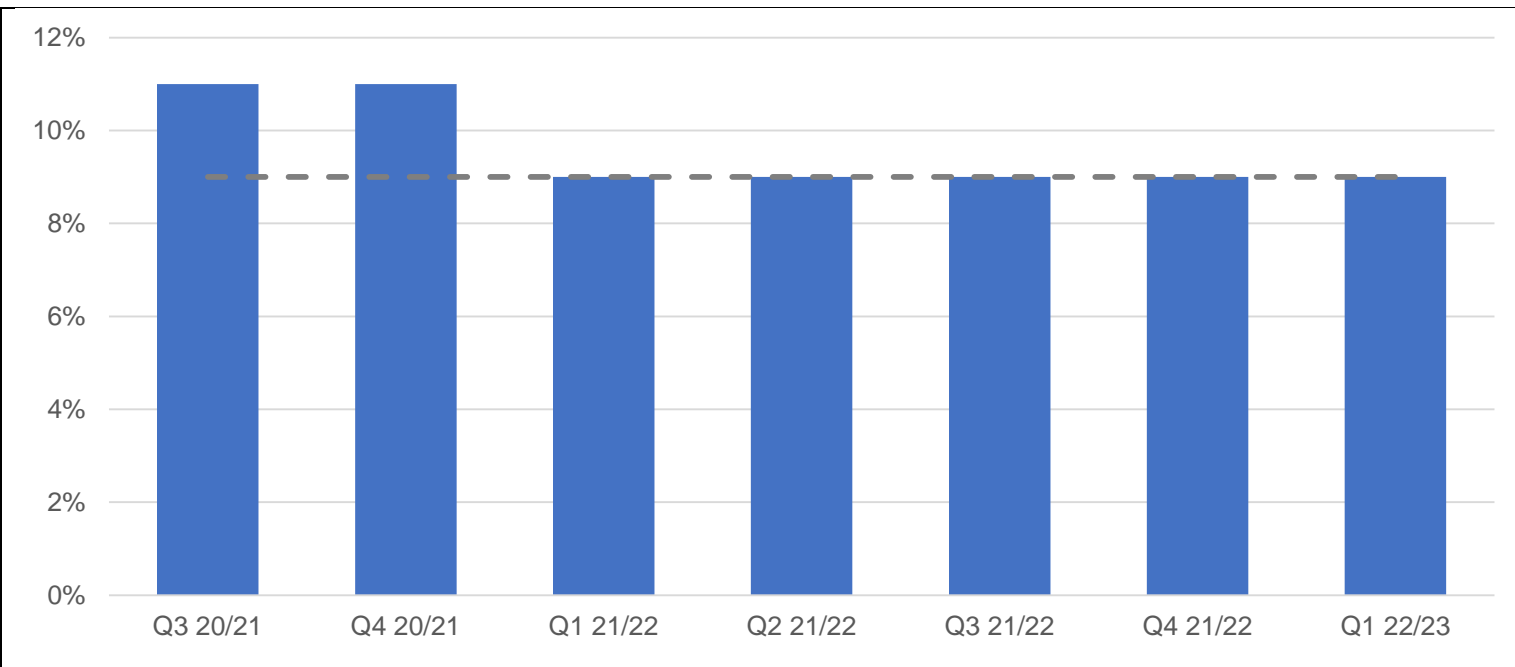


## Adult Social Care KPI & Activity Performance 2022/23

**ASCH1: The percentage of people who have their contact resolved by ASCH but then make contact again within 3 months.**

**GREEN**



### Technical Notes:

Target set at 9% (dotted line) with an upper threshold of 13%

The Direction of Travel is not significant.

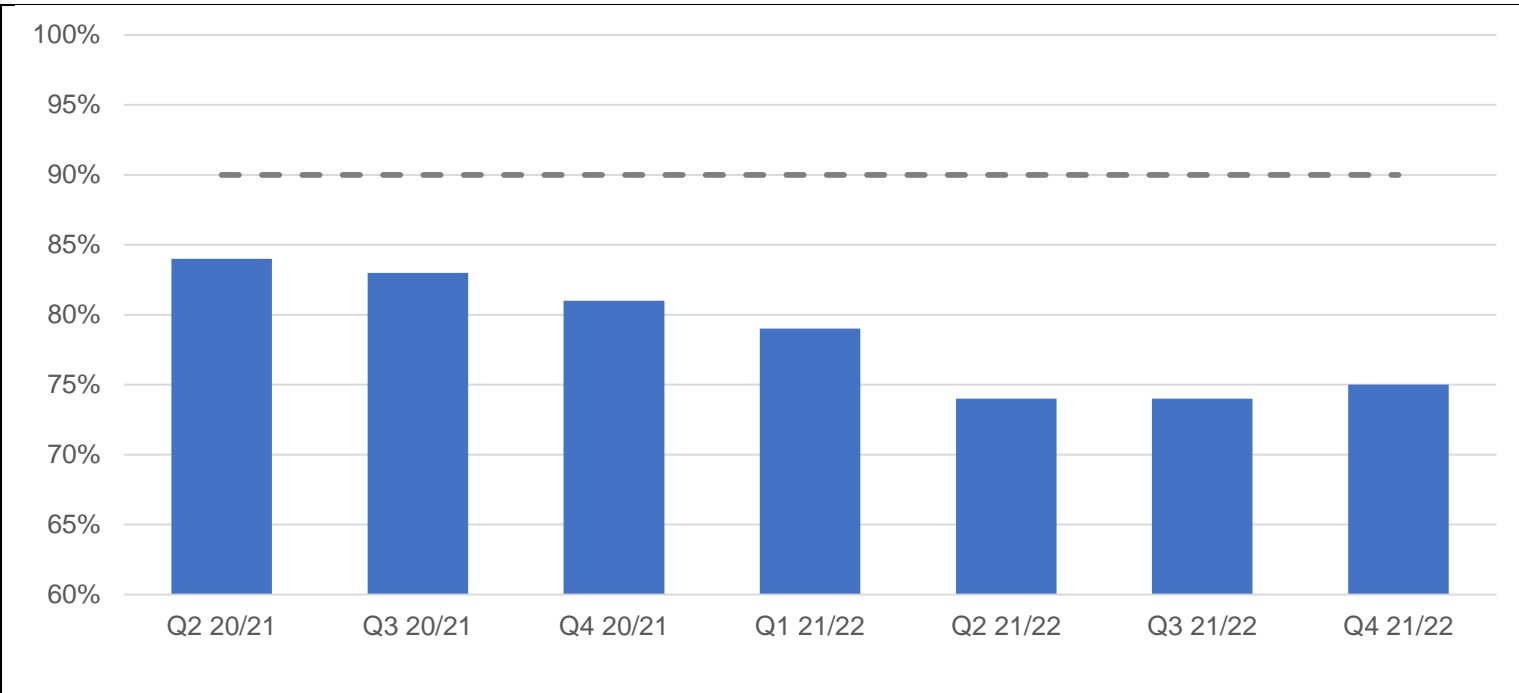
Please note axis does not end at 100%

**Commentary:** It is a core function of the Area Referral Management Service (ARMS) to provide Information and Advice (as part of our duties under the Care Act), this includes the direct provision of minor aids and adaptations (like raised toilet seats and grab rails). This maximises independence and serves to meet the persons needs at the earliest point.

Due to the complicated and changing nature of a persons' potential for support needs, there are frequently occasions where a person speaks with ARMS and declines support initially but upon reflection will contact again to pursue these opportunities. A persons' circumstances and level of support can change on a day-by-day basis, at which point they will contact Adult Social Care (or be referred into Adult Social Care for support and advice).

**ASCH2: The proportion of new Care Needs Assessments delivered within 28 days.**

**RED**  
↑



**Technical Notes:**

Target set at 90% (dotted line)  
Floor Threshold of 80% for 22/23

Please note this measure runs a quarter in arrears to account for the 28 days.

The Direction of Travel is significant, on a downward trajectory.

