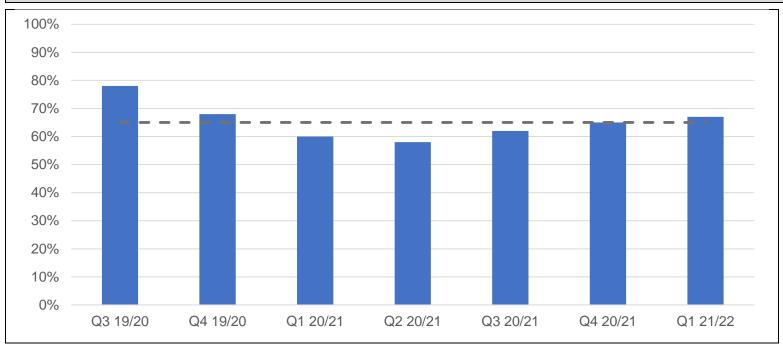
ASC1: Proportion of people who have received short term services for which the outcomes were either support at a lower level or no ongoing support



### **Technical Notes:**

Target set at 65% (dotted line)

Short term services include Short Term Beds and Enablement services.

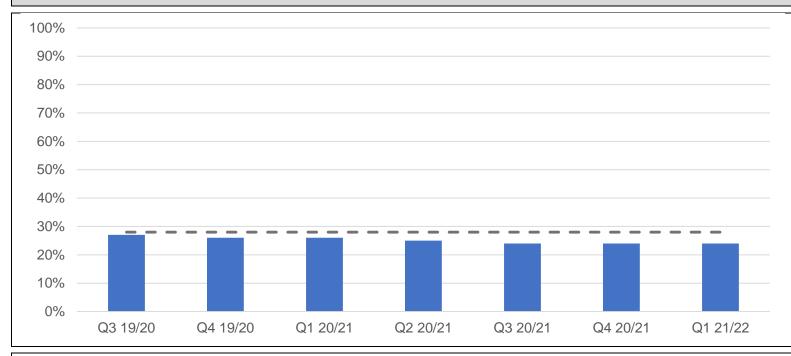
### Commentary:

In the first 3 months of 21/22, over 1,400 people accessed short term services with ASCH with the intention of being independent when leaving the services. This was an increase of 7% on the previous quarter.

Over 900 people did in fact leave the service needing either no further support or needing support at a lower level. This was 10% more than in Q4 20/21. Of the people who did need further support at a higher level, 88% went on to receive this with ASCH Community services, with the remaining 12% receiving Long Term Residential or Nursing support.

# **ASC2: Proportion of clients receiving Direct Payment**





#### **Technical Notes:**

Target set at 28% (dotted line)

Currently does not include Learning Disability clients aged 18-25 with CYPE.

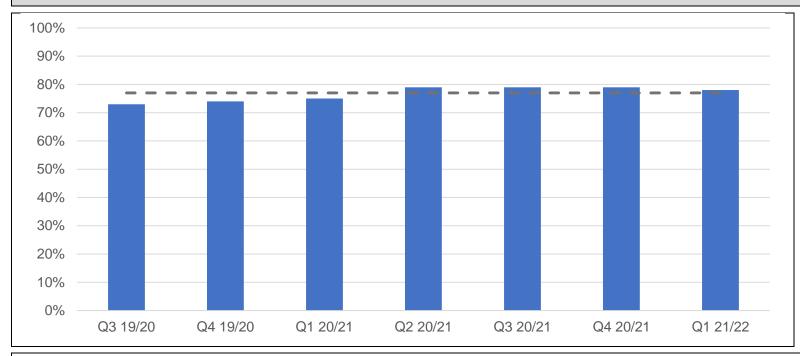
## **Commentary:**

Although the proportion of people within community services in receipt of a Direct Payment has held at 24% for 9 months, in the last 3 months (Q1) there were new people starting a Direct Payment. These included Carers, people with learning disabilities and older people.

