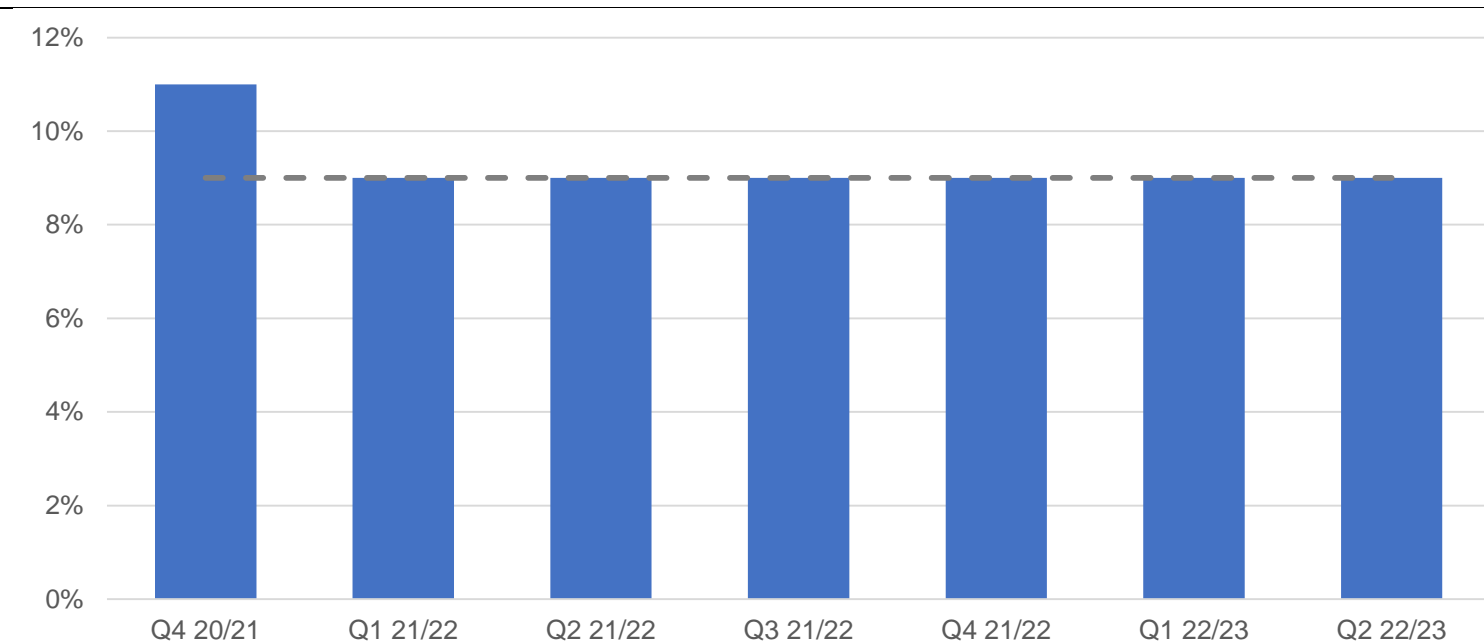


Adult Social Care Key Performance Indicator and Activity Performance 2022/23

ASCH1: The percentage of people who have their contact resolved by Adult Social Care and Health 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.

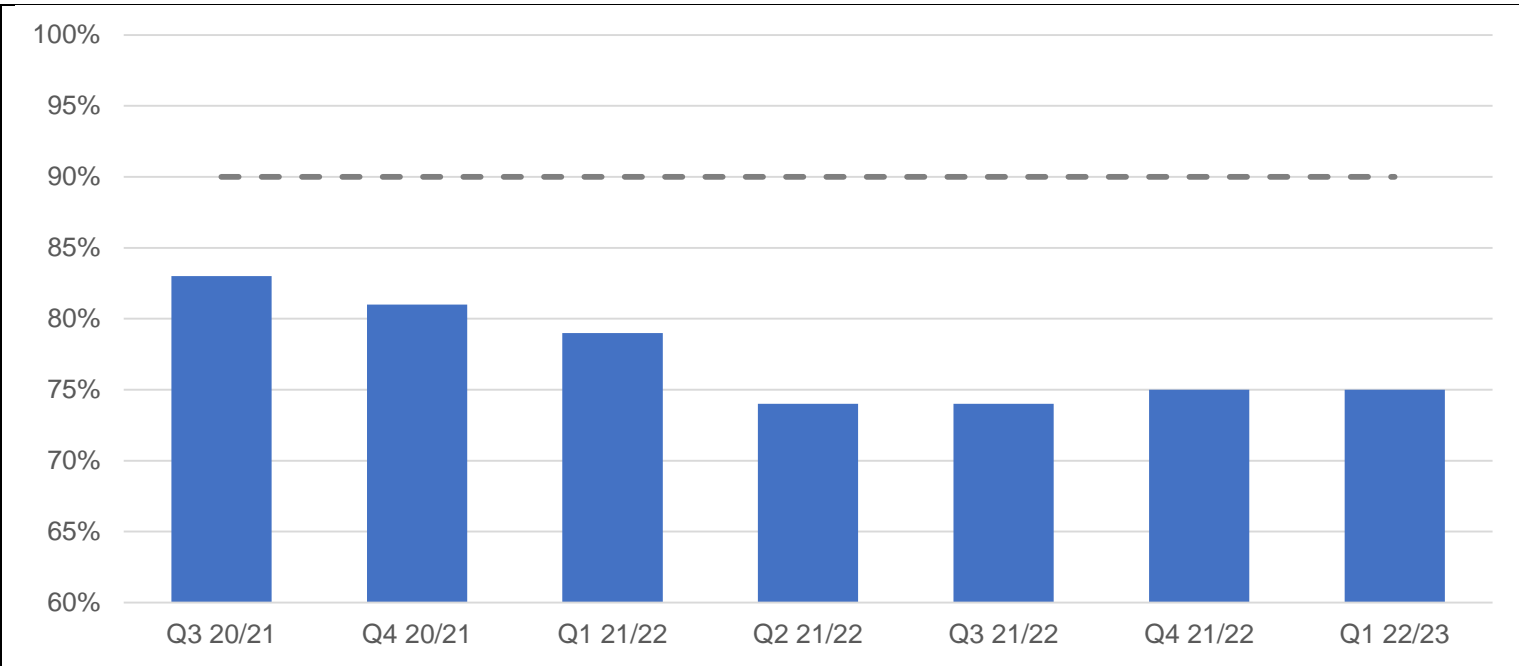
Please note axis does not end at 100%

Commentary: Quarter 2 continues to show that only 9% of those who made contact previously did so again within 3 months, and the measure remains RAG Rated Green having been at target.

There are a number of reasons that people may make repeat contact with Adult Social Care and Health (ASCH) including rapidly changing need. ASCH is undertaking work to review its area referral management service to explore why people make further contact and whether there are opportunities to offer more robust resolution for these people at an earlier point in their engagement with ASCH.

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 not significant.