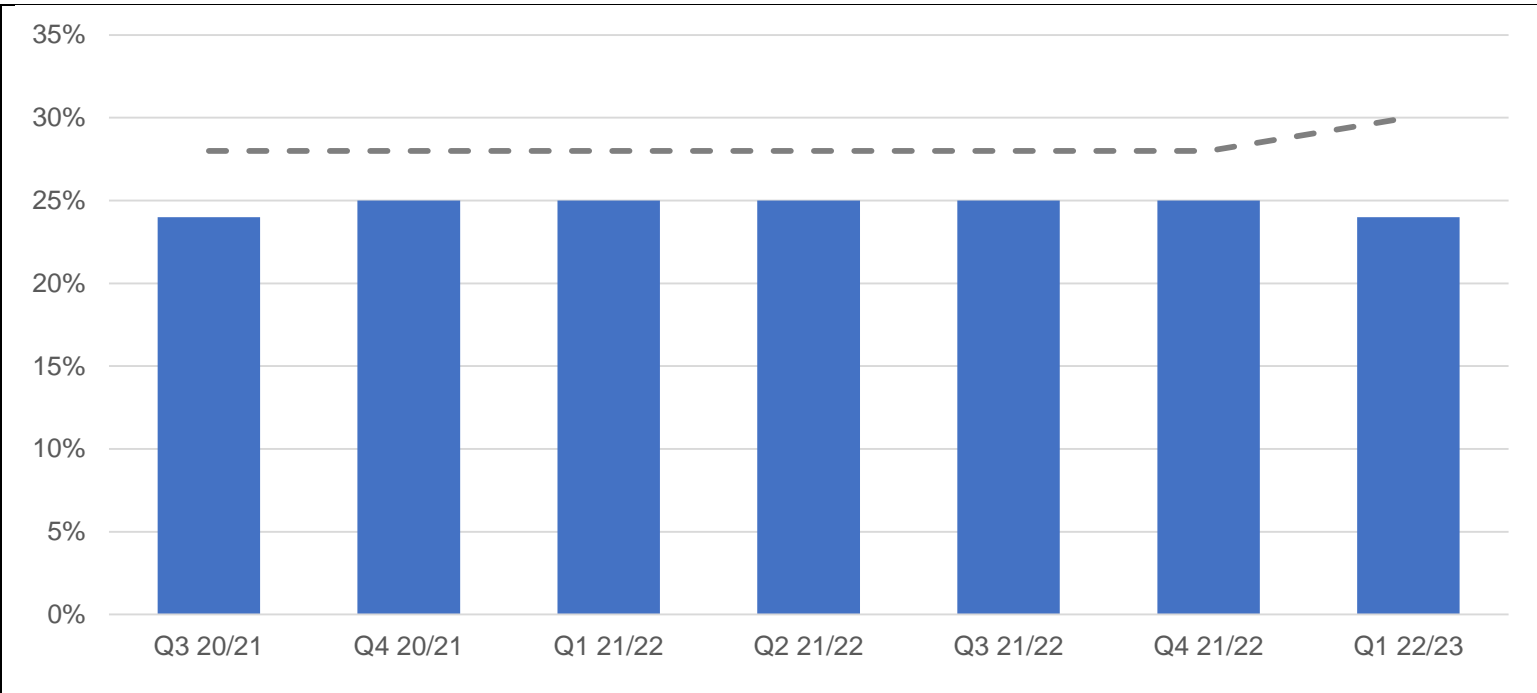
Please note axis does not start at 0

**Commentary:** On average 4,800 Care Needs Assessments are initiated (either referred for or started) each quarter over the last 12 months. In Quarter 4 75% were completed within 28 days, which is an increase on the previous 2 quarters but at a much lower rate than in 2020/21.

The average days taken to complete a Care Needs Assessment varies across each ASCH area, at the end of June it ranged from 49 to 72 days. The time taken to complete a Care Needs Assessment depends very much on the person, their needs and experiences; some will take days whilst others can take months. As part of ASCH Performance Assurance delivery of Care Needs Assessments is monitored and discussed monthly with actions implemented to address lower levels of performance. Delivery of Care Needs Assessments is a priority for ASCH.

### ASCH3: The percentage of people in receipt of a Direct payment with Adult Social Care & Health

AMBER



#### Technical Notes:

Target set at 30% (dotted line) The floor threshold is 24%

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

The Direction of Travel is not significant.

Please note axis does not end at 100

2021/22 figures have been updated

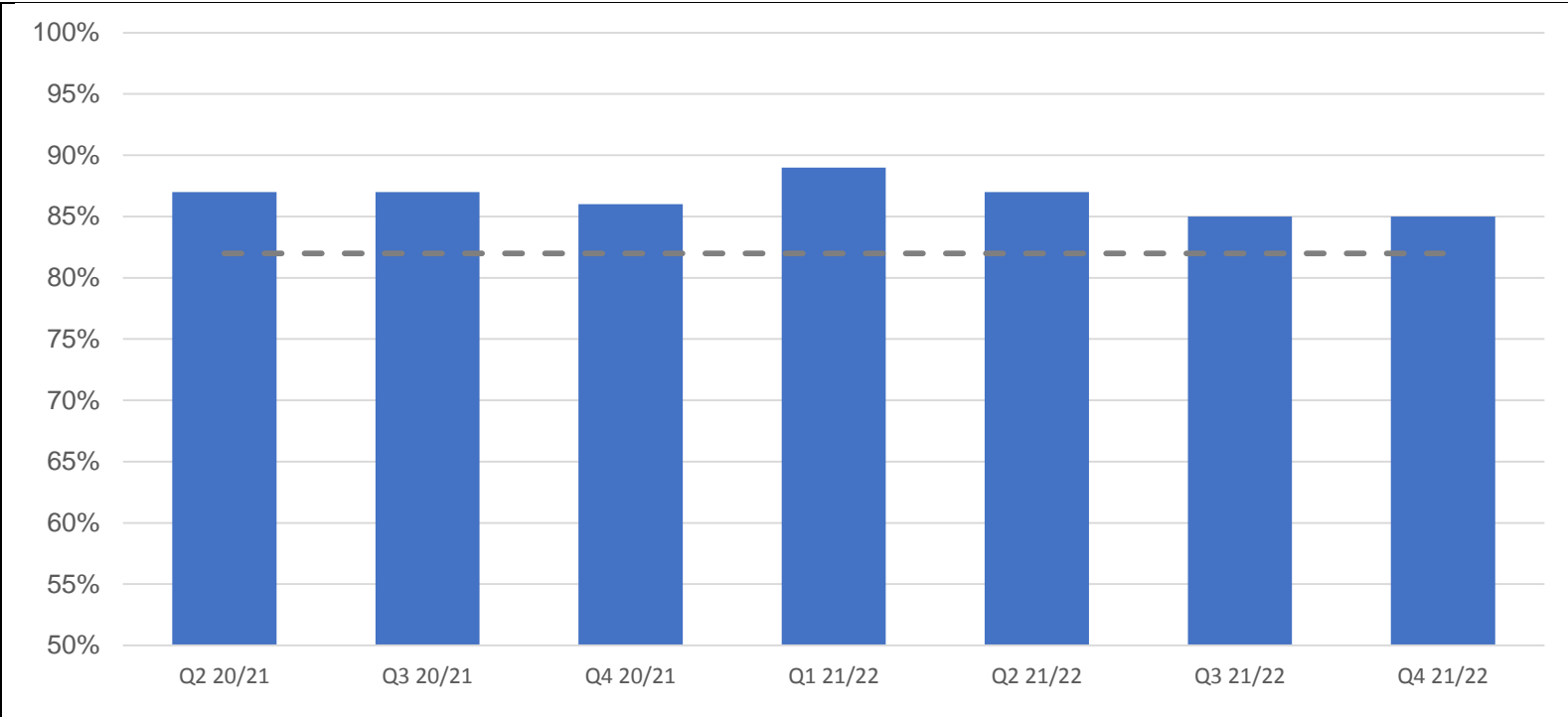
#### Commentary:

ASCH are working hard to promote the growth in this area, and work is ongoing to change some of the systems, processes, practices, and cultures that have developed over the years around helping people access care and support - building on the good things and changing those that get in the way of personalisation.

ASCH have recruited to a specialist Personal Assistant Development worker, also the development of an electronic portal and e learning programmes. There has been cross directorate working with GET/CYPE to deliver our community catalyst offer and grow provision in the communities to foster self-directed support.

**ASCH4: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services**

**GREEN**  
↔



**Technical Notes:**

Target set at 85% (dotted line) with a floor threshold of 80% for 22/23

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

The direction of travel is not significant.