ASCH completed an in-depth analysis into Direct Payments; The number of people receiving Direct Payments had been affected by the Coronavirus pandemic, where people have needed or chosen to self-isolate and have not wanted PAs or other workers in their home. In addition, the flexibilities for using a Direct Payment to access alternative services have been restricted as many options were closed due to the lockdown tiers in place.

# ASC3: The proportion of adults with a learning disability who live in their own home or with their family





### Technical Notes:

Target set at 77% (dotted line)

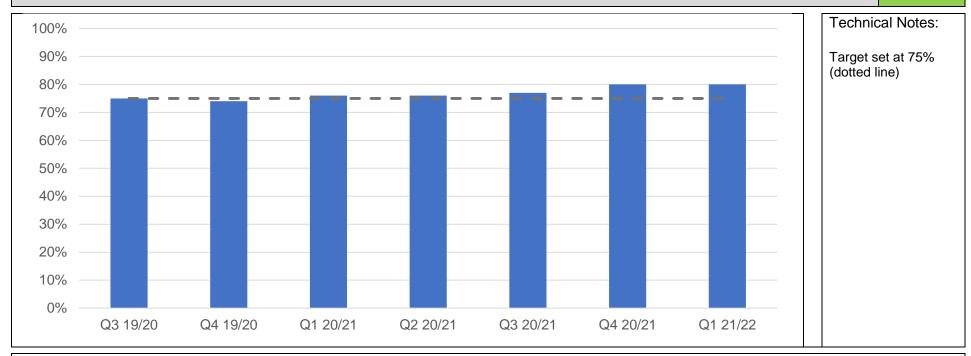
The direction of travel is not significant.

## **Commentary:**

The outcome of all care needs assessments will be focussed upon the provision of person-centred outcomes and we actively support and enable adults with a learning disability to remain in their own home or with their family, as opposed to hospital or residential care. Despite the slight drop in performance, we are still able to achieve this for most of our people.

# ASC4: Proportion of KCC clients in residential or nursing care where the CQC rating is Good or Outstanding



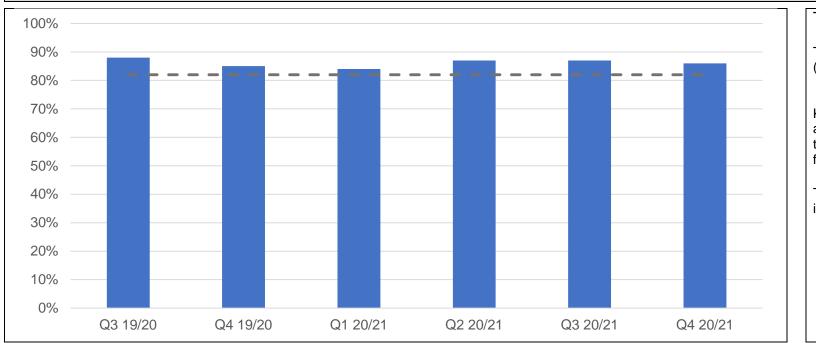


### **Commentary:**

80% of KCC people are in residential or nursing care where the CQC rating is Good or Outstanding.

KCC continues to work closely with the CQC and providers to improve the levels of quality in the care home market. The impact of the pandemic is tapering significantly across the care home market and providers are starting to return to business as usual, as much as possible. Face to face visits to homes with concerns have resumed but on a strict risk assessed basis.

ASC5: Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services



### Technical Notes:

Target set at 82% (dotted line)

KPI runs a quarter in arrears to account for the 91 day time frame.