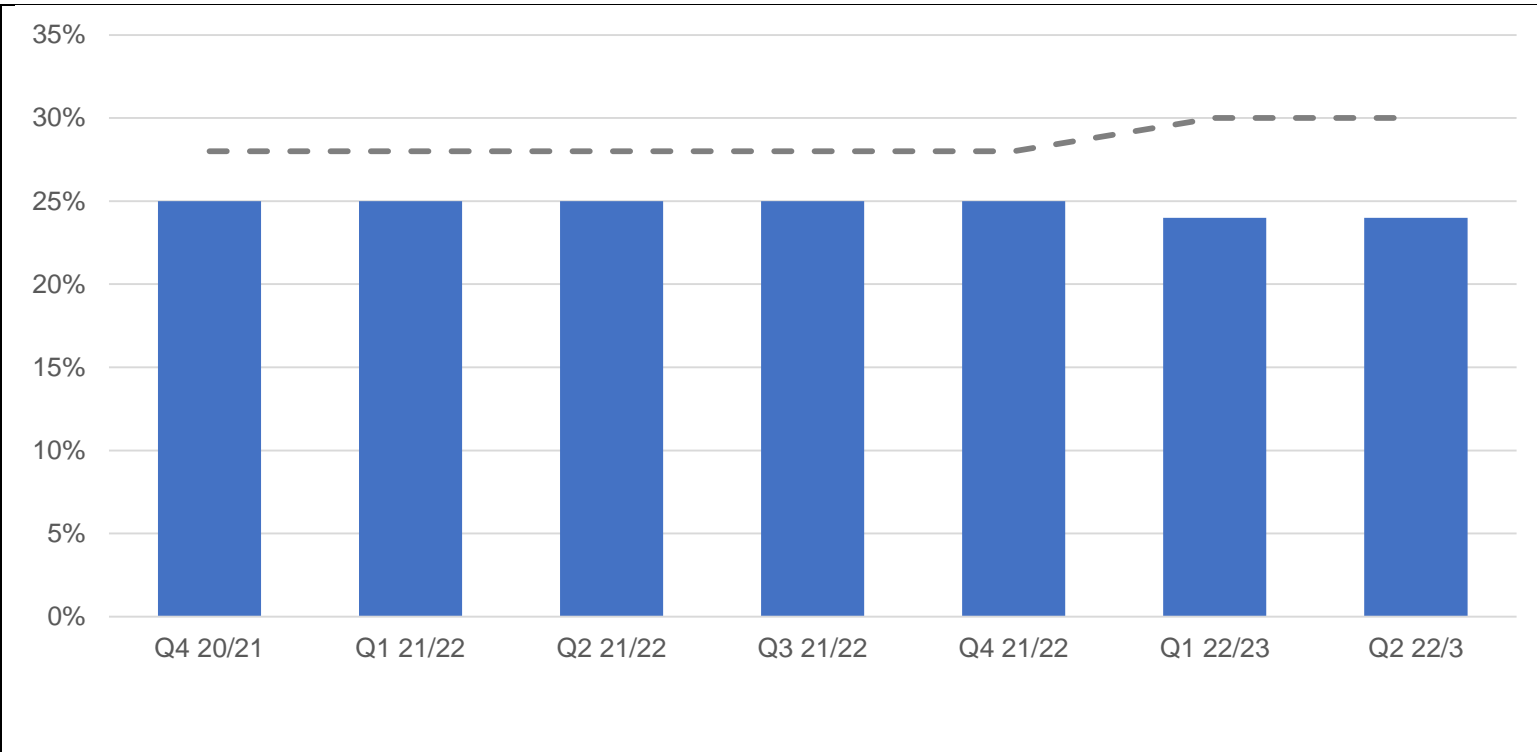
Please note axis does not start at 0

Commentary: In Quarter 1, just over 4,700 Care Needs Assessments were initiated (either referred for or started) of which 75% were completed within 28 days. On average ASCH receive 4,800 Care Needs Assessments each quarter, with Quarter 1 following the same level of demand as previous quarters.

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 framework, 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, and targets have been set for each ASCH Area to increase completion and timeliness of Care Needs Assessments.

ASCH3: The percentage of people in receipt of a Direct payment with Adult Social Care and 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 Children, Young People and Education (CYPE)

The Direction of Travel is not significant.

Please note axis does not end at 100

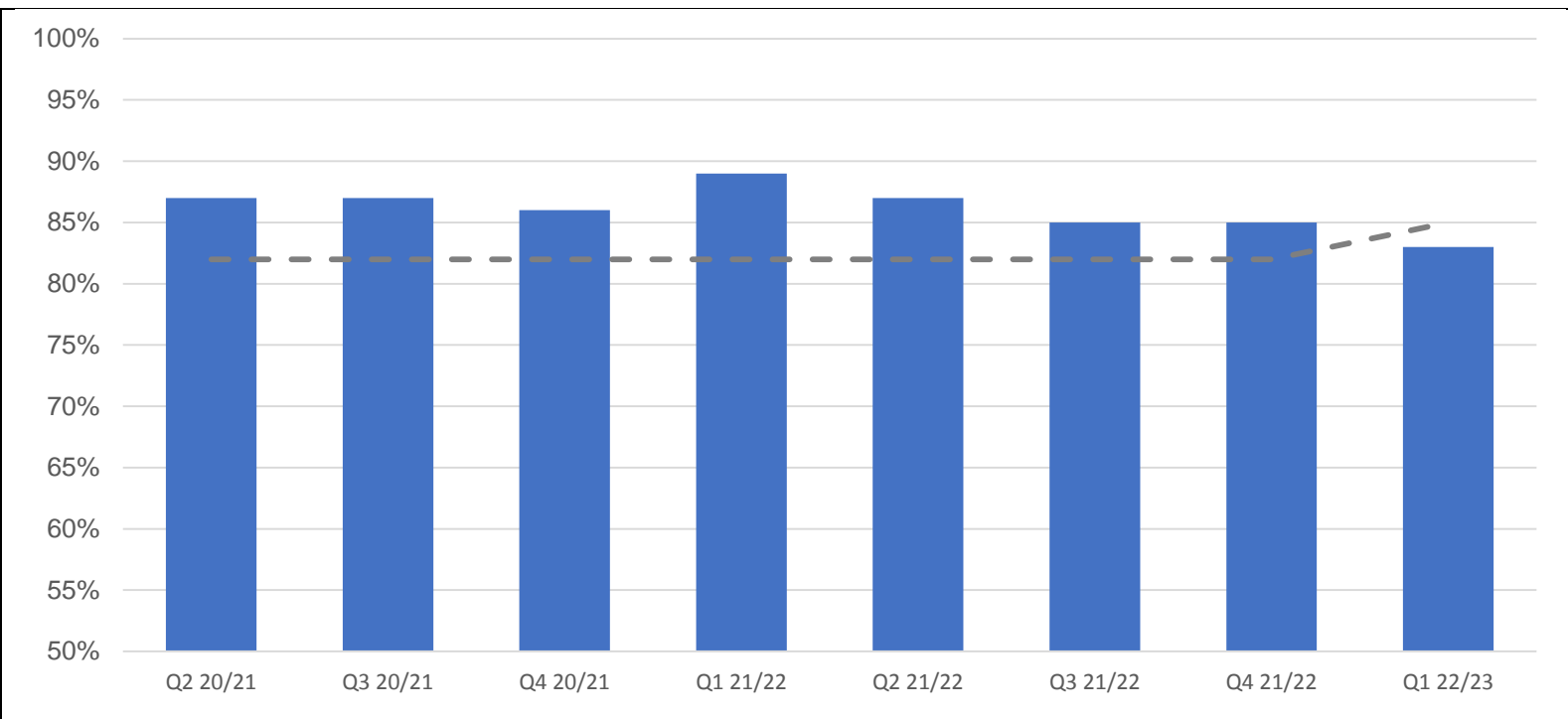
2021/22 figures have been updated

Commentary: Quarter 2 saw small increases in the number of people starting a direct payment who were carers, and people with Learning Disabilities.

This growth reflects a concerted effort from all staff groups to promote the use of direct payment. ASCH has recruited a specialist Personal Assistant Development worker, and developed an electronic portal and e-learning programmes. There has been cross directorate working with Growth, Environment and Transport (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

AMBER



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

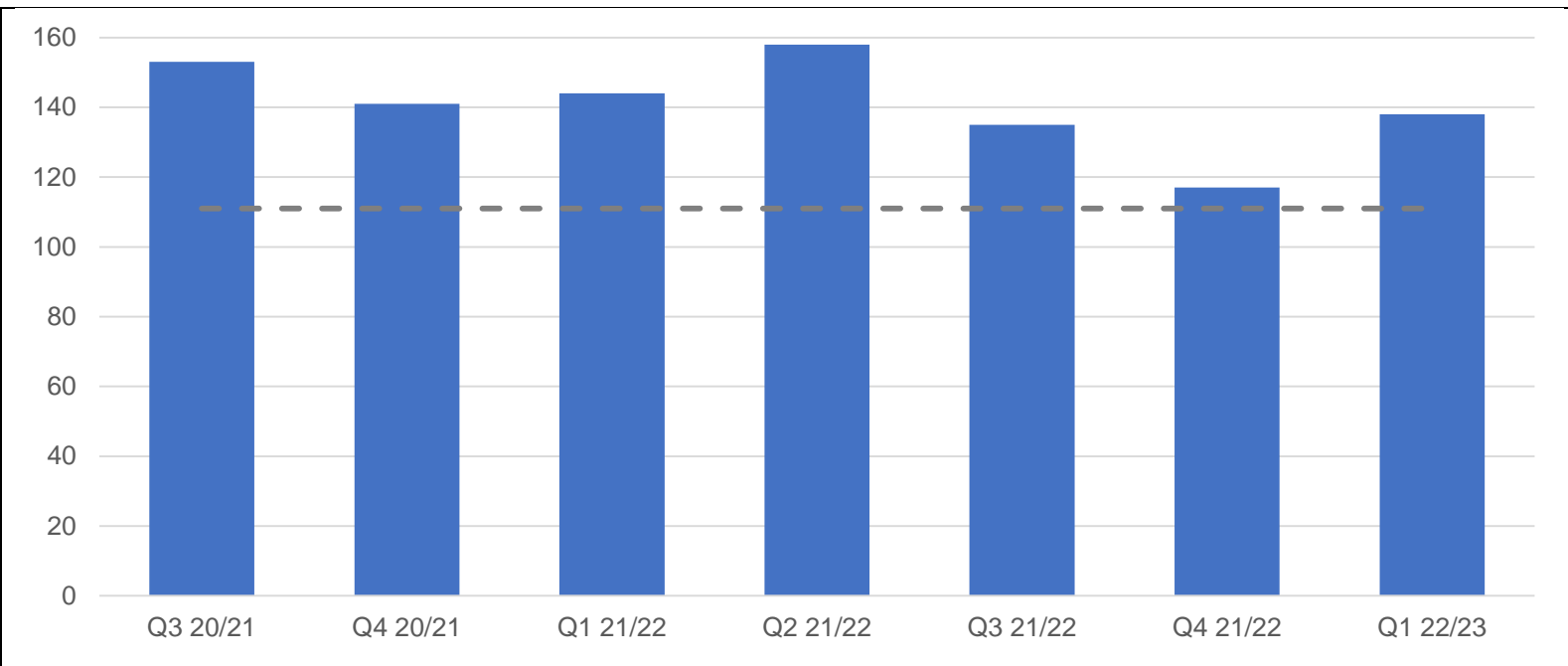
Better Care Fund Measure

Commentary: Quarter 1 saw its lowest proportion of those at home 91 days after discharge and having had reablement services. This decrease correlates with the increases in those in short term residential or nursing beds and remaining in them for longer than 6 weeks.