Please note axis does not start at 0

**Better Care Fund Measure**

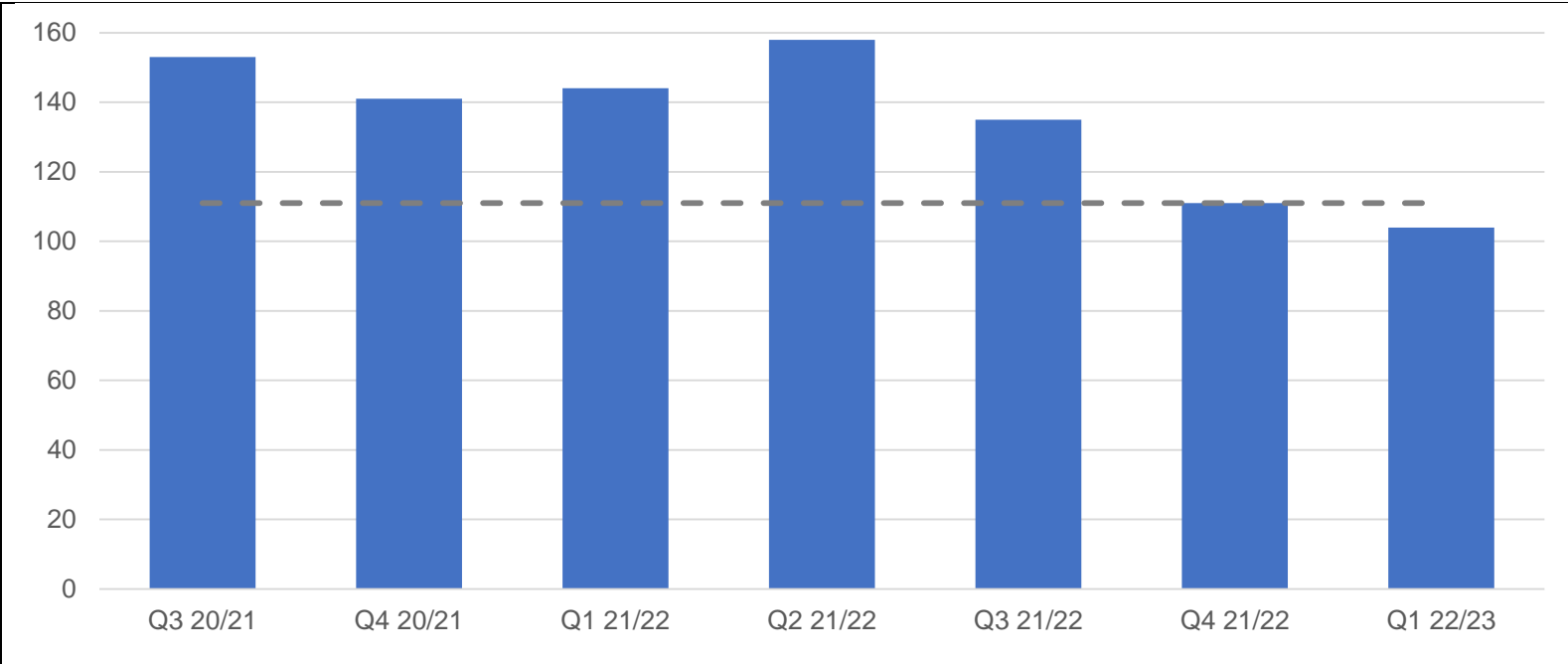
**Commentary:**

There has been sustained performance in this area. There continues to be joint work across health and social care in relation to hospital discharge pathways embedding discharge to assess arrangements with a focus on developing recovery, reablement and rehabilitation in the pathways.

Historically, Quarter 4 tends to be the quarter with the lower proportions still at home.

**ASCH5: Long Term support needs of older people (65 and over) met by admission to residential and nursing care homes**

**GREEN**  
↑



**Technical Notes:**

Target set at 111 per 100,000 (dotted line) with an upper threshold of 138 per 100,000

Rate per 100,000 of the population

The direction of travel is not significant.

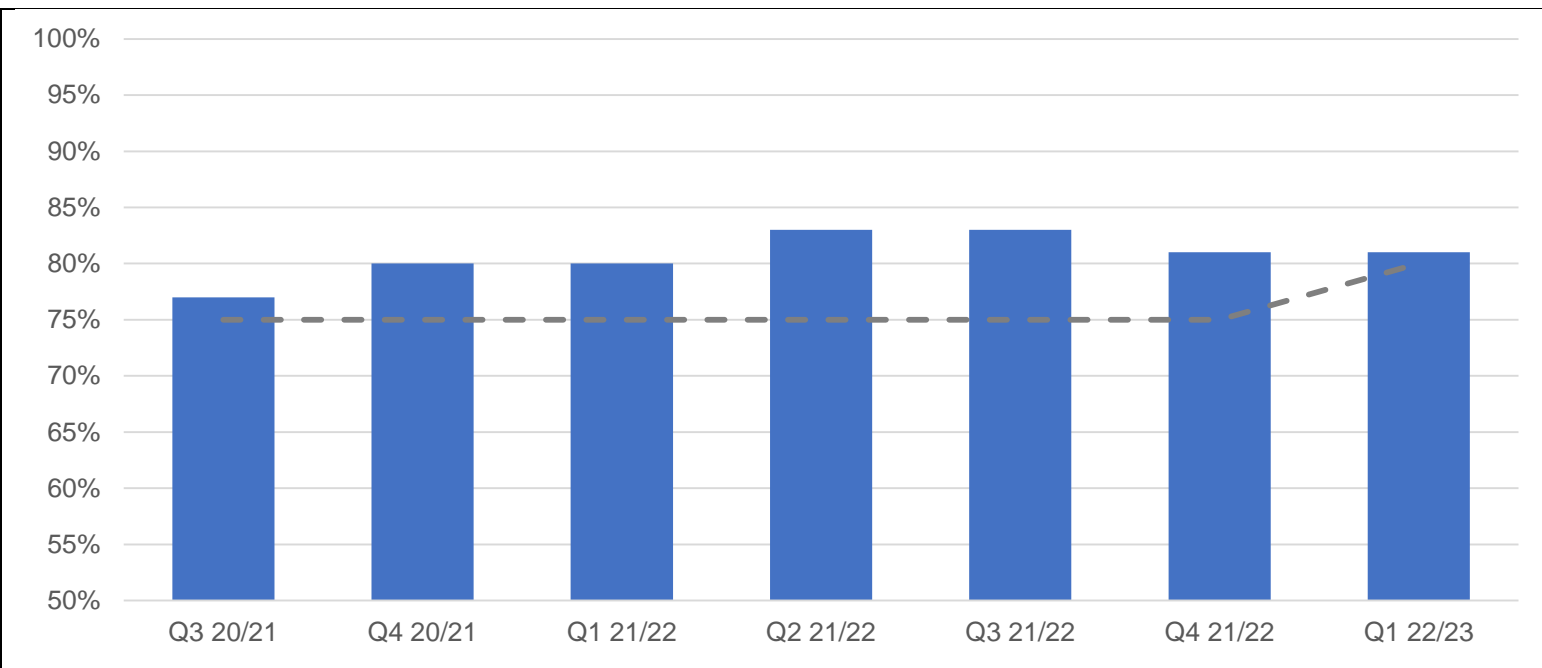
**Better Care Fund Measure**

**Commentary:**

There has been a reduction in the number of new permanent admissions into long term residential and nursing care homes over the last 6 months. However, there has been an increase in the number of people in short term residential and nursing care provision (ASCH15) and it is likely that some of these individuals will convert into long term provision.

**ASCH6: The % of KCC supported people in residential or nursing care where the CQC rating is Good or Outstanding**

**GREEN**  
↔



**Technical Notes:**

Target set at 80% (dotted line) with a floor threshold of 75%

The Direction of Travel is not significant.

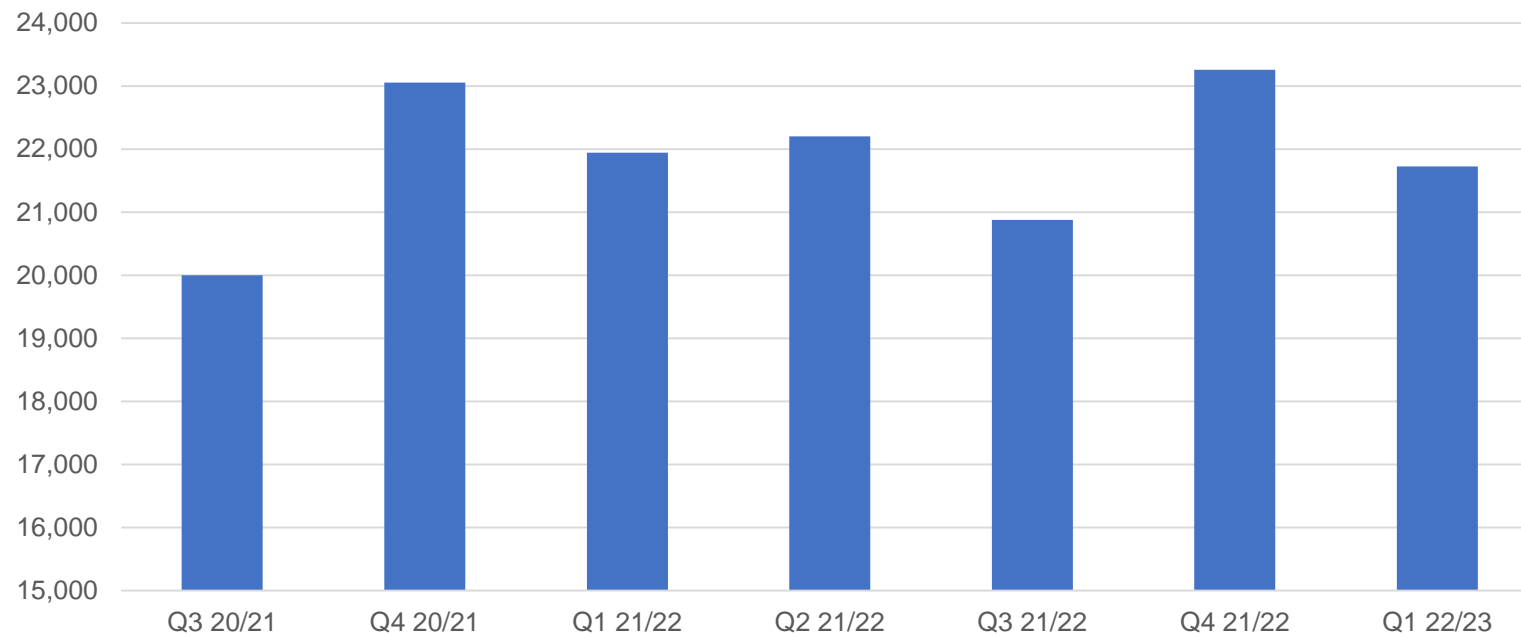
Please note axis does not start at 0

Corporate Risk Register: CRR0015

**Commentary:**

KCC continues to work closely with the CQC and providers to improve the levels of quality in the care home market. Locality Commissioners provide advice and support to ensure that effective action plans are in place that respond to identified concerns and/ or CQC findings and monitor these action plans as required. The data has then been triangulated with intelligence from standard monitoring processes to ensure resource is focused effectively. At present, 15 care homes (9 older person care homes and 6 learning disability, physical disability, and mental health care homes) have contract suspensions in place to prevent further placements whilst improvements are being made.