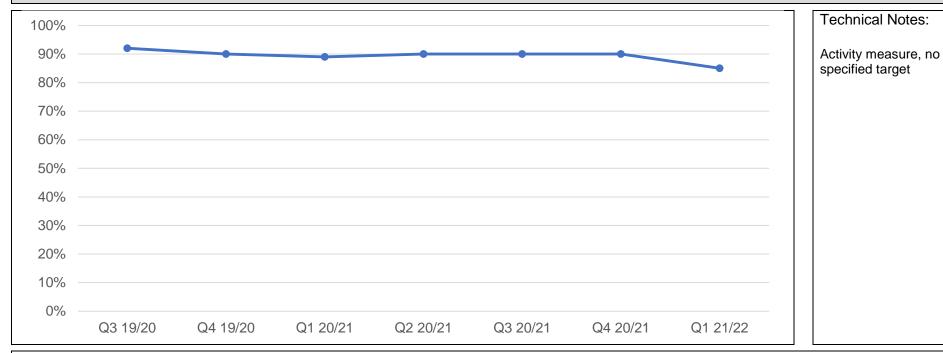
The direction of travel is not significant.

### **Commentary:**

Over 900 people accessed reablement / rehabilitation services during Q4 20/21. This was an increase of 12% on the previous quarter. Nearly 800 of them were still at home 91 days after their hospital discharge, and although this was an increase in numbers on the previous quarter it was not a big enough increase to hold or increase the percentage.

Performance on this measure remains above the target of 82%.

## ASC6: % of safeguarding enquiries where a risk was identified and the risk was either removed or reduced



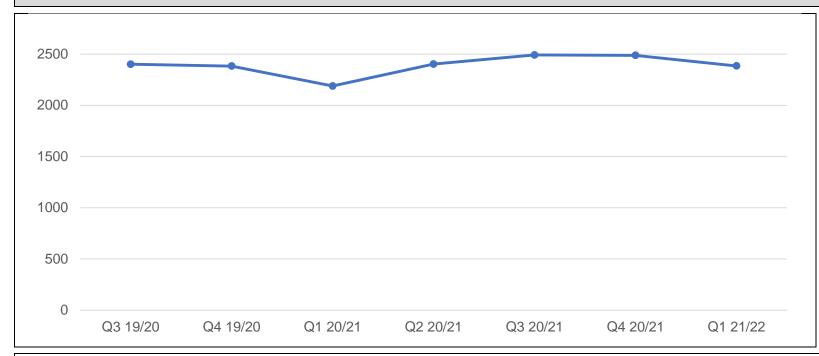
### **Commentary:**

In Q1 21/22 there was a decrease in the number of safeguarding enquiries closed when compared to all the previous quarters. This decrease in numbers has meant the minor changes in numbers have had a greater effect on the % figure reported.

ASCH continue to work with vulnerable people to ensure that if the risk remains it is done so with the individual's knowledge and consent.

ASCH is presently undertaking a review of safeguarding practices to ensure they remain as effective as possible.

### **ASC7: Number of Carers**



Technical Notes:

Activity measure, no specified target

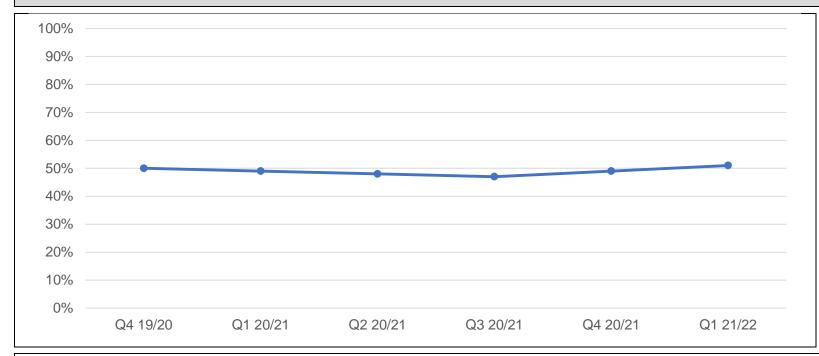
Carers with an open carer relationship where the cared for is in receipt of service.