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.

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

AMBER



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.

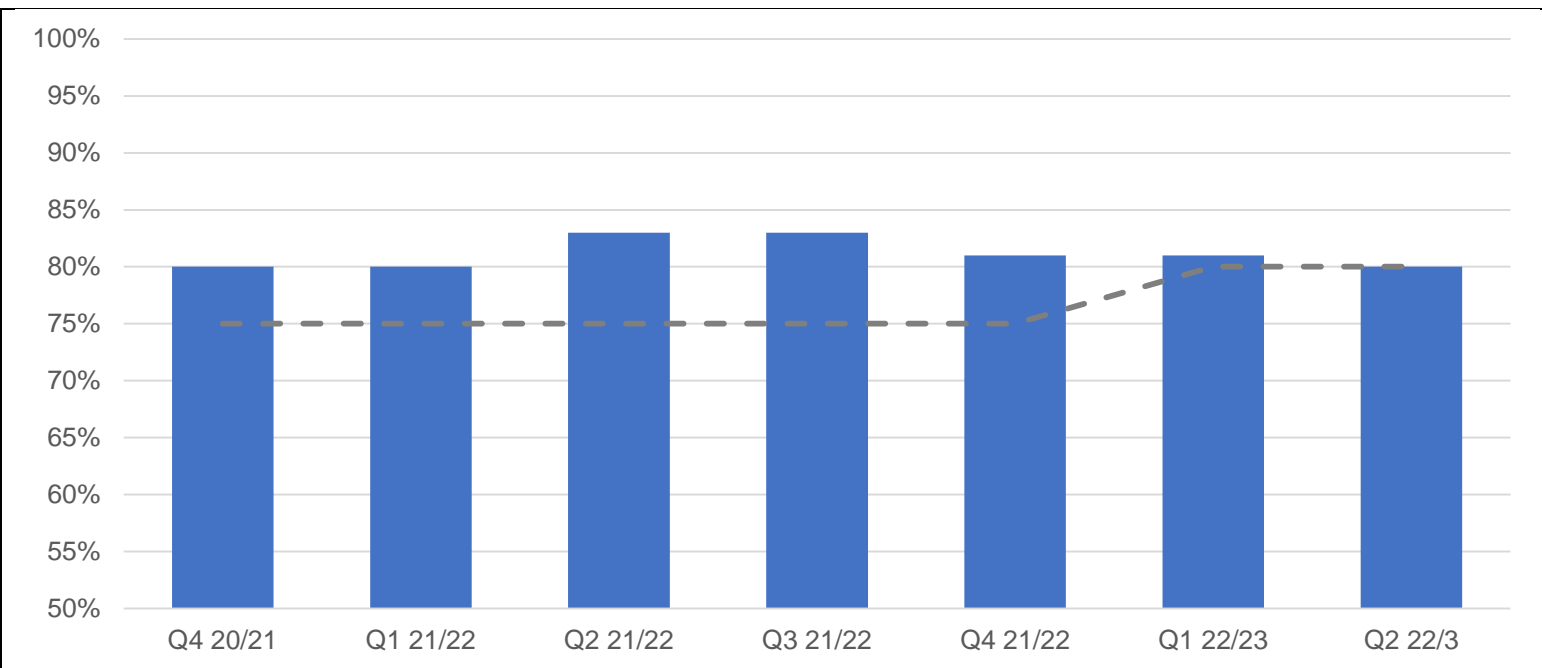
Better Care Fund Measure

Commentary: ASCH has seen recent increases in the level of conversion of people in short term residential or nursing beds to long term and within this the dates of admission have been backdated to the start dates, this has led to an increase on previously reported figures in Quarter 4 2021/22 and Q1 2022/23. Due to the expectation that this will continue this measure will now report a quarter in arrears to ensure the information presented and discussed is reflective of the activity.

There is a correlation in relation to increasing numbers of people accessing short term beds who do not regain a level of independence that they can be supported in the community.

ASCH6: The % of KCC supported people in residential or nursing care where the Care Quality Commission 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.

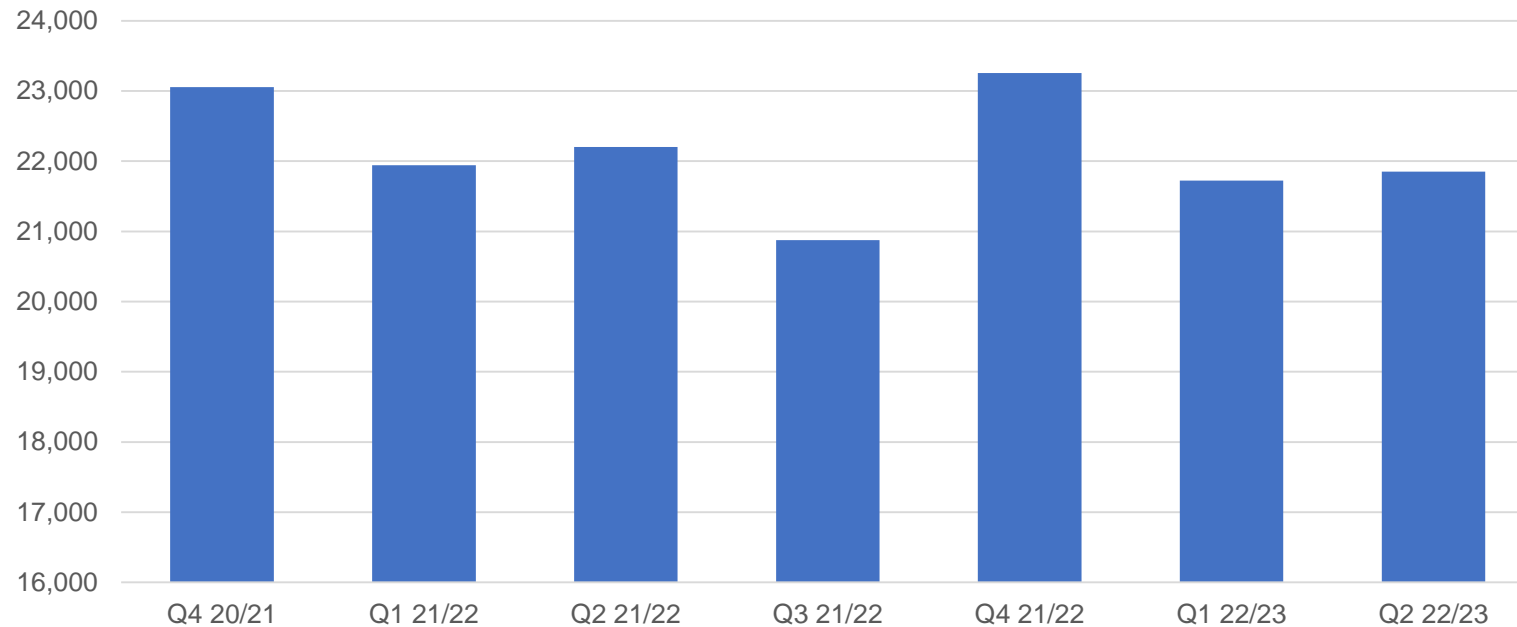
Please note axis does not start at 0

Corporate Risk Register: CRR0015

Commentary: Quarter 2 saw a decrease in the proportion of people in residential or nursing care rated as Good or Outstanding by the Care Quality Commission (CQC), albeit of only 1%.