## ASCH7: The number of people making contact with ASCH



### Technical Notes:

Activity measure,  
no specified target

Includes all forms  
of contact

Please note axis  
does not start at 0

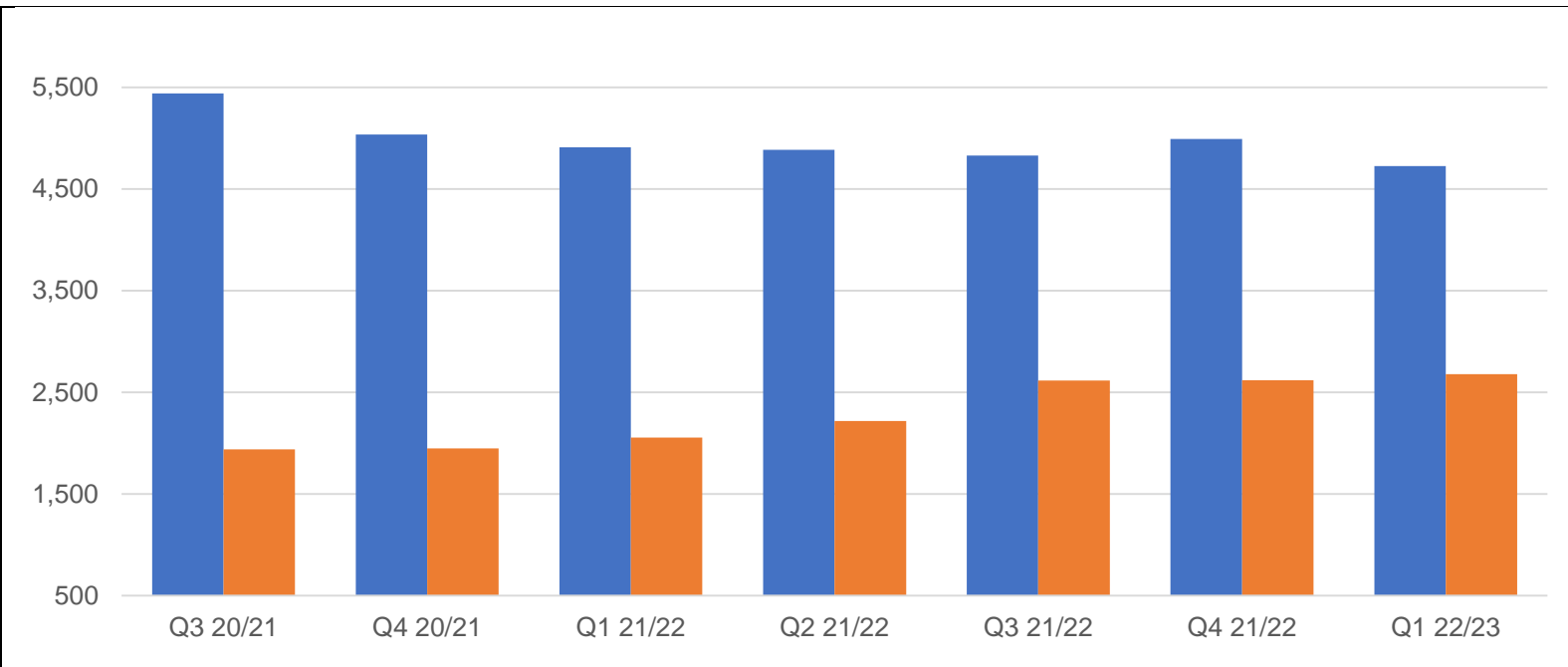
### Commentary:

The reduction in contacts compared to Q1 21/22 is due to the existence of two extended Bank Holiday weekends (Easter and Queens jubilee) reducing incoming contacts being received by professionals and the public. This is normal activity for Bank Holidays.

During all the Coronavirus lock downs, restrictions and R rate rises within Kent, ASCH received additional contacts from our health colleagues where they were having difficulties in managing capacity to meet needs following hospital discharge. We operated an approach of "mutual aid" and utilised our Kent Enablement at Home services to support as much as possible.

ASCH are modelling the front door to refine our approach and signpost people to the most appropriate support.

## ASCH8: Care Needs Assessments



### Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0

Blue – New assessments to be undertaken

Orange – Assessment needing to be completed

Corporate Risk Register: CRR0002

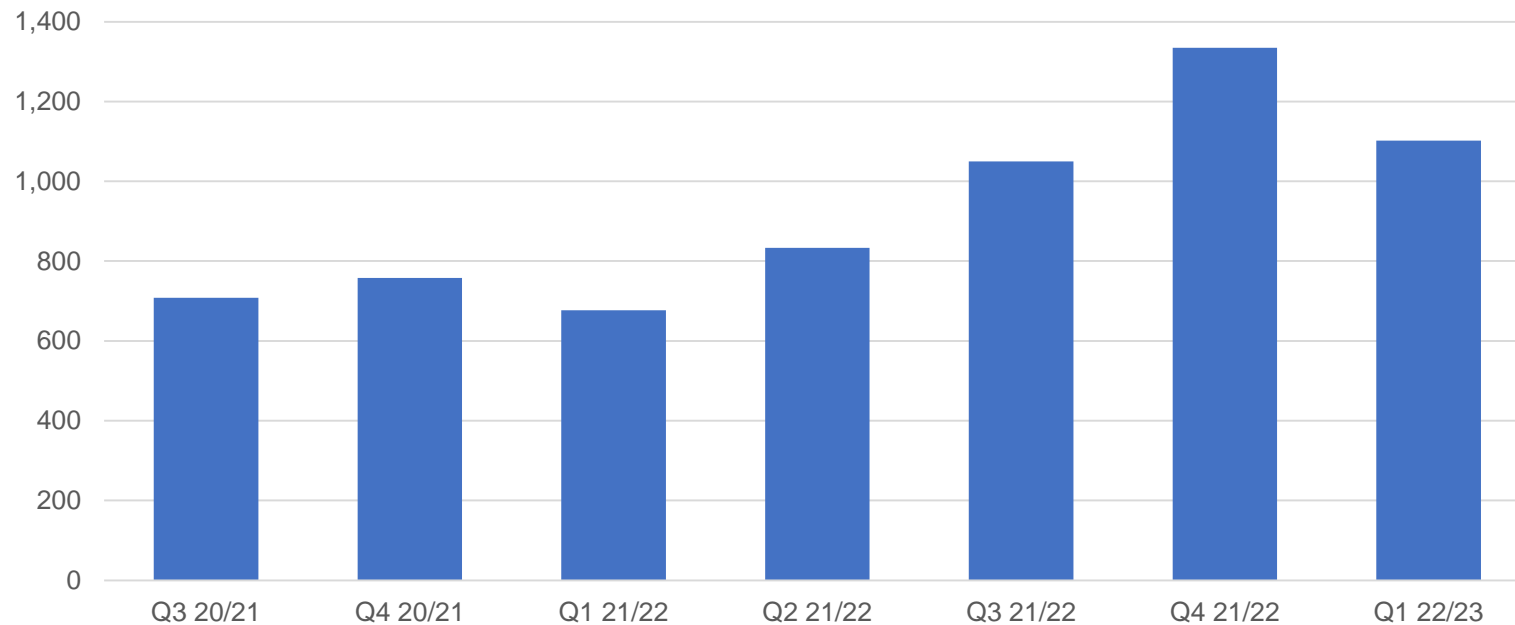
### Commentary:

The volume of new Care Needs Assessments to be undertaken has generally been decreasing quarter on quarter. However, there is still a high volume of new Care Needs assessments incoming each quarter, at over 4,500. The number of people requiring an assessment to be completed on the last day of the quarter has been increasing.

Increasing numbers of people without a completed assessment will impact ASCH2 which looks at whether it has taken more than 28 days to complete a Care Needs Assessment. Working on Care Needs Assessments is a priority for ASCH.



### ASCH9: The number of new Carers assessments delivered



#### Technical Notes:

Activity measure,  
no specified target

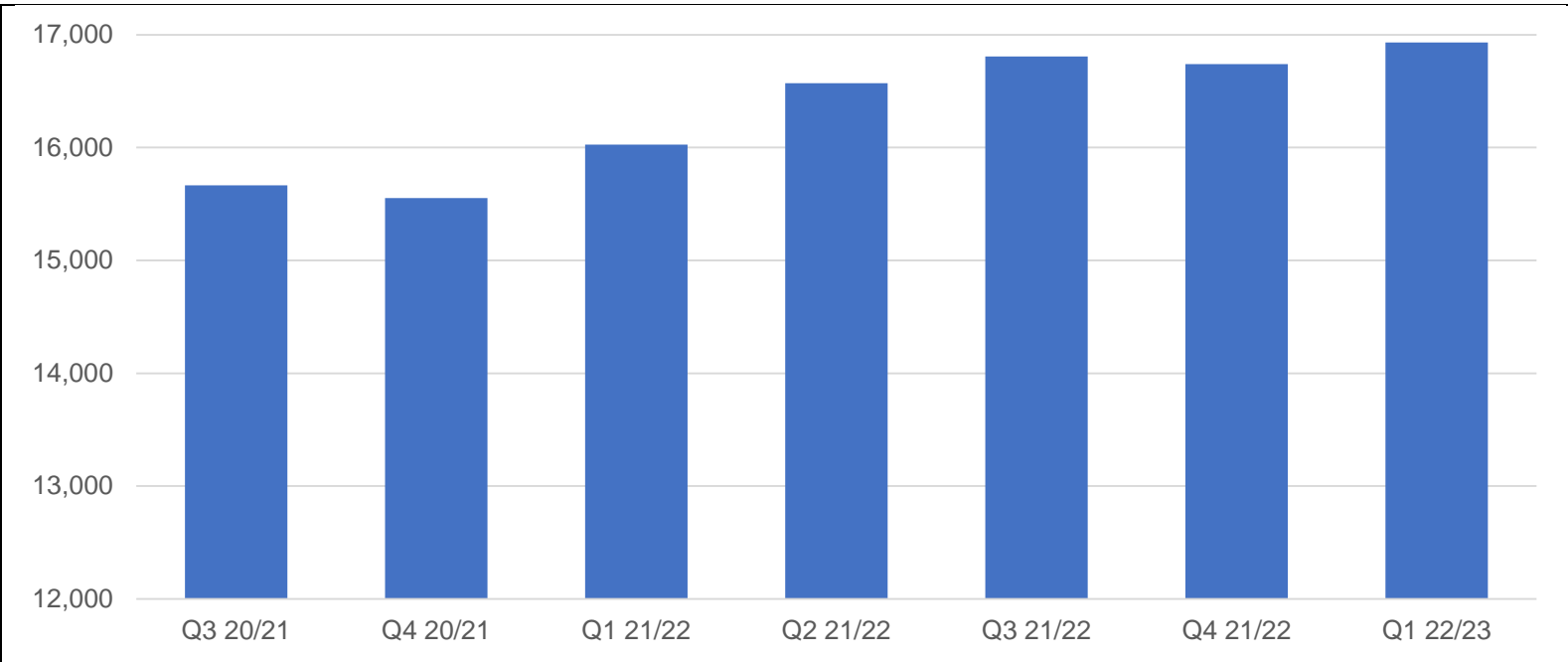
Corporate Risk  
Register:  
CRR0015

#### Commentary:

During Covid the pandemic the level of support provided by carers increased and more people recognised their contribution to caring. As people have returned to work, we are seeing a decrease in people taking up the offer of a carer assessment. Staff continue to encourage carer assessments and we are encouraging partner agencies to promote carer assessments which are a delegated authority.

The Carers Strategy has been completed and roadshows were held around the county throughout August. ASCH continue to work with Commissioners to ensure the Carers Organisations can help support Carers in Kent.

**ASCH10: The number of people with an active Care & Support Plan at the end of the Quarter**



**Technical Notes:**

Activity measure,  
no specified target

Please note axis  
does not start at 0

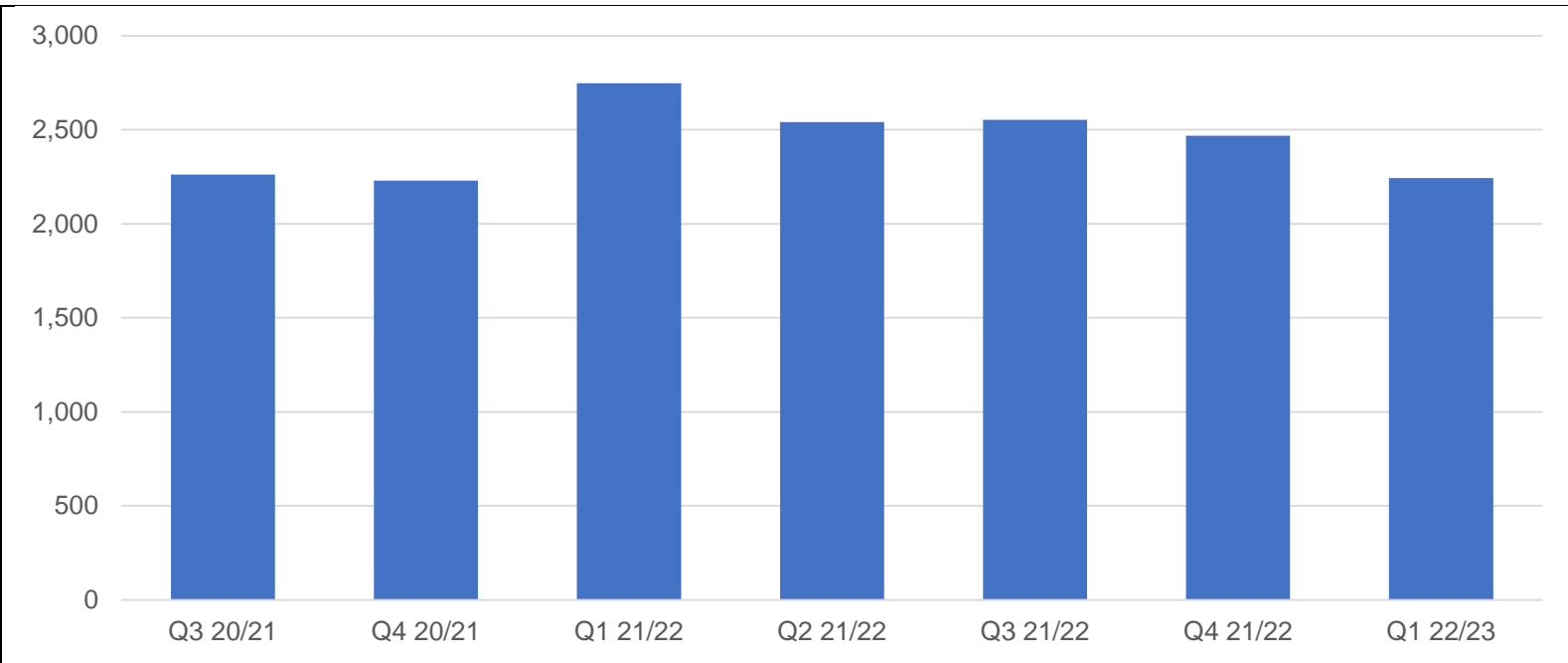
**Commentary:**

Where appropriate, a care and support plan helps describe how a person will be supported and their needs met.

Everyone receiving services with ASCH will have a Care and Support Plan in place and this measure demonstrates the volume of people we are supporting, of which has been increasing since Quarter 4 2020/21.

Care and Support Plans are reviewed in the first 8 weeks and then annually unless there is a reason to do so earlier.

**ASCH11: The number of new support packages being arranged for people in the quarter**



**Technical Notes:**

Activity measure,  
no specified target

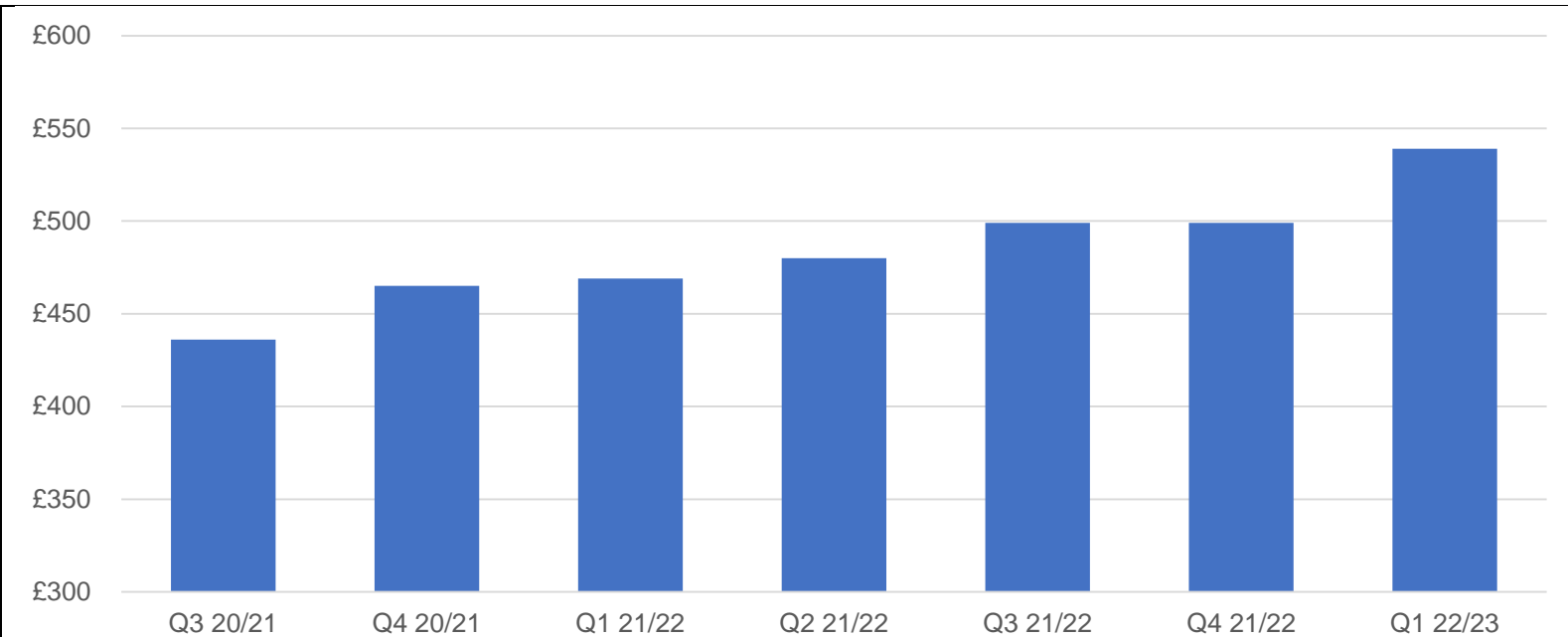
Corporate Risk  
Register:  
CRR0002 &  
CRR0015

**Commentary:**

New support packages are arranged for people who are getting their first ASCH Service, have moved from one service to another (e.g., community to residential) or have had a break of service for more than 7 days. The number of new packages has decreased over the last 3 quarters and are fewer than the peak in Q1 2021/22 of over 2,700.

It is important to consider these figures alongside ASCH12 which looks at the average costs of the new packages. Although ASCH have decreasing numbers of packages being arranged, the average costs have stayed at higher level.

### ASCH12: The average cost of new support packages arranged for people in the quarter



#### Technical Notes:

Activity measure,  
no specified target

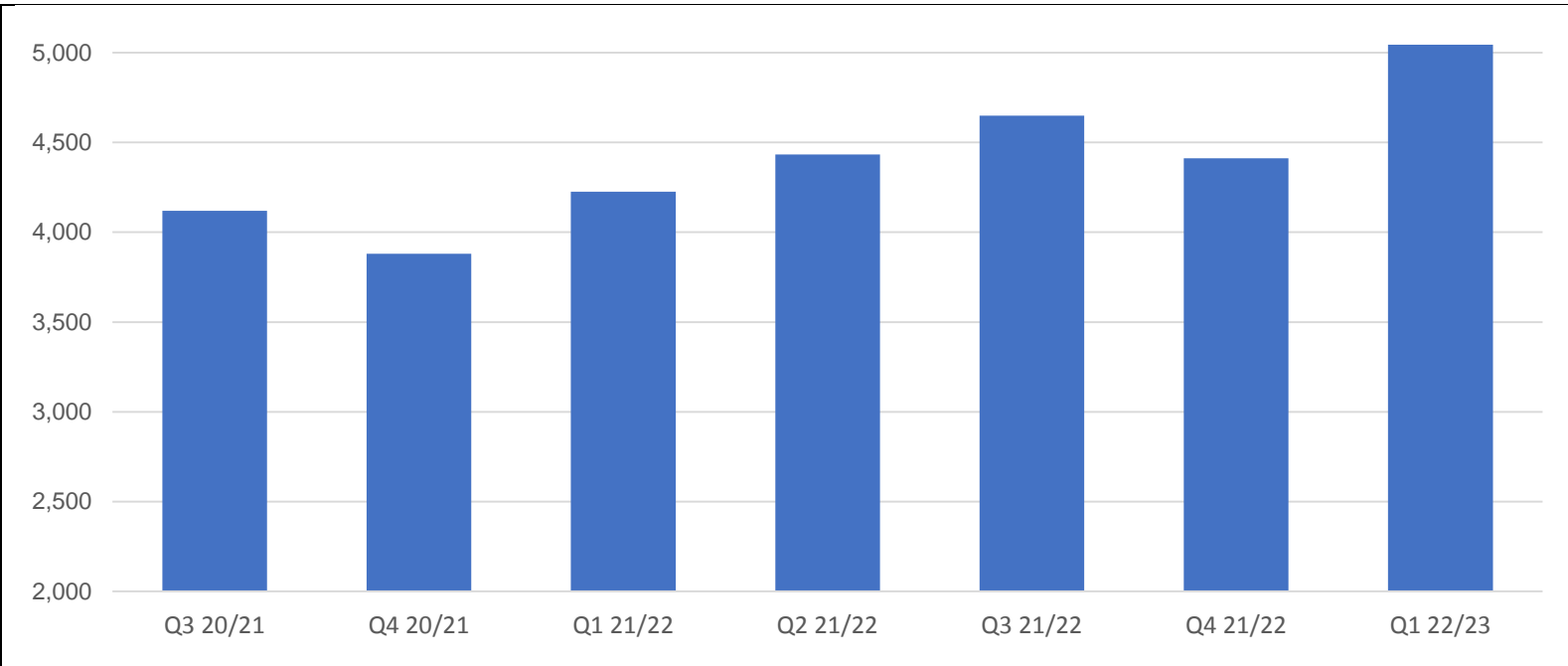
Average weekly  
cost

Please note axis  
does not start at 0

#### Commentary:

Whilst the number of new support packages have decreased since Quarter 3, the average weekly cost has increased, and in Quarter 1 it was £539. Costs of packages vary greatly and is dependent on the needs of the person and the needed services. Higher cost packages tend to be those with longer term and complex needs who need more services with more care provision, such as Nursing Services.

**ASCH13: The number of people requiring an annual review to be completed on the last day of the quarter**



**Technical Notes:**

Activity measure,  
no specified target

Please note axis  
does not start at 0

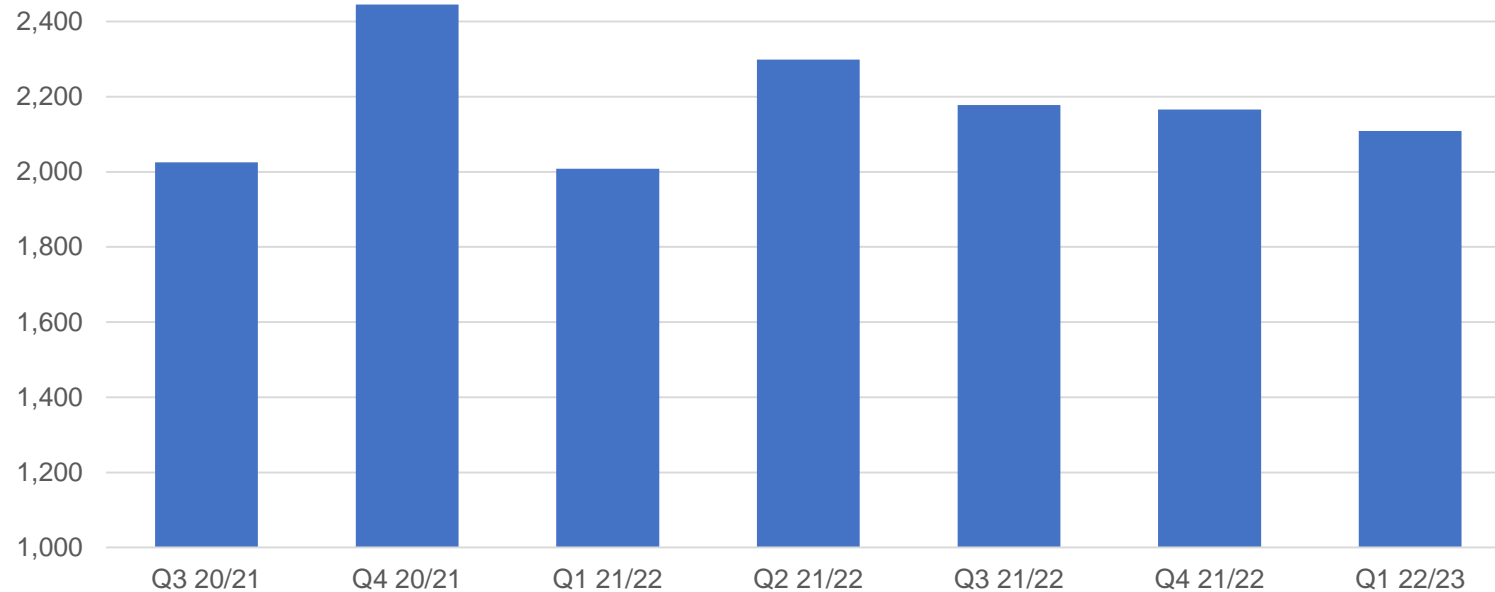
Corporate Risk  
Register:  
CRR0002

**Commentary:**

Every person we support with a Care and Support Plan are reviewed firstly at the 8 week point and then annually to ensure their care and support is going well and the person is happy with what is being provided. Reviews can also happen if the persons circumstances change, or their care is not working for them.

The number of annual reviews to be completed as on the last day of each quarter has been steadily increasing, albeit with decreases at each Quarter 4. Completion of annual reviews form a key focus in the ASCH Performance Assurance process, with actions in place to address the increase of those without an annual review.

## ASCH14: The number of people in Kent Enablement at Home



### Technical Notes:

Activity measure,  
no specified target

People receiving  
services with Kent  
Enablement at  
Home (KEaH)

Please note axis  
does not start at 0

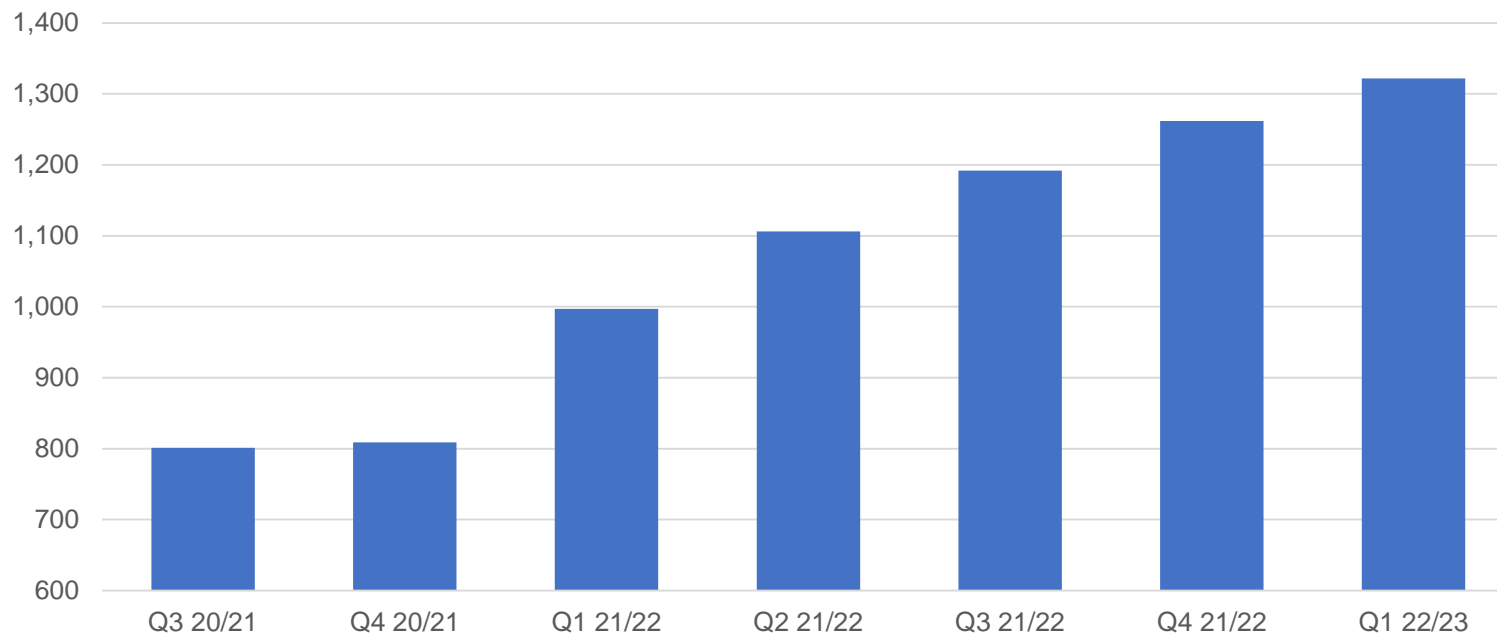
Please note that  
previously reported  
quarters have been  
backdated due to  
the level of late  
inputting of data.

### Commentary:

Although the number of people accessing KEaH has decreased over the last 12 months, the number accessing in this Quarter 1 is higher than the same time last year. Due to the capacity of the care market KEaH has a number of people ready to leave their service but are unable to do so, restricting capacity to take on new people, this is alongside staff capacity pressures. KEaH will be re-running a recruitment campaign to attract new staff.

Activity of KEaH is part of the ASCH Performance Assurance process and actions are taken across all areas of ASCH not just the KEaH Team.

### ASCH15: The number of people in Short Term Beds



#### Technical Notes:

Activity measure,  
no specified target

Please note axis  
does not start at 0

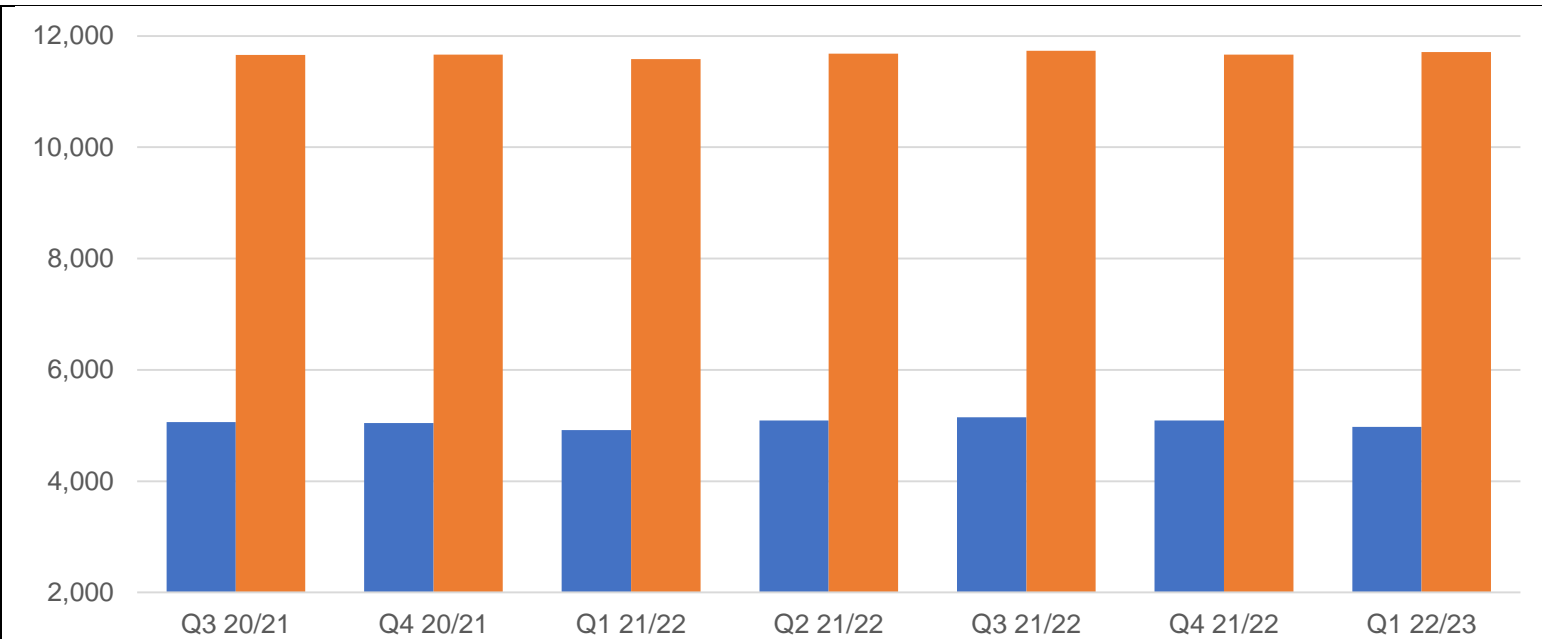
#### Commentary:

The number of people receiving support in a short term residential or nursing bed has been increasing; use of short-term beds changed during the first wave of the Pandemic, partly contributed to by the movement of people out of hospitals and has been increasing since.

Included in these figures are Carers, in Quarter 1 over 400 Carers used this short-term respite service. It is older people who access this support the most with over 800 in Quarter 1.

The use of short term residential or nursing beds is a focus for the Senior Management Team to ensure the use is appropriate and time limited.

### ASCH16: The numbers of people in Long Term Services



#### Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0

Blue – Residential or Nursing services

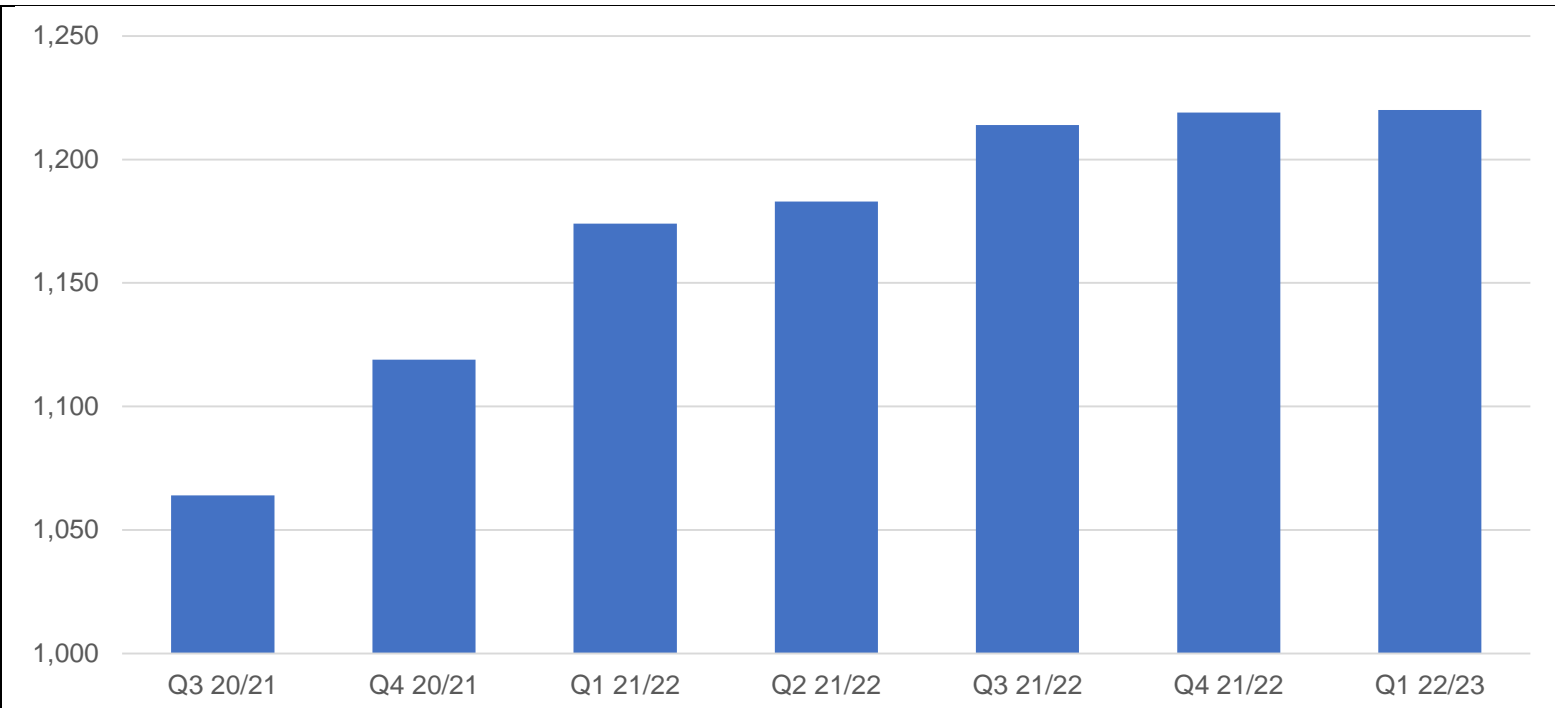
Orange – Community Services

**Commentary:** Enabling people to remain independent, at home, for as long as possible is a priority for Kent ASCH.

Performance demonstrates a positive trend with a decrease from Quarter 4 to Quarter 1 in residential/nursing and demonstrates that where appropriate ASCH are diverting people away from care homes in order for people to remain supported within their community. Challenges include an increase in people needing 1:1 support and market pressures around recruitment in the care industry, however ASCH are working with commissioners to shape the market ensuring there is the appropriate specialist care for those people in need of long-term services and building on creative approaches to delivery of care for people who wish to remain at home. The ASCH strategy in Kent is to build on a person's sense of agency and need to thrive in their own home and communities, where it is possible, appropriate, and safe for them to do so.



### ASCH17: The number of people accessing ASCH Services who have a Mental Health need



#### Technical Notes:

Activity measure,  
no specified target

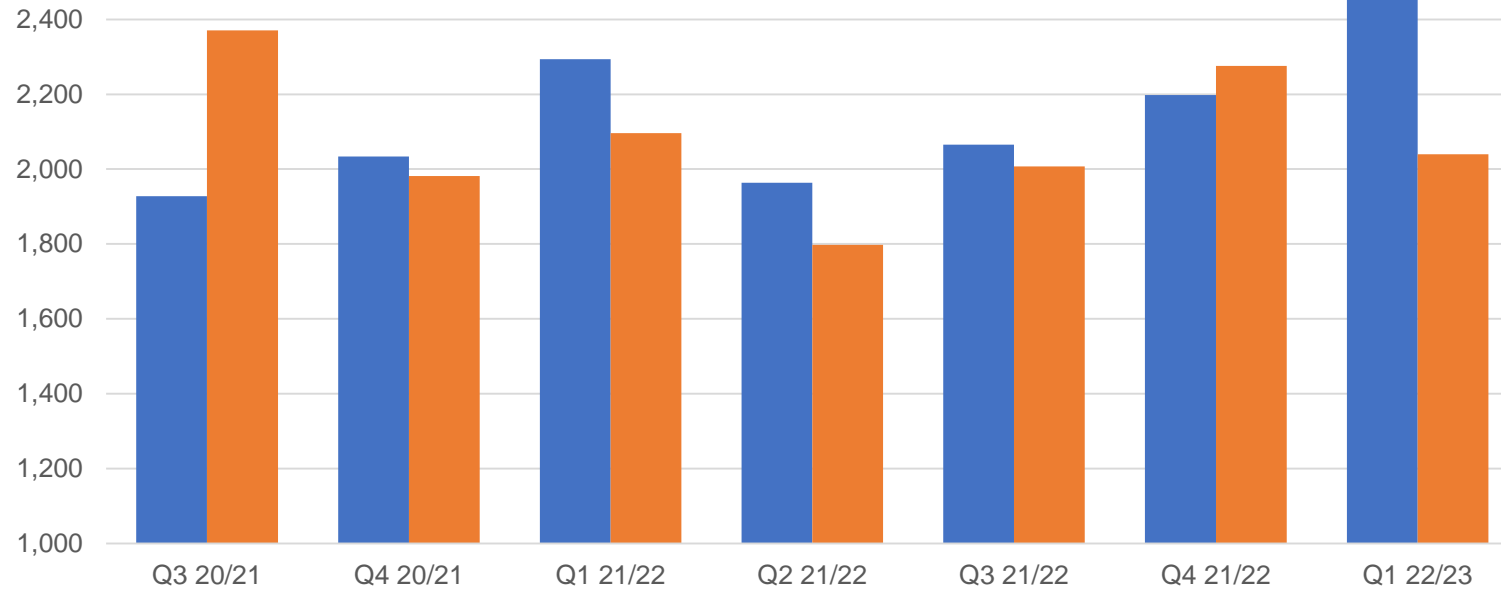
Please note axis  
does not start at 0

#### Commentary:

Prior to the Pandemic the number of people accessing ASCH services was slowly increasing, then during the pandemic and 2021/22 the numbers rapidly increased. The increase has now slowed and the possible plateauing of numbers is being monitored.

The most prevalent service received is SIS/Supported Living Services, which enables the person we support to stay in the community and retain independence.

### ASCH18: Number of DoLS applications received and completed



#### Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0

Corporate Risk Register: CRR0002

Blue – applications received

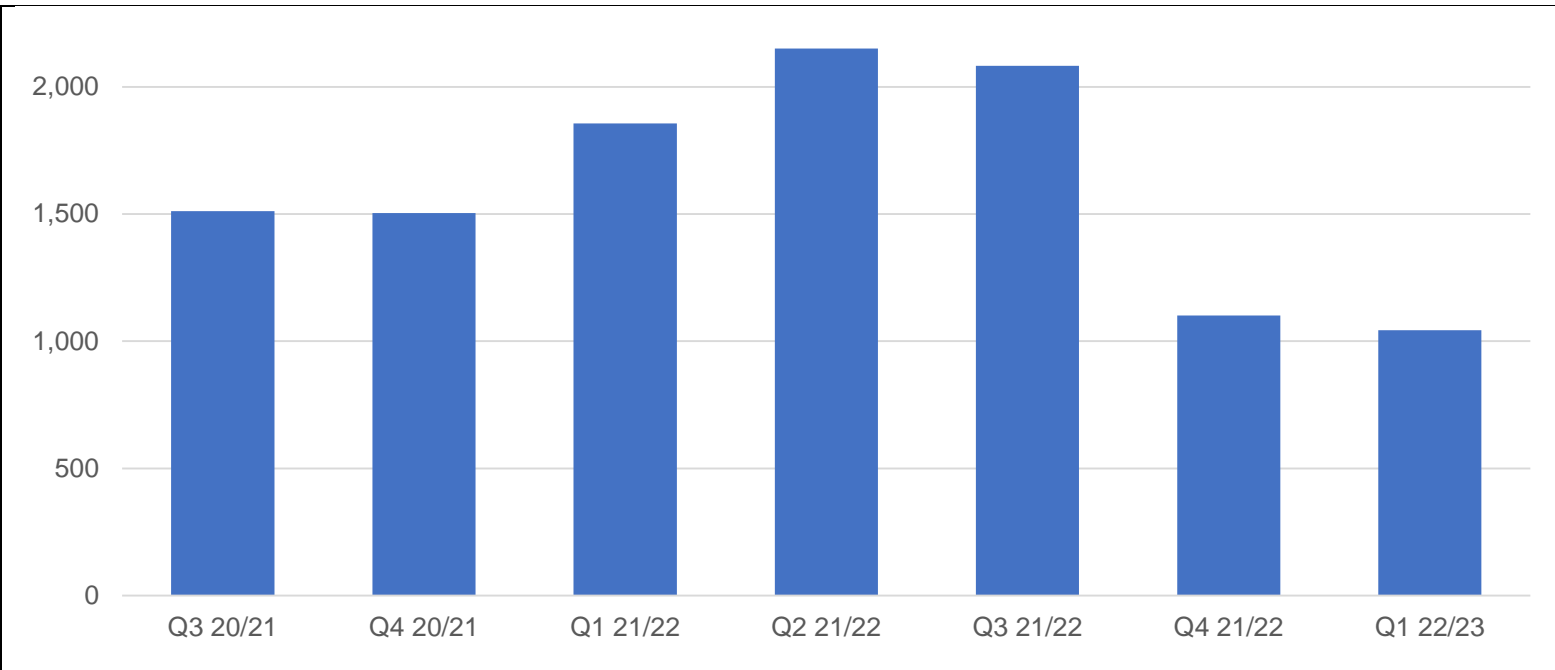
Orange – Applications completed

#### Commentary:

There is an overall upward trend in the number of DoLS applications ASCH received, especially when comparing recent quarters to the same period the previous year.

The number of completions vary from quarter to quarter and is influenced by the capacity of the team and the volumes of urgent applications. On average, 42% of applications took under 4 weeks to be signed off, it was 42% in Quarter 1, an increase from 34% the previous quarter.

### ASCH19: The number of safeguarding enquiries open on the last day of the quarter



#### Technical Notes:

Activity measure,  
no specified target

#### Commentary:

Having identified increasing level of ongoing activity within safeguarding, a dedicated team was bought in to assist the safeguarding teams on balancing the existing and incoming enquiries; this led to a reduced number of open safeguarding enquiries at the end of Quarter 4 which has sustained in Quarter 1. The dedicated team has now finished their work and the enquiries are being held by the safeguarding teams.