### **Commentary:**

Carers are supported by a combination of delegated activity through a carer's organisation or direct support from KCC. Support continued throughout the reporting period, sometimes remotely as appropriate. Carer organisations are required to reach out and identify Carers as part of their contract.

ASCH will be delivering the national Carers survey, commencing in October to understand how well we are supporting our Carers; Kent was also selected to be part of a pilot whereby participants will be given the option to complete a survey online instead of via the traditional paper postal route, the result of which will help inform the development of future delivery methods for the national surveys.

## ASC8: % of Carers who are receiving service, and who had an assessment or review during the year



Technical Notes:

Activity measure, no specified target

All Statutory assessments and reviews included.

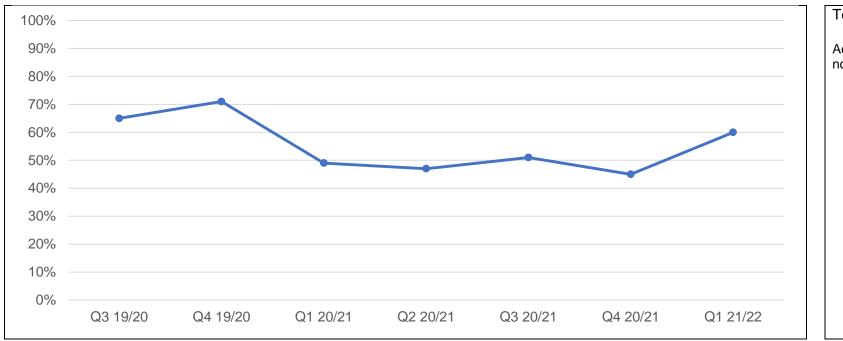
This measure looks at the reviews conducted within the previous 12 months.

### **Commentary:**

Over the last 6 months the proportion of Carers with an assessment or review in the last 12 months has increased, to 49% in Q4 and then to 51% in Q1 21/22.

KCC has delegated its responsibility for many Carer assessments and will be working with the contracted providers to increase visibility of the services being delivering. Additional Training with the providers was delivered in June 2021 to ensure all work is being accurately recorded and in a timely manner. ASCH Systems and Training Teams are currently updating the Mosaic Carers Guidance.

# ASC9: Proportion of complaints upheld (upheld and partially upheld)



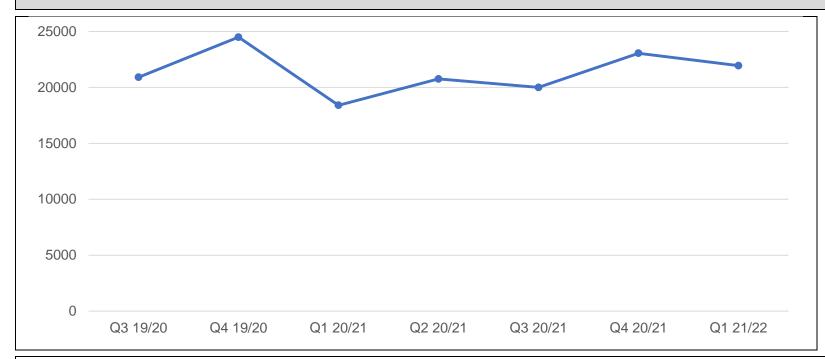
# Technical Notes:

Activity measure, no specified target

# Commentary:

Of the complaints closed in Q1 21/22, 60% were either partially or fully upheld, this is an increase on the previous quarter where 45% were upheld.

# ASC10: Number of people making contact with ASC



### Technical Notes:

Activity measure, no specified target

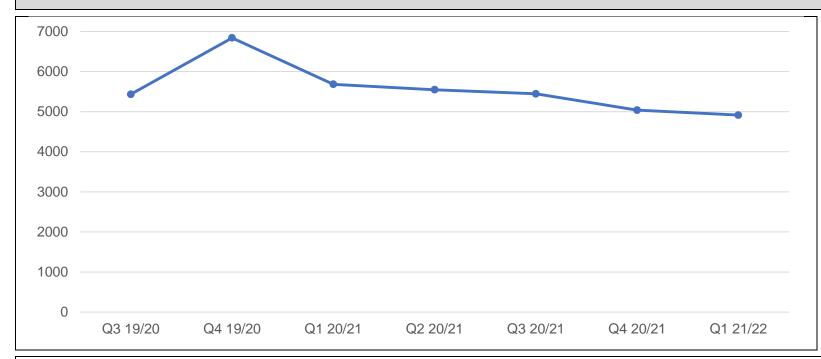
Includes all forms of contact

## **Commentary:**

The number of people making contact with ASCH followed a pattern of decreases and increases in line with the Lockdowns and releases during pandemic.

In Q4 the number of people and new people making contact increased, with a particular peak in March, and this correlated with peaks in activity across other areas of ASCH.

# ASC11: Number of assessments delivered (care needs assessments)

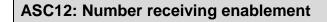


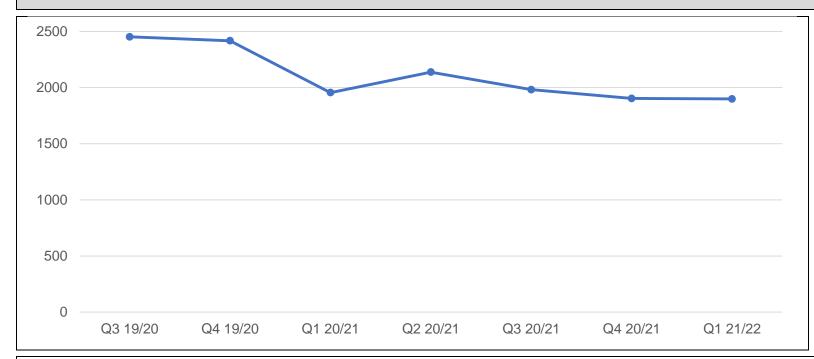
Technical Notes:

Activity measure, no specified target

## **Commentary:**

The number of care needs assessments delivered in Q4 20/21 was 5,038 and 4,913 in Q1 21/22. The numbers have been decreasing quarter on quarter since the start of the pandemic.





### Technical Notes:

Activity measure, no specified target

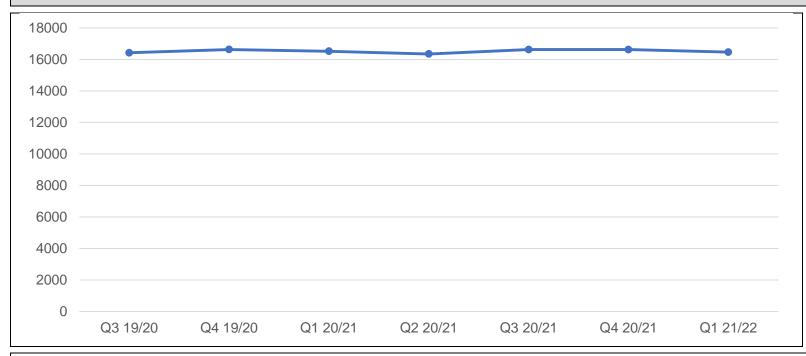
People receiving services with Kent Enablement at Home (KEaH)

## **Commentary:**

The number of people receiving enablement services with the Kent Enablement at Home (KEaH) service decreased into Q1 20/21 as ASCH and the NHS prepared for the first wave of Covid-19. During this initial period, the number of clients decreased, although the average time spent with people receiving KEaH increased.

The number of people receiving the enablement service followed a pattern around the Kent lockdowns early in 20/21, with numbers increasing in Q2 as the lockdown eased, and then decreasing again during Q3 with Kent entering the 2<sup>nd</sup> lockdown. As with Q1, the hours delivered to people have remained consistent. During this period the KEaH Team have used the time to focus on ensuring those accessing KEaH are appropriate and will benefit from receiving the service.

## **ASC13: Number receiving long term services**



### Technical Notes:

Activity measure, no specified target

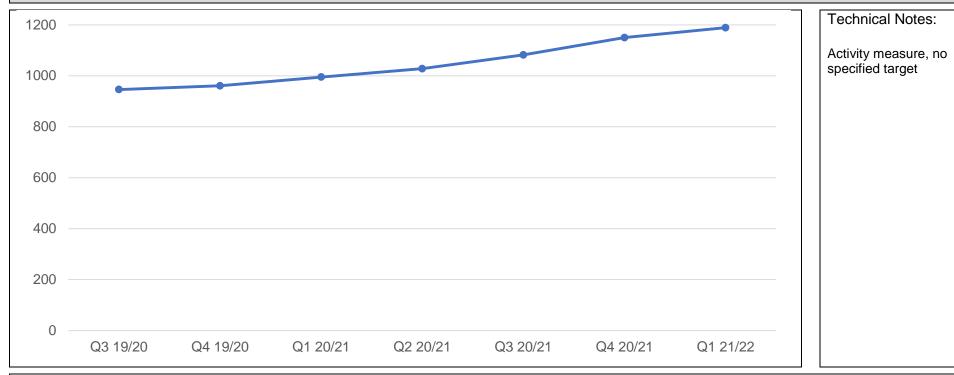
Long term services are long term residential, long term Nursing, Homecare, Direct Payment, Shared Lives, Supported Living/SIS & Day Care

## **Commentary:**

The number of people receiving long term services stabilised across the final 6 months of the year, at over 16,600. An impact of the pandemic has been that there has been a shift within the long term services, with decreasing residential or nursing services and increasing community services, such as Homecare.

There was a slight decrease in the numbers during Q1 21/22, however the split between community and residential and nursing services remains at 68% to 32%, previously, in Q4 19/20, it was a 65% / 35% split.

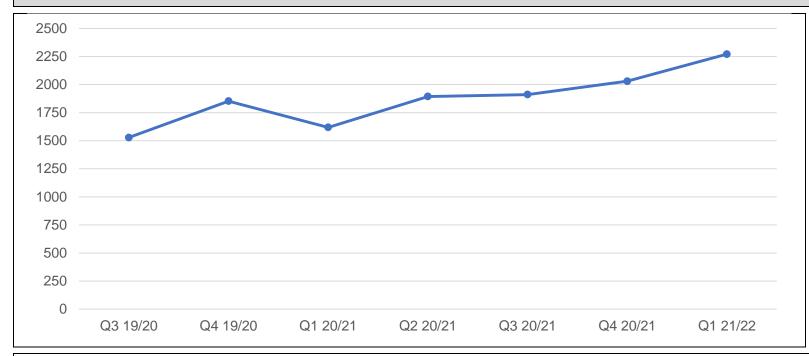
## ASC15: The number of people accessing ASCH Services who have a Mental Health need



### Commentary:

The numbers of people accessing ASCH Services who had a Mental Health need was increasing prior to the pandemic and have continued to do so throughout 20/21 at a greater rate. It is expected that these numbers will continue to increase and is at least partially related to the effect of the pandemic and lockdowns.





### Technical Notes:

Activity measure, no specified target

### **Commentary:**

The number of DoLS applications received by ASCH continues to increase and in Q4 over 2,000 applications were received, with another 2,200 in Q1 21/22. The DoLs Team saw a peak in referrals received in March 2021. During this quarter, the DoLS Team completed the highest number of authorisations.

The DoLS Team continue to see a significant number of referrals from the Acute/Hospital setting, these applications are urgent and as such require a 14 day window to turnaround, under legislation. To account for this increase, a separate pathway was introduced to manage them.