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, 14 care homes (9 older person care homes and 5 learning disability, physical disability, and mental health care homes. A decrease of 3 on the previous quarter) 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

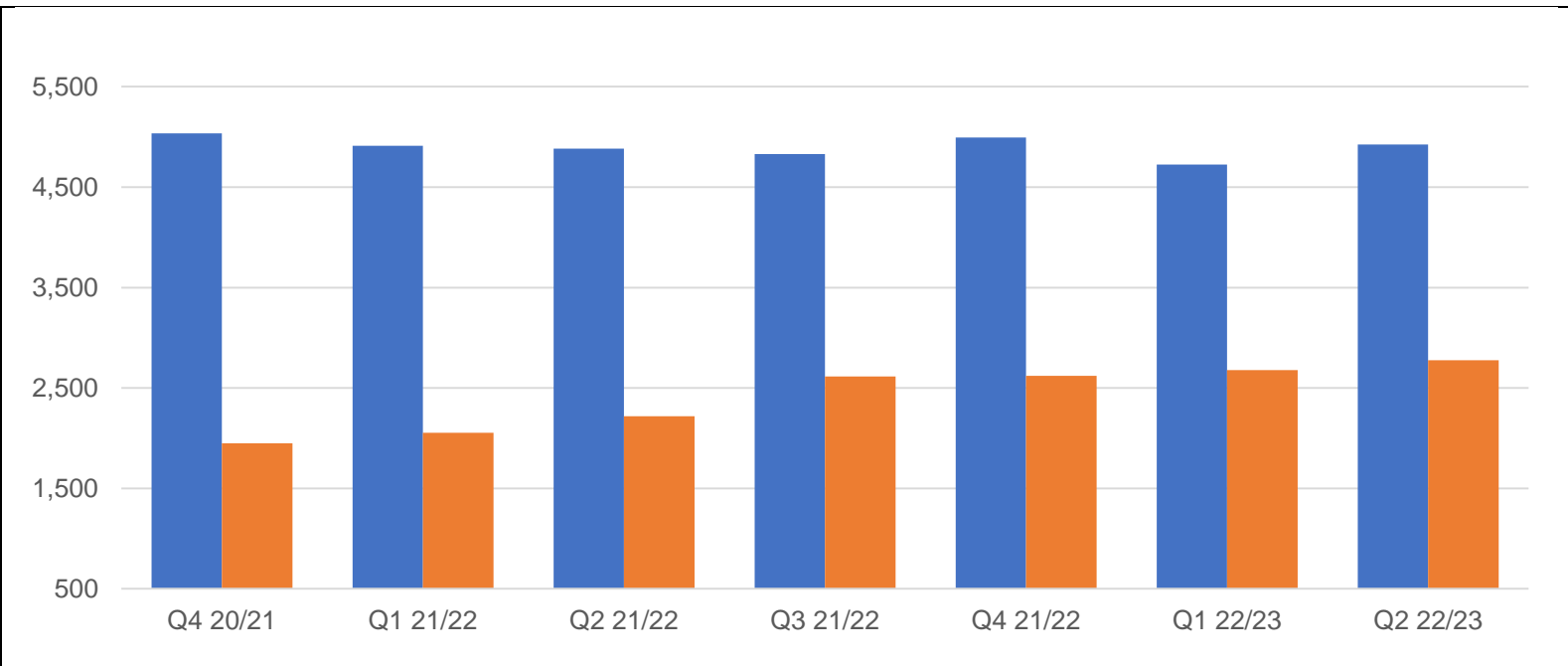
Includes all forms of contact

Please note axis does not start at 0

Commentary: The number of people contacting ASCH in Quarter 2 increased from the previous quarter and continues the expected activity trend.

This increase also reflects an increase in professional referrals, and there is concerted effort to work with our partners to help them to understand and distinguish between safeguarding and adult protection needs and where a prevention approach with onward signposting to community offers is sufficient and appropriate. We are embarking on designing and building on a prevention approach to the front door. KCC is also developing the digital front door offer to enable people to manage their own care needs where possible and are redesigning our digital platforms, to ensure people get the appropriate support in a timely fashion. This will also include recruitment of digital technology workers.

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

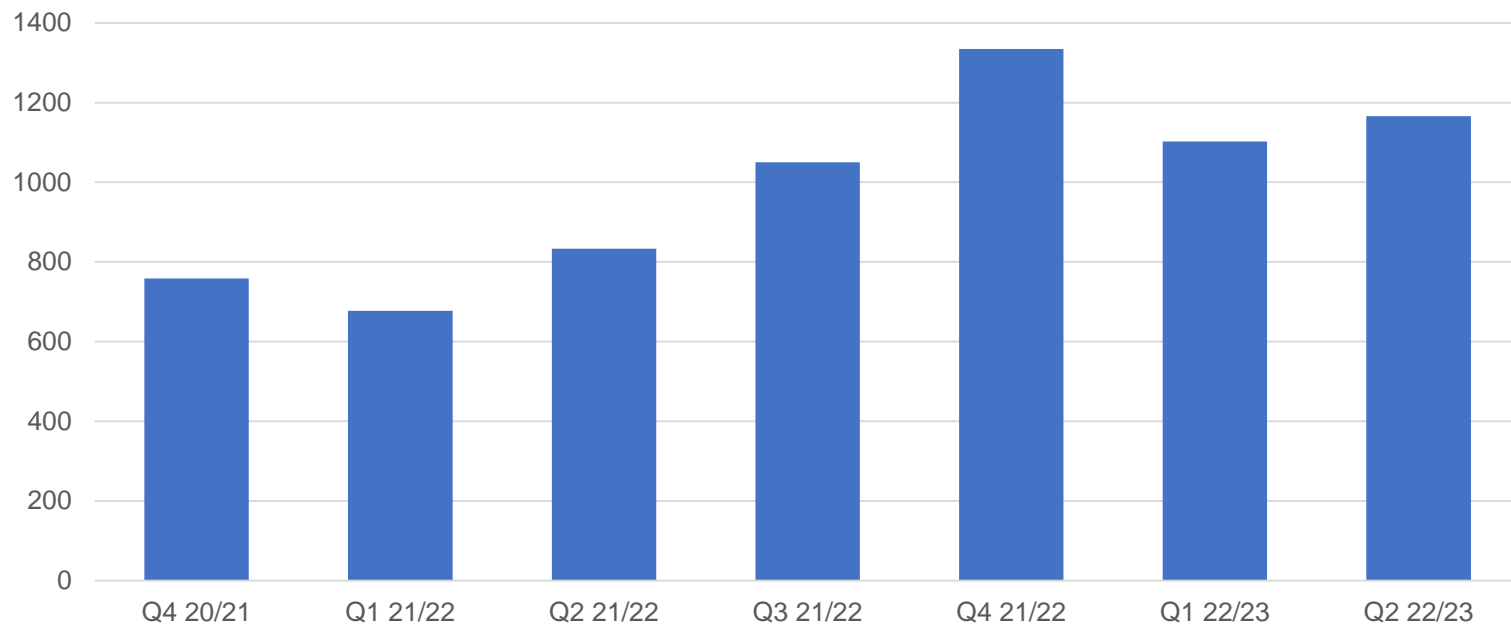
Corporate Risk Register: CRR0002

Commentary: The volume of new Care Needs Assessments to be undertaken has generally been decreasing, however Quarter 2 saw a small increase of 200 new Care Needs Assessments when compared to Quarter 1, but still below previous quarters of over 5,000.

The number of people requiring an assessment to be completed on the last day of the quarter continues to increase and there was a 4% increase between the last day of Quarter 1 and Quarter 2.

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 and targets have been set as part of the Performance Assurance Framework to increase completions and the timeliness of them.

ASCH9: The number of new Carers' assessments delivered



Technical Notes:

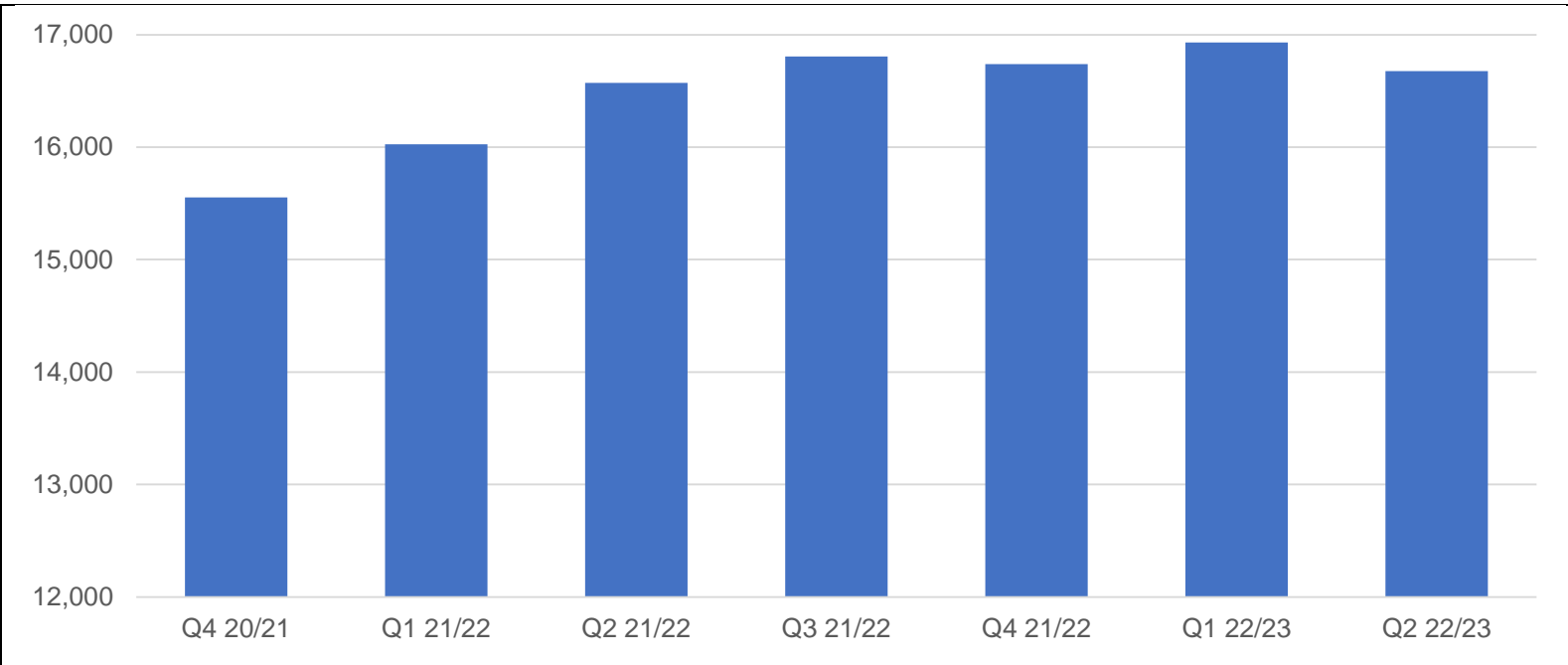
Activity measure,
no specified target

Corporate Risk
Register:
CRR0015

Commentary: Overall, there has been increases in the number of new Carers' Assessments delivered, and Quarter 2 saw an increase of 6% on the previous quarter.

Staff continue to encourage carers and the people they care for to be assessed. We are encouraging partner agencies to promote carer assessments where they identify people who are caring. Carers' assessments remains a delegated authority and can be completed by contracted organisations who often provide the required support as an outcome of their assessment.

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



Technical Notes:

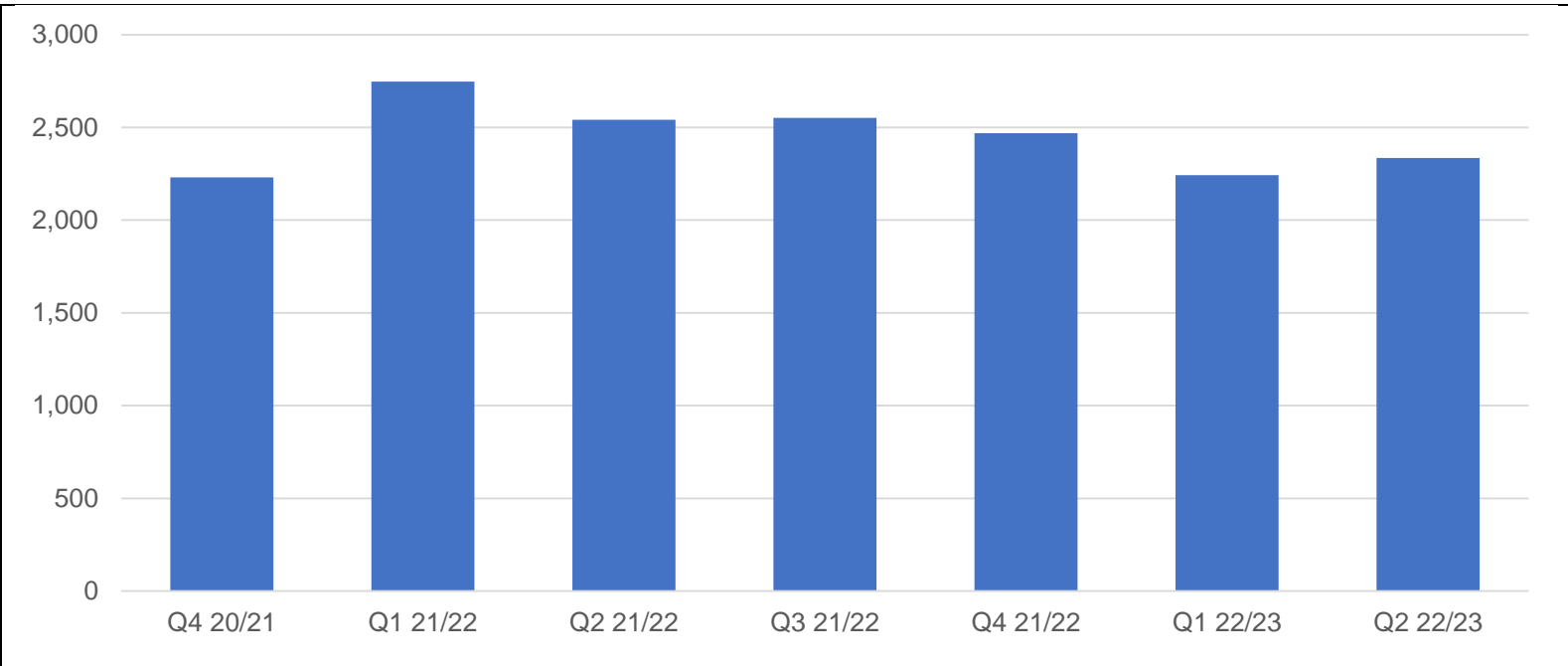
Activity measure,
no specified target

Please note axis
does not start at 0

Commentary: Where appropriate, a Care and Support Plan (C&SP) helps describe how a person will be supported and their needs met. Everyone receiving services with ASCH will have a C&SP in place and this measure demonstrates the volume of people we are supporting, following quarterly increases to Quarter 3 2021/22, the numbers look to be stabilising. Quarter 2 did see a decrease in the volume of open C&SPs, a decrease of 255 on the previous quarter, however this is still above previous quarters.

C&SPs are reviewed in the first 8 weeks and then annually unless there is a reason to do so earlier. Staff are being asked to explore alternative ways to meet the outcomes defined in a C&SP, it is here that technology, Direct Payments and equipment are discussed. C&SPs are also used to understand the health element of a person's needs.

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



Technical Notes:

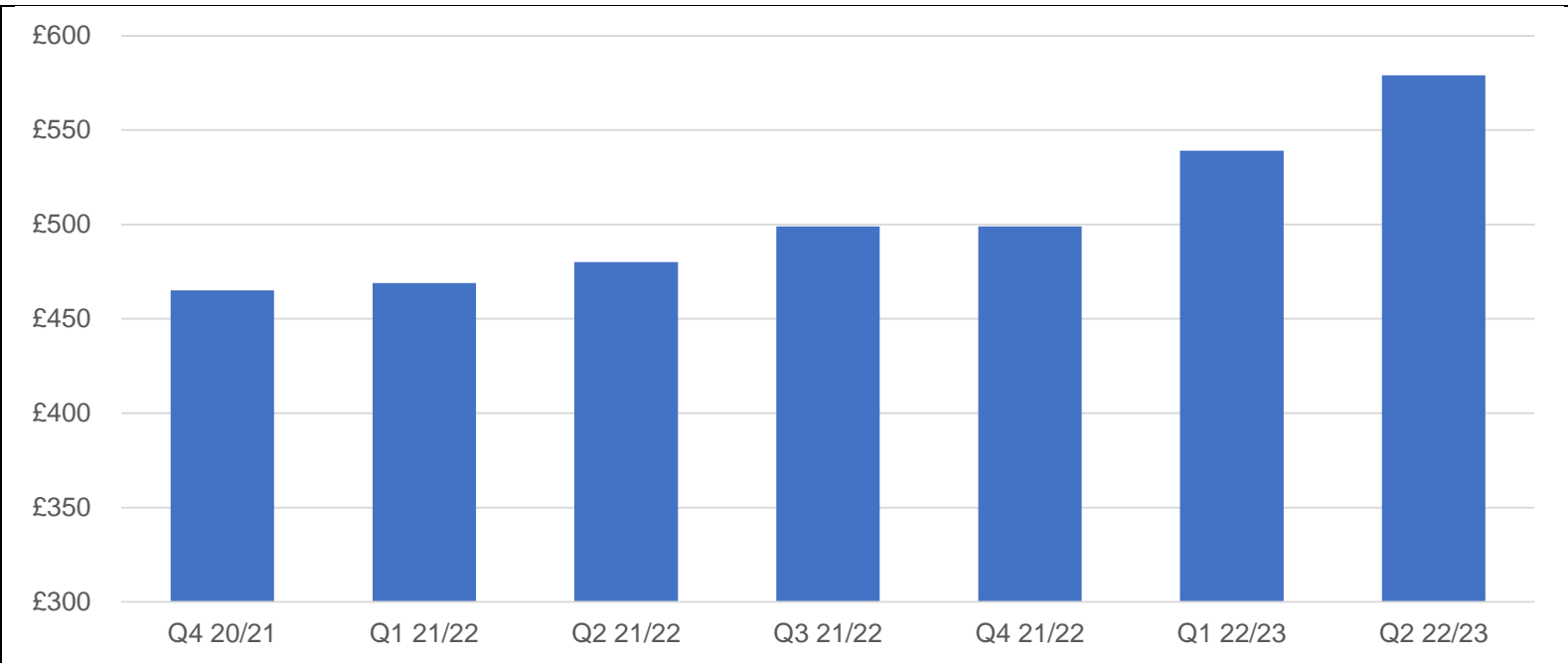
Activity measure,
no specified target

Corporate Risk
Register:
CRR0002 &
CRR0015

Commentary: Overall, the number of new packages has been decreasing. Quarter 2 saw an increase to 2,335, however this is not above previous quarters.

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

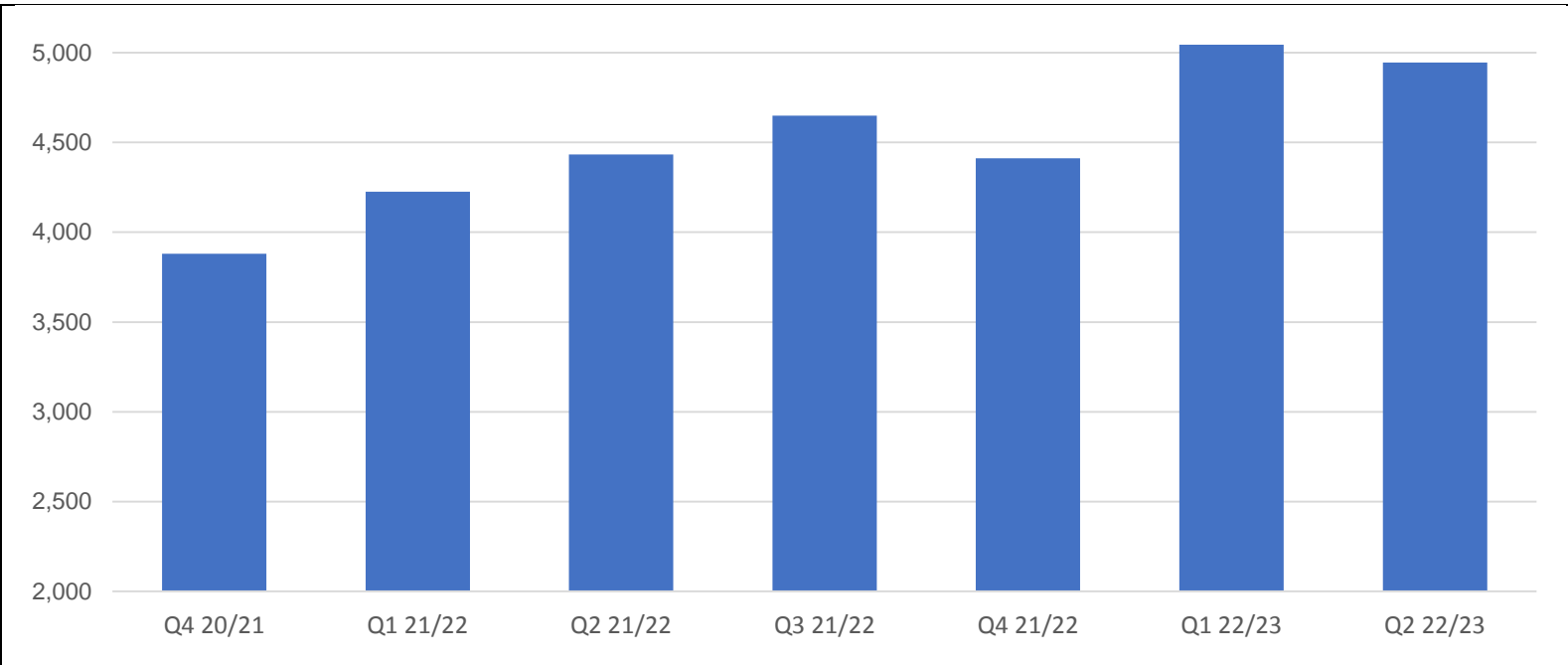
Average weekly
cost at end of
quarter

Please note axis
does not start at 0

Commentary: Alongside the number of new support packages increasing in Quarter 2 (ASCH11), the average weekly cost has also increased. There was a 7% increase from Quarter 1 to Quarter 2, from £539 to £579.

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. We are also seeing high cost packages of support for people with mental health needs when discharged from hospital, this reflects the complexity of need for some people and the level of support being provided to help their recovery.

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

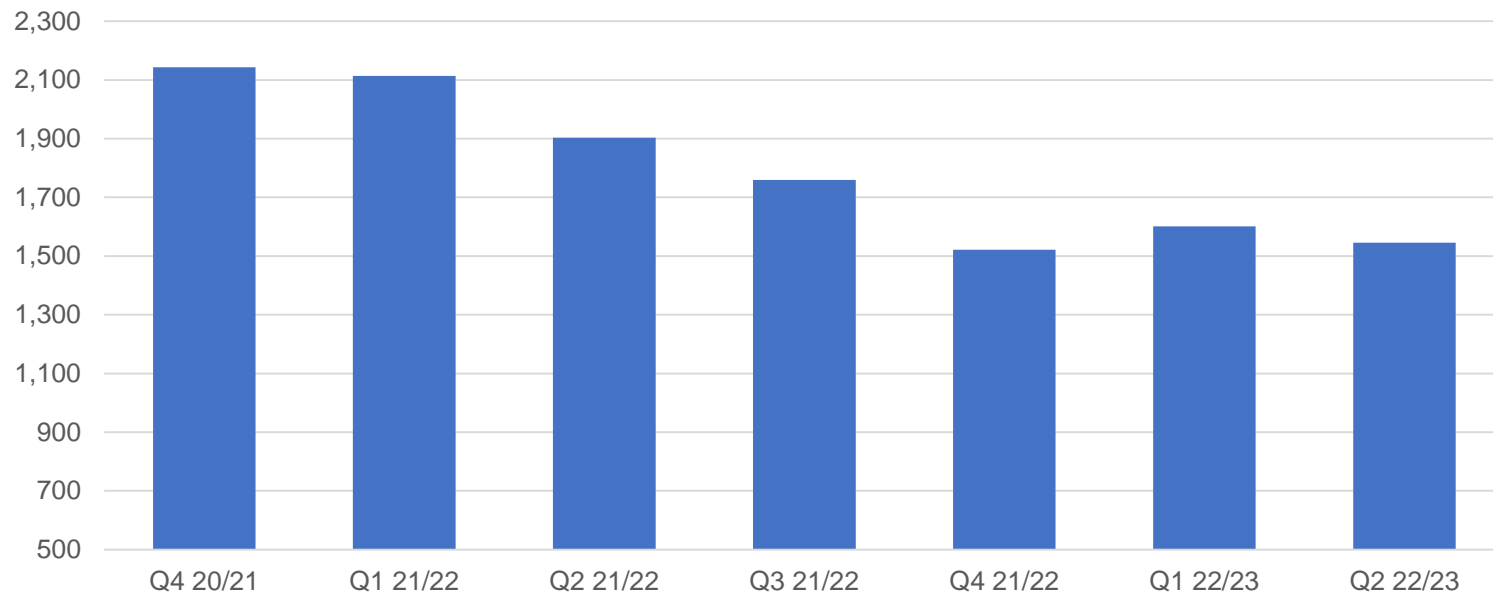
Please note axis
does not start at 0

Corporate Risk
Register:
CRR0002

Commentary: Every person we support with a Care and Support Plan is 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. Unplanned reviews can also take place should a person's circumstances change or their needs increase or decrease.

The number of annual reviews to be completed, as on the last day of each quarter, had been steadily increasing. There have now been 2 quarters where the number has decreased, with Quarter 2 decreasing by nearly 100 annual reviews. Completion of annual reviews form a key focus in the ASCH Performance Assurance Framework, with actions and targets in place to address the increase of those without an annual review. ASCH is working to prioritise those people waiting longest for a review and those which changing circumstance where risks to the person may be greater.

ASCH14: The number of people in Kent Enablement at Home



Technical Notes:

Activity measure,
no specified target

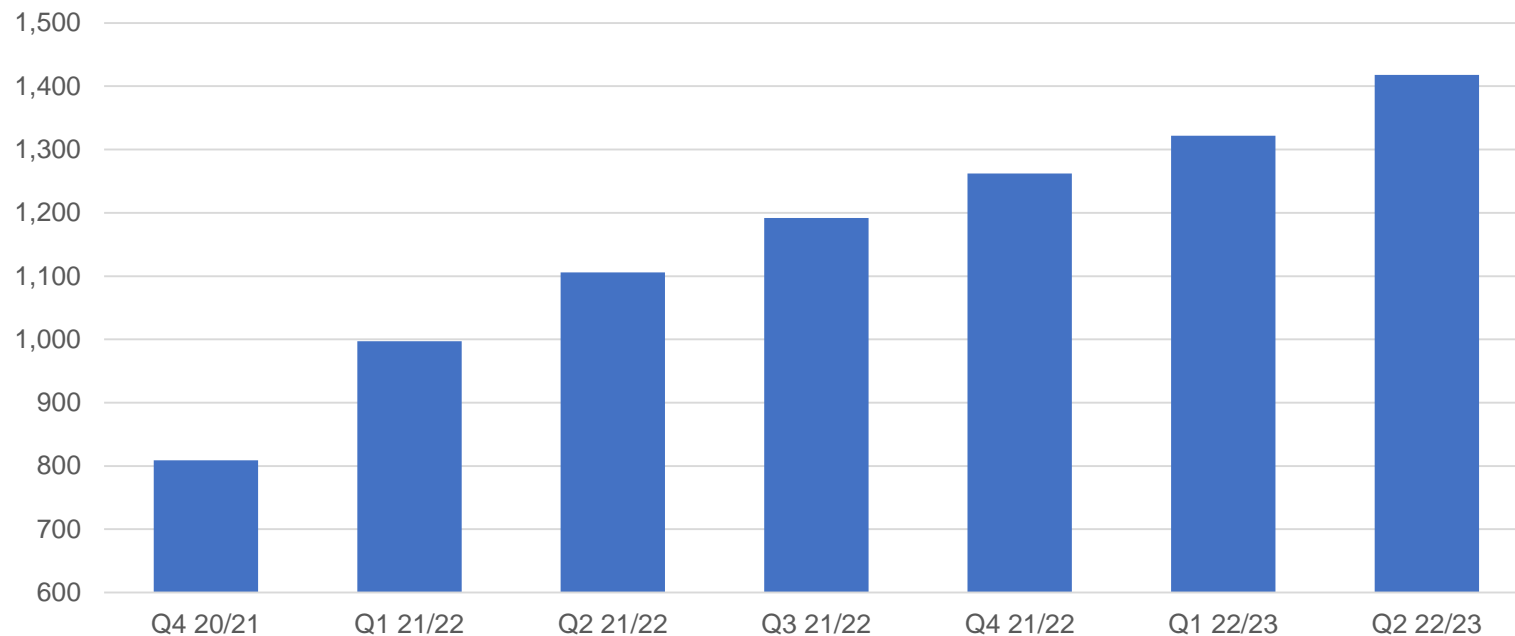
People receiving
services with Kent
Enablement at
Home (KEaH)

Please note axis
does not start at 0

Commentary: Although the number of people accessing Kent Enablement at Home (KeaH) has decreased over the last 12 months, the numbers accessing look to be stabilising since Q4 21/22. 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, there is also staff capacity pressures. KEaH are re-running a recruitment campaign to attract new staff.

Activity of KEaH is part of the ASCH Performance Assurance Framework 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:

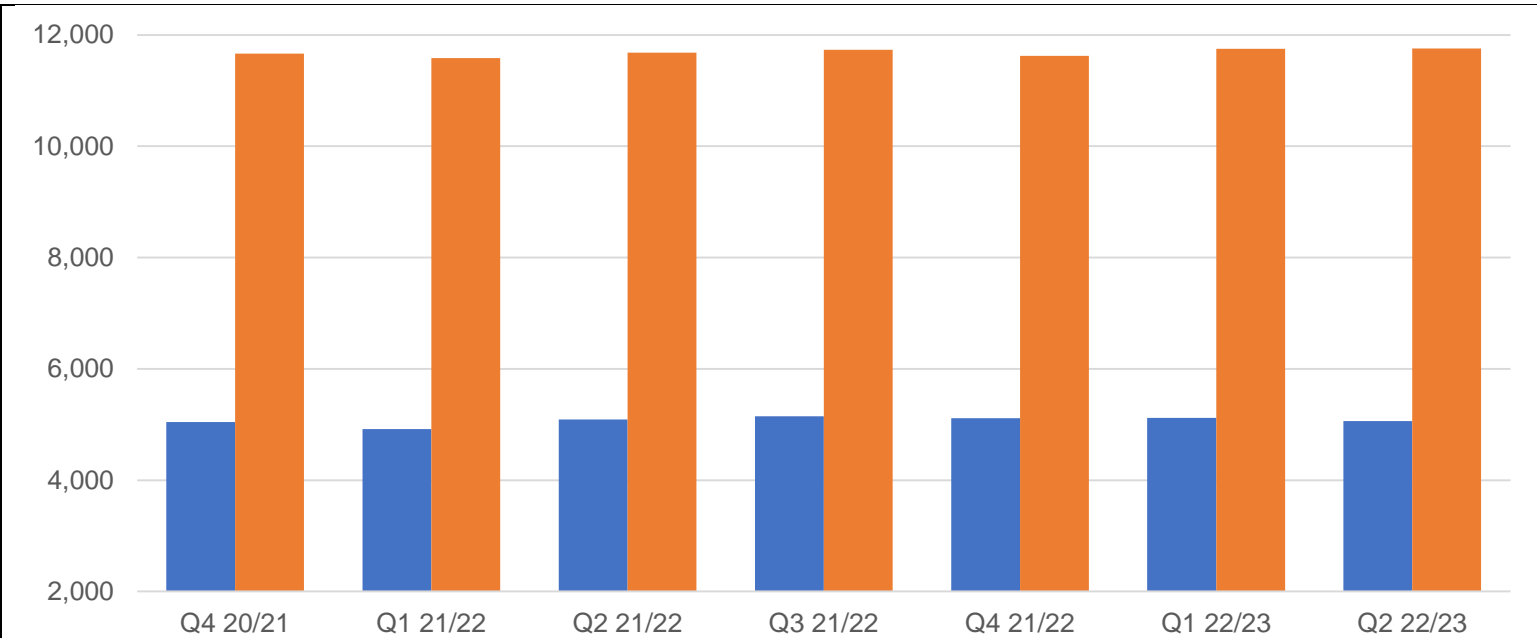
Activity measure, no specified target

Please note axis does not start at 0

Commentary: The number of people receiving support in a short term residential, or nursing bed continues to increase with over 1,400 receiving this service support during Quarter 2. Older People continue to be the main recipients of this support and this increased to over 900 in quarter 2. Provision of carer respite also remains high at over 400 although this increase looks to be stabilising and is now at similar levels to what was delivered pre-pandemic.

The use of short term residential or nursing beds is a focus for the Senior Management Team as part of the Performance Assurance Framework, with actions being taken to ensure the use is appropriate and time limited. We are working closely with NHS colleagues to increase the number of people supported to return to their own homes on discharge from hospital and reduce the number of people being discharged from hospital into short term beds. There is a correlation in relation to availability of community based support options to support people as an alternative.

ASCH16: The numbers of people in Long Term Services



Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0

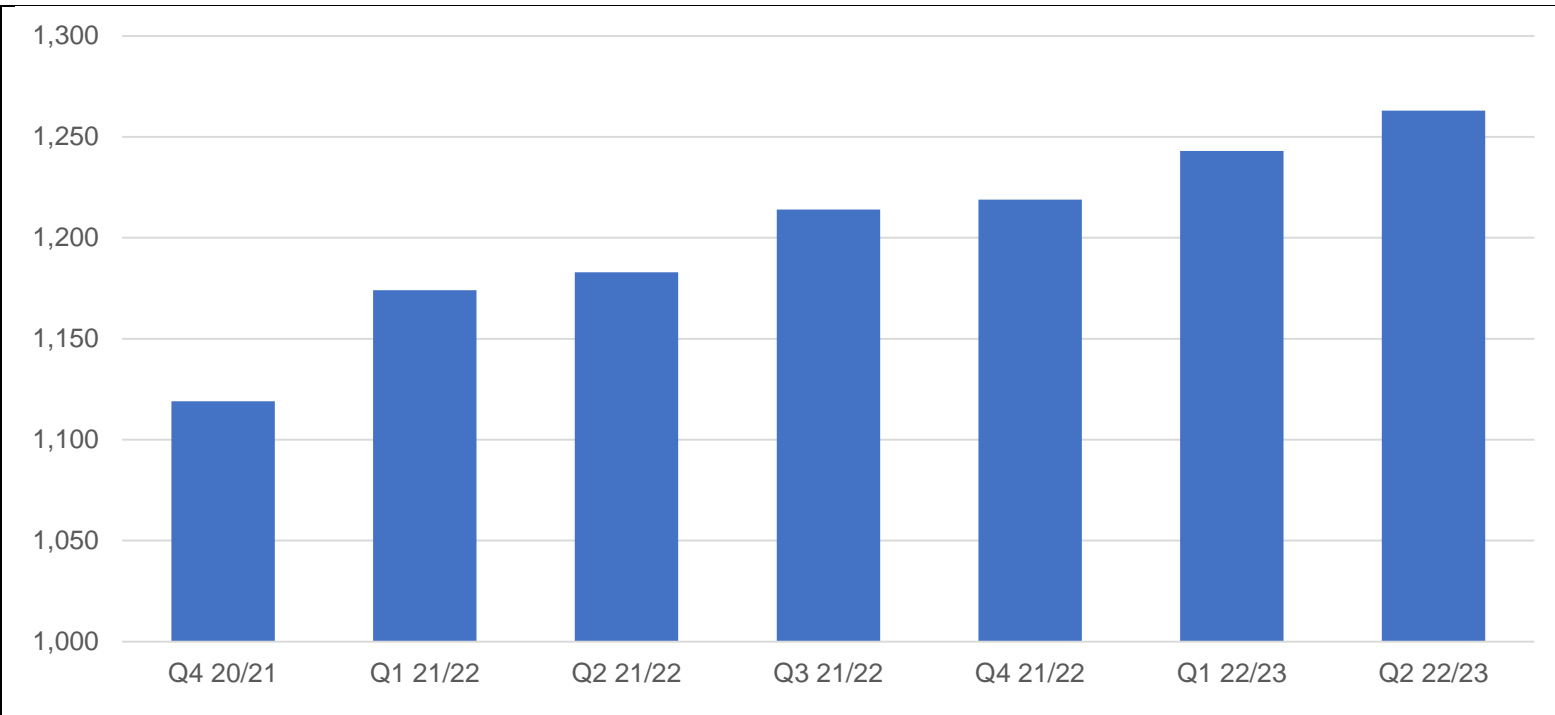
Blue – Residential or Nursing services

Orange – Community Services

Commentary: ASCH has seen recent increases in the level of conversion of people in short term residential or nursing beds to long term and within this the dates of admission have been backdated to the start dates, this has led to an increase on previously reported figures in Quarter 4 2021/22 and Q1 2022/23.

There continues to be work with our commissioning colleagues to shape the market and build relationships with providers, and to develop capacity around recruitment of staff in care agencies, this includes overseas recruitment, which remains the challenge. The ASCH strategy remains that 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:

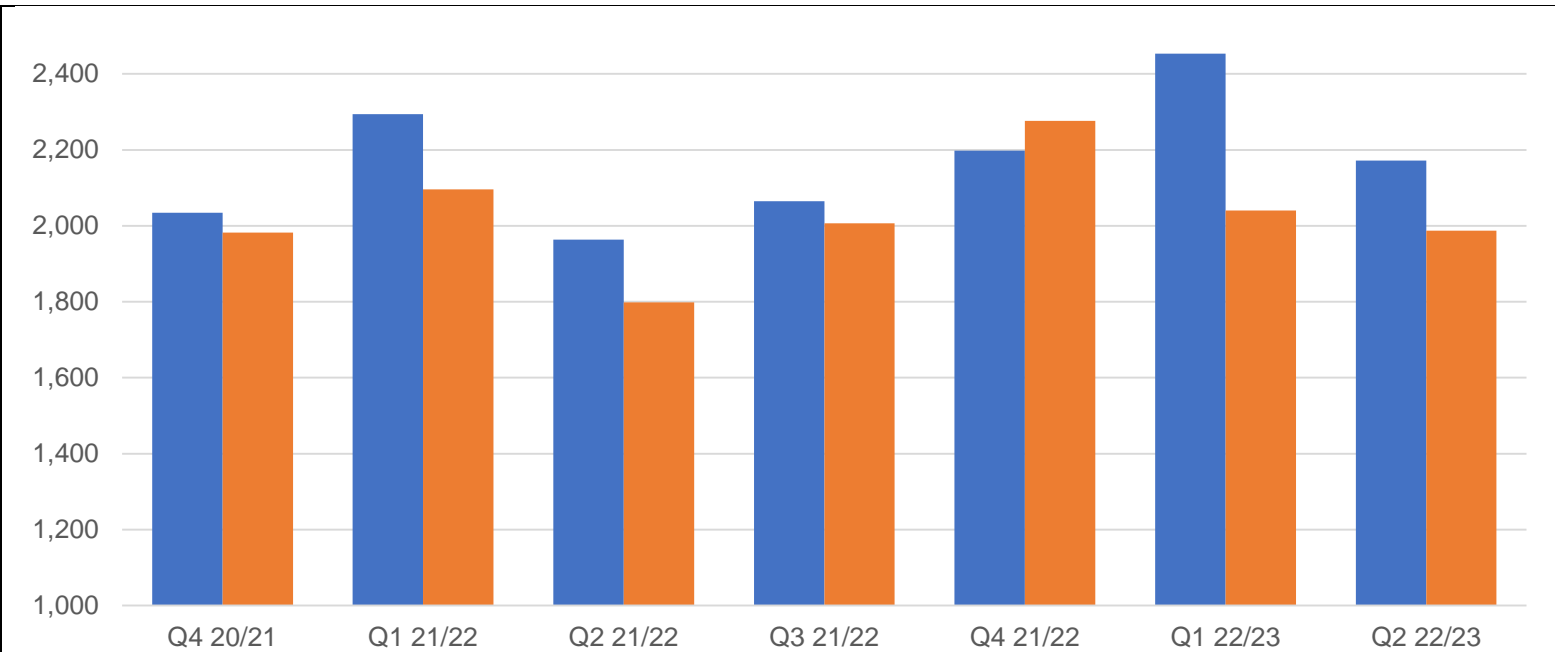
Activity measure,
no specified target

Please note axis
does not start at 0

Commentary: Quarter 2 saw the ongoing increase in the number of people accessing ASCH with a mental health need continuing. There were 1,263 people during quarter 2.

The most prevalent service received is Supporting Independence Service/Supported Living Services, which enables the person we support to stay in the community and retain independence. Quarter 2 saw a small increase in the number of people receiving Care and Support in the Home (Homecare)

ASCH18: Number of Deprivation of Liberty Safeguards applications received and completed



Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0

Corporate Risk Register: CRR0002

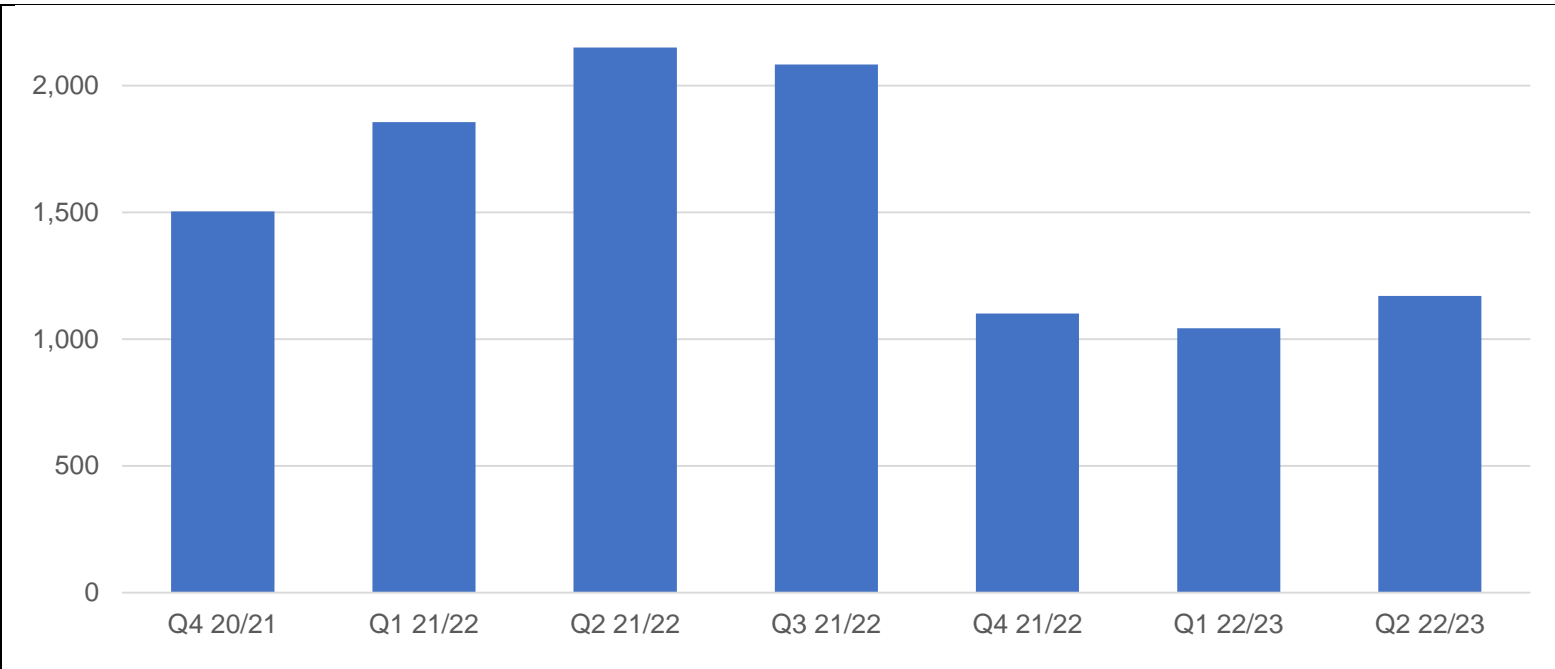
Blue – applications received

Orange – Applications completed

Commentary: In Quarter 2 a lower number of Deprivation of Liberty Safeguards (DoLS) applications were received, reflecting a trend where we see the lowest numbers of applications in July and August compared to the other months. Although there was a slight decrease in the number of applications completed, it was a higher volume when compared to Quarter 2 last 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. Quarter 2 saw a higher proportion of urgent applications with 84%, compared to 78% in Quarter 1.

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



Technical Notes:

Activity measure,
no specified target

Commentary: The number of safeguarding enquiries open on the last day of the quarter continues to increase; with 1,170 open on the last day of September, this was a 12% increase on the previous quarter. However, these figures have not returned to the same levels experienced last year.

Safeguarding remains a priority as part of the ASCH Performance Assurance Framework.