

From: Diane Morton, Cabinet Member for Adult Social Care
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To: Adult Social Care and Public Health Cabinet Committee – 6 May 2026

Subject: **ADULT SOCIAL CARE AND HEALTH PERFORMANCE Q4 2025/2026**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

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 4 (January to March) for the financial year 2025/2026, and the new suite of indicators for 2026/2027.

Adult social care saw increased demand in Quarter 4 for the Connect Service on contacts, and 2025/2026 saw an increase of nearly 20% compared to the previous year. There were more people with an active Care and Support Plan, and an ongoing increase in the number of Deprivation of Liberty Safeguards applications received.

There were decreases in incoming activity for safeguarding concerns, indicating a reverse in the previous trend of ongoing increases, peaking in Quarter 2 this year. The use of short term beds has also continued to decrease, however the number of people in a short term beds this year was higher than seen in 2024/2025. This was also the trend seen for both community enablement services, with a decrease seen into Quarter 4, but with more people receiving the services this year than in previous years.

Of the seven Key Performance Indicators, three were RAG Rated Green, with ASCH 6 - Long Term support needs of older people met by admission to residential and nursing care homes moving from Amber to Green. Four Key Performance Indicators were RAG Rated Amber. No indicators are RAG rated Red, as ASCH 7 - the percentage of KCC supported people in residential homes rated Good or Outstanding by CQC moved from Red to Amber.

Recommendation: The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of adult social care services in Quarter 4 2025/2026 and **NOTE** the new suite of indicators for 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). This report also provides the list of the new suite of indicators for 2026/2027.
- 1.2 The full suite of KPIs for 2025/2026 is attached as Appendix 1, with the new suite for 2026/2027 in Appendix 2.

2. Overview of Performance

- 2.1 The first point of contact for residents and partners to adult social care are with the Adult Social Care Connect Teams. One of the team's main objectives is to offer information and advice to those contacting them and signposting people to community resources or other partners where appropriate. Through this, the Team aim to resolve a persons' contact efficiently and effectively meaning they should not need to make contact again in the immediate future. In Quarter 4, 3% of contacts were from people who had made contact in the past three months (ASCH 1). This is a 1% increase from the previous quarter, but the figure remained below the target of 5% meaning this measure remains RAG Rated Green.
- 2.2 Overall, the number of people making contact in this quarter was at its highest level for the past two years. Over 8,500 people have made contact with Adult Social Care Connect in Quarter 4, an 8% increase on the previous quarter. The most common source of referrals were family members (22%), followed by self-referrals (17%). The majority of contacts received were done so using the online form (37%), with the second highest proportion of contacts being made as a result of a telephone call (25%), indicating that the digital and online options are being utilised.
- 2.3 Where a person's needs cannot be met through a conversation or via signposting after a contact is made, adult social care undertake a Care Needs Assessment (CNA) to assess a person's social care needs and their eligibility for further support. Adult social care has continued to see a reduction in the number of CNAs requested, reducing by 5% between Quarter 3 and Quarter 4. Over 3,700 requests for a CNA were made this quarter (ASCH 9), with just over 2,300 assessments awaiting completion on the last day of the quarter, a reduction of 7% and the lowest figure recorded since this metric has been reported on.
- 2.4 Adult social care set a target of 28 days to complete a CAN, once it is decided that this is the appropriate course of action, in Quarter 4, 75% of CNAs were completed within 28 days (ASCH 2) which was a 3% reduction compared to the last quarter and the first reduction seen this financial year. This measure was RAG Rated Amber having not met its target. This is largely due to completion activity in January, where the percentage completed within 28 days was 72%

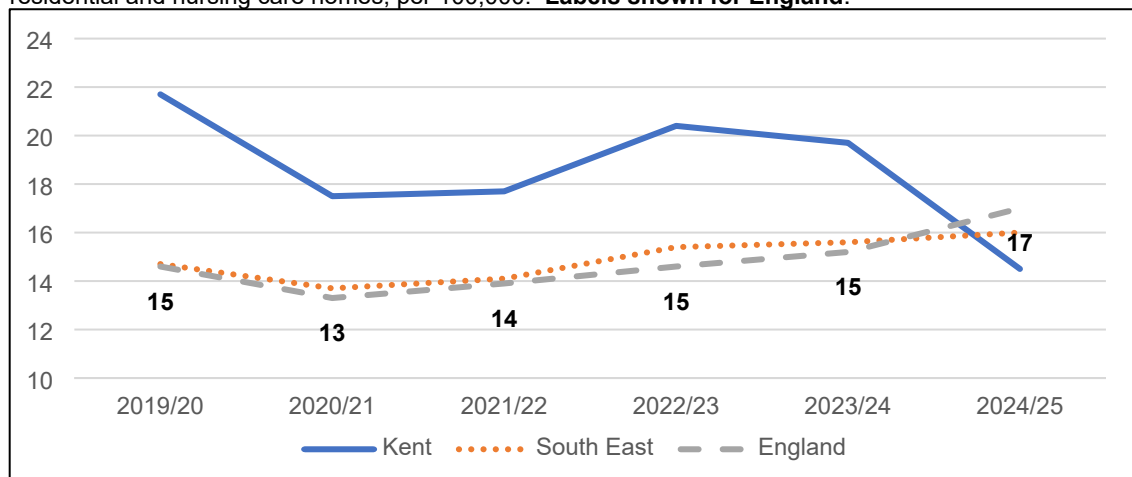
however by the end of March 2026, performance had improved to 78%, equal to the highest levels achieved during the financial year.

- 2.5 When a carer makes contact with adult social care they might require a Carers' Assessment. Adult social care commissions external carers agencies to carry out these duties on their behalf, with a small percentage completed by adult social care practitioners where appropriate. The external carers agencies also look to offer information, advice and guidance, similar to Adult Social Care Connect. Quarter 4 saw nearly 700 referrals made to carers agencies, a similar figure to last quarter. Over 1,000 carers were supported with in the Quarter (ASCH 10) which was an increase of 20% compared to Quarter 3.
- 2.6 Once a person is assessed as being eligible for care and support, a care and support plan will be developed alongside the person. Over 17,100 people had an active care and support plan at the end of the quarter (ASCH 11). This figure has consistently remained within range of 17,000 people for the past seven quarters, increasing 2% in financial year 2025/2026. The total number of people who had plan in 2025/2026 was over 28,000.
- 2.7 Adult social care offer a variety of ways in which a person's needs can be met, both in the community and in a residential or nursing setting. In Quarter 4, over 1,800 new packages of care were arranged (ASCH 12) at an average weekly cost of £883 (ASCH 13). The most common type of care provided in the quarter was Short Term Beds (42%), followed by Homecare (29%) and long-term Residential Care (11%). The average weekly cost of new support packages continued to fall, however both these measures are subject to change as information is updated on the client recording system.
- 2.8 The support put in place for a person to meet their needs is reviewed by adult social care within eight weeks of it commencing and then annually thereafter. For the first time in the past two years, the number of people requiring either a first or an annual review has risen, with this being the third quarter in a row with an increase in the number of first reviews to be completed. Quarter 4 saw the fewest number of care and support plan reviews completed but at over 5,100 this figure is still 13% higher than the same quarter last year.
- 2.9 Adult social care community enablement services include Kent Enablement at Home (KEaH) and Kent Enablement Service (KES). People are referred to these services to have individual goals set over a short period of time to help them to remain independent and in their own home with no further support needed. In Quarter 4, the number of people supported by KEaH and KES fell by 6% compared to the previous quarter (ASCH 16), however for both services there were more people receiving these services this year compared to last year.
- 2.10 If a person cannot remain independent in their home with community services, or are on a hospital discharge pathway it may be assessed that short-term support in a residential or nursing setting may be appropriate to enable them to remain independent in the long term as they recover from what may be a temporary health condition or social circumstance. In Quarter 4, 1,360 people

were supported in Short Term Beds, a