

9.1 Data protection implications will be fully considered as part of Programme implementation. When required, Data Protection Impact Assessments (DPIAs) will be undertaken.

10. Governance

10.1 The report seeks approval from the Leader of the Council, as the Cabinet Member responsible for Public Health, to:

- approve the allocation of a further £413,700 from Public Health funding, bringing the total Marmot Accelerator Programme financial envelope to £1 million.
- approve the Marmot Accelerator Programme Framework 2026–2028 arrangements set out in this report for the management and deployment of the £1 million Programme funding envelope.

10.2 Subject to the decision being taken, authority will be delegated to the Director of Public Health to implement the decision and deploy the Programme funding in accordance with the approved Framework and the Council's relevant financial, procurement, legal and governance requirements.

10.3 This authority will include, but not be limited to, determining and approving individual funding allocations and commissioning arrangements within the parameters of the approved Framework; undertaking the necessary procurement and grant award processes; and negotiating, finalising and entering into contracts and other legal agreements as necessary to implement the decision.

10.4 KCC Public Health will be responsible for managing implementation of the Programme. Internal governance arrangements will monitor expenditure to ensure that activity and expenditure remain within the parameters of the Framework approved by this decision.

10.5 KCC Public Health will provide annual updates to the Adult Social Care and Public Health Cabinet Committee on Programme progress, expenditure and achievement of outcomes.

10.6 Any expenditure or activity outside the scope of the approved Framework, or any substantive change to the approved funding envelope or Programme arrangements, will be subject to the appropriate further governance and approval processes.

11. Conclusions

11.1 Kent is the UK's first Marmot Coastal Region. The initiative is a long-term commitment to reducing health inequalities by improving health and wellbeing in Kent's coastal communities.

11.2 The Marmot Accelerator Programme is a key component of this initiative and will support the Council's commitment to reducing health inequalities in coastal communities by improving access to employment, education and training opportunities for residents who face the greatest barriers.

11.3 The Programme will generate learning about effective approaches to supporting Kent residents into employment, education and training that can inform future policy, commissioning and service development.

11.4 A Framework will ensure a consistent and transparent approach to allocating and managing the £1 million Programme funding for a range of locally tailored projects that recognise and respond to the needs of different coastal communities.

11.5 Robust governance, monitoring and evaluation arrangements will provide assurance on delivery, expenditure and outcomes.

11.6 Approval of the proposed decision will enable the £1 million Public Health funding to be managed and deployed through the Programme during 2026-2028.

12. Recommendation(s)

The Adult Social Care and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make recommendations to the Leader of the Council in relation to the proposed decision as detailed in the attached Proposed Record of Decision document (Appendix A), to approve the Marmot Accelerator Programme Framework for 2026–2028 for the management and deployment of the Programme funding, as part of the wider Kent Marmot Coastal Region initiative

13. Background documents

Kent Annual Public Health report 2021
Chief Medical Officer's Annual Report 2021
Kent Marmot Coastal Region Data-led Report 2026
Kent Marmot Coastal Region Deep Dive Report 2026
Marmot Accelerator Programme EQIA
Marmot Accelerator Programme - Grants Privacy Notice

14. Appendices

Appendix A: Proposed Record of Decision

Appendix B: Outline of the Programme planned activities and expenditure

15. Contact details

Report Author: Ruth Simmonds-Constable **Job title:** Senior Commissioner **Telephone number:** 0300 041 5339 **Email address:** ruth.simmonds@kent.gov.uk	**Director:** Dr Anjan Ghosh **Job title:** Director of Public Health **Telephone number:** 03000 412633 **Email address:** Anjan.Ghosh@kent.gov.uk **Deputy Director:** Dr Ellen Schwartz **Job title:** Deputy Director of Public Health **Telephone number:** 03000410552 **Email address:** Ellen.Schwartz@kent.gov.uk

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NUMBER:
Leader of the Council	26/00060

Executive Decision – key

26/00060 – Marmot Accelerator Programme 2026-2028

Decision:

As the Leader of the Council, I agree to:

I. **APPROVE** the allocation of a further £413,700 from Public Health funding, bringing the total funding envelope for the Marmot Accelerator Programme 2026–2028 to £1 million.

II. **APPROVE** the Framework for the management and deployment of the Marmot Accelerator Programme funding from 2026 to 2028.

III. **DELEGATE** authority to the Director of Public Health to implement the decision and deploy the Programme funding in accordance with the approved Framework and the Council's relevant financial, procurement, legal and governance requirements.

IV. **DELEGATE** authority to the Director of Public Health, in consultation with the Leader of the Council, to make minor amendments to the arrangements as set out in the Framework provided these remain within the scope, criteria and financial envelope of the Framework.

V. **DELEGATE** authority to the Director of Public Health, to take relevant actions, to implement the decision, including but not limited to, determining and approving individual funding allocations and commissioning arrangements within the parameters of the approved Framework; undertaking the necessary procurement and grant award processes; and negotiating, finalising and entering into contracts and other legal agreements as necessary.

Background:

Kent became the UK's first Marmot Coastal Region on 13 March 2026, marking the start of a long-term commitment to reducing health inequalities by improving the

wider factors that affect people's health and wellbeing across Kent's coastal communities.

The Marmot Accelerator Programme is part of this wider, long-term initiative. It will fund local projects that test different ways of helping people into employment, education or training. Learning from the Programme will inform future policy, commissioning and service development.

The Programme will support three pledges made when the Kent Marmot Coastal Region was launched. These are to be achieved within 2026-2028:

- To support at least 200 young people aged under 25, into education and employment who would otherwise be part of the Not in Education, Employment or Training group (NEET).
- To support at least 150 people on probation into education and employment.
- To support at least 100 people with additional barriers to employment, education and training, such as care leavers, carers and people with mental ill health, into work.

Reasons for decision:

The decision will approve a 'Marmot Accelerator Programme Framework' that will be used to guide the use of the allocated Public Health funding and support decision making. The Framework will provide a transparent and consistent approach to the commissioning, funding and oversight of projects, ensuring that investment is aligned to the Programme's objectives and targeted towards priority groups.

The Framework will ensure that all expenditure from the Marmot Accelerator Programme funding envelope will adhere to the following criteria:

A. Directly support residents within the Kent Marmot Coastal Region.
B. Directly support residents from at least one of the priority population groups: young people who are or at risk of becoming NEET, people who are on probation and people experiencing additional barriers to employment, education and training.
C. Focus on employment, education and/or training practices and opportunities.
D. Demonstrate alignment with relevant Kent-based strategies and policies.
E. Provide evidence of at least one sustainable outcome, to demonstrate impact beyond the agreed funding term.
F. Evaluate and publishes an end-of-project report.

The decision will also approve a further £413,700 to be invested from Public Health funding in the Marmot Accelerator Programme to fund local projects that help people in coastal communities into employment, education and training as part of a long-term initiative to tackle health inequalities. This additional investment will create a total funding envelope of £1 million to be allocated to projects between 2026 and 2028.

How the proposed decision supports the Council's Strategic Statement:

The Marmot Accelerator Programme supports KCC to achieve the following objectives set out within the Reforming Kent Strategic Statement 2025-2028 via the Programme delivery:

- **Putting Kent residents first:** the voices of residents with lived experience and local organisations are embedded within the Programme and local businesses are encouraged to create job opportunities for Kent residents.
- **Reforming Kent County Council**: the Programme is cost-efficient, whilst enabling high-quality, innovative test-and-learn approaches.
- **Supporting residents that need help**: the Programme supports priority population groups outlined in the launch pledges, and funds innovative, test-and-learn approaches that focus on prevention and early intervention.
- **Building better communities**: the Programme prioritises addressing coastal inequalities, supporting the Council's Marmot commitment in the Strategic Statement.

Financial review:

A total funding allocation of £1 million from Public Health funding is proposed for April 2026 to March 2028.

An Officer Decision (Decision No. OD-26-00033) was taken in September 2026, which approved £586,300 Public Health funding for the Marmot Accelerator Programme.

The proposed decision seeks approval of a further £413,700 from Public Health funding to create a total financial envelope for the Programme of £1 million.

All expenditure will be undertaken in accordance with the Council's financial, procurement and governance requirements. Any additional funding for the Marmot Accelerator Programme, Programme continuation beyond March 2028, establishment of an ongoing commissioned service, or substantive changes to the approved scope or delivery arrangements will be subject to separate governance and approval processes.

Legal review:

Legal, commercial and information governance advice will be sought, as required, to ensure that the Programme complies with all relevant legal requirements. In particular, any contracts awarded under the Programme must be procured in accordance with the Council's 'Spending the Council's Money' rules and in compliance with the Procurement Act 2023. Any grants awarded would need to be assessed and made in accordance with the Subsidy Control Act 2022. Relevant data protection requirements must also be complied with.

Equalities implications:

An Equality Impact Assessment (EQIA) has been undertaken and demonstrates a positive impact, with no negative impacts.

The Programme aims to support priority population groups within the coastal region of Kent, supporting KCC to reduce health inequalities by improving the health of Kent's population, especially for those living within coastal communities. Priority population groups include young people who are NEET or at risk of becoming NEET, people on probation and people with additional disadvantages such as care leavers, carers and those experiencing mental ill health.

Data Protection implications:

Data protection implications will be fully considered as part of Programme implementation. When required, Data Protection Impact Assessments (DPIAs) will be undertaken.

Cabinet Committee recommendations and other consultation:

The proposed decision will be considered by the **Adult Social Care and Public Health Cabinet Committee on 18 November 2026**.

Any alternatives considered and rejected:

- **Do nothing / defer action:** Dismissed as this would not support the delivery of the launch pledges as part of the Marmot Coastal Region Initiative.
- **Deliver a single County-wide project offer:** Dismissed as the purpose of the Marmot Accelerator Programme is to test locally tailored approaches across different coastal communities, to different population groups and provide funding opportunities to a range of suppliers.
- **Deliver all funding through one procurement route:** Dismissed as a blended approach of Direct Awards, Requests for Quotations and Competitive Grant Awards provides greater flexibility, encourages innovation, supports local organisations and maximises value for money.
- **Deliver projects outside of the Framework:** Dismissed as the Framework will provide a consistent and transparent approach to spending decisions and to considering and approving proposals, ensuring that funding is allocated fairly and consistently.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

.....	.....
Signed	Date

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Appendix B: Outline of the Programme planned activities and expenditure

Table 1: Planned activities and expenditure for the Marmot Accelerator Programme

Project	Cost	Commercial Route	Residents supported	Location	Funding
At least 200 NEET Young People					
Sheppey Career Readiness Initiative	£135,000	Request for Quotation	35	Swale	Awarded
Intensive NEET Support	£282,256	Contract Variation	130	Folkestone & Hythe and Dover	Awarded
TBC – multiple suppliers	£90,000	Competitive Grant Process	45	Canterbury, Thanet and Ashford	Proposed
At least 150 people on probation					
TBC	Up to £300,000	TBC	150	All Coastal Region	Proposed
At least 100 people with additional barriers to education, employment and training					
TBC – multiple suppliers	Up to £190,000	Competitive Grant Process	100	All Coastal Region	Proposed

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EQIA Submission – ID Number
Section A

EQIA Title
Marmot Accelerator Programme

Responsible Officer
Lauren Barrett - CED SC

Approved by (Note: approval of this EqIA must be completed within the EqIA App)
Ellen Schwartz - AH Public Health

Type of Activity

Service Change
No
Service Redesign
No
Project/Programme
Project/Programme
Commissioning/Procurement
Commissioning/Procurement
Strategy/Policy
No
Details of other Service Activity
No

Accountability and Responsibility

Directorate
Strategic and Corporate Services
Responsible Service
Public Health
Responsible Head of Service
Ellen Schwartz - AH Public Health
Responsible Director
Anjan Ghosh - AH Public Health

Aims and Objectives

The Marmot Accelerator Programme (2026 – 2028) forms part of the Kent Marmot Coastal Region – a long-term initiative aiming to address health inequalities and improve the wider social determinants of health within Kent's coastal communities. The Programme focuses on improving access to education, skills development, employment and good quality work, recognising the strong relationship between employment, income, wellbeing and health outcomes.

The aims of the Programme are to:

* Test innovative approaches to support people into education, work or training in coastal communities.
* Produce evidence, learning, evaluation and models that can lead to sustained change, either through shared guidance, replication and scalability across Kent or embedded practical changes.
* Focus resources on addressing coastal health inequalities and wider social determinants of health in Kent, prioritising Accelerator Projects from organisations that are Kent-based and provide local employment, education and training opportunities.
* Align with existing work-based strategies and programmes such as Connect to Work, Get Kent & Medway Working Plan and the Kent and Medway Work and Health Strategy 2025-2030.

The Programme will operate across the six districts of Ashford, Canterbury, Dover, Folkestone & Hythe, Swale and Thanet.

Key objectives include:
* Support at least 200 young people aged 16-24 who are Not in Education, Employment and Training (NEET) or at risk of becoming NEET into education, training or employment.
* Support at least 150 people on probation into education, training or employment.
* Support at least 100 residents experiencing additional disadvantages, including care leavers, carers and people experiencing mental ill health, into employment.
* Generate learning, evaluation and evidence on what works to reduce employment-related inequalities in coastal communities.

The Programme is specifically designed to improve outcomes for disadvantaged populations, including young people who are NEET, people on probation, care experienced, carers, people experiencing mental ill health and residents facing multiple and complex barriers to employment. By increasing access to education, skills development and good work, the programme is expected to contribute positively to social inclusion, economic wellbeing and health equity.

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?

Yes

It is possible to get the data in a timely and cost effective way?

Yes

Is there national evidence/data that you can use?

Yes

Have you consulted with stakeholders?

Yes

Who have you involved, consulted and engaged with?

Kent Health and Wellbeing Board: Chaired by the Cabinet Member for Environment, Coastal Regeneration and Public Health, and includes stakeholders from the NHS, KCC Public Health, KCC Adult Social Care and Health, KCC Children's Services and other relevant stakeholders.

The Kent's Marmot Coastal Region Initiative Advisory Board: chaired by the Institute of Health Equity and includes a variety of stakeholders from the IHE, KCC, district and borough councils, the ICB and the DWP.

The Marmot Steering Group: reports to the Advisory Board. Membership of this group is wide and includes stakeholders from the Institute of Health Equity, Kent County Council, and district and borough councils. There are also VCSE sector representatives, and the group will expand its membership where appropriate to ensure adequate and diverse representation.

The Programme is also informed by published reports such as Kent Marmot Coastal Region Data-Led Report (2026) and Kent Marmot Coastal Region: A deep dive into work, income and health report (2026).

Has there been a previous Equality Analysis (EQIA) in the last 3 years?

No

Do you have evidence that can help you understand the potential impact of your activity?

Yes

Section C – Impact

Who may be impacted by the activity?

Service Users/clients
Service users/clients

Staff
Staff/Volunteers

Residents/Communities/Citizens
Residents/communities/citizens

Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?

Yes

Details of Positive Impacts

The Programme is expected to have positive impacts by:

* Supporting residents who experience the greatest barriers to employment, education and training. Such as, young people who are or at risk of becoming NEET, individuals within the probation service, individuals who have mental ill health or care leavers.

* Supporting residents from coastal communities, where health outcomes and healthy life expectancy are lower than non-coastal communities in Kent. For example, life expectancy in Thanet for men is 76.8 and women 82, compared to the inland district of Tunbridge Wells where life expectancy for men is 82 and women 86 (Kent Marmot Coastal Region Data Led Report, 2024).

* Funding projects supporting coastal communities, with at least 50% of the funding being allocated to Kent-based organisations and providing local employment, education and training opportunities.

The Programme will include requirements for commissioned projects to:

• Outline in the project plan the population group it will support, how residents will be identified to be supported by the project, and how the project will ensure inclusive and non-discriminatory support.
* Collect and report on equality and access data
• Monitor uptake across protected and priority population groups
• Write an end of project report to outline to commissioners key outcomes and learnings that can inform any future projects/ services.

Negative impacts and Mitigating Actions

19.Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?

No

Details of negative impacts for Age

Not Applicable

Mitigating Actions for Age

Not Applicable

Responsible Officer for Mitigating Actions – Age

Not Applicable

20. Negative impacts and Mitigating actions for Disability

Are there negative impacts for Disability?

No

Details of Negative Impacts for Disability

Not Applicable

Mitigating actions for Disability

Not Applicable

Responsible Officer for Disability
Not Applicable
21. Negative Impacts and Mitigating actions for Sex
Are there negative impacts for Sex
No
Details of negative impacts for Sex
Not Applicable
Mitigating actions for Sex
Not Applicable
Responsible Officer for Sex
Not Applicable
22. Negative Impacts and Mitigating actions for Gender identity/transgender
Are there negative impacts for Gender identity/transgender
No
Negative impacts for Gender identity/transgender
Not Applicable
Mitigating actions for Gender identity/transgender
Not Applicable
Responsible Officer for mitigating actions for Gender identity/transgender
Not Applicable
23. Negative impacts and Mitigating actions for Race
Are there negative impacts for Race
No
Negative impacts for Race
Not Applicable
Mitigating actions for Race
Not Applicable
Responsible Officer for mitigating actions for Race
Not Applicable
24. Negative impacts and Mitigating actions for Religion and belief
Are there negative impacts for Religion and belief
No
Negative impacts for Religion and belief
Not Applicable
Mitigating actions for Religion and belief
Not Applicable
Responsible Officer for mitigating actions for Religion and Belief
Not Applicable
25. Negative impacts and Mitigating actions for Sexual Orientation
Are there negative impacts for Sexual Orientation
No
Negative impacts for Sexual Orientation
Not Applicable
Mitigating actions for Sexual Orientation
Not Applicable
Responsible Officer for mitigating actions for Sexual Orientation
Not Applicable
26. Negative impacts and Mitigating actions for Pregnancy and Maternity
Are there negative impacts for Pregnancy and Maternity
No

Negative impacts for Pregnancy and Maternity
Not Applicable
Mitigating actions for Pregnancy and Maternity
Not Applicable
Responsible Officer for mitigating actions for Pregnancy and Maternity
Not Applicable
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships
Are there negative impacts for Marriage and Civil Partnerships
No
Negative impacts for Marriage and Civil Partnerships
Not Applicable
Mitigating actions for Marriage and Civil Partnerships
Not Applicable
Responsible Officer for Marriage and Civil Partnerships
Not Applicable
28. Negative impacts and Mitigating actions for Carer's responsibilities
Are there negative impacts for Carer's responsibilities
No
Negative impacts for Carer's responsibilities
Not Applicable
Mitigating actions for Carer's responsibilities
Not Applicable
Responsible Officer for Carer's responsibilities
Not Applicable

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From:	Linden Kemkaran, Cabinet Member for Public Health Dr Anjan Ghosh, Director of Public Health
To:	Adult Social Care and Public Health Cabinet Committee – 18 November 2026
Subject:	**Public Health Annual Quality Report For 2025/26**
Classification:	Unrestricted
Past Pathway of Paper:	None
Future Pathway of Paper:	None

Summary: During 2025 to 2026, Public Health strengthened its quality assurance arrangements through developing the Public Health Quality Assurance Framework, completion of the Public Health Service Transformation Programme, early-stage development of quality dashboard indicators, and revision of incident management processes. Work will continue in 2026-2027 to embed these improvements and further strengthen quality governance across Public Health services.

Recommendation(s): The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the content of this report.

1. Introduction

1.1 This Public Health Quality Annual Report 2025-2026 provides an overview of the quality assurance processes in place across Public Health, progress made during 2025-2026 to strengthen quality and key quality improvement initiatives undertaken to support the delivery of high-quality services for the people of Kent.

2. Background

2.1 The 2024-2025 Public Health Annual Quality Report outlines some existing quality process and assurance mechanisms in place to ensure the quality of Public Health commissioned services.

2.2 This includes:

- Service design based on findings from the statutory Joint Strategic Needs Assessment (JSNA) and additional needs assessments
- Collaborative working between specialised officers to develop comprehensive service specification and to obtain assurances during mobilisation and lifecycle of contracts
- Compliance with the Kent County Council (KCC) policy ‘Spending the Council’s Money’ (which complies with applicable procurement legislation) to facilitate the commissioning of services which are safe, effective and provide a positive experience for people who use our services

- Named contract managers and formal contract management activities to ensure safe and effective delivery of services and service outcomes
- A requirement for Providers to obtain the views and experiences of people who use their service to improve service provision.

2.3 A review of quality processes in Public Health was conducted in May 2023, focusing on commissioned services. This resulted in 13 key recommendations for improvement. To systematically address the 2023 recommendations, decision was taken to establish the Public Health Quality Framework, aligned with national and local policies and guidance.

2.4 The Public Health Service Transformation programme began in summer 2023 and concluded by April 2026. It sought to improve and ensure all services in receipt of the Public Health Grant were efficient, achieving best value, evidence based and delivering right outcomes for the people of Kent.

2.5 The Public Health Incident management policy has been reviewed, and the revised policy incorporates principles from the newer NHS Patient Safety Incident Reporting Framework.

2.6 To support the monitoring of quality improvement across Public Health, quality dashboard indicators are in early stages of development to monitor quality across the Public Health team. A baseline quality survey will also be used to understand how existing quality processes are embedded within Public Health.

3. Complaints, Compliments and Comments

3.1 Any complaints, compliments and comments about Public Health Services received are dealt with by either the programme lead or commissioner who will liaise directly with the service it relates to. These are discussed at the relevant meetings; lessons are learnt, with any agreed actions implemented to improve services.

3.2 All public Health complaints, compliments and comments are included in the Adult Social Care and Health Complaints Report, which is shared with the Cabinet Committee annually.

3.3 The table below details the number of complaints, compliments and comments received during 2025-2026 within Public Health.

Case type	**Total**
Complaints	0
Member Enquiries • Local food policies/ Climate change • Walk and Talk Scheme change • Sexual Health services • Avian Flu x2	7

• NHS Health Check • Health Impact Assessment Folkestone Harbour	
Enquiry • Drug and Alcohol Services • ICB Funding • Birth Defects Register in Kent • Marmot Programme	4
Comments	0
Compliments	0
Total Cases	**11**

3.4 No complaints required escalation to be resolved

4. Annual update

4.1 Quality Process recommendations

4.1.1 The 2023 quality processes review identified several areas for improvement. These include:

- Recruitment of a Quality Lead to lead and oversee quality
- Re-establishing a Public Health Quality Committee
- Strengthening assurance processes for the JSNA
- Undertaking targeted audits of services
- Enhancing equity assessments for access, uptake, and outcomes
- Implementing a Professional Development Policy for Public Health
- Reviewing and improving complaints and compliments processes
- Strengthening the serious incident process for timely and holistic analysis

4.1.2 A number of recommendations since 2023 have been completed, including the recruitment of a quality lead.

4.1.3 Quality has since been incorporated as a standing agenda item within periodic Public Health Senior Management Team (SMT) meetings for improved oversight.

4.1.4 The outstanding recommendations are assigned for completion and/or considered at Public Health SMT for feasibility and progress monitored alongside the Public Health Quality Assurance Framework.

4.2 The Public Health Quality Assurance Framework

4.2.1 The Public Health Quality Assurance Framework has been established following the identified gaps and recommendations of the 2023 Public Health Quality Review; to systematically address the 2023 recommendations.

4.2.2 The Quality Assurance Framework defines what high-quality Public Health services look like, establishes a shared understanding of quality, and sets out the arrangements for quality assurance and continuous improvement across Public Health and Integrated Commissioning.

4.2.3 The Framework has been established as a working document and will be updated as new quality processes are developed, and assurance gaps are identified and addressed.

4.2.4 The goal is to establish a final Quality Assurance Framework with formalised and documented systems, standards and governance arrangements to deliver consistent, high-quality services across Public Health.

4.2.5 Development of the Framework was guided by the 2023 KCC Public Health Quality Processes document and existing quality Frameworks for Adult Social Care, Public Health and Integrated Care Systems; which characterise high-quality services as being safe, effective, positively experienced, equitable in access and usage, well-led and resourced sustainably. It also aligns with Kent County Council's (KCC; the Council) governance mechanisms.

4.3 The Public Health Quality Dashboard

4.3.1 Public Health Quality Dashboard indicators are currently in early stages of development and will support the monitoring of quality and quality improvement across Public Health and commissioned services.

4.3.2 They will supplement existing service level quality metrics and key performance indicators, and will be reviewed quarterly by the Public Health Performance Oversight Monitoring Group.

4.3.3 Once implemented, these quality indicators will collectively support regular oversight of quality performance, facilitate identification of emerging risks and provide assurance that improvement activities are delivering the intended outcomes.

4.3.4 A baseline quality survey will be undertaken to identify good practice and assess how (and to what extent) existing quality processes are embedded throughout commissioned services.

4.4 The Public Health Transformation Programme

4.4.1 The Public Health Service Transformation Programme was launched in 2023 to undertake a structured review of services funded through the Public Health Grant. The programme aimed to ensure that services remained efficient,

evidence-based, focused on prevention and health inequalities, responsive to local need and delivered value for money.

4.4.2 The programme has now concluded, and the changes identified through the reviews have been reflected in new and revised contracts. These include a stronger focus on prevention and early intervention, enhanced targeting of services according to local need and a strengthening of focus on outcomes.

4.4.3 The impact of these changes will continue to be assessed through contract monitoring, service review and population health information. Learning from the programme will also inform future service improvement and commissioning activity.

4.5 Incident management policy

4.5.1 Incidents that occur within a Public Health commissioned service provide an opportunity to learn, improve, and develop services.

4.5.2 The Public Health Incident Management Policy has been reviewed and revised to align with principles of the newer NHS Patient Safety Incident Response Framework (PSIRF), which promotes a proportionate and learning-focused approach to incident management.

4.5.3 The revised policy, now titled the Significant Safety Incident Policy, supports learning from a wider range of incidents and strengthens continuous quality improvement across commissioned services.

4.5.4 Following communication of the revised policy to providers and implementation of the necessary system changes, the policy will be implemented across commissioned services in Q1 2027.

5. Conclusions

5.1 Progress has been made during 2025-2026 to strengthen Public Health quality governance. This included establishing the Public Health Quality Assurance Framework as a working document to systematically address the 2023 quality recommendations, improved quality oversight from the Public Health Senior Management Team, initiation of the development of quality dashboard indicators, completion of the Public Health Service Transformation Programme, and revision of incident management arrangements.

5.2 Combined, these developments have strengthened assurance, improved commissioning and oversight arrangements, and supported the delivery of safe, effective and equitable Public Health services.

5.3 Work will continue during 2026- 2027 to embed these improvements and complete the remaining recommendations from the 2023 review.

6. Recommendations

The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** the content of this report.

7. Background Documents

NHS England » Patient Safety Incident Response Framework

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809305/Quality_in_public_health_shared_responsibility_2019.pdf

8. Report Authors

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Relevant Director

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From: Georgia Foster, Cabinet Member for Adult Social Care

Helen Woodland, Corporate Director, Adult Social Care and Health

To: Adult Social Care and Public Health Cabinet Committee – 18 November 2026

Subject: **ADULT SOCIAL CARE AND HEALTH ANNUAL COMPLAINTS REPORT 2025/2026**

Classification: Unrestricted

Summary: This report provides Members with information about the operation of the Adult Social Care and Health Complaints and Representations Procedure between 1 April 2025 and 31March 2026

Recommendation: The Adult Social Care and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the content of this report.

1. Introduction

1.1 This report provides an overview of the operation of the complaints and representation procedure for Adult Social Care and Health during 2025/2026. The report includes summary data on the complaints, enquiries and compliments received during the year. It also provides examples of the actions taken and improvements made from complaints, which are used to inform future service delivery.

2. Policy Context and Procedures

2.1 The “Local Authority Social Services and National Health Service Complaints (England) Regulations 2009” places a duty on Local Authorities to have arrangements in place for dealing with complaints.

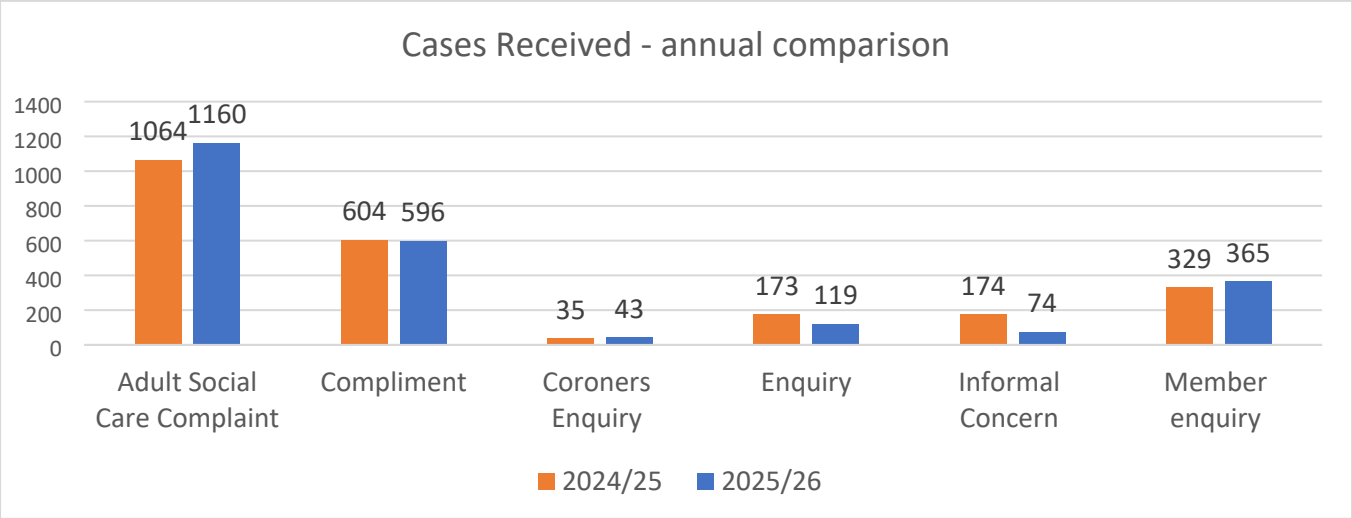
2.2 The Regulations also require the Council to monitor the operation of its complaints arrangements and to prepare an annual report. This report fulfils that requirement for Adult Social Care and Health for 2025/2026.

2.3 Associated with the Regulations, guidance was issued which outlines the three key principles of the procedure, **Listening** – establishing the facts and the required outcome; **Responding** – investigating and making a reasoned decision based on the facts/information and **Improving** – using complaints data to improve services and inform the business planning and commissioning processes.

2.4 Customer feedback provides an opportunity to improve our understanding of someone’s journey into the service they experience. Investigations provide the

opportunity to resolve concerns by putting remedies in place if an error has occurred. The procedure is flexible and puts the person at the heart of the investigation.

3. Total Representations received by Adult Social Care and Health (ASCH)



3.1 A total of **1160 complaints** were logged during 2025/2026 about services delivered or commissioned in relation to ASCH.

3.2 The number of **complaints** received during 2025/2026 has increased by 9% from the previous year. Enquiries saw a decrease of 4% and Compliments were down by 1%.

3.3 The percentage of people raising a complaint rose to 3% last year, in relation to the number of people that we support from adult social care. This figure is taken from the total number of people open to the directorate, any of which have the potential to raise a complaint.

	Complaints Received	% increase/decrease on previous year	% of people or their representative raising a complaint
2025/26	**1160**	**9%**	**3%**
2024/25	1064	7%	1%
2023/24	992	4%	1%

3.4 **602 complaints were rejected** following the initial assessment by the Customer Feedback Team, these include where concerns are raised about services that are not for Kent County Council (KCC). Where possible, people are signposted to the appropriate organisations.

3.5 The table below provides information on why cases were rejected.

Returned reason	**Total**
Service Request not a complaint	235
Complaint not for this organisation	103
Duplicate complaint	93
Representative not authorised to act on behalf of client	67
Customer declined to provide sufficient information to be able to investigate	37
Appeal not a complaint - Housing, Parking, School Admissions, Social Care etc	19
Ongoing Assessment	15
Withdrawn	11
Complaint about an issue more than 12 months old	9
Complaint subject to legal proceedings	4
Signposted to Ombudsman	4
Communication restrictions in place	3
Complaint about personnel matters	2
Total	**602**

3.6 The Directorate continues to see an increase year on year in the volume of complaints begin received.

3.7 A total of **484 Enquiries** were received in 2025/2026, which is a decrease of 4% on the previous year when we saw a significant increase. The majority of these Enquiries, (68%), were from MPs or Members on behalf of a constituent about an aspect of the service they received:-

Year	Enquiries received	% increase / decrease
2025/2026	**484**	**-4%**
2024/2025	503	+7%
2023/2024	471	-11%
2022/2023	530	+ 43%

3.8 In 2025/2026, **596 compliments** were received which represents a 1% decrease from the previous year. Compliments are equally useful in helping to identify areas of excellent service or good practice.

Year	Compliments received	% increase / decrease
2025/2026	**596**	**-1%**
2024/2025	604	+9%
2023/2024	553	+ 26%
2022/2023	439	+ 17%

3.9 In 2025/2026, **74 informal concerns** were received, marking a 58% decrease from the previous year. This reduction is partly due to changes in logging cases, such as categorising resolvable customer issues as service requests.

Year	Informal concerns	% increase / decrease
2025/2026	**74**	**-58%**
2024/2025	175	-39%
2023/2024	286	+ 16%
2022/2023	247	+ 18%

3.10 Informal concerns are locally resolved, usually within 24 hours, by the Customer Care and Complaints Team, in consultation with the operational service. Someone raising an informal concern is happy for it not to be progressed via the formal complaint route. Where relevant, customers are aware of the right to raise a formal complaint at a later date.

3.11 An example of an informal concern, a neighbour raised concerns with us regarding the care of an elderly neighbour and the level of care they are receiving. These concerns are raised formally with the local team; however, the neighbour cannot follow the complaints process as they are not eligible to represent their neighbour, and we cannot let the neighbour know the outcome of our investigation.

4. Coroner's Inquest Requests

4.1 In 2025/2026 we managed 43 Coroner's requests. This is an increase of 23% on the requests received in the previous year.

Year	Coroner Enquiries	% increase / decrease
2025/2026	**43**	**+23%**
2024/2025	34	-11%
2023/2024	38	+ 15%
2022/2023	33	- 25%

4.2 The Customer Feedback team manages the process to ensure effective communication, tracking and sign off between the Coroner's Office, ASCH operational teams and Invicta Law.

5. Compliance with standards

5.1 KCC aims to respond to 85% of complaints within KCC's Key Performance target of 20 working days. Some complaints can be complex due to a variety of reasons; this can include the need to consult with another team or a partner agency. Additional time is sometimes required to either meet with the complainant or liaise with other agencies. When this happens, and with the agreement of the complainant, an extension to the deadline is agreed; 31 complaints had their timescales extended during the year.

5.2 The response time achieved within the 20-day target was **49%** which was a 12% decrease from the previous year.

Year	Complaints closed	% responded to within 20 days
2025/2026	**1119**	**49%**
2024/2025	1078	61%
2023/2024	942	58%
2022/2023	906	71%

5.3 When a complaint is late the advisor logs a reason for the delay. The table below shows the overall delay reasons cited for not meeting the 20-day standard. A total of 534 cases were recorded as late.

Stage 1 delay reason	**Total**	**%**
Workload	212	19%
Complex case	187	17%
Sign off delay	51	5%
Staff absent or unavailable	43	4%
More information required from customer	23	2%
Customer unavailable	7	1%
Third Party Delay	5	0%
Internal information or records missing	2	0%
Joint Response Delay	2	0%
Sought Legal Advice	2	0%
Total	534	

6. Listening to complainants and methods of engagement

6.1 Managers investigating complaints within ASCH will routinely ring customers to discuss their complaint. This discussion creates the opportunity to understand the impact of the complaint on the person and supports the preparation of the response to ensure all areas are covered. It also provides a contact person for the complainant should further communication be required during the investigation.

6.2 Feedback is accepted in a variety of formats which allows people to contact us in the way they feel most comfortable. The most popular way to make a complaint was via email at 57%, followed by telephone at 19%, then online at 18%. Email remains the most popular choice when raising a complaint.

Method	Total	%
Email	656	57%
Telephone	219	19%
Self-service/Online	212	18%
Contact Centre	39	3%
Post	28	2%
Contact via Member	2	0%
Face to face	2	0%
Comment Card	1	0%
Contact via Corporate Director	1	0%
Total	1160	

7. Complaint outcomes

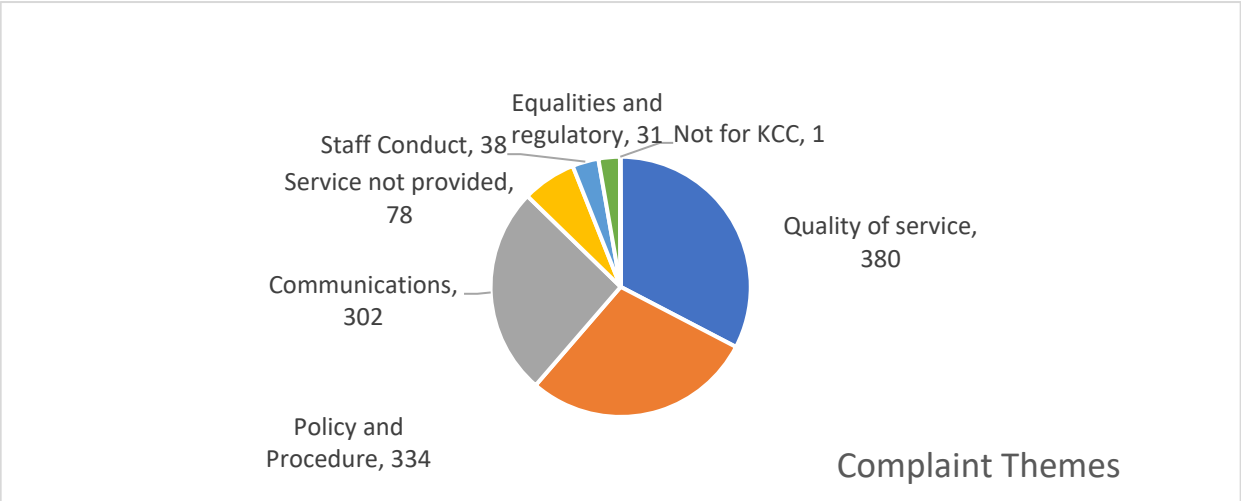
7.1 Each complaint is fully investigated, and a response letter sent to the complainant with the findings and outcomes. Where complaints are upheld, an apology is offered along with details of what has been done to put things right. Some complaints lead to lessons being identified, both for the individual practitioner, or the wider service which offers reassurance that the issue has been taken seriously.

7.2 A summary of the outcome of the complaints at stage one is recorded in the table below:-

Year	Complaints closed	Upheld/ Partially upheld	Not upheld	Resolved upon receipt/ withdrawn/suspended/ another procedure
2025/2026	**1119**	**55% (615)**	**29% (322)**	**16% (181)**
2024/2025	1072	49% (520)	23% (242)	29% (310)
2023/2024	946	51% (481)	28% (264)	21% (201)

8. Themes identified arising from complaints

8.1 The reasons for complaints are shown below and categorised under the following main Corporate headings:



Primary cause	Total	%
Policy and Procedure	362	30%
Quality of service	339	28%
Communications	292	24%
Service not provided	114	9%
Staff Conduct	56	5%
Equalities and regulatory	47	4%
Comment/Enquiry use only	2	0%
Value for money	2	0%
Total	1214	

8.2 The number of complaint reasons logged may be more than the volume of cases closed as the customer feedback team may choose to record more than one reason against a complaint.

8.3 Policy and Procedure, quality of service and communication issues remain the top three reasons for raising complaints.

8.4 Complaints recorded as Policy and Procedure were mainly about financial assessments, backdated charges and disputed invoices. Common issues included unexpected bills, concerns about calculations, and requests for clearer information about financial processes. Some customers and families said they felt unsure about care plans, financial matters and service changes, and would have welcomed clearer support and information.

8.5 Complaints identified as relating to Quality of Service included delays in processing applications such as Blue Badge renewals, care needs assessments and financial assessments. Some customers said these delays affected them, particularly where they were relying on the service or waiting for an update.

8.6 Quality of service complaints also addressed issues with the quality of care provided, such as allegations of inappropriate behaviour by caregivers, and perceived unmet care needs.

8.7 Complaints regarding Communications included concerns about calls not being returned, emails not being answered and a lack of updates on cases. Some complainants said this was difficult for them and their families, particularly where the matter felt urgent.

9. Putting things right and Improving– creating opportunities

9.1 Feedback from complaint investigations provides a vital source of insight about people's experiences of adult social care and gives us the opportunity to put things right.

9.2 When a complaint is upheld often lessons or corrective actions are identified to remedy the specific complaint. Sometimes these corrective actions relate to issues that are appropriate to share across all teams and other times they relate to an individual practitioner, and the person is supported through supervision and training.

9.3 The lessons are shared with the Strategic Safeguarding, Practice and Quality Assurance team so that key messages are cascaded to all staff and Policies are reviewed and updated if appropriate.

9.4 A selection of some of the corrective actions are below:-

You Said	We Did
People said they were not always involved in decisions about care and support for their relatives or kept informed when changes were made.	We reminded managers and practitioners of the importance of involving family members in decisions about a person's care and support, particularly where they hold lasting power of attorney. We also reinforced the need to keep people and their families informed about changes in responsibility or service involvement, provide clear and timely updates at key stages of care planning and safeguarding, and involve them in discussions and decisions to support transparency and shared understanding.
People said it was difficult to get support,	We identified the need to strengthen business

You Said	We Did
particularly when there were system issues, and that this caused unnecessary distress.	continuity arrangements to reduce disruption when services are unavailable. We also said that links in communications should be checked before they are issued, and that service providers should use instructions that are clear, in plain English and suitable for people with different communication needs. We also recognised the importance of contacting residents promptly when there is a service issue and explaining what will happen next.
People said communication between council teams and care providers should be improved.	We said staff should check progress with the relevant team before giving updates to providers about authorisation requests or the search for an agency. We also identified the need for better communication with care agencies so they can plan ahead more effectively.
People raised concerns about delays in offering a care needs assessment and occupational therapy assessment.	We found that, once the referral had been received, there had not been a delay in progressing the care needs assessment. However, we acknowledged that some of the communication did not provide the clarity or reassurance that was needed at a difficult time. We apologised for this and reminded staff of the importance of giving clear, accurate and consistent information about expected timescales, prioritisation and what happens after a referral is received, so people feel informed even where exact timescales cannot be confirmed.
People raised concerns that an existing care package was not meeting needs and that a reassessment had not taken place.	We introduced a waiting well system in Adult Social Care so that everyone waiting for a care needs assessment is risk assessed. This helps teams identify and prioritise urgent cases.

Top 10 remedial actions undertaken:-

Action	Total	%
Formal apology	167	19%
Discuss at team meeting	147	16%
Arrange staff training or guidance	135	15%
Change or review communications	102	11%
Provided service requested	96	11%
Financial remedy	79	9%
Explanation	51	6%
Change or review policy or procedure	43	5%
Change or review service	26	3%
Performance management - staff member	23	3%

10. Financial implications

10.1 In 2025/2026 a total of £123,972.78 was paid to complainants as gesture of goodwill payments, financial settlements or reimbursement. This figure includes £28,663.25 paid as a result of Local Government and Social Care Ombudsman (LGSCO) investigations during this period.

10.2 Gesture of goodwill and time and trouble payments made up £13,392.41 of the total amount paid. This recognises the impact of errors or delays that resulted in injustice to the person we support or their family. The majority of the payments were under £500 which is in line with the financial remedy guidance set out by the LGSCO as part of complaint resolution.

10.3 The financial reimbursements, waivers and other payments made up £88,035.14. These may relate to errors in charges, where families were not informed about the need to pay for a service, a miscommunication about a charge, or where services did not meet the required standard.

10.4 Payments made under Cost of Service supplied accounted for £22,545,23. These are instances where a charges are waived to a customer following for example, issues with delivery of service.

10.5 Time and trouble payments which are frequently applied by the Ombudsman, are often now applied by the service where appropriate. This helps to resolve issues earlier and avoid unnecessary escalation of issues. Time and trouble payments are typically in between £100 and £500 and are issued in line with the LGSCO's guidance.

11. Complaints received via the Local Government and Social Care Ombudsman (LGSCO)

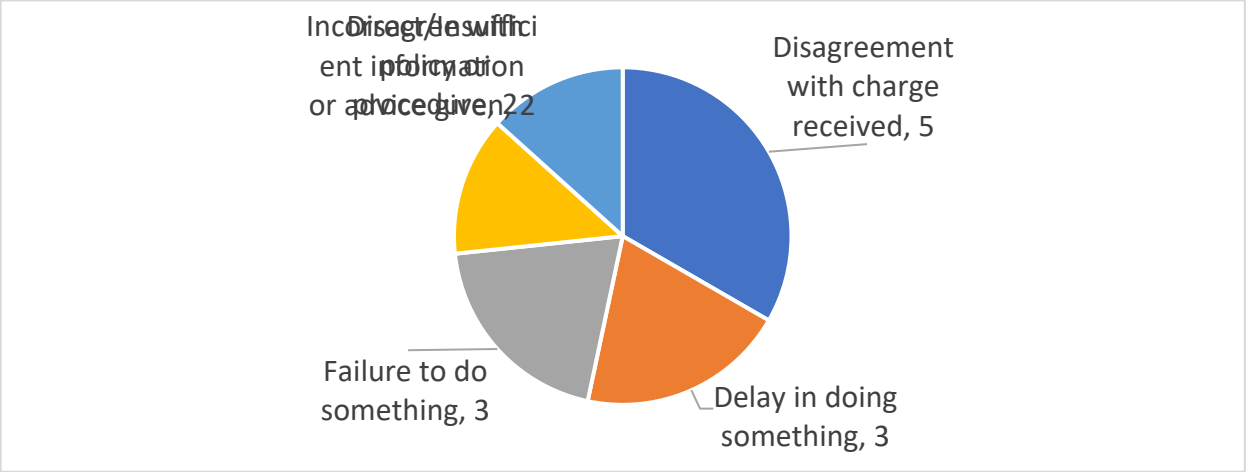
11.1 The second stage of the complaints process is the Local Government and Social Care Ombudsman (LGSCO). Following an Initial Enquiry and request for documents, the LGSCO then gives the Council four weeks to respond to a Full Investigation. 41% of cases were responded to within agreed timescales.

11.2 A total of 66 complaints were progressed to the LGSCO. The table below shows that 23 cases were fully investigated by the LGSCO and a decision was issued. 32 were closed because, following initial enquiries and explanation or information provided, the LGSCO felt there would be no wider public benefit to a full investigation and required no further action or they were out of jurisdiction.

11.3 The LGSCO issues an Annual Letter to KCC which summarises the activity with them and highlights any issues for the coming year. There has been a change in approach in recent years with the LGSCO selecting cases where it is considered to be more in the public interest to investigate. This has resulted in the overall number of upheld complaints increasing nationally across all services. The adult social care upheld rate is 72% of complaints, in comparison to 78% nationally for Adult Social Care complaints.

	Upheld	Not upheld	Closed: out of jurisdiction/no further action or withdrawn	Premature	Total
2025/2026	18	5	32	11	66
2024/2025	13	5	23	6	47

11.4 The diagram below demonstrates the top five causes of the upheld LGSCO complaints:-



Causes of Upheld Complaints	Total	%
Disagreement with charge received	5	33%
Delay in doing something	3	20%
Failure to do something	3	20%
Disagree with policy or procedure	2	13%
Incorrect/Insufficient information or advice given	2	13%

11.5 ASCH has taken forward the agreed remedies set out by the LGSCO that need to be implemented and include sending apology letters to the person we support or their family, offering financial remedies, reviewing policies or procedures in recognition of the error and staff training. All recommendations have been taken forward.

11.6 A summary of each Decision can be found on the LGSCO's website at the following link SearchResult - Local Government and Social Care Ombudsman

12. Improvements to the process

12.1 A training programme has been offered for staff on the complaints process, conducting a complaint investigation and writing a response. We have continued to roll these out over the course of the year, supporting the service in conducting robust investigations.

12.2 The customer feedback team has begun to review processes to identify how we can best support services in responding to feedback in a timely manner. This work continues into 2026/2027

13. Compliments

13.1 Compliments volumes remain in line with previous years. When logged the customer feedback team selects a reason for the compliment, the below table shows how the 596 compliments were recorded.

Reason	Total	%
Delivery	281	47%
Customer care	188	32%
Good Staff Attitude	109	18%
Quality	5	1%
Availability of staff	4	1%
Service knowledge	4	1%
General	2	0%
Prompt response	1	0%
Quality of communication	1	0%
Supervision	1	0%
Total	596	

13.2 Those compliments related to Delivery covered exceptional support and assistance, compassionate and caring staff, teamwork and collaboration, actions that made a difference and professionalism.

13.3 Those categorised as Customer care included expressions of gratitude and appreciation for staff, the support received for relatives and their families, the quality of care received, positive impact on lives and professionalism.

13.4 Compliments relating to good staff attitude covered thanks for compassion and support received, support and assistance in various scenarios, communication with families, positive impact on individuals and welcoming environments created by staff.

14. Recommendations

14.1 Recommendations: The Adult Social Care and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the content of this report.

15. Report Author

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From:	Georgia Foster, Cabinet Member for Adult Social Care Linden Kemkaran, Leader of the Council and Cabinet Member for Public Health Helen Woodland, Corporate Director Adult Social Care and Health Dr Anjan Ghosh, Director of Public Health
To:	Adult Social Care and Public Health Cabinet Committee – 18 November 2026
Subject:	**Adult Social Care Pressures Plan 2026/2027**
Classification:	Unrestricted

Summary: The Adult Social Care Pressures Plan 2026/2027 sets out how Kent County Council's Adult Social Care and Health directorate will maintain safe, effective and sustainable services during seasonal and wider system pressures. It prioritises prevention, independence and timely access to support, while aligning the adult social care response with NHS winter arrangements and Kent and Medway escalation processes. This report also provides members of the committee with an update on the seasonal vaccination programme.

Recommendation(s): The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the content of the report.

1. Introduction

1.1 This report provides an overview of the Adult Social Care Pressures Plan 2026/2027 (Attached as Appendix 1) together with an overview of the seasonal vaccination programme.

1.2 The Adult Social Care Pressures Plan 2026/2027 sets out how Kent County Council's (KCC) Adult Social Care and Health (ASCH) Directorate will prepare for and respond to seasonal pressures with a focus on maintaining safe and effective services, supporting people to remain independent in their own homes and ensuring timely access to care and support when needs change. This includes supporting unpaid carers and working with providers to manage risks to care quality and continuity.

1.3 The plan brings together the adult social care contribution to the wider Kent and Medway winter response and describes how KCC operates within the NHS Integrated Operational Pressures Escalation Levels (OPEL) framework, for responding to increased demand and capacity pressures and coordinating with the wider Kent and Medway health and care system**.** The Operational Pressures Escalation Plan is attached as Appendix 2.

2. Background

2.1 ASCH in Kent continues to manage high demand, complexity of need, financial constraints and workforce challenges across council services and the wider care sector. Seasonal illness, severe weather and disruption to utilities or care provision can intensify these pressures, affecting both people who need support and those who provide it. The plan will take account of pressures affecting adult social care throughout the year, recognising that winter can intensify demand and disruption.

2.2 Pressures within hospitals also affect adult social care, increasing demand for timely assessment, discharge support, reablement and suitable community provision. Responding to this demand must be balanced with maintaining support for people already receiving care and those awaiting assessment or services in the community. Planning therefore requires a coordinated approach across health and social care, recognising shared capacity constraints and the impact that pressures in one part of the system can have on another.

2.3 The plan supports national priorities for integrated and preventative care, including the Better Care Fund's focus on improved reablement outcomes, reduced discharge delays and fewer avoidable admissions to long-term residential and nursing care.

2.4 In December 2024, NHS England published the Integrated Operational Pressures Escalation Levels (OPEL) framework 2024 to 2026. The framework exists to support the management of operational pressures across NHS England's providers, including acute trusts, community health, mental health, and NHS 111 services.

2.5 The NHS framework aims to provide:

- enhanced oversight of patient safety and, patient-centred decision-making across the urgent and emergency care (UEC) pathway through clear and consistent identification of risk to access to care for patients
- increased efficiency across the UEC pathway through optimising use of resources, and enabling clinical and operational teams to monitor operational pressure and, identify patterns and interdependencies between operational parameters
- improved communication by providing a common structure for measuring operational pressures and standardised escalation processes, enhancing the speed of response
- a consistent response to changes in operational pressure by giving parity of esteem across those NHS providers covered by this framework
- improved transparency across all levels of the NHS to promote engagement of and collaboration between all stakeholders in managing operational pressures effectively

3. Key elements of the Adult Social Care Pressures Plan 2026/2027

3.1 Overall, the plan is intended to protect service continuity, support safe and timely discharge, sustain unpaid carers and care providers, and help people remain safe, well and independent. Its effectiveness will depend on coordinated delivery across council, NHS, provider and community partners, supported by active monitoring and timely escalation of capacity, resource and quality risks.

3.2 The key elements of the Adult Social Care Pressures Plan 2026/2027 are:

- **Prevention and community support:** strengthen first-contact advice, community pathways, equipment, assistive technology and support for unpaid carers to reduce avoidable deterioration, crisis and hospital admission.
- **Hospital discharge and recovery:** improve early discharge planning, Home First and Discharge to Assess pathways, enablement, integrated brokerage and short-term care capacity so people can return home safely and avoid unnecessary long-term placements.
- **Operational resilience**: use business continuity, emergency planning, OPEL-aligned indicators, SHREWD intelligence and clear escalation routes to respond proportionately to demand, workforce shortages, severe weather, utility disruption and infectious disease outbreaks.
- **Workforce and statutory services**: maintain essential and specialist functions through recruitment, prioritisation by need and risk, flexible deployment, out-of-hours leadership and digital tools that reduce administrative burden.
- **Care market resilience:** monitor provider capacity, quality, workforce and financial pressures; maintain regular provider engagement; and escalate risks that threaten continuity of care.
- **Financial challenge:** KCC faces a funding gap of approximately £74 million in 2026/2027. As 56% of spending growth relates to ASCH, delivery must balance rising demand, complexity and cost with savings requirements and constrained resources.
- **Governance and assurance**: activity leads will monitor demand, capacity, workforce availability, provider resilience, risks and delivery actions. The Directorate Management Team retains oversight, with unresolved pressures escalated through established directorate and system arrangements.

4. Seasonal Vaccination Programme

4.1 Covid-19 and Influenza

4.1.1 Vaccination remains a critical component of Kent's winter preparedness planning, helping to reduce serious illness, outbreaks in care settings, hospital admissions and system pressures across health and social care services.

4.1.2 In addition to protecting individuals from serious illness, the seasonal vaccination programme plays a critical role in maintaining resilience across health and social care services during periods of increased winter demand. High vaccination uptake helps reduce avoidable hospital admissions, supports timely discharge from hospital, protects vulnerable residents and service users, and reduces workforce absence associated with respiratory infections.

4.1.3 Particular focus is being placed on achieving high uptake among groups that can have a significant impact on winter pressures across the wider system:

- Care home residents remain a priority cohort due to their increased risk of serious complications and hospitalisation from influenza and COVID-19. Maintaining high vaccination coverage helps reduce outbreaks and supports continuity of care within residential and nursing settings.
- Adult social care staff, including care home staff, domiciliary care workers and personal assistants, are encouraged to access vaccination offers. High staff uptake helps reduce winter sickness absence, maintain workforce capacity and reduce the risk of transmission to vulnerable people receiving care and support.
- Unpaid carers are also eligible for vaccination and remain a key target group. Protecting carers from illness helps maintain caring arrangements and reduces the risk of individuals requiring additional statutory services due to carer illness or absence.
- Pregnant women are eligible for seasonal influenza vaccination and are encouraged to receive vaccination to protect both themselves and their babies. Influenza infection during pregnancy is associated with an increased risk of serious illness and hospital admission, while maternal vaccination provides protection to newborn infants during their first months of life.
- Eligible children and young people play an important role in the overall effectiveness of the seasonal influenza programme. Children are recognised drivers of influenza transmission within communities and households. Increasing uptake among children helps reduce the spread of infection, providing indirect protection to older people, clinically vulnerable adults and the social care workforce.

4.1.4 The Kent and Medway vaccination programme continues to work with NHS partners, local authorities, providers, schools, maternity services and community organisations to maximise uptake across all eligible cohorts, recognising that strong vaccination coverage contributes to population health, service resilience and the reduction of winter pressures across the health and social care system.

4.1.5 As of October 2026, over 428,000 seasonal flu and COVID-19 vaccinations have been delivered across Kent, with overall uptake slightly above the national average. While progress has been made, uptake remains below planned trajectory in several priority groups, highlighting the importance of continued promotion and targeted delivery throughout the winter period.

4.1.6 Pregnant women: Flu vaccination uptake amongst pregnant women has reached 26.3% (2,348 vaccinations delivered). Whilst uptake is currently

ahead of the planned trajectory, coverage remains below both the South East (29.8%) and national (28.0%) averages, and Kent and Medway is ranked 34th of 36 Integrated Care Boards nationally. Continued promotion through maternity services remains a priority.

4.1.7 Children and young people: Flu vaccination uptake among children aged 2-3 years is 25.8%, slightly above the national average (21.4%) but below the South East average (24.9%) and below trajectory. Uptake among primary school-aged children stands at 26.2%, whilst uptake among secondary school-aged children has reached 19.4%, performing above both regional and national uptake levels and currently ahead of trajectory. Increasing vaccination coverage in children remains important to reduce community transmission and provide indirect protection to vulnerable residents.

4.1.8 Unpaid carers: Flu vaccination uptake among carers and household contacts of vulnerable individuals currently stands at 3.9%, slightly above regional and national uptake. Although this cohort is currently performing ahead of trajectory, continued targeted engagement is required to maximise protection for carers and maintain caring arrangements throughout the winter period.

4.1.9 Adult social care and frontline health and care staff: Flu vaccination uptake among frontline healthcare and social care workers is 24.2% (6,790 vaccinations delivered), which is above regional (15.1%) and national (14.9%) uptake levels but remains below the NHS England ambition of 60%. High staff vaccination uptake remains critical to reducing winter sickness absence, maintaining workforce resilience and protecting people receiving care and support.

- Flu vaccination uptake among care home residents has reached approximately 33.5%, performing above the regional average.
- COVID-19 vaccination uptake among care home residents is approximately 25%, with further improvement required to maximise protection ahead of peak winter respiratory virus circulation.
- Uptake amongst people aged 75 years and over continues to increase and remains a key focus given the higher risk of severe disease, hospital admission and mortality in this age group.

4.1.10 Targeted actions are being undertaken through NHS and local authority partnerships to improve vaccine uptake among vulnerable populations. These include outreach vaccination clinics, support for care homes and housebound residents, focused communications activity, and ongoing monitoring of uptake across priority cohorts.

4.2 Respiratory Syncytial Virus (RSV) Vaccination Programme

4.2.1 The RSV vaccination programme is now an established part of the winter respiratory disease prevention offer. RSV is a common respiratory virus that can cause severe illness in older adults, particularly those with underlying health conditions and residents of care homes.

4.2.2 The programme provides a single-dose vaccine for eligible older adults and pregnant women and has been extended to include care home residents and adults aged 80 years and over. While no national uptake target has been set, delivery is being closely monitored due to the significant contribution RSV makes to winter respiratory admissions.

4.2.3 The introduction of RSV vaccination is expected to provide additional protection for vulnerable adults and complements existing Flu and COVID-19 vaccination programmes. Together, these programmes are designed to reduce serious respiratory illness, minimise outbreaks in care settings and support wider health and care system resilience during periods of increased seasonal pressure.

4.3 Targeted Interventions to Improve Winter Resilience

4.3.1 Recognising the increased vulnerability of people experiencing homelessness and rough sleeping, a targeted vaccination outreach programme has begun in partnership with district and borough councils, homelessness services and Kent Community Health NHS Foundation Trust (KCHFT). This work has focused on bringing vaccination opportunities directly to rough sleepers and those in temporary accommodation, helping to address barriers to access, improve protection against winter respiratory infections and reduce the risk of severe illness amongst some of Kent's most vulnerable residents.

4.3.2 Maintaining high vaccination uptake among care home residents, people receiving care in the community, unpaid carers and the adult social care workforce remains an important component of winter resilience. Increased vaccination coverage is expected to reduce infection related outbreaks, minimise avoidable hospital admissions, reduce workforce absence and help maintain continuity of care services throughout the winter period. Public Health will continue to work with NHS partners and care providers to support vaccine access and promote uptake among eligible residents and staff.

5. Conclusions

5.1 The Adult Social Care Pressures Plan 2026/2027 provides a coordinated approach to managing seasonal and year-round pressures, protecting continuity of care and supporting people to remain safe and independent. Prevention, timely hospital discharge, support for unpaid carers and a resilient care market are central to this approach.

5.2 The seasonal vaccination programme complements these measures by helping to reduce serious illness, avoidable admissions, outbreaks and workforce absence; however, uptake remains below planned levels in several priority groups, requiring continued targeted engagement and accessible delivery.

5.3 Delivery will take place against sustained demand, increasing complexity of need and significant financial and workforce constraints. The plan’s

effectiveness will therefore depend on close working between KCC, NHS, care providers and community partners, supported by active monitoring and timely escalation of capacity, financial and care quality risks. Continued Directorate Management Team oversight and alignment with Kent and Medway escalation arrangements will be essential to coordinating a proportionate response while maintaining statutory services and support for people in the community.

6. Recommendations

6.1 Recommendation(s): The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the content of the report.

7. Background Documents

None

8. Appendices

Appendix 1 – Adult Social Care Pressures Plan 2026/2027
Appendix 2 – Operational Pressures Escalation Plan

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Adult Social Care Pressures Plan

2026–2027

Prepared by: Director(s) Adult Social Care and Health

Document owner: Director Adult Social Services (DASS)

1. Introduction

The Adult Social Care Pressures Plan 2026/27 sets out how Kent County Council's Adult Social Care and Health (ASCH) directorate will prepare for and respond to seasonal pressures. Its focus is on maintaining safe and effective services, supporting people to remain independent in their own homes and ensuring timely access to care and support when needs change. This includes supporting unpaid carers and working with providers to manage risks to care quality and continuity.

The plan brings together the adult social care contribution to the wider Kent and Medway winter response. It supports the NHS Winter Plan and associated escalation arrangements, recognising that pressures in hospitals, community services and social care are closely connected and require coordinated action.

2. Context

Adult Social Care and Health (ASCH) in Kent continues to manage high demand, complexity of need, financial constraints and workforce challenges across council services and the wider care sector. Seasonal illness, severe weather and disruption to utilities or care provision can intensify these pressures, affecting both people who need support and those who provide it.

Pressures within hospitals also affect adult social care, increasing demand for timely assessment, discharge support, reablement and suitable community provision. Responding to this demand must be balanced with maintaining support for people already receiving care and those awaiting assessment or services in the community. Planning therefore requires a coordinated approach across health and social care, recognising shared capacity constraints and the impact that pressures in one part of the system can have on another.

The plan supports national priorities for integrated and preventative care, including the Better Care Fund's focus on improved reablement outcomes, reduced discharge delays and fewer avoidable admissions to long-term residential and nursing care.

3. Objectives

1. Strengthen prevention and community support to reduce avoidable deterioration, crisis and hospital admission, including support for unpaid carers.
2. Support timely and appropriate hospital discharge through coordinated assessment, Home First arrangements, reablement and effective use of short-term care capacity.
3. Maintain essential adult social care services through workforce planning, business continuity arrangements and prioritisation according to need and risk.
4. Monitor care market capacity, quality and provider resilience, responding promptly to disruption that could affect people's care and support.

5. Monitor delivery and emerging pressures through clear accountability, action tracking and review of risks and resources, escalating unresolved issues through agreed local and system arrangements.

4. Planning considerations

The plan will take account of pressures affecting adult social care throughout the year, recognising that winter can intensify demand and disruption:

- **Changing demand:** the volume and complexity of referrals, assessments and safeguarding activity, including mental health needs and transitions into adult services.
- **Available capacity:** staffing, home care, reablement, equipment and suitable provision to meet demand from both hospitals and the community.
- **Continuity of support:** the resilience of commissioned providers and unpaid caring arrangements, including the impact of illness, staffing shortages and financial pressures.
- **Seasonal disruption:** respiratory and gastrointestinal infections, severe weather and utility failures affecting people's wellbeing and service delivery.
- **Resources and dependencies:** funding availability, partner contributions and geographical or service-specific gaps in provision.

These considerations will inform the deployment of available resources and the identification of pressures requiring additional or coordinated action.

5. Resilience, emergency planning and escalation

ASCH maintains business continuity and emergency planning arrangements to support essential services during periods of increased demand or disruption. The Directorate Resilience Group oversees these arrangements on behalf of the Directorate Management Team, including plan reviews, preparedness exercises and follow-up of learning.

Preparedness covers severe weather, flooding, disruption to water and fuel supplies, infectious disease outbreaks and reduced workforce availability. Services work with commissioned providers and wider resilience partners to identify dependencies, review arrangements and strengthen coordinated responses.

Preparations draw on learning from previous winters, incidents and exercises. Water supply disruption during winter 2025/26 highlighted the importance of coordinated support across council services, commissioned providers and voluntary organisations. Subsequent exercises have informed utility disruption planning, while surge exercises have supported the review of operational escalation arrangements. Agreed improvements will be reflected in the delivery plan.

Senior on-call arrangements complement the established Out of Hours Service, providing additional leadership and coordination where emergencies or major incidents exceed routine operational capacity.

Operational pressures escalation
The ASCH Operational Pressures Escalation Plan provides the framework for responding to increased demand and capacity pressures and coordinating with the wider Kent and Medway health and care system. The full plan is included at **Appendix 1**.
Locally defined indicators and triggers are aligned with Operational Pressures Escalation Levels (OPEL). These include staffing availability, referrals and caseloads, assessment bed availability, enablement capacity and home-based discharge support. Information recorded through SHREWD supports a shared understanding of pressures and informs the response.

Actions are proportionate to the pressures identified and focus on managing demand, making effective use of capacity and supporting safe discharge and progression through short-term services. Options include prioritising work according to risk, temporary staff redeployment, reviewing short-term placements, increasing the frequency of decision-making panels and exploring alternative care capacity, subject to appropriate authorisation.

Operational managers and senior leaders have defined responsibilities for implementing actions and working with system partners. Where local measures are insufficient, the KCC Operational Pressures Escalation Group can be convened to coordinate further action, consider resource requirements and seek support across services and organisations.

The response takes account of risks across both hospital and community services. Actions are reviewed as pressures change, with de-escalation managed to support sustained recovery. Outstanding actions, resource constraints and capability gaps remain under review and are escalated where further decisions or joint action are required.

6. Prevention and community support

Prevention and community support contribute to managing pressures by helping people remain safe, well and independent at home and reducing the risk of avoidable deterioration, crisis and hospital admission. Preparations focus on strengthening responses at first contact, making effective use of equipment and technology, supporting unpaid carers and coordinating available community resources.

Adult Social Care Connect and access to advice
Additional social work resource within Adult Social Care Connect supports appropriate responses at first contact and reduces unnecessary transfers between services. Alongside ongoing improvements to tools and community links, this will help manage

increased demand through earlier identification of needs and timely access to appropriate support.

Regular meetings with Wellbeing Services will support shared understanding of emerging pressures and coordinated use of available community support.
Kent Connect to Support and the “Know how to start” campaign provide information, local service listings and digital self-assessment options. Access to advice outside normal office hours will complement the response to increased demand, helping people find appropriate support and enabling practitioners to focus on more complex or urgent needs.

Autumn campaign activity includes distributing printed information through council and partner organisations, extending access to advice ahead of winter for people who may not use digital services.

Equipment and technology

Technology Enabled Lives Services (TELS) supports people with ongoing care needs and those requiring short-term assistance, including following hospital discharge. Historical referral data indicates increased winter demand, particularly in November. The service is reviewing staffing and operational arrangements with delivery partners to prepare for increased referrals, installation activity and call handling.

Winter preparations also include increasing awareness of assistive technology, expanding activity monitoring and supporting digital confidence among people and carers. A targeted winter campaign is being developed to promote support that can help people remain safe, independent and connected at home.

The Integrated Community Equipment Service and Trusted Assessor training delivered to partners, including voluntary and community organisations, strengthen local capacity to assess for and provide low-level equipment and assistive technology.

Occupational therapists provide assessment, equipment, adaptations and advice to help people manage daily activities safely. Their contribution supports independence at home, helps sustain caring arrangements and facilitates hospital discharge. Together, these measures help reduce avoidable escalation of care needs and support effective use of available care capacity.

Support for unpaid carers

The sustainability of caring arrangements is an important consideration. The new jointly commissioned Kent Adult Carer Support Service brings together community navigation, carers’ assessments and short breaks, with the aim of improving access, reducing duplication and providing more coordinated support.

The Carers’ Health Needs Assessment is informing delivery plans, considerations include identifying carers, promoting vaccination among eligible carers, access to available household support, respite and community groups, and equipment or

adaptations that can assist both carers and the people they support. These measures aim to reduce isolation and the risk of caring arrangements becoming unsustainable.

Community capacity and partnership working
As part of developing neighbourhood approaches, work is underway with partners to o coordinate existing community-based roles, including social prescribers, community navigators, community wardens and care coordinators, aims to improve referral pathways and make better use of available local support. Where improvements are implemented, they will help people access appropriate assistance earlier and reduce duplication between services.

Market Development Officers continue to identify gaps in community provision and work with micro-enterprises, voluntary organisations and other local providers to support the development of services where required. This complements existing community support and provides opportunities for practical assistance that helps people remain independent at home.

These arrangements contribute to managing increased demand by supporting earlier responses, improving access to equipment and technology, helping sustain caring arrangements and making effective use of community capacity.

7. Hospital discharge, recovery and independence

ASCH will work with partners to support safe and timely hospital discharge, recovery and independence. Preparations focus on identifying discharge barriers earlier, strengthening home-based support and making effective use of short-term care capacity.

Early discharge planning and Hospital to Home
ASCH social care teams will have a stronger physical presence in hospitals, working alongside NHS colleagues on early and effective discharge planning. This will support timely identification of care and support needs and coordinated arrangements for discharge to appropriate provision.
Social care and occupational therapy input will help identify recovery potential and the equipment, technology and support needed following discharge. Closer joint working with people, families and NHS partners will help address barriers earlier, reduce avoidable delays and make effective use of hospital and community capacity.

Home First and discharge pathways
Home First and Discharge to Assess support people to return home wherever safe and appropriate, with access to recovery, reablement and assessment before longer-term care decisions are made. Where people cannot initially return home, short-term bedded provision supports rehabilitation and assessment.
The priority is to ensure people can access appropriate support after leaving hospital. Development priorities include expanding effective home-based reablement and rehabilitation, including seven-day provision, and improving support for people with

complex needs, while making effective use of short-term beds where these are required.
Demand and capacity planning will be aligned with ICB modelling to support appropriate use of available provision across the discharge pathways.

Integrated brokerage and access to provision
Integrated brokerage is intended to support the coordination of placements, helping people access appropriate provision following hospital discharge. Working alongside discharge teams and providers, it will support access to available care capacity and help address barriers to securing suitable support.

Kent Enablement at Home and community recovery
Kent Enablement at Home (KEaH) provides time-limited support to help people remain or return home and regain daily living skills. KEaH Plus provides home-based hospital discharge support across West and North Kent. Joint health and social care support-worker roles developed with Kent Community Health NHS Foundation Trust support integrated Home First provision in West Kent.
KEaH is reviewing eligibility and referral arrangements to support a consistent countywide enablement-first offer, alongside recruitment to increase capacity. Improved transfer arrangements with urgent care and community hospitals will support timely access to enablement, helping people return home sooner and reducing discharge delays.

Short-term beds and intermediate care
Adult Short Stay Services provide time-limited recovery, rehabilitation, reablement and assessment where people cannot initially return home. Occupational therapy input and active discharge planning support a return home at the earliest safe opportunity and help avoid premature long-term placements.

A six-month Discharge and Flow Coordination Service pilot in Q3 2026/27 aims to reduce length of stay and improve throughput, releasing capacity for hospital discharge and community step-up support to help avoid admission.

Following fire-safety works, 20 beds at Broadmeadow Registered Care Centre have reopened. Ten have been realigned for people living with dementia, increasing dementia-support capacity from eight to 18 beds. This strengthens the availability of suitable provision alongside work to make more effective use of existing short-term capacity.

Mental health discharge and recovery
Mental health discharge remains under sustained pressure, including pathways for people with a learning disability and/or autism and people in forensic services. Increasing complexity, limited community support, accommodation constraints and demand for intensive staffing can delay discharge. Increased inpatient capacity at Ruby Ward creates additional demand for social care discharge planning within existing staffing resources.

ASCH works with mental health partners on early assessment and discharge planning. Home from Hospital reablement supports people who can return home, while joint work with housing and care partners seeks suitable arrangements where previous accommodation or support is no longer available.

The strengthened Clinically Ready for Discharge pathway provides earlier identification of barriers, named responsibility, shared action tracking, regular multi-agency review and escalation. These arrangements support coordinated resolution of complex delays during winter. A wider mental health diagnostic assessment will inform priorities for improving demand management, capacity and pathways.

Monitoring discharge and recovery
Monitoring will consider safe and timely discharge alongside recovery outcomes, including return home, reduced ongoing support needs, readmissions and avoidable long-term residential or nursing placements. Demand, available capacity and discharge barriers will inform joint operational decisions.

Unresolved pressures will be escalated through the ASCH Operational Pressures Escalation Plan at Appendix 1. The response will take account of demand from both hospitals and the community, recognising that effective discharge depends on sufficient and sustainable support beyond hospital

9. Workforce and operational capacity

ASCH will focus on maintaining essential services and making effective use of available workforce capacity during winter. Preparations recognise the impact of increased demand, vacancies and seasonal absence across assessment, statutory functions, enablement and care provision.

Responding to demand and maintaining essential services
Maintaining robust social work resource in Adult Social Care Connect supports appropriate responses at first contact and reduces unnecessary transfers between services. Regular meetings with Wellbeing Services provide a forum to understand emerging demand and strengthen coordinated access to community support. Recruitment within Kent Enablement at Home will support increased enablement capacity.

Joint working with health therapy partners includes opportunities for training and shadowing. Training in single-handed care has also been rolled out to strengthen practitioner skills and support appropriate care arrangements.

Maintaining statutory and specialist functions
The Approved Mental Health Professional (AMHP) Service uses established shift and business continuity arrangements to respond to fluctuations in demand and staffing. Where pressures arise, measures include prioritising urgent work, reallocating activity to appropriately skilled staff, considering alternative cover and escalating sustained staffing pressures or backlogs.

Psychiatric bed availability remains a dependency affecting the timely completion of Mental Health Act processes. The service will continue to prioritise statutory activity according to urgency and risk and actively manage available capacity during periods of heightened pressure.

The Social Care in Kent Prisons Team provides assessment and support in custody and works with prison and probation partners on release planning. Maintaining these arrangements supports continuity of care for people with complex needs and helps reduce the risk of crisis following release.

Supporting practitioner capacity
Continued investment in digital and AI-enabled solutions will support more efficient ways of working by reducing administrative burden and improving productivity. This will enable practitioners to focus more time on direct support, helping to maintain timely care and service continuity during periods of heightened demand.
Work with partners to coordinate existing community-based roles will complement these measures by improving referral connections, reducing duplication and making effective use of available resources.

Out-of-hours support and escalation
The established Out of Hours Service is complemented by the Assistant Director and Operational Manager on-call rota, providing additional leadership where emergencies or major incidents exceed routine operational capacity. Trained staff have access to the maintained Adult Social Care Emergency Contact List and relevant business continuity and incident response arrangements.

Workforce pressures and service activity will remain under review. Prioritisation, deployment and escalation will follow agreed business continuity and operational pressures arrangements, with unresolved capacity risks referred for senior management or system action.

10. Commissioned services and care market resilience

Commissioning will support preparedness through provider engagement, oversight of available capacity and quality, workforce development and service improvement. The focus is on maintaining continuity of care, supporting appropriate provision for people with changing or complex needs and identifying risks that could affect access to services.

Care capacity and access to provision
Commissioners will continue working with providers and operational teams to understand available home care, residential and nursing provision and respond to changing demand. This includes supporting home care capacity for more complex needs and access to appropriate bedded provision where people cannot return directly home.

Regular engagement with contracted providers will inform oversight of care vacancies, capacity constraints and emerging delivery risks. This information will support early action where provision is under pressure and help coordinate access to care for people leaving hospital and those requiring support in the community.
Service redesign and re-procurement programmes aim to improve access and provider sustainability. These developments sit alongside the expansion of preventative and technology-enabled support described elsewhere in the plan.

Provider preparedness and continuity
Commissioners will maintain oversight of provider business continuity arrangements and resilience, working with providers and operational colleagues to identify challenges that could disrupt care. This will support coordinated responses to seasonal pressures and changes in service availability.

Provider intelligence will inform the wider operational picture, helping identify where staffing, financial or service delivery pressures could affect essential care and require further action.

Care sector workforce support
A programme of bite-size training and webinars will provide guidance on winter priorities and emerging operational challenges, alongside opportunities for peer learning.
Wider workforce development initiatives, including targeted bootcamps, aim to develop existing staff and support recruitment into the care sector. These programmes contribute to provider resilience and the ability to respond to increased demand, while recognising that staffing availability remains a constraint.

Provider communication and partnership working
Newsletters, provider bulletins and provider forums will support regular communication , sharing operational messages, system updates, guidance and available support.
Ongoing dialogue with the Kent Integrated Care Alliance will help commissioners understand pressures facing local providers and work jointly on potential responses.
Engagement with NHS and wider system partners will support coordination between commissioned care, hospital discharge and community services.

Quality and market resilience
Routine quality monitoring, provider engagement and intelligence sharing will support early identification of concerns that could affect people’s care. Regular meetings with the Care Quality Commission provide a further route for sharing intelligence and coordinating work on quality issues.

Market Development Officers will continue identifying gaps in local provision and working with micro-enterprises, voluntary organisations and other providers to support the development of community services. This complements regulated care and helps strengthen the range of support available to people at home.

Capacity, quality and continuity risks will inform the wider winter monitoring arrangements. Where disruption cannot be resolved through provider and local operational action, concerns will be escalated through agreed directorate and system routes.

11. Financial Implications

In 2025-26 the financial challenge for KCC was a funding gap of c.£86m, arising from a combination of spending growth of c. £150m and removal of undelivered prior year savings of c.£38m. These two combined significantly exceeded the increase in funding from central government and local taxation of c. £102m. This gap had to be closed from savings, income and one-off solutions eg use of reserves and capital receipts.

In 2026-27 the financial challenge for KCC is similar. There was a funding gap of c. £74m, arising from a combination of spending growth of c. £168m and removal of undelivered prior year savings of c.£29m. These two combined significantly exceeded the increase in funding from central government and local taxation of c. £123m. This gap had to be closed from savings, income and one-off solutions eg use of reserves and capital receipts.

Over half (56%) of this spending growth relates to ASCH, so strategies to reduce costs must be identified to help offset this increased growth, as well as achieving previous years rolled-forward savings. The main financial challenges that ASCH are seeing this year, are in relation to the continuation of increased demand, complexity and costs, meaning the achievement of those cost reductions and savings required to help offset the growth is challenging and causing financial pressures.

12. Risk management

Pressure planning forms part of ASCH's established risk management arrangements. Risks identified through preparedness activity, operational monitoring and partner engagement will inform the winter response and be considered alongside existing directorate and corporate risks.

The Directorate Management Team (DMT) retains oversight of live directorate risk registers, with identified risk owners responsible for reviewing risks and implementing mitigating actions. Regular review considers changes in risk, progress with actions and whether further decisions or support are required.

Where pressures increase existing risks or create new concerns, these will be reflected in the appropriate risk management arrangements and inform changes to the delivery

plan. Risks requiring joint action will be considered with relevant health, care and resilience partners.

Unresolved operational risks will be escalated through agreed management and system routes, including the ASCH Operational Pressures Escalation Plan at Appendix 1. This connects monitoring and delivery with the directorate's wider governance and assurance arrangements.

13. Monitoring and Review

The main elements of the plan alongside the activity leads are detailed below

Activity Title	Description	Activity Lead(s)
Resilience, emergency planning and escalation	Sets out preparedness, business continuity and operational escalation arrangements for responding to disruption, increased demand and system pressures.	Business Management Systems Officer
Prevention and community support	Sets out arrangements for early advice, community support, unpaid carers, equipment and technology to support independence and help manage demand.	Assistant Director(s) Commissioning and Operations
Hospital discharge, recovery and independence	Sets out joint working with health partners to support effective discharge planning, access to appropriate provision, recovery and effective use of available capacity.	Assistant Director(s) Commissioning and Operations
Workforce and operational capacity	Sets out how operational demand and staffing capacity will be managed to maintain essential services, including additional resource requirements and links to financial planning.	Assistant Directors/ Service Managers
Commissioned services and care market resilience	Sets out commissioning activity to support provider capacity, quality, continuity and resilience.	Commissioning Assistant Directors
Resources and financial considerations	Sets out available funding and resources, additional requirements and funding dependencies supporting preparedness and delivery.	ASCH Directorate Management

Risk management	Explains how pressures fit within established risk management, review, ownership and escalation arrangements.	ASCH Directorate Management

Delivery will be kept under review through established service and directorate arrangements, drawing on information about demand, capacity, workforce availability and provider resilience. Activity leads will review progress and identify issues requiring further decisions or joint action, with unresolved pressures escalated through agreed routes. The plan will be updated as circumstances change, supporting a coordinated response focused on maintaining essential services and helping people remain safe, well and independent.

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Operational Pressures Escalation Plan

Adult Social Care

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1. Introduction

In December 2024, NHS England published the Integrated Operational Pressures Escalation Levels (OPEL) framework 2024 to 2026. The framework exists to support the management of operational pressures across NHS England's providers, including acute trusts, community health, mental health, and NHS 111 services. The 2024 publication supersedes all previous version of the national framework which has been in operation since 2016.

On 19th March 2020, NHS England published COVID-19 Hospital Discharge Service Requirement with the aim of maintaining enough capacity to support people who have acute healthcare needs due to coronavirus (COVID-19) in hospitals. These requirements were subsequently revised by the Hospital Discharge Service: Policy and Operating Model (21st August 2020) and Hospital Discharge and Community Support: Policy and Operating Model (5th July 2021). Kent County Council (KCC) Adult Social Care responded to COVID-19 Hospital Discharge Service Requirement and subsequent revision in August 2020 and July 2021 by transforming the way Local Authority teams operate to support the safe and rapid discharge of those people who no longer need to be in a hospital bed. Whilst these sets of guidance no longer apply the changes made to the way local teams operate remain.

On the 31st March 2022, the Department for Health and Social Care published Hospital Discharge and Community Support Guidance which superseded the previous policy and operating model. The expectation is that local teams should adopt discharge processes that best meet the needs of the local population. This includes the 'discharge to assess, home first' approach, which is well established in Kent. It is expected that systems work together across health and social care to jointly plan, commission, and deliver discharge services that are affordable within existing budgets available to NHS commissioners and local authorities, pooling resources where appropriate. This is a current area of development across Kent and Medway. Multi-agency partners are working together to develop the model within existing resources, and agree any investment to reshape provision towards more home-based, strengths-based care and support, and with less reliance and expenditure on bed-based provision.

Transfer of Care Hubs, are now established countywide as the local health and social care system-level coordinating centres linking all relevant services across sectors to aid discharge, recovery and admission avoidance.

This Plan describes how KCC continues to operate within the 2024 OPEL Framework, building on local plans and practice which are well established and embedded through operational experience since the implementation of NHS England (South) Surge Management Framework which predates OPEL. This Plan operates against the backdrop of the Hospital Discharge and Community Support Guidance (31st March 2022), and will continue to be updated as health, care and other public services move towards more integrated, multi-disciplinary working, and to reflect future funding arrangements.

2. Aim and Objectives

2.1 Aim

The aim of this Plan is to ensure KCC Adult Social Care responds appropriately to surges in demand across the Kent and Medway Health and Social Care System.

2.2 Objectives

The objectives of this Plan are;

- To provide information about the national operating frameworks and services requirements
- To describe the monitoring and reporting arrangements in place to provide early warning of surge pressure
- To inform staff about the national, regional, and local processes and procedures to be used to manage a surge in demand
- To identify roles and responsibilities for services, teams, and individuals
- To describe the actions required in response to surge in demand

3. National Operating Framework

3.1 Operational Pressures Escalation Levels (OPEL) Framework

The OPEL Framework 2024 replaces all previous versions of the NHS OPEL Framework. The current framework aims to:

- enhanced oversight of patient safety and, patient-centred decision-making across the urgent and emergency care (UEC) pathway through clear and consistent identification of risk to access to care for patients
- increased efficiency across the UEC pathway through optimising use of resources, and enabling clinical and operational teams to monitor operational pressure and, identify patterns and interdependencies between operational parameters
- improved communication by providing a common structure for measuring operational pressures and standardised escalation processes, enhancing the speed of response
- a consistent response to changes in operational pressure by giving parity of esteem across those NHS providers covered by this framework
- improved transparency across all levels of the NHS to promote engagement of and collaboration between all stakeholders in managing operational pressures effectively

The OPEL Framework 2024 is for the management of operational pressures across NHS acute trusts, community health service (CHS) providers, mental health (MH) service providers, NHS 111 providers, integrated care systems (ICSs), and NHS England regional and national teams. The framework provides the core parameters that each of these types of provider must use to determine their OPEL (Appendix 1: OPEL parameter definitions).

As a minimum, an OPEL assessment must be completed by each provider once per 24-hour period or more frequently in response to changes in assessments. The first

assessment must be completed no later than 10:00, 7 days per week. Subsequent frequency of OPEL assessments is directed by OPEL score and corresponding escalation level (Table 1: OPEL score and corresponding level).

Table 1: OPEL score and corresponding level

(Normalised) OPEL Score	Corresponding escalation level	Clinical Risk
0-15	OPEL 1	Low
>15-40	OPEL 2	Medium
>40-70	OPEL 3	High
>70-100	OPEL 4	Very High

The OPEL framework supports organisations' responses to stabilise and recover by providing actions for each OPEL and identifying the responsibilities for NHS acute trusts, MH service providers, CHS providers, NHS 111 providers ICSs and NHS England regions (Appendix 2: Actions to stabilise and recover).

3.2 Hospital Discharge and Community Support Guidance

Hospital Discharge and Community Support Guidance applies to;

- all NHS trusts,
- community interest companies and private care providers of acute, community beds and community health services,
- social care staff in England.

It is expected that NHS bodies and local authorities should agree the discharge models that best meet local needs and are effective and affordable within the budgets available to NHS commissioners and local authorities.

Where somebody is admitted to hospital for elective treatment their likely short-term care needs upon discharge should be considered and discussed with them prior to their admission. Where somebody has been admitted to hospital as an emergency admission, their likely short-term care needs on discharge should be considered as soon as possible after their admission.

Where a patient is likely to need an interim package of care on leaving hospital, pending any assessment of their longer-term care needs, the Transfer of Care Hub assesses the appropriate discharge pathway and any immediate support the person will need on being discharged, including any issues relating to safeguarding and housing.

Care Act assessments to determine the long-term health and social care needs should take place after someone has left hospital and after an initial period of recovery.

It is the responsibility of acute and community hospitals to refer patients to the Transfer of Care Hub as soon as it is clinically safe to do so.

It is expected that no one has to transfer permanently into a care home for the first time directly following an acute hospital admission - everyone should be offered the

opportunity to recover and rehabilitate at home or in a bedded setting before their long-term needs and options are assessed and agreed.

Acute hospitals are responsible for leading on the discharge of all patients on pathway 0. Providers of community health services lead on pathways 1-3. The model operates at least 8 am – 8 pm 7 days a week.

For 95% of patients leaving hospital this means that (where it is needed), the assessment and organising of ongoing care will take place when they are in their own home.

The Transfer of Care Hub assesses the suitable level of care support, visit patients at home on the day of discharge or the day after to arrange what support is needed in the home environment and rapidly arrange for that to be put in place. If care support is needed on the day of discharge from hospital, this is arranged prior to the patient leaving the hospital site, by a care coordinator.

Social Care Services are expected to be an active participant in Transfer of Care Hubs.

Mental Capacity
Duties under the Mental Capacity Act 2005 continue to apply. If a person is suspected to lack the relevant mental capacity to make the decisions about their ongoing care and treatment, a capacity assessment should be carried out before decision about their discharge is made. Where the person is assessed to lack the relevant mental capacity and a decision needs to be made then there must be a best interest decision made for their ongoing care in line with the usual processes. If the proposed arrangements amount to a deprivation of liberty, Deprivation of Liberty Safeguards in care homes arrangements and orders from the Court of Protection for community arrangements still apply but should not delay discharge.

4. Activation and Escalation

The OPEL score for each provider is determined by the parameters (Appendix 1: OPEL parameter definitions). Health and Social Care organisation across Kent and Medway are expected to maintain robust, up-to-date local escalation plans signed off at Board level which dovetail into up-to-date overarching system-wide plans.

All local escalation plans should have clearly defined escalation triggers. Kent County Council has agreed the following indicative descriptions of pressure on Social Care services for each escalation level.

Table 2: KCC Escalation Levels

Operational Pressures Escalation Levels for Kent County Council	
OPEL One	• The number of referrals received by KCC from Community Health providers after a discharge from an acute or community hospital is within normal expected level • KCC Short-term Pathway staffing levels are sufficient to meet current referral rate • KCC Short-term Pathway Service appropriately represented at Transfer of Care Hub were emerging issues can be discussed and actions agreed • There is capacity in the residential and nursing home market to accommodate the

	current demand for placements • There is capacity in the home care market to accommodate the current demand for care packages • There is capacity within the Kent Enablement at Home service for all eligible people after discharge from acute or community hospital settings • Care reviews are taking place at the end of Kent Enablement at Home service • There is capacity within the existing Assessment Bed service for all eligible people at discharge from Community Health provision • The number of cases in the Area Referral Service triage workflow is within business-as-usual capacity • All Continuing Health Care Decision Support Tool Assessments are taking place within agreed policy timeframe • The number of referrals from rapid response / ICT is within normal expected level • All Care Act assessments following discharge from an acute or community health setting are completed within 3 to 6-weeks of discharge date • All reviews following KCC community Assessment Bed placement or short-term care package are taking place with 6-weeks of start date • All cases that cannot be resolved at first contact are being review within an acceptable timeframe • Scheduled case reviews are completed as planned • There are no cases waiting for Practice Assurance Panel decision
OPEL Two	• In some areas number of referrals received by KCC from Community Health providers after a discharge from an acute or community hospital is above the normal expected level • In some areas, KCC Short-term Pathway staffing levels are not sufficient to meet current referral rate • KCC Short-term Pathway Service is not appropriately represented at Transfer of Care Hub were emerging issues can be discussed and actions agreed • In some areas there is insufficient capacity in the residential and nursing home market to accommodate the current demand for placements • In some areas there is insufficient capacity in the home care market to accommodate the current demand for care packages • In some areas there is insufficient capacity within the Kent Enablement at Home service for all eligible people after discharge from acute or community hospital settings • In some areas, care reviews are not taking place at the end of Kent Enablement at Home service • In some areas there is insufficient capacity within the existing Assessment Bed service for all eligible people at discharge from Community Health provision • In some areas the number of cases in the Area Referral Service triage workflow is above the normal expected level • In some areas, Continuing Healthcare Decision Support Tool Assessments are taking place outside agreed policy timeframe • In some areas, the number of referrals from rapid response / ICT is above the normal expected level • In some areas, Care Act assessments following discharge from an acute or community health setting are not being completed within 3 to 6-weeks of discharge date • In some areas, reviews following KCC community Assessment Bed placement or

	short-term care package are not taking place with 6-weeks of start date • In some areas, not all cases that cannot be resolved at first contact are being review within an acceptable timeframe • In some areas, scheduled case reviews have been de-prioritized • In some areas, a small number of cases are waiting for Practice Assurance Panel decision
OPEL Three	• County-wide number of referrals received by KCC from Community Health providers after a discharge from an acute or community hospital is above the normal expected level • County-wide, KCC Short-term Pathway staffing levels are not sufficient to meet current referral rate • KCC Short-term Pathway Service is not appropriately represented at Transfer of Care Hub were emerging issues can be discussed and actions agreed • County-wide there is insufficient capacity in the residential and nursing home market to accommodate the current demand for placements • County-wide there is insufficient capacity in the home care market to accommodate the current demand for care packages • County-wide there is insufficient capacity within the Kent Enablement at Home service for all eligible people after discharge from acute or community hospital settings • County-wide, care reviews are not taking place at the end of Kent Enablement at Home service • County-wide there is insufficient capacity within the existing Assessment Bed service for all eligible people at discharge from Community Health provision • County-wide the number of cases in the Area Referral Service triage workflow is above the normal expected level • County-wide, Continuing Healthcare Decision Support Tool Assessments are taking place outside agreed policy timeframe • County-wide, the number of referrals from rapid response / ICT is above the normal expected level • County-wide, Care Act assessments following discharge from an acute or community health setting are not being completed within 3 to 6-weeks of discharge date • County-wide, reviews following KCC community Assessment Bed placement or short-term care package are not taking place with 6-weeks of start date • County-wide, not all cases that cannot be resolved at first contact are being review within an acceptable timeframe • County-wide, scheduled case reviews have been de-prioritized • County-wide, a significant number of cases are waiting for Practice Assurance Panel decision
OPEL Four	• The number of referrals received by KCC from Community Health providers after a discharge from an acute or community hospital is beyond business as usual capability County-wide • KCC Short-term Pathway is experiencing a critical staff shortage and is unable to meet current referral rate • Available capacity in the residential and nursing home market across Kent and Medway is exhausted • Available capacity in the home care market in Kent and Medway in exhausted • The Kent Enablement at Home service is unable to take on any new people County-wide

	• There are currently no Assessment Beds available and the situation is unlikely to improve • The number of cases in the Area Referral Service triage workflow is beyond business-as-usual capability County-wide • Continuing Health Care Decision Support Tool Assessments have been suspended • The number of referrals from rapid response / ICT is beyond business as usual capability County-wide • All actions to ensure Care Act assessments following discharge from an acute or community health setting are completed within 3 to 6-weeks of discharge date have been exhausted • Reviews following KCC community Assessment Bed placement or short-term care package have been suspended • Care reviews at the end of Kent Enablement at Home service have been suspended • Cases that cannot be resolved at first contact are not being review within an acceptable timeframe; risks to people's safety remain unresolved. • Scheduled case reviews have been suspended • Practice Assurance Panel has been suspended

4.1 Status and Monitoring System

The Single Health Resilience Early Warning Database (SHREWD) is used across Kent and Medway to provide online reporting to support decision-making and the operational management of the whole health and social care system.

The system allows immediate identification of pressures and delays in the system which means that conference calls are more focused and corrective actions are agreed from a position of knowledge, enabling decision makers to be proactive rather than reactive. It facilitates a collaborative whole health economy approach to working to reduce system pressures.

SHREWD is the default mechanism used by Kent County Council for sharing Operational Pressures Escalation with Health partners. All teams with access to the system update their indicators on a daily basis to ensure that the most up-to-date and accurate information is available to decision makers.

Within Adult Social Care, the information system Mosaic is used to monitor operational pressure. Team Leaders and Service Managers use Mosaic to identify pressure points in their workflows, to inform the prioritisation of local resources and escalation, as appropriate, using this Plan as a guide.

4.2 Indicators

The KCC indicators currently reported using SHREWD are:

- Staffing of Short-term Pathway Team (%)
- Integrated Care Centre / In House Provision Assessment Bed availability (including dementia bad availability)
- KCC case load (per Area) – total case load currently managed by each Short-term Pathway Team

- Referrals (per Area) – total cases currently in Health provision pending assessment outcome
- Kent Enablement at Home (KEaH) daily capacity
- Discharge to Assess Pathway One: Total availability remaining against week capacity

4.3 Triggers

Trigger levels are set for each indicator and reviewed regularly to ensure status levels are appropriate.

A colour coding system applies to each indicator aligned to the OPEL Framework; Green for OPEL 1, Amber for OPEL 2, Red for OPEL 3 and Black for OPEL 4.

Staffing of Short-term Pathway Team

When Teams are staffed at 70% and above allowing for sickness, annual leave and training the status is Green. When staffing falls below 70% and above 50% status is Amber. Red status is triggered when staffing falls below 50% and above 30%. The status of teams staffed below 30% is reported as Black.

OPEL	KCC Staffing (%)
1	70-100
2	50-69
3	30-49
4	29-0

Integrated Care Centre / In House Provision Assessment Bed Availability

Assessment Bed availability is a product of the total number of beds at each location minus the current number of beds occupied.

This indicator has been included to provide at a glance availability information County-wide. Trigger levels have been set in line with Assessment Bed Occupancy.

The number of dementia beds available is also reported daily.

Case Load

Trigger levels for the Case Load are set as follows:

KCC Health Caseload				
OPEL	DGS	East Kent	Swale	West Kent
1	0-39	0-39	0-39	0-39
2	40-59	40-59	40-49	40-59
3	60-99	60-99	50-69	60-99
4	100-200	100-200	70-80	100-200

KCC Social Caseload				
OPEL	DGS	East Kent	Swale	West Kent
1	0-39	0-39	0-39	0-39
2	40-59	40-59	40-59	40-59
3	60-99	60-99	60-99	60-99
4	100-500	100-500	100-500	100-500

Referrals
Trigger levels for the Referrals are as follows:

KCC Referrals to KCC				
OPEL	DGS	East Kent	Swale	West Kent
1	0-9	0-9	N/A	0-9
2	10-14	10-14	N/A	10-14
3	15-19	15-19	N/A	15-19
4	20-29	20-100	N/A	20-100

Kent Enablement at Home (KEaH) daily capacity
Triggers levels are set for Kent Enablement at Home to identify current capacity within the service to support people discharged by acute/community hospitals.

OPEL	KEAH Pressure Status
1	5-6
2	3-4
3	1-2
4	0

Discharge to Assess Pathway One: Total availability remaining against week capacity
The following trigger levels are indicative and apply to West Kent only.

When the total availability remaining against weekly capacity is between 42 and 35 the status is Green. When the total availability remaining against weekly capacity is between 34 and 15 the status is Amber. Red status is triggered when the total availability remaining against weekly capacity is between 14 and 6. If the total availability remaining against weekly capacity is between 5 and 0 status is reported as Black.

5. Command and Control

A range of multi-agency and single agency groups exist to maintain oversight of OPEL and ensure timely actions are taken to de-escalate the health and social care system when needed.

5.1 Multi-Agency Groups

Whole System Escalation Teleconference Calls

Multi-agency System Resilience / Whole System Escalation Teleconference Calls are established to anticipate and mitigate risk caused by operational pressures across each Health economy particularly those relating to capacity and transfers of care.

Teleconference calls are held and increased and decreased in frequency according to the operational pressures being faced by each site. The aim of the teleconferences is to:

- anticipating and mitigating risk caused by pressures across the Health Economy particularly those relating to capacity and transfers of care
- agreeing local actions to be taken, including communication with partners and the public on the current status of services
- provide updates to relevant stakeholders.

Whole System Escalation Teleconference Calls are attended by the Assistant Director for Enablement and Support Services and / or Short-Term Pathway Team managers during office hours, Monday to Friday.

Urgent Care Delivery Boards

Urgent Care Delivery Boards has been established to provide whole system oversight and leadership to drive improvement in A&E performance and ensure high quality Urgent Care Pathways for patients.

Each Board includes representatives from Acute NHS Trusts, South East Coast Ambulance Service (SECAMB), Kent Community Health NHS Foundation Trust (KCHFT) or Medway Community Health, or HCRG Care Group, Kent and Medway NHS and Social Care Partnership Trust (KMPT), Integrated Care 24 (IC24), NHS 111, G4S (patient transport) and Kent and Medway Integrated Care Board. KCC is represented at each Delivery Board by the Assistant Director for Enablement and Support Services.

Urgent Care Delivery Board areas operate OPEL 1 when operating within normal parameters. At OPEL 1 and 2 operations and escalation is delegated to the relevant named individuals in each organisation across the Delivery Board. At OPEL 3 and 4 senior involvement across the Delivery Board is expected.

Operational Pressures meeting the criteria for OPEL 2, 3 and 4 are escalated to the respective Urgent Care Delivery Board:

- East Kent – including William Harvey Hospital, Queen Elizabeth the Queen Mother Hospital and Kent and Canterbury Hospital

- West Kent – including Tunbridge Wells Hospital and Maidstone Hospital
- North Kent – including Darent Valley Hospital
- Medway and Swale – Medway Maritime Hospital

Local Health Economy (LHE) Teleconference Calls
Local Health Economy (LHE) Teleconference Calls (previously referred to as D2A) are business-as-usual for health and social care services. The frequency of these teleconferences are agreed locally according to the operational pressures being faced by each site. The aim of the teleconferences is to maximise throughput and prevent bridging.

During office hours, Monday to Friday LHE Teleconference Calls are attended by Kent Enablement at Home, Purchasing, and Social Care Discharge Co-ordinator.

5.2 KCC Operational Pressures Escalation Group
On occasions when despite the application of local actions the pressure on capacity and the need to mitigate against the possibility of compromising patient care, requires additional support from other service providers, including those which cross locality boundaries, the KCC Operational Pressures Escalation Group may be initiated.

The Group will be chaired by a Director of Adult Social Care and will include Assistant Director(s), Short-Term Pathway Service Manager(s), Head of Kent Enablement at Home, Access to Resources Manager and Commissioning Manager(s). The Group will consider current position, actions required to alleviate pressure and support required from other agencies.

The KCC OPEL status on SHREWD may be escalated based the Group's assessment of current pressures.

If necessary, the NHS 111 Directory of Service (DoS) Capacity Management Protocol will be activated based the Group's assessment of current pressures.

6. Capacity and Demand Management Measures
The Local Authority has established a range of measures which contribute to reducing demand, increasing capacity and maintaining through-put within health and social care services.

6.1 Reducing Demand
Cold Weather and Heatwave Actions
KCC Adult Social Care has well-established action plans designed to reduce the avoidable impact on health from periods of extreme weather (Adverse Weather Plan). These Plans cover:

- Seasonal preparedness
- Alerting and activation
- Response to severe weather

Cold weather and heatwave action plans are inclusive of contracted providers and include public messaging.

Covid-19 / Flu Vaccination
Considering the risk of flu and COVID-19 co-circulating in winter, the national flu immunisation programme is essential to protecting vulnerable people and supporting the resilience of the health and care system.

All frontline health and social care workers should receive a vaccination. This should be provided by their employer, to meet their responsibility to protect their staff and service users and ensure the overall safe running of services. Employers should commission a service which makes access easy to the vaccine for all frontline staff, encourage staff to get vaccinated, and monitor the delivery of their programmes.

It is the ambition of the Department of Health and Social Care (DHSC) that 100% of frontline health and social care staff are offered the vaccine.

The Authority has arrangements in place to encourage all frontline social care staff regardless of their risk status to be vaccinated against seasonal flu. Seasonal flu vaccination arrangements are publicised to staff through the Authority's intranet and staff communication channels.

Risk reduction awareness, information and education are key elements of the Authority's communication strategy through print media, online and directly with contracted providers, the community and voluntary sector.

NHS 111 Directory of Service (DoS) Capacity Management Protocol
The NHS 111 Directory of Service (DoS) Capacity Management Protocol allows Health and Social Care providers to notify NHS 111 of service pressures and seek to reduce referrals by providing members of the public with other suitable options depending on need.

When services provided by KCC are experiencing pressure, new referrals from NHS 111 can be reduced by providing members of the public with other suitable options depending on need.

Social Care services provided by KCC have been categorised as Band B / C meaning that implementation of the protocol will have a medium / low impact the Health and Social Care System. As such, the protocol can be implemented without ratification by ICB Director on Call.

When indicated by the OPEL status level the Assistant Director for Enablement and Support Services may take the following steps to activate the Protocol:

a) Call NHS 111 on 01233 363020 to change the service capacity status
b) Inform the ICB commissioning lead in hours or NHS Director on Call out of hours
c) Review escalation status after 4 hours and if pressure remains repeat step A and B.

Admission avoidance
KCC Adult Social Care continues to support admission avoidance schemes designed to reduce the pressure on the health and social care system, promote independence and wellbeing, including:

- Crisis intervention
- Emergency / unplanned respite and support to carer breakdown
- Support to Rapid Response with personal care
- OT equipment
- Technology Enabled Lives
- Enablement Services

6.2 Increasing Capacity

Resource Planning
Locally agreed resource plans account for known periods of operational pressure such as holiday periods to ensure staff are in place ready to support when required.

Each service will prioritise workload and where there are excess resources, considering interdependencies, offer mutual aid to other service(s), to ensure continuity across the county in line with existing Business Continuity arrangements.

Staff Redeployment Process
At times of pressure, the Team Managers will notify the Assistant Director of additional resource requirements.

The Assistant Director will assess available resources within existing staff group and redeploy staff to alleviate pressure where appropriate.

Where existing resources cannot be redeployed, the Assistant Director will contact the Director of Adult Social Care. Where necessary the Director may make time limited arrangements.

Extended Access
The KCC Out of Hours Service continues to provide a central point of contact during evenings, weekends and public and Bank Holidays.

Kent Enablement at Home (KEaH) through Careline and our commissioned service across health and social care, facilitate and support social care discharges on Pathway 1 (Home). Assessment bed provision, in-house for Pathway 2 and our external provision is used for Discharge to Assess Pathway 3. This support efficient, quick, and safe discharges outside office hours.

Contracts outside framework
Where necessary, KCC continues to negotiate individual contracts with providers, outside the framework, where this is required to meet the needs of the individual or where framework providers are unable to meet current demand such that maintaining through-put within health and social care services is compromised.

Supporting the Market
The Authority continues to provide support to the market by:

- Circulating and promoting guidance to all social care providers, the voluntary and community sector
- Working with partners to encourage those who are eligible to access free flu vaccine

- Monitoring market position through the capacity tracker and CQC survey

The Authority maintains close working relationships with contracted and non-contracted providers. Partnership working between care providers to cover packages of care is well established.

End of Life Pathway
For people in need of palliative care, Short Team Pathway Teams will work with Hospices to ensure people do not spend longer in acute care than necessary.

6.3 Maintaining through-put

Practice Assurance Panel
The frequency of Practice Assurance Panels may be increased at the discretion of the Assistant Director for Enablement and Support Services to maintain through-put if diarised panels are not deemed sufficient. Decision to hold extra-ordinary Practice Assurance Panel will be informed by current OPEL Status.

Assessment Beds
Placement Co-ordinators provide daily reports on progress of each assessment bed placement. The aim of the report is to reduce drift and increase throughput. Assessment bed placement exceeding 3-week period are escalated for immediate action.

On the eighth week of a twelve-week disregard period, providers are notified to allow sufficient time for arrangements to be made for discharge or funding to be agreed at the end of the disregard period.

Contracted Residential and Nursing Provision
Where system pressure has been exacerbated by lack of capacity in contracted provision of planned and emergency respite, assessment bed and long term residential and nursing care, this is escalated to commissioners for immediate action.

Voluntary, Community and Faith Sector Support
Voluntary, Community and Faith sector organisations may be engaged to support throughput including assisting next of kin, ‘home-from-hospital’ setting services, transport, translation services, meals and hydration, prescription collection and delivery.

7. Roles and Responsibilities

The roles and responsibilities of key staff are described below. Staff with specific roles and responsibilities should know where to go and what to do when this plan is implemented.

All Social Care staff have a potential role in managing and responding to operational pressures.

This document is made available in a place to which all staff members have access. All staff should be aware of the plan and where the plan can be located.

Actions described to deescalate operational pressures will be triggered by the OPEL status of Kent County Council, the Area or region.

7.1 Director of Adult Social Care (Short Term Support)

The leads for Operational Pressures Escalation is the Directors of Adult Social Care – Short Term Support.

The Director of Adult Social Care – Short Term Support will:

- be informed of current OPEL status, capacity and demand through SHREWD
- receive updates provided by Assistant Director for Enablement and Support Services, and Short Term Pathway Team Managers
- seek assurance that actions required are implemented in accordance with agreed procedures
- where required, consider use of additional resources, or redeployment of existing resources in line with agreed Business Continuity arrangements
- initiate the KCC Operational Pressures Escalation Group, as and when required
- initiate discussions with health partners on use of available beds at community hospitals or funding options to support spot purchase of short-term placements.

7.2 Assistant Director for Enablement and Support Services

The Assistant Director for Enablement and Support Services will:

- be informed of current OPEL status, capacity and demand through SHREWD
- receive regular updates from the Short-Term Pathway Team Managers
- attend Urgent Care Delivery Board teleconferences, providing a position statement on behalf of the Local Authority to multi agency partners
- maintain oversight of the redeployment of staff resources, to alleviate pressure for a time limited period
- where required, consider use of additional resources, or redeployment of existing resources in line with agreed Business Continuity arrangements across service area boundaries.
- initiate the KCC Operational Pressures Escalation Group, as and when required

7.3 Short Term Pathway Team Manager

Short Term Pathway Team Managers will ensure that all indicators are updated on SHREWD on a daily basis.

Short Term Pathway Team Managers will:

- be informed of current OPEL status, capacity and demand through SHREWD
- receive regular updates from the Social Care Discharge Co-ordinator
- update the KCC OPEL status on SHREWD based on the current indicators for KCC
- look to see whether people in Community Hospitals or cared for by Community Health can be supported in their own home by Kent Enablement at Home on occasion when doing so will reduce pressure in the system and prevent escalation

- seek agreement to use contracted care in the home providers to facilitate discharge, bridging the gap until Kent Enablement at Home carers are available
- When KEaH has very limited or no capacity and notification to decline is received within 2 hours, progress to Purchasing and request commencement of enablement package within 2-week timeframe
- explore alternative capacity to bridge the gap when a care in the home package start date has been agreed but there are insufficient resources within Kent Enablement at Home
- consider the use of residential or nursing home placements from non-contracted providers and those in other areas were capacity is available
- consider redeployment of staff resources, to alleviate pressure for a time limited period
- attend Operational Teleconference Groups
- initiate the KCC Operational Pressures Escalation Group, as and when required

On occasions when discharges are delayed due to assessment bed availability, the Short Term Pathway Team Manager may alert Integrated Care Centres and in house provision to current pressures, to agree flexibility (in advance where possible) for accepting patients later in the day and prioritise referrals from Short-term Pathway.

7.4 Senior Practitioner / Social Care Discharge Co-ordinator

Senior Practitioner / Social Care Discharge Co-ordinators will ensure that all indicators are updated on SHREWD on a daily basis.

Senior Practitioner / Social Care Discharge Co-ordinators will:

- ensure that actions are implemented in accordance with the current OPEL status
- attend LHE Teleconference Calls as required
- escalate resourcing pressures to the Short-Term Pathway Team Manager
- escalate any delays in acquiring a Kent Enablement at Home care package to the Short-Term Pathway Team Manager
- explore alternative capacity to bridge the gap when a care in the home package start date has been agreed but there are insufficient resources within Kent Enablement at Home
- consider the use of residential or nursing home placements from non-contracted providers and those in other areas were capacity is available
- alert In-house Provision to developing pressure to ensure actions are implemented to increase capacity and throughput.

7.5 Arrangement Support Teams

The Arranging Support Hospital Team collate current availability of Integrated Care Centre / In House Provision assessment beds and update Assessment Bed Occupancy indicator on SHREWD daily. In addition, the Hospital Discharge Team maintain up-to-date details of vacant beds in older person’s residential and nursing

homes County-wide. This includes planned and emergency respite, assessment beds and long-term placements in residential / nursing care.

Arranging Support Teams may negotiate individual contracts with providers, outside the framework (see Contracts outside framework). Rigorous processes are in place to ensure contracts outside the framework are only used when absolutely necessary; this may result in a delay to care package start date.

Arranging Support Teams may operate a skeleton service during bank holidays on request.

7.6 In-house Provision

In-house residential and domiciliary provision will:

- expand capacity wherever possible when this action is triggered by the OPEL status
- consider use of agency staff to increase staffing capacity where necessary whilst limiting all staff movement between settings unless absolutely necessary to help reduce the spread of infection
- support the safe, but immediate discharge of patients

Kent Enablement at Home (including KEaH Plus) will:

- receive information from Registered Practitioners and Case Officers about potential care package requirements for people at triage
- pre-plan resource requirements and identify any issues by exception the Short-Term Pathway Team Manager to be included in status reports
- For all referrals where a start date cannot be found in the next 24 hours inform the referrer with 2 hours of receipt
- Ensure that all eligible people referred who cannot be accepted for a start date within 24 hours are followed up in the community

Registered Managers of In-house establishments will:

- ensure the vacant beds indicator is updated manually on a daily basis and increase this frequency to twice daily where indicated by the OPEL status
- prioritise referrals for people on the hospital discharge pathway
- co-ordinate additional board rounds daily

7.7 Team Managers – Community / Locality Teams

Team Managers will use Mosaic and Power BI reports to identify pressure points in their workflows on a regular basis:

- Cases in the triages workflows coming through Adult Social Care Connect, KEaH and other referral sources
- Continuing Health Care Decision Support Tool Assessments within agreed policy timeframe
- Referrals from rapid response / ICT
- Reviews following Assessment Bed placement or short-term care package within 6-weeks of start date transferred from Short-term Pathways

- Care reviews at the end of Kent Enablement at Home service
- Scheduled case reviews

In response to operational pressure Team Managers will liaise with Senior Practitioners to:

- Re-allocate work / cases across the ASCH workforce
- Risk assess and prioritise contacts / reviews
- Where Continuing Health Care Decision Support Tool Assessments are taking place outside agreed policy timeframe, escalate issue to senior management
- Request prioritisation though Purchasing for Rapid Response referrals
- Increase the frequency of panels where the speed of decision making is contributing to operational pressure
- When KEaH has very limited or no capacity and notification to decline is received within 4 hours, progress to Purchasing and request commencement of enablement package within 2-week timeframe dependent on capacity
- Encourage light-touch / virtual MCA assessment for less complex cases
- Prioritize face-to-face MCA assessment for most complex / unfriended cases
- Deprioritize care reviews at the end of KEaH package
- Deprioritize scheduled reviews
- Ensure that the Risk Register is updated and escalate concerns to Senior Managers

8. De-escalation

The defined roles and responsibilities will be implemented according to the OPEL status of Kent County Council, the Urgent Care Delivery Board Area or region with the aim of de-escalating operational pressures.

The OPEL status for KCC Adult Social Care is informed by the indicators and triggers described above. The overall organisation OPEL status is updated on SHREWD by the Short-Term Pathway Service Manager on a daily basis according to available trend data for each indicator.

For ease of reference for external organisations, KCC actions in support of the wider Health and Social Care economy are summarised at Appendix 3: Kent County Council Operational Pressures De-escalation Actions

The Authority must ensure that scarce resources are used at an appropriate time and to best effect in support of the Health and Social Care economy. On occasion, the Authority may not respond to status level of wider Health and Social Care Economy where doing so would have no positive impact on it.

Each indicator will be maintained at a lower level, dependent on the current number of referrals, before the step down of appropriate actions. This will ensure that when the actions end the risk of returning to the higher status level is reduced.

Role / Response	OPEL One	OPEL Two	OPEL Three	OPEL Four
Registered Managers / Team Leaders In-house Provision	Business as usual	Business as usual	• Consider the use of agency staff at in house residential units to increase capacity if necessary • Short Term Pathway residential provision to increase admission rate on a daily basis where it is safe to do so and escalate any issues for resolution. • Update vacant beds indicator twice daily. • Co-ordinate additional board rounds daily	• Continue with Level Three Actions.
Kent Enablement at Home Locality Organisers	Business as usual	• For all referral where a start date cannot be found in the next 24 hours inform the referrer with 2 hours of receipt. • Ensure that all eligible people referred who cannot be accepted for a start date within 24 hours are followed up in the community	• Continue with Level Two Actions	• Continue with Level Three Actions
Short Term Pathways Senior Practitioner / Social Care Discharge Co-ordinator	Business as usual	• Work with families to identify suitable options to facilitate through-put. • When a care in the home package start date has been agreed but there are insufficient resources within Kent Enablement at Home explore alternative capacity to bridge the gap. • Where KEaH are unable to commit to a start date in next 24 hours, assess and refer to Purchasing for a care package. • Represent KCC at Length of Stay (LOS) meetings.	• Continue with Level Two Actions. • Alert In-house Provision to developing pressure to ensure actions are implemented to increase capacity and throughput. • Consider use of residential or nursing home placements from non-contracted providers and those outside Kent and Medway. • Ensure Shrewd is updated twice daily by 10.30 am and again between 14:00 and 15:30 • If authorised, Consider use of residential or nursing home placements from non-contracted providers and those in other areas were capacity is available.	• Continue with Level Two and Three Actions. • Represent KCC at Multi-Agency Conference calls
Short Term Pathway Team Manager	Business as usual	• Represent KCC at Multi-Agency conference calls. • Represent KCC at Medically Fit / Length of Stay (LOS) meetings. • Consider temporary redeployment of staff across Area	• Prioritise work to facilitate hospital discharge where it is safe to do so. • If authorised, consider use of residential or nursing home placements from non-contracted providers and those outside Kent and	• Continue with Level Two and Three Actions. • Represent KCC at Multi-Agency Conference calls.

Role / Response	OPEL One	OPEL Two	OPEL Three	OPEL Four
			Medway.	
Assistant Director for Enablement and Support Services	Business as usual	• Maintain oversight of temporary redeployment of staff across Area • Represent KCC at Multi-Agency conference calls. • Represent KCC at Medically Fit / Length of Stay (LOS) meetings • When KEaH has very limited or no capacity and notification to decline is received within 2 hours, authorise progress to Purchasing	• Seek approval for purchasing from off-framework providers • Consider the temporary redeployment of staff from across Area boundaries to manage increased referrals or fill temporary gaps in staffing resource • Represent KCC at Multi-Agency conference calls • Continue with Level Two Actions.	• Continue with Level Two and Three Actions. • Implement Service Business Continuity Plans as appropriate.
Team Managers – Community / Locality Teams	Business as usual	• Re-allocate work / cases across ASCH workforce • Risk assess and prioritise contacts / reviews	• Increase the frequency of panels where the speed of decision making is contributing to operational pressure • Deprioritize care reviews at the end of KEaH package • Deprioritize scheduled reviews	• Continue with Level Two and Three Actions. • Implement Service Business Continuity Plans as appropriate.
Director of Adult Social Care	Business as usual	Business as usual	• Discuss with health partners use of available beds at community hospitals or funding options to support spot purchase of short-term placements • Discuss with health partners joint funding opportunities to alleviate short-term pressures	

Appendix 1: OPEL parameter definitions

The following documents define each parameter in the Integrated OPEL Framework 2024 to 2026, to ensure they can be consistently applied across all relevant processes and activities.

Acute Parameters

Community Health Service Parameters

Mental Health Parameters

NHS 111 Parameters

Appendix 2: Actions to stabilise and recover

The OPEL Framework supports organisations' responses to stabilise and recover by providing actions for each OPEL and identifying the responsibilities for NHS acute trusts, MH service providers, CHS providers, NHS 111 providers ICSs and NHS England regions. OPEL actions should be implemented in conjunction with local surge and escalation policies and procedures.

Acute Actions

Community Actions

Mental Health Actions

NHS 111 Actions

NHS England Actions

Appendix 3: Kent County Council Operational Pressures De-escalation Actions

Action	OPEL 1	OPEL 2	OPEL 3	OPEL 4
Business as usual	✓			
Review people using assessment beds with a view to 'Step Down' creating capacity.		✓		
Work with families to identify suitable options to facilitate through-put		✓		
Ensure Shrewd is updated daily before 10.30		✓		
Work with families to identify suitable options to facilitate safe discharge whilst waiting for a care package start date.		✓		
When a care in the home package start date has been agreed but there are insufficient resources within Kent Enablement at Home explore alternative capacity to bridge the gap.		✓		
Represent KCC at Medically Fit / Length of Stay (LOS) meetings.		✓		
Consider temporary redeployment of staff to Short-Term Pathway to manage increased referrals or fill temporary gaps in staffing resource		✓		
For all KEaH referral where a start date cannot be found in the next 24 hours inform the referrer with 2 hours of receipt.		✓		
Where KEaH are unable to commit to a start date in next 24 hours, assess and refer to Purchasing for a care package		✓		
Where Continuing Health Care Decision Support Tool Assessments are taking place outside agreed policy timeframe, escalate issue to senior management		✓		
Consider the use of agency staff at in house residential units to increase capacity if necessary			✓	
Short Term Pathway residential provision to increase admission rate on a daily basis where it is safe to do so and escalate any issues for resolution.			✓	
Update vacant beds indicator twice daily.			✓	
Co-ordinate additional board rounds daily			✓	
Consider use of contracted or non-contracted care providers to bridge			✓	

Action	OPEL 1	OPEL 2	OPEL 3	OPEL 4
the gap if Kent Enablement at Home has insufficient capacity.				
Consider use of residential or nursing home placements from non-contracted providers and those in other areas were capacity is available			✓	
Alert In-house Provision to developing pressure to ensure actions are implemented to increase capacity and throughput.			✓	
Ensure Shrewd is updated twice daily by 10.30 am and again between 14:00 and 15:30			✓	
Prioritise work to facilitate hospital discharge where it is safe to do so.			✓	
Increase the frequency of Practice Assurance Panels where the speed of decision making is contributing to operational pressure			✓	
Deprioritize reviews at the end of KEaH package			✓	
Deprioritize scheduled reviews			✓	
Consider the temporary redeployment of staff from across Area boundaries to manage increased referrals or fill temporary gaps in staffing resource.			✓	
Discuss with health partners use of available beds at community hospitals or funding options to support spot purchase of short-term placements.			✓	
Use non-contracted home care and care home providers if necessary.				✓
Implement Service Business Continuity Plans as appropriate.				✓

Appendix 4: Dynamic risk assessment in response to changes in OPEL

OPEL provides a consistent framework for the Dynamic Risk Assessment that should be undertaken when making decisions in response to operational pressure, regardless of organisation. In the same way that OPEL augments and is used in conjunction with local surge and escalation policies and procedures, OPEL must be used as a consistent measure alongside the National Quality Board DRA framework, to augment local information when undertaking DRA and enacting actions. As an overview:

- **organisations should undertake continuous DRA:** when responding to changes in OPEL, and use the parameters within each pillar of the OPEL framework to consistently monitor changes in OPEL and the impact of any actions taken
- **dynamic risk perception:** risk can be viewed differently by different stakeholders, and it is important to gain a comprehensive understanding about the risks and potential actions by listening to different staff groups, professions and patients.
- **actions are grounded by providers' OPEL assessments and DRA:** we expect ICSs and NHS England regions to implement all OPEL 3 or 4 actions if any provider within their region is assessed as OPEL 3 or 4, regardless of the aggregated OPEL score for that ICS or region
- **decision-making in extremis:** the actions in the OPEL framework are not routine actions and the focus of decisions made in extreme situations – for example, in response to overcrowding and delays – may be the mitigation of more substantial patient risks elsewhere in the pathway. To enable this, risk sharing across system partners – for example, across multiple providers – may be necessary and should be supported by integrated care boards (ICBs)
- **documentation of actions:** all decisions should be recorded, including those to mitigate anticipated risks, as well information on how a risk has been identified and measured to determine its potential for harm. This documentation will be a useful resource for learning and evaluation
- **consideration of external factors:** all decisions must consider the wider external factors that could affect the desired outcomes: for example, decisions made by other providers or neighbouring systems, regional functions or any external issue impacting on the UEC pathway

Appendix 5: Version Control and History of Plan Tests

Version Control

Version Number	Revision Date	Status	Summary of Changes	Reviewed / Approved By
0.1	21/09/2020	Draft	• Draft Plan published for consultation	Head of Directorate Business and Planning
0.2	25/09/2020	Draft	• Draft Plan updated for presentation to ASCH Senior Management Team	ASCH Senior Management Team
0.3	01/10/2020	Draft	• Updated to reflect feedback from ASCH Senior Management Team	
0.4	12/10/2020	Draft	• Updated to reflect feedback from Kent & Medway Winter stress test	
1.0	28/10/2020	Approved	• Draft prepared for presentation to ASCH Directorate Management Team	ASCH Directorate Management Team
1.1	18/06/2021	Approved	• Update to section 3 reflecting financial support and funding flows (April 2021 to 30 September 2021) • Minor revision to section 6.2 accounting for potential staffing pressure in summer 2021	ASCH Directorate Resilience Group
1.2	05/08/2021	Approved	• Update to section 1, 3 and 6 reflecting publication of Hospital discharge and community support: policy and operating model in July 2021	ASCH Directorate Resilience Group
1.3	26/09/2022	Approved	• Updated section 1, 3 and 6 reflecting publication of Hospital Discharge and Community Support Guidance in March 2022 • Updated throughout to reflect changes in NHS structure through the Health and Care Act 2022 • Plan approval by Directorate Resilience Group	ASCH Directorate Resilience Group
1.4	11/07/2023	Draft	• Updated throughout to reflect implementation of locality model across operational teams with effect from April 2023	
1.5	30/08/2023	Approved	• Updated to reflect publication of revised Operational Pressures Escalation Levels (OPEL) Framework 2023/24	ASCH Directorate Resilience Group

Version Number	Revision Date	Status	Summary of Changes	Reviewed / Approved By
1.6	05/01/2024	Approved	• Amended roles and responsibilities to reflect outcome of extended working review.	John Callaghan
1.7	01/08/2024	Approved	• Amended to reflect changes to section 82 of the NHS Act 2006 and section 74(1) of the 2014 Care Act made by the Health and Care Act 2022 • Organisational details including reference to Adult Social Care Connect, Arranging Support Teams and role of Short-Term Pathway Operational Manager updated • History of Plan Tests updated	John Callaghan / Directorate Resilience Group
1.8	02/10/2025	Approved	• Amendments to reflect publication of Integrated operational pressures escalation levels (OPEL) framework 2024 to 2026 • Minor update approved by ASCH Directorate Resilience Group in anticipation of major update in 2026 reflecting significant operational changes anticipated through Short Term Pathway and joint brokerage projects.	John Callaghan / Directorate Resilience Group
1.9	12/02/2026	Approved	• Changes to reflect transfer of Short-term Pathway Service from Prevention and Adult Social Care Connect to Enablement and Support Services • Removal of role of Prevention and Adult Social Care Connect Operational Manager	John Callaghan / Lisa Martin
1.10	02/06/2026	Approved	• Plan updated to reflect learning from Exercise Melville II and III. Measures to create capacity and/or increase throughput added.	Julie Daniels, John Callaghan / Directorate Resilience Group

History of Plan Tests

Date	Exercise / Actual invocation	Description of Scenario (What happened, how long did the situation last)	Lessons identified (What went well, what didn't go so well, what could be done better next time?)
24/07/2024	Actual invocation	Maidstone and Tunbridge Wells NHS Trust declared OPE Level 4 status. KCC stepped up to support by reviewing patient flow through the system. Fifteen potential discharges were identified and put through an Extra-ordinary Practice Assurance Panel outside the diarised Panel process to expedite decision making thereby improve through-put.	Extra-ordinary Practice Assurance Panel outside the diarised Panel process now included in this plan as a potential option to maintain / improve through-put.
08/09/2025	Exercise	Exercise Aegis, NHS England's strategic winter preparedness exercise involving regional representatives from across the south east for a test event at Heathrow airport. Scenarios designed to prompt strategic reflection and collective action across systems, with a focus on: • Clinical and operational safety • Urgent and emergency care performance • Emergency department oversight • Strategic response to pressure • Governance and decision-making • Workforce resilience	Adult social care advised to expect increase pressure winter 2025/26 due to season flu.
30/09/2025	Exercise	Exercise Melville II, a Local Health Resilience Partnership exercise simulating the evacuation of patients from an acute hospital. Exercise involved all Kent and Medway NHS organisations and KCC Adult Social Care.	By applying the procedures outlined in the Plan, KCC Adult Social Care was able to support the NHS response to deliver against the exercise objectives to identify and triage patients requiring evacuation, identify bed capacity within the local health system, allocate beds across the health system to patients requiring evacuation and coordinate the transfer of evacuees with the transport resources available. It was recommended to repeat the exercise with KCC

Date	Exercise / Actual invocation	Description of Scenario (What happened, how long did the situation last)	Lessons identified (What went well, what didn't go so well, what could be done better next time?)
			operational teams to re-validate the Plan and provide an opportunity for awareness raising.
23/04/2026	Exercise	Exercise Melville III, to test the Operational Pressures Plan and Service Business Continuity Plan for Short Term Pathways Service and against a full hospital evacuation scenario (reflecting learning from Exercise Melville II). Exercise conducted with Team Managers and Senior Practitioners.	Exercise participants were able to effectively enact the procedures outlined in the Plan under extreme conditions generated by the scenario. Participants identified a range of additional measures which could be used to create capacity and/or increase throughput in extremis. Plan update recommended.

From:	Georgia Foster, Cabinet Member for Adult Social Care Helen Woodland, Corporate Director Adult Social Care and Health
To:	Adult Social Care and Public Health Cabinet Committee – 18 November 2026
Subject:	**ADULT SOCIAL CARE AND HEALTH PERFORMANCE Q2 2026/2027**
Classification:	Unrestricted
Electoral Division:	All

Summary: This paper provides the Adult Social Care and Public Health Cabinet Committee with an update on adult social care activity and performance during Quarter 2 (July to September) for the financial year 2026/27.

Performance remained broadly stable during the quarter. Repeat contacts to Adult Social Care Connect remained low, while the number of completed Care Needs Assessments exceeded incoming requests for the third consecutive quarter. Enablement services continued to support people to maximise their independence and reduce their ongoing care needs, while admissions to long-term residential and nursing care continued to decrease.

Demand increased across several services, including Adult Social Care Connect and safeguarding. However, open safeguarding work reduced to its lowest level in the past two financial years, and the proportion of people whose safeguarding outcomes were fully or partially achieved increased. Deprivation of Liberty Safeguards applications received and completed continued to decrease as expected following the judgement.

Of the seven Key Performance Indicators, four were rated Green, two Amber and one Red. The proportion of older people who remained at home 91 days after discharge from hospital into reablement or rehabilitation services increased from 84% to 88%, resulting in the measure improving from Amber to Green. Following a refresh of the population data, the rate of older people whose long term needs were being met through residential and nursing care decreased, resulting in the measure improving from Red to Green. The median waiting time for completion of an assessment increased from 24 to 27 days resulting in the measure moving from Green to Amber. The proportion of KCC supported residents living in residential or nursing homes rated Good or Outstanding by the Care Quality Commission remained at 72%, below the 75% floor threshold, and therefore continued to be rated Red.

Recommendation: The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of adult social care services in Quarter 2 2026/2027.

1. Introduction

1.1 A core function of Cabinet Committees is to review the performance of services which fall within its remit. This report provides an overview of the Key Performance Indicators (KPIs) for Kent County Council's (KCC) adult social care services. It includes the KPIs presented to Cabinet via the KCC Quarterly Performance Report (QPR).

2. Overview of Performance

2.1 Adult Social Care Connect serves as the first point of contact for people seeking support from Adult Social Care, providing information, advice, and access to further support within KCC where appropriate. The service aims to resolve contacts at the earliest opportunity, ensuring individuals receive the assistance they need without having to make repeated contact. This helps people to access the right support, maintain their independence and reduces the need for repeat contact with the service. Quarter 2 marks the third consecutive quarter in which 3% of contacts were made by people who had contacted the service already within the previous three months (ASC 1). This stable performance remains below the target threshold of 5%, and therefore the measure continues to be RAG Rated Green.

2.2 The number of people contacting Adult Social Care Connect increased by 7% in Quarter 2, reaching 8,974 contacts by end of quarter (ASC 8). Family members remained the primary source of contact, representing 26% of all contacts made, and has increased by 16% when compared to last quarter, while 21% were made by people making contact about themselves. Quarter 2 also saw a 21% increase in referrals from Friends/Neighbours and an 8% increase in referrals from the Ambulance Service in comparison to previous quarter. Email continued to be one of the most frequently used contact method (32%), followed by the online web form (24%).

2.3 During the quarter, 'Waiting Well' days were introduced, bringing together Adult Social Care Connect, Occupational Therapy and Enablement Services to contact people sooner, review needs and support progression to appropriate preventative services where suitable.

2.4 Development of the "pre front door" offer has also continued, including information, advice and guidance sessions delivered in local supermarkets and community settings to help people access support at an earlier stage. Teams continue to strengthen their engagement across the county and are working to establish a greater presence in the west of Kent, where securing suitable venues has remained challenging. Despite these constraints, community interest in the sessions remains steady. Common themes raised by residents include support to help older people maintain their independence, access to specialist dental services, support for carers, transport related barriers, and information on community based activities and services. A monthly Prevention and Wellbeing meeting has been established with VCSE (Voluntary, Community and Social Enterprise) partners to strengthen partnership working,

share emerging trends and local pressures, and identify opportunities to develop preventative approaches and pathways for residents.

2.5 The number of incoming Care Needs Assessments received by Adult Social Care stayed at a similar level in Quarter 2, with 3,975 assessment requests recorded during the quarter (ASC 9). The number of assessments completed also remained consistent, with 3,995 Care Needs Assessments completed in Quarter 2 (ASC 9). For the third consecutive quarter, the volume of completed assessments exceeded the number of incoming assessments.

2.6 In Quarter 2, the median wait time for completion of a Care Needs Assessment was 27 days, representing an increase of three days compared with the previous quarter. Performance was above the target of 25 days, but remained within the upper threshold of 30 days, resulting in an Amber RAG Rating for the quarter, having previously been RAG Rated Green. Operational teams have targeted the completion of assessments where people have been waiting for 9 months or longer – activity like this on scale can increase the median days to completion of care needs assessments overall.

2.7 Adult social care commissions external carer support organisations to provide information, advice and guidance to individuals who identify as unpaid carers, as well as undertaking Carers' Assessments where additional support needs are identified. In Quarter 2, 705 carers received support through these services (ASC 10). This represents a 23% decrease compared with Quarter 1. Support delivered during the quarter included 247 Carers' Assessments, while 244 new assessments were requested over the same period.

2.8 The reduction in activity during Quarter 2 is attributable to the mobilisation of the newly recommissioned carers support service, which commenced on 1 August 2026. During the transition period, providers have focused on establishing new operating arrangements, engaging with new carers and maintaining support for existing carers. Performance continues to be monitored closely through contract management arrangements.

2.9 During Quarter 2, 2,009 new support packages were arranged, representing a 12% decrease compared with the previous quarter (ASC 11). The most frequently arranged form of support was Short Term Beds, accounting for 32% of all new support packages, which is 7% higher than the previous quarter. Homecare was the second most commonly chosen provision accounting for 30% of all new support packages. The figures reported for this measure are provisional and may be subject to change as updates continue to be made to the client recording system.

2.10 The number of people in Short Term Beds (ASC16) continues to rise for the second consecutive quarter. Some of the activity contributing to the rise in Short Term Beds stems from the hospital discharge pathway. Adult social care is progressing the commissioning of discharge services, alongside review of social work capacity in acute hospital settings. This is intended to strengthen social care input at an earlier stage of the discharge pathway, support more timely decision-making and facilitate discharge at the earliest appropriate opportunity

2.11 Where a support package has been arranged, the Care Act requires adult social care to undertake regular reviews to ensure that the arranged support continues to appropriately meet the individual's assessed needs. Review activity remained high during Quarter 2, with 5,900 people requiring a review of their care and support and completing 5,532 reviews during the period (ASC12). The volume of scheduled reviews remained at its highest level over the past two financial years, while the number of reviews completed was the third highest recorded during the same period. For those completed in Quarter 2, 2,439 were initial (first) reviews and 3,093 were ongoing (annual) reviews.

2.12 Kent Enablement at Home (KEaH) and Kent Enablement Service (KES) play a key role in promoting independence and wellbeing. Through personalised support, the services help individuals develop, regain, or maintain the skills required to live independently and achieve their desired outcomes. During Quarter 2, 2,017 individuals received support through the KEaH service, with a further 1,187 individuals supported by KES (ASC 14 and ASC 15). When comparing individuals' levels of independence at the start and end of their enablement journey, outcomes remained positive across both services. On average, people supported by KEaH experienced an 83% reduction in care and support needs, while those supported by KES saw an average 54% reduction in need

2.13 The reduction in the number of people accessing KEaH can be attributed to a variety of factors; Referrals from acute hospitals have reduced following the introduction of a new hospital discharge pathway in West Kent, as greater proportion of individuals are now being supported through alternative discharge pathways. In addition to this, higher levels of acuity and complexity among people entering KEaH have led to longer stays and increased support needs, reducing capacity and limiting new admissions during the quarter. KEaH has continued to face capacity pressures, contributing to lower referral levels despite ongoing demand. Work is underway to strengthen referral pathways with community health and social care teams, with several new members of the team currently being ‘onboarded’.

2.14 As for KES, the team are undertaking a programme of performance and efficiency reviews providing greater oversight of operational delivery, identifying opportunities to improve productivity and ensuring available resources are aligned effectively to service demand.

2.15 Where community based services are assessed unsuitable for meeting an individual's care and support needs, adult social care may arrange placement in a residential or nursing care home to meet the long term support needs of a person. For adults aged 18-64, this amounted to 13 admissions per 100,000 in the 12 months to the end of Q2 (ASC 5). This measure remains below the target of 18 per 100,000 and continues to be RAG Rated Green. Following a refresh of the population data used within the calculation, the rate for those aged 65 or over, has also decreased for the third consecutive quarter and is now at 502 per 100,000 (ASC 6). As a result, this measure is now RAG Rated Green. The updated population figure provides a more accurate reflection of

Kents population and is more closely aligned with the methodology used in national reporting.

2.16 The Care Quality Commission (CQC) regularly inspects residential and nursing homes and publishes ratings that reflect the quality of care provided. In Quarter 2, 72% of KCC supported residents in these settings were living in homes rated either Good or Outstanding (ASC 7). This measure remains RAG Rated Red, as the proportion remains below a floor threshold of 75%.

2.17 CQC inspection activity increased by 48% compared with the same period last year, resulting in a greater number of previously uninspected services receiving updated ratings and an increase in Requires Improvement outcomes. KCC is working closely with the CQC to prioritise reassessments where improvements have been made and continues to collaborate with Medway Council, NHS partners and regulatory agencies to support provider improvement. Where quality concerns are identified, contract suspensions may be applied to prevent further placements until issues are addressed.

2.18 A Direct Payment can give a person full control of how their needs can be met and are offered by adult social care where appropriate. During Quarter 2, 26% of people in receipt of community services had a Direct Payment (ASC 3). This measure stays RAG Rated Amber, as it remains below a target of 30% but is above the floor threshold of 24%.

2.19 Following the Attorney General Northern Ireland judgement made in June 2026, Deprivation of Liberty Safeguards Team (DoLS) continues to see a decrease in the number of applications received for the second quarter and is now at 1,645 received, representing the lowest reported level over the past two financial years. Quarter 2 also saw a decrease in the number of completed assessments when compared to the previous quarter, and is now at 2,191, but is more than the number of new applications received (ASC 18).

2.20 The Kent DoLS service has been working closely with care homes via webinars and visits to discuss the new legal framework. This activity has contributed to the reduction in DoLS applications. The DoLS Service has been focusing on completing applications at pace through this period of change whilst awaiting further national guidance.

2.21 During Quarter 2, 6,362 safeguarding concerns were received, representing a 5% increase compared with the previous quarter. Despite this increase in demand, the volume of open safeguarding work has continued to decline for the third consecutive quarter and is now at 2,083, which is the lowest level recorded over the past two financial years (ASC 19). This reduction can be attributed to focused efforts to complete safeguarding concerns and enquiries; with the teams aiming to resolve safeguarding work that had been open for a longer duration.

2.22 A fundamental principle of Making Safeguarding Personal is ensuring that safeguarding interventions are driven by the outcomes that matter most to the individual. At the beginning of each intervention, adults at risk are asked to identify their desired outcomes. In Quarter 2, 89% of safeguarding outcomes

were either fully or partially achieved (ASC 20) which represents a 2% increase when compared to the previous quarter.

3. Conclusion

3.1 Adult social care KPIs remained broadly stable during Quarter 2, with the majority of measures maintaining their existing RAG ratings. However, the median waiting time for completion of a Care Needs Assessment increased from 24 to 27 days, resulting in the measure moving from Green to Amber (ASC 2). The proportion of KCC supported residents placed in residential or nursing homes rated Good or Outstanding by the CQC remained at 72%, below the threshold of 75%, and therefore continues to be RAG Rated Red (ASC 7).

3.2 Repeat contacts to Adult Social Care Connect remained low (ASC 1) and the number of completed Care Needs Assessments continued to exceed incoming requests for the third consecutive quarter (ASC 9). Adult social care continues to focus on managing demand whilst delivering timely support and positive outcomes for Kent residents. Demand increased across several services, including Adult Social Care Connect and Safeguarding, although open safeguarding work continued to reduce and reached its lowest level in the past two financial years (ASC 19).

4. Recommendation

Recommendation: The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of services in Quarter 2 2026/2027.

5. Background Documents

None

6. Report Author

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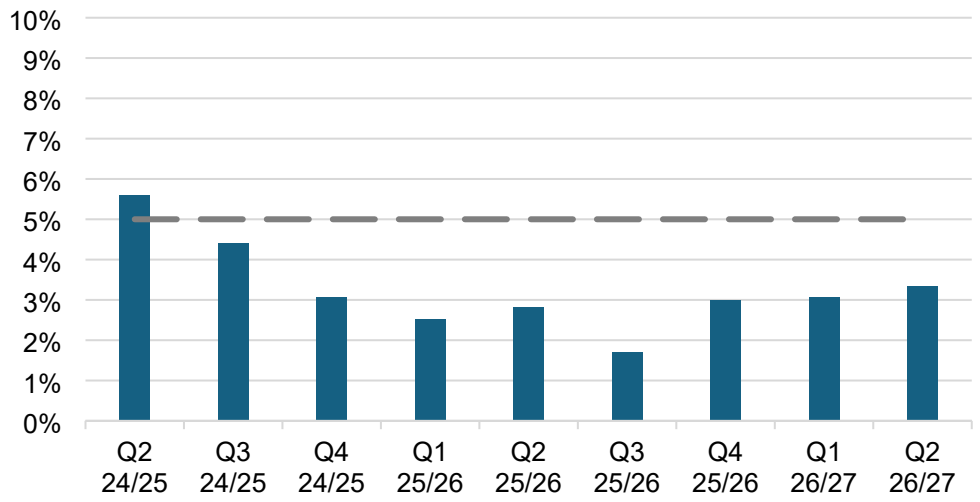
APPENDIX 1

Adult Social Care Key Performance Indicators and Activity Performance 2026/27

Symbol	Description
⇩	Measure going in the wrong direction
⇧	Measure going in the right direction
⇔	No change in direction of travel

ASC1: The percentage of people who have their contact resolved by adult social care but then made contact again within 3 months

GREEN ⇔



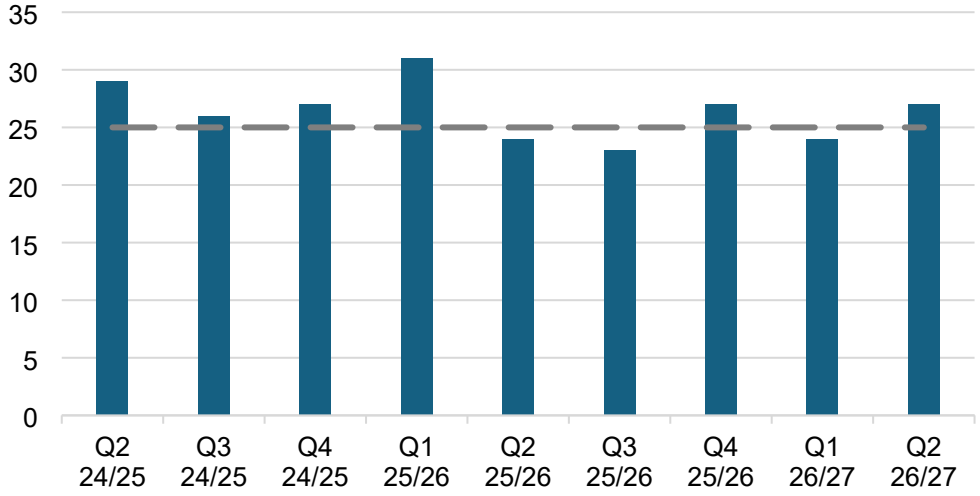
The proportion of people who recontacted Adult Social Care within three months of having their contact resolved has remained consistently at 3% for the 3rd consecutive quarter, which is below the target of 5%.

A **lower percentage indicates better performance** against this measure.

Target: 5%	Upper Threshold: 9%

ASC2: The median wait time for Care Needs Assessments

AMBER ⇩



The median wait time for a Care Needs Assessment has increased to 27 days in Quarter 2. This measure is currently above target of 25 days, but below the upper threshold of 30 days, which has resulted in the RAG Rating moving from Green to Amber. Operational teams have targeted care needs assessments where a person has been awaiting intervention for the longest – this, when completed on scale, can increase the overall median wait time.

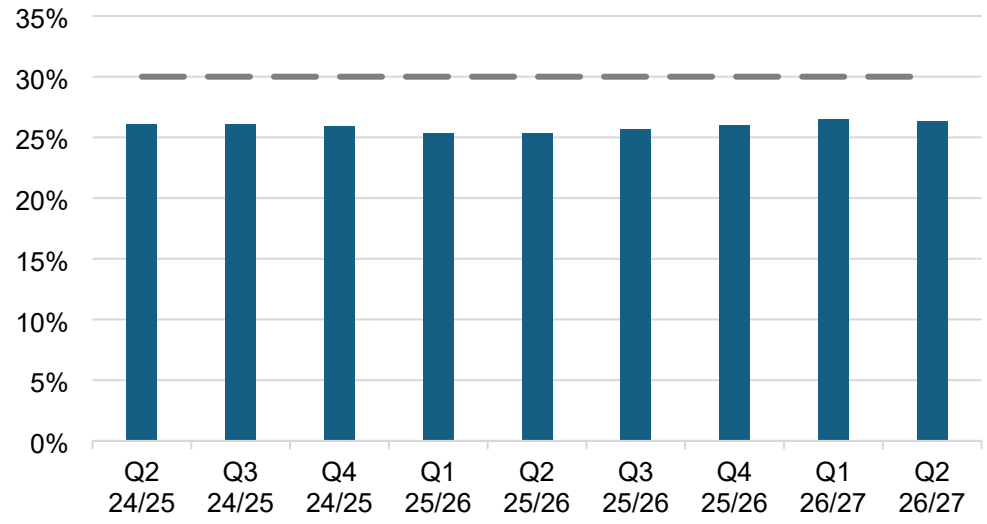
A **lower value indicates better performance** against this measure.

The median is where half of the values are above it and half below it.

Target: 25 days	Upper Threshold: 30 days

ASC3: The percentage of people in receipt of direct payments with adult social care

AMBER ⇔



The percentage of people in receipt of a direct payment remains at 26%, as it has done for the past two financial years.

The majority of people with a direct payment continue to be those with a Learning Disabilities (33%) and Carers (21%).

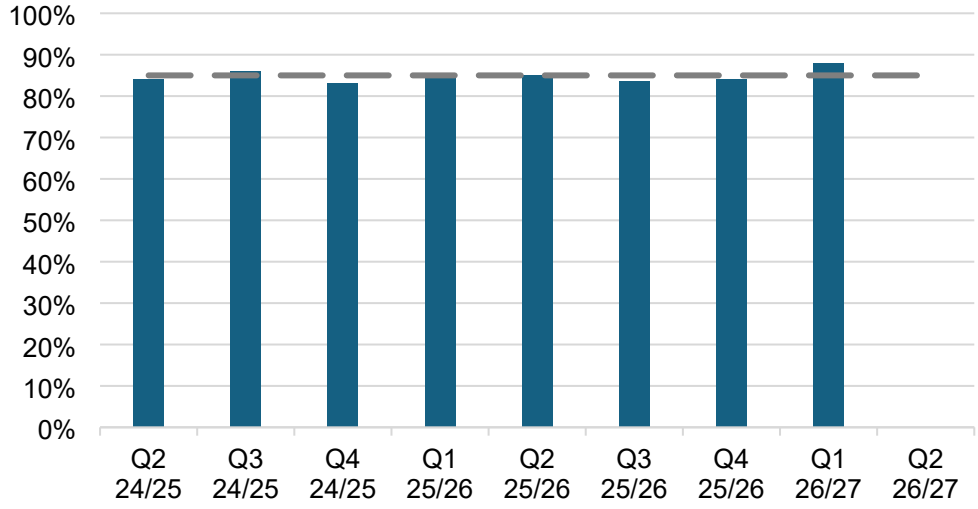
This measure remains RAG rated Amber.

A **higher percentage indicates better performance** against this measure.

Target: 30%	Floor Threshold: 24%

ASC4: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

GREEN ⇧



The proportion of people still at home 91 days after discharge from hospital (65 or over) was at its highest level in the past 2 financial years in Quarter 1, raising the measure above its target of 85% for the first time since Quarter 2 25/26.

The measure is now RAG Rated Green

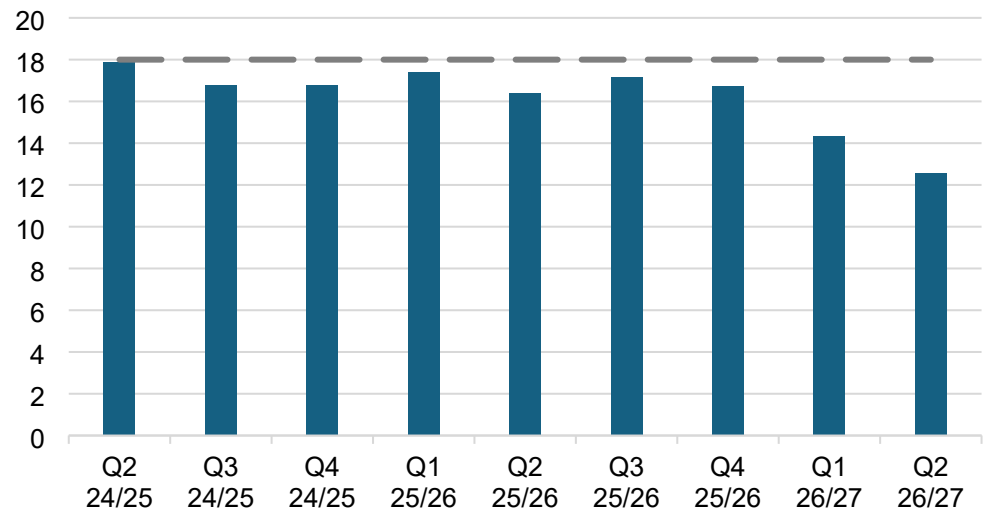
A **higher percentage indicates better performance** against this measure.

Data for the most recent quarters remains provisional and may be subject to change.

Target: 85%	Floor Threshold: 80%

ASC5: Long term support needs of adults (18-64 years old) met by admission to residential and nursing care, per 100,000

GREEN ⇧



The rate per 100,000 at which people aged 18 to 64 have their needs met through admission to residential or nursing care has decreased for the second quarter.

This measure remains RAG rated Green.

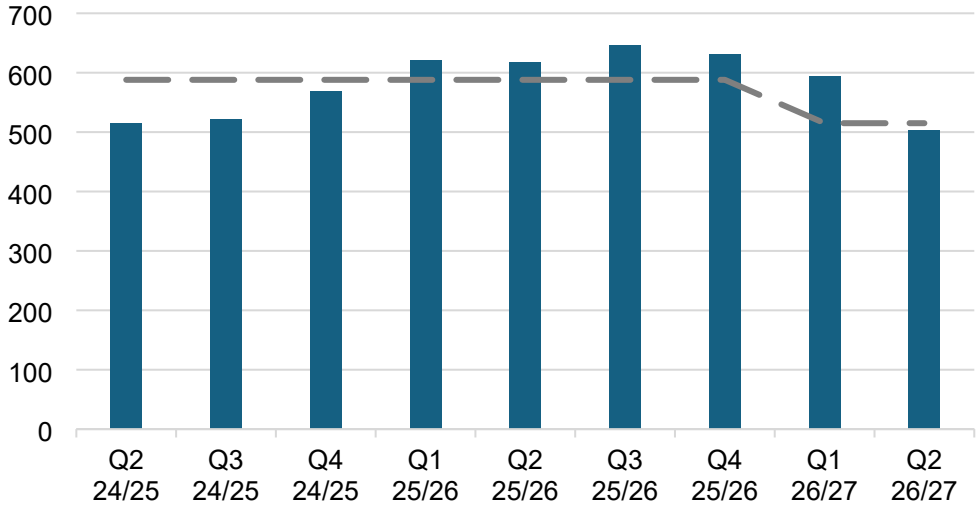
A **lower number indicates better performance** against this measure.

Data for the most recent quarters remains provisional and may be subject to change.

Target: 18	Upper Threshold: 22

ASC6: Long term support needs of older people (65 and over) met by admission to residential and nursing care, per 100,000

GREEN ⇧



The rate of people aged 65 and over whose needs are met through long term admission to residential or nursing care has continued to decrease for the third consecutive quarter. The rate is now below both the upper threshold and target, resulting in a Green RAG rating.

Following a refresh of the population data used within the calculation, the rate now provides a more accurate reflection of Kents population and is more closely aligned with the methodology used in national reporting. The population figure used for Q1 and Q2 2026/27 has been updated. The previous value of 326,600 has been replaced with the revised figure of 342,900.

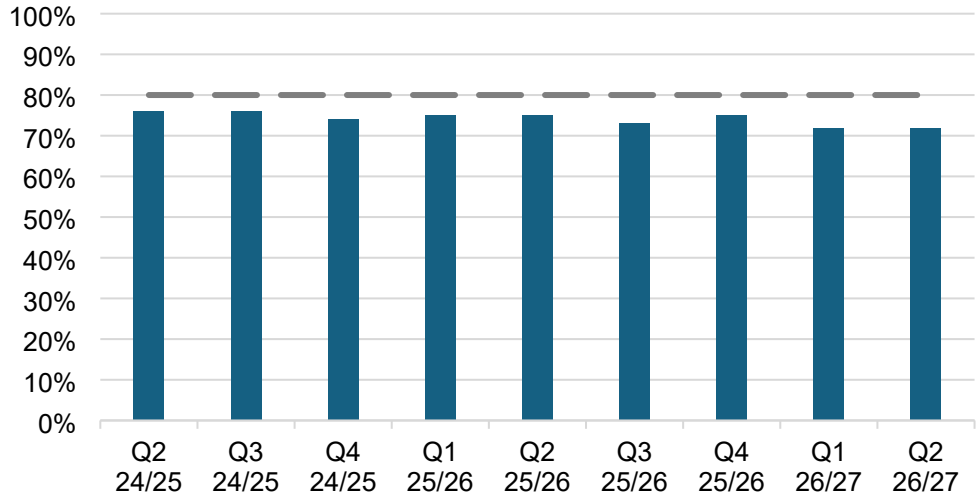
A **lower number indicates better performance** against this measure.

Data for the most recent quarters remains provisional and may be subject to change.

Target: 515	Upper Threshold: 560

ASC7: The percentage of Kent County Council supported people in residential or nursing where the Care Quality Commission rate is Good or Outstanding

RED ⇔



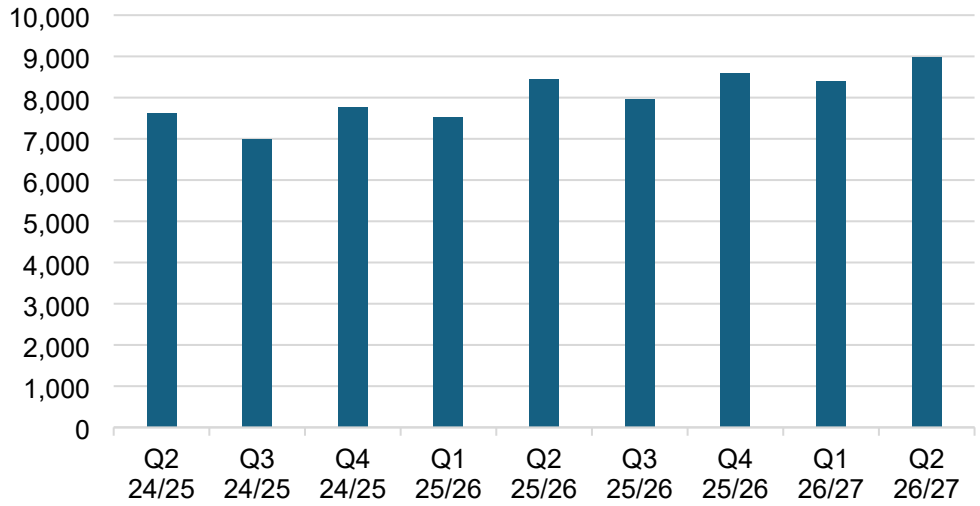
Due to an increase in the number of people supported in homes rated as Requires Improvement during Quarter 2, the proportion of Kent County Council supported people in residential or nursing care placed with providers rated Good or Outstanding by the Care Quality Commission remained unchanged at 72% this quarter.

This measure remains RAG rated Red.

A **higher number indicates better performance** against this measure.

Target: 80%	Floor Threshold: 75%

ASC8: The number of people contacting Adult Social Care Connect



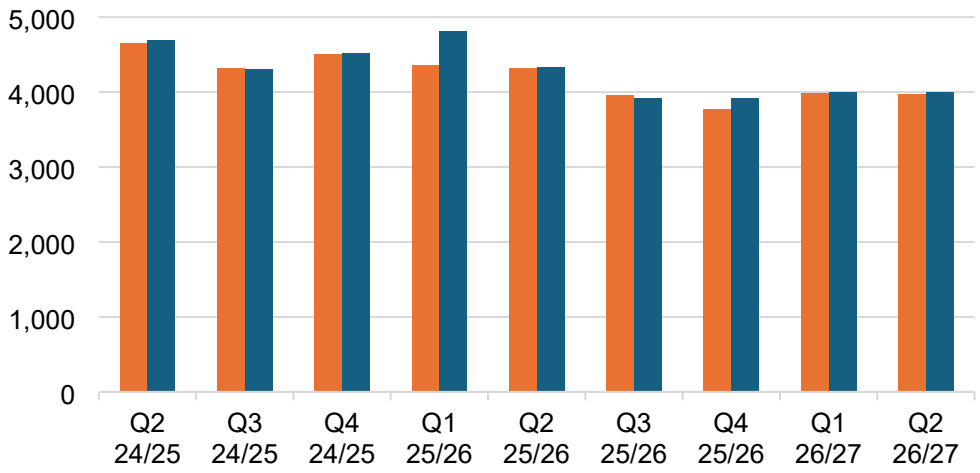
In Quarter 2, Adult Social Care Connect saw an increase of 7% in the number of people making contact.

The most common source of referrals continue to be family members (26%), followed by self-referrals (21%).

The majority of contacts made were made via email (32%) and online web form (24%).

This is an activity measure only

ASC9: The number of Care Needs Assessments to be undertaken, and the number completed



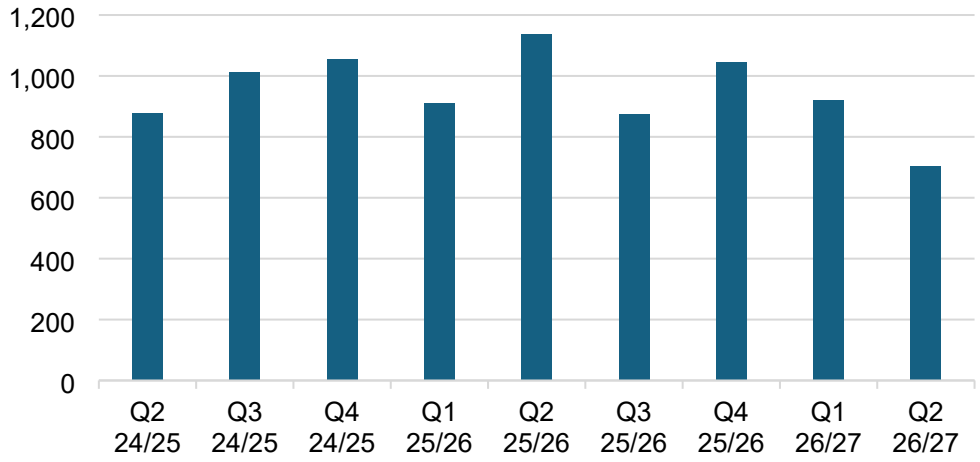
The number of new Care Needs Assessments requiring to be undertaken (incoming) stayed at a similar level to the previous quarter.

The number of Care Needs Assessments completed also remained consistent. Teams continued to complete more assessments than were received for the third consecutive quarter.

(Blue – Assessments to be undertaken)
(Orange – Assessments completed)

This is an activity measure only

ASC10: The number of carers supported with information, advice or guidance, or an assessment

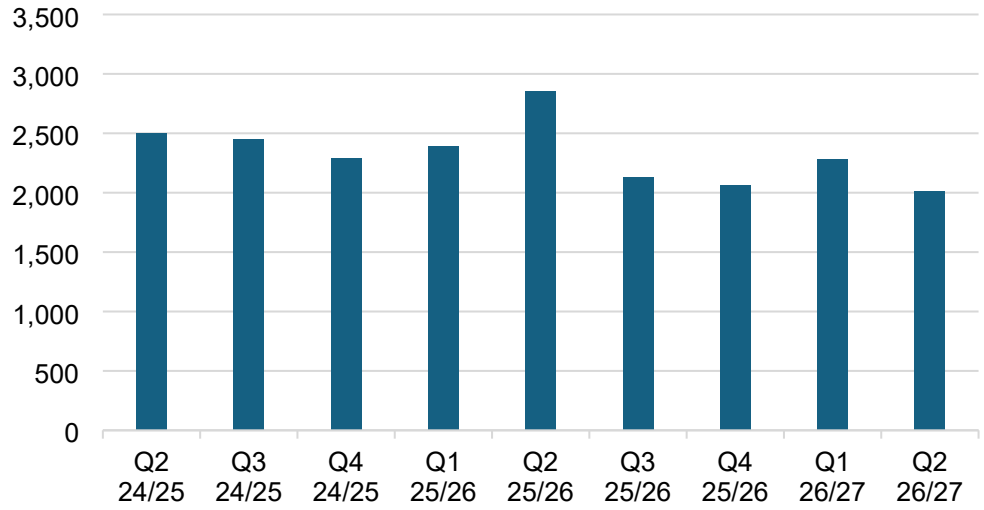


The number of carers supported through information, advice, guidance, or an assessment decreased by 23% compared with the previous quarter.

Despite this reduction, Quarter 2 saw an 18% increase in carer referrals compared with Quarter 1, representing the highest level of referrals received since Quarter 3 2024/25.

This is an activity measure only

ASC11: The number of new support packages being arranged for people in the quarter



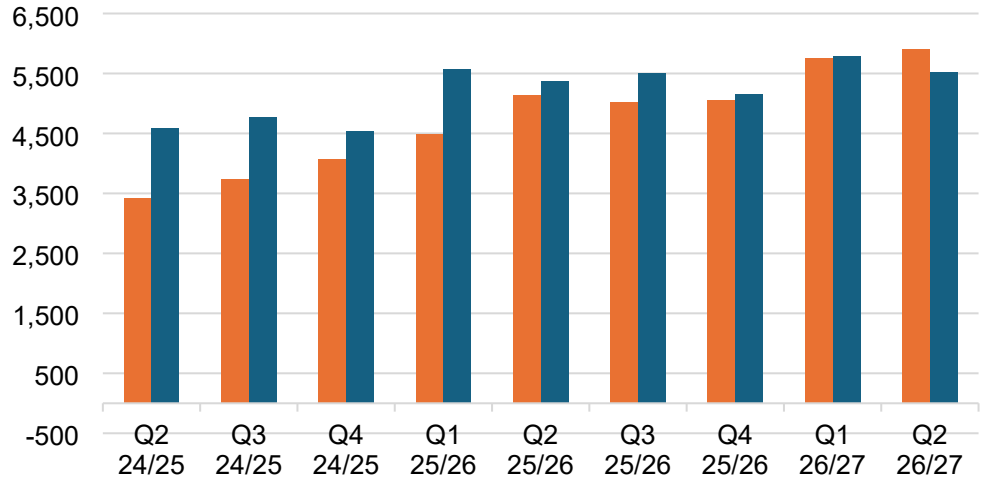
The number of new support packages arranged for people has remained stable at just above 2,000 for the fourth consecutive quarter.

In Quarter 2, Short Term Beds (32%) and Homecare (30%) continued to be the predominant support types being arranged, accounting for almost two-thirds of all new packages commissioned during the period.

Data for the most recent quarters remains provisional and may be subject to change.

This is an activity measure only

ASC12: The number of people requiring a review and the number of reviews completed in the quarter



Quarter 2 saw a 3% increase in the number of people requiring a review (incoming) compared with the previous quarter. This is the highest volume recorded over the last two financial years and represents the second consecutive quarterly increase.

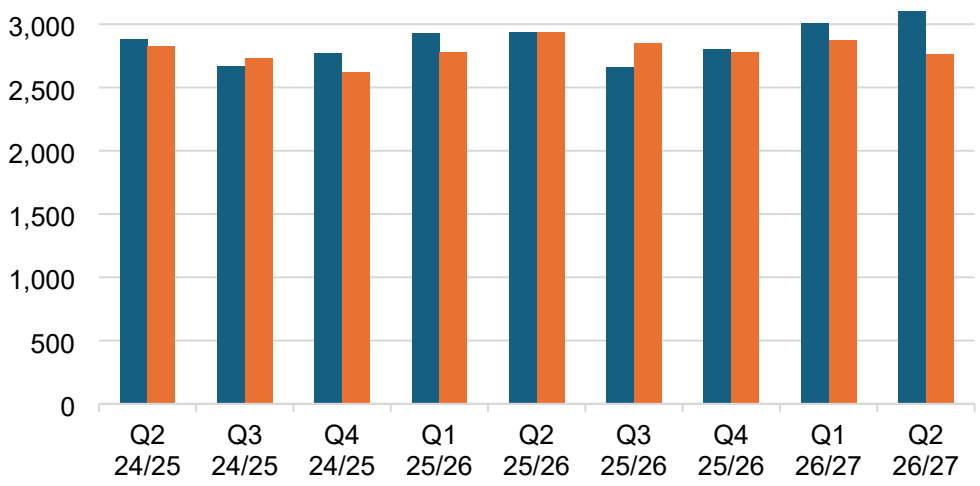
In contrast, the number of completed reviews decreased by 4% compared with the previous quarter.

This measure includes both initial and ongoing reviews.

(Orange – Incoming Reviews)
(Blue – Reviews completed)

This is an activity measure only

ASC13: The number of Occupational Therapy Assessment referrals received and the number completed



The number of Occupational Therapy Assessment referrals received increased by 6% in Quarter 2 compared with the previous quarter, continuing the upward trend seen over the last three quarters.

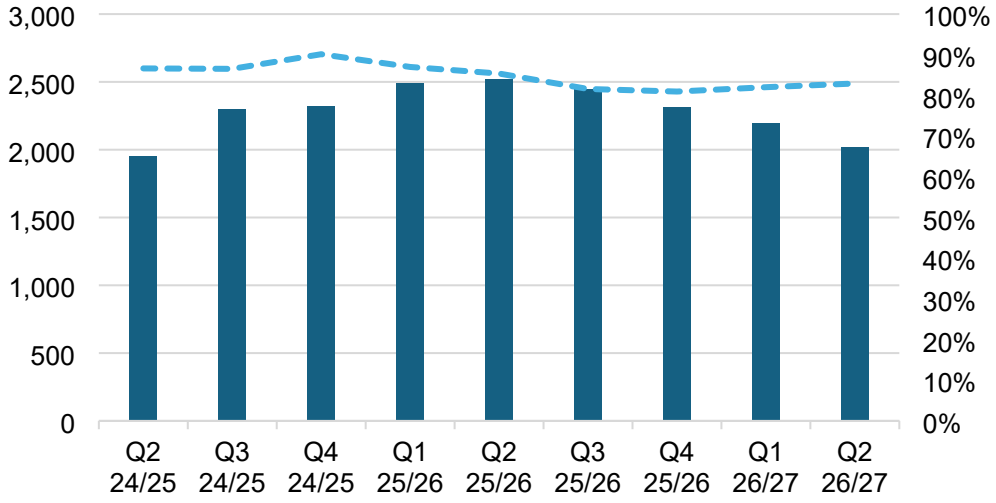
Meanwhile, the number of Occupational Therapy Assessments completed fell by 4% compared with the previous quarter.

As referral volumes have continued to rise, demand for Occupational Therapy services remains at its highest level recorded over the past two financial years.

(Blue – Referrals received)
(Orange – Referrals completed)

This is an activity measure only

ASC14: The number of people receiving Kent Enablement at Home, and the average percentage decrease in need

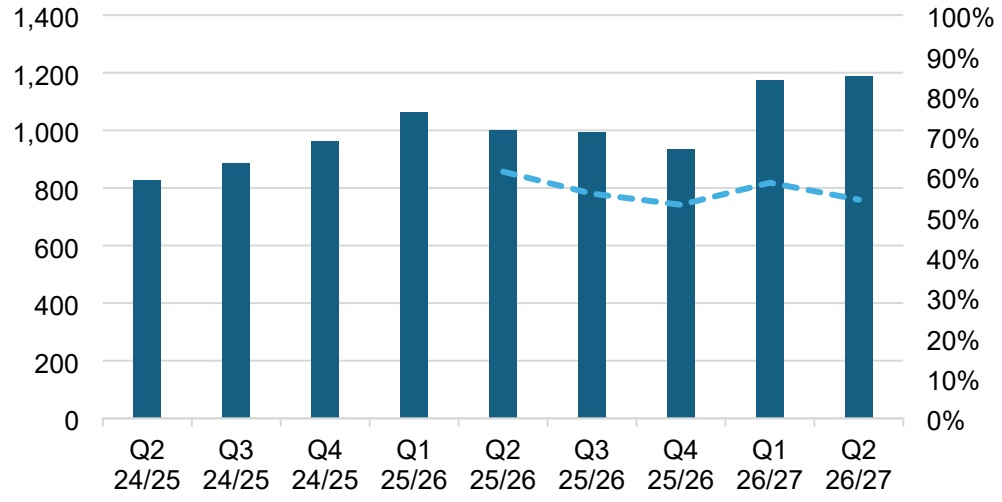


The number of people receiving support from Kent Enablement at Home has continued to decline for the fourth consecutive quarter since reaching a peak in Quarter 2 25/26. The number has decreased by 8% this quarter, representing the largest quarterly reduction since the peak was recorded. Despite this fall in the number of people being supported, demand for the service remains strong, with 2,420 referrals received during Quarter 2.
Outcomes achieved through the service improved, with the average percentage reduction in need increasing by 1% compared with the previous quarter.

(Bar – Number of people)
(Line – Percentage decrease)

This is an activity measure only

ASC15: The number of people receiving Kent Enablement Service, and the average percentage decrease in need.



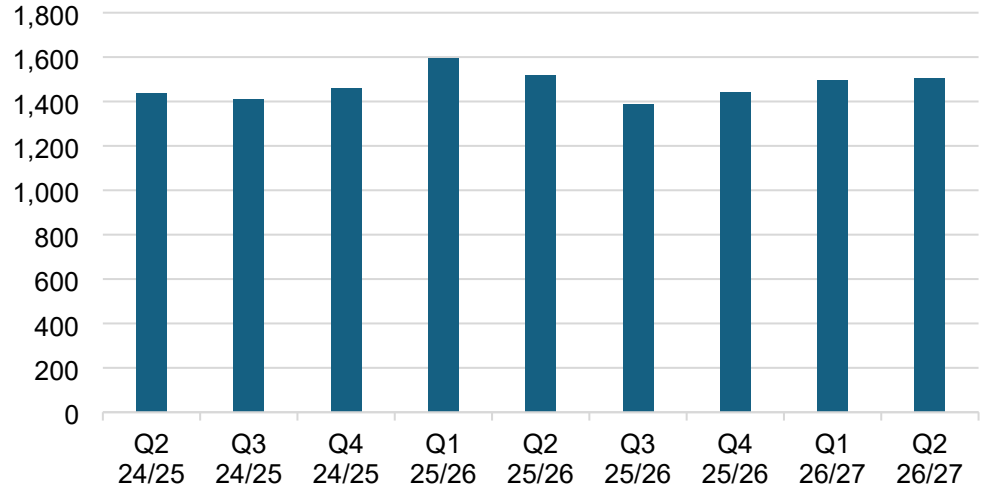
The number of people supported by the Kent Enablement Service has continued to increase for the second consecutive quarter and is now at its highest level in the past two financial years.

While more people are being supported, the average reduction in need following enablement has decreased by 4% compared with the previous quarter.

(Bar – Number of people)
(Line – Percentage decrease)

This is an activity measure only

ASC16: The number of people in Short Term Beds

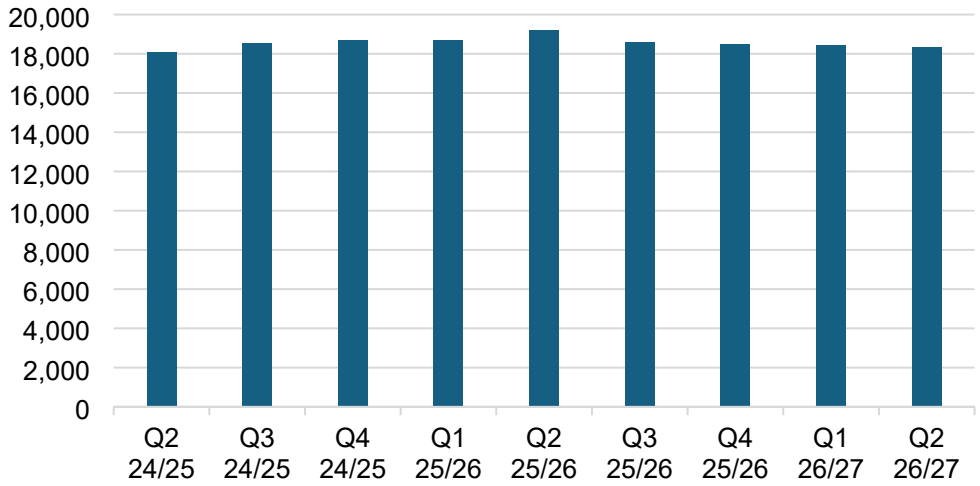


The number of people currently in a Short Term Bed increased by 1%. However, levels remain broadly in line with those recorded in previous Quarter 2.

Data for the most recent quarters remains provisional and may be subject to change.

This is an activity measure only

ASC17: The number of people in Long Term services



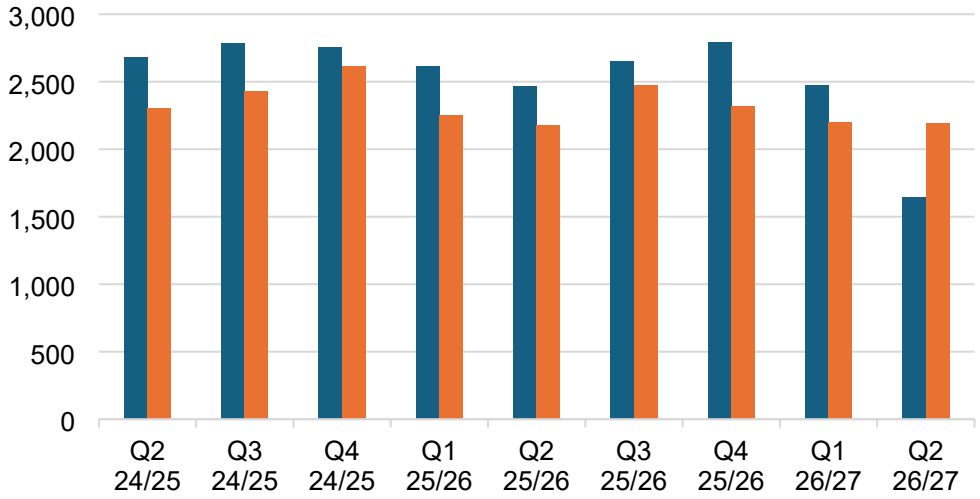
Quarter 2 saw a slight decrease in the number of people receiving Long Term Services compared with the previous quarter, although overall volumes remained stable at around 18,300 people.

Of those receiving long term support, 31% were in residential or nursing placements, while the majority (69%) were supported within the community.

Data for the most recent quarters remains provisional and may be subject to change.

This is an activity measure only

ASC18: The number of Deprivation of Liberty Safeguards applications received and completed



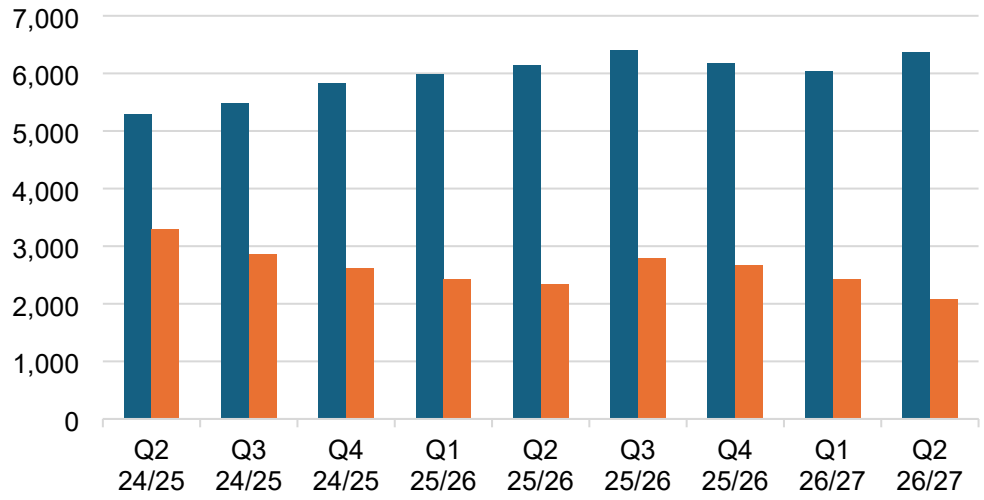
The number of Deprivation of Liberty Safeguards (DoLS) applications received continued to fall for the second consecutive quarter. Quarter 2 recorded a 33% reduction, resulting in the lowest number of applications received across the last two financial years.

The number of completed DoLS applications also decreased slightly compared with the previous quarter, marking the third consecutive quarter in which completions have fallen. However, for the first time during this period, the number of applications completed exceeded the number of new applications received.

(Blue – Applications received)
(Orange – Applications completed)

This is an activity measure only

ASC19: The number of safeguarding concerns received and total safeguarding work open on the last day of the quarter



The number of safeguarding concerns received increased by 5% compared with the previous quarter.

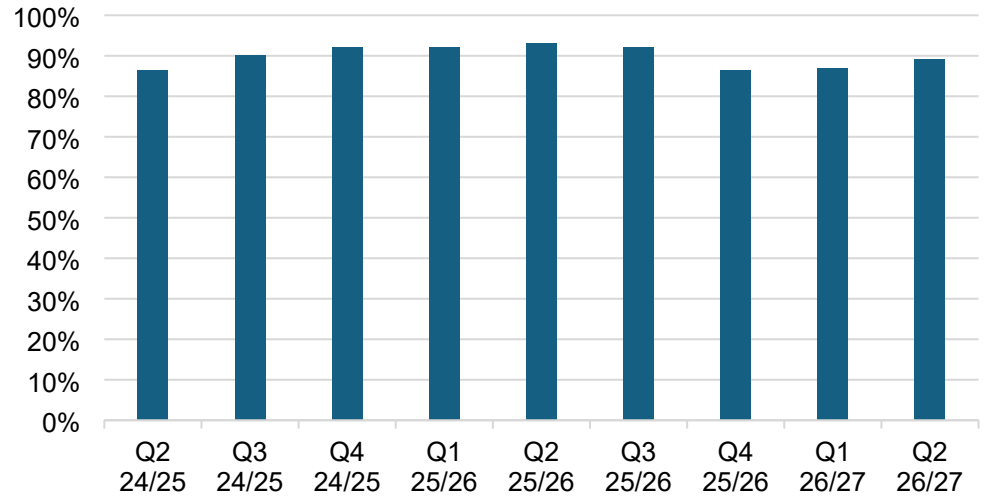
Despite this increase in demand, the number of open safeguarding cases has fallen for the third consecutive quarter and is now at its lowest level recorded over the last two financial years.

The summer period saw extreme heat and sporting events like the football world cup which increased the number of concerns raised about vulnerable adults.

(Blue – Concerns received)
(Orange – Open work)

This is an activity measure only

ASC20: Making Safeguarding Personal: Expressed desired outcomes that were fully or partially achieved



In Quarter 2, 89% of safeguarding outcomes were either fully or partially achieved, maintaining the improvement seen since the lower levels reported earlier in the year.

Although performance has changed over the reporting period, outcomes remain consistently high and broadly in line with historical levels. The latest result indicates that the positive progress achieved in recent quarters has been sustained.

This is an activity measure only

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	Adult Social Care and Public Health Cabinet Committee Work Programme		
Category	**Meeting date**	**Item**	**Work Type**
Future	20 January 2027	Cabinet Members, Corporate Director and Director of Public Health Verbal Updates	Standing Item
Future	20 January 2027	Public Health Performance Dashboard	Report
Future	20 January 2027	Final Draft Revenue and Capital Budget and MTFP	Annual item
Future	20 January 2027	Update on Public Health Campaigns/ Communications	Update report
Future	20 January 2027	Community Mental Health and Wellbeing	Key Decision
Future	20 January 2027	Targeted Relationships and Emotional Resilience Service	Key Decision
Future	20 January 2027	Adult Social Care Provider Fee Uplifts 2027/2028	Key Decision
Future	20 January 2027	Pandemic Update	Update report
Future	20 January 2027	Vaccination Programme Update	Update report
Future	20 January 2027	Work Programme	Standing Item
Future	11 March 2027	Cabinet Members, Corporate Director and Director of Public Health Verbal Updates	Standing Item
Future	11 March 2027	Adult Social Care Performance Dashboard	Report
Future	11 March 2027	Public Health Performance Dashboard	Report
Future	11 March 2027	Community Mental Health and Wellbeing Service	Key Decision
Future	11 March 2027	Live Well Kent	Key Decision

Date of printing: 09/11/26

Future	11 March 2027	Risk Management	Report
Future	11 March 2027	Work Programme	Standing Item
Future	12 May 2027	Cabinet Members, Corporate Director and Director of Public Health Verbal Updates	Standing Item
Future	12 May 2027	Adult Social Care Performance Dashboard	Report
Future	12 May 2027	Work Programme	Standing Item
Future	07 July 2027	Cabinet Members, Corporate Director and Director of Public Health Verbal Updates	Standing Item
Future	07 July 2027	Public Health Performance Dashboard	Report
Future	07 July 2027	Update on Public Health Campaigns/ Communications	Report
Future	07 July 2027	Work Programme	Standing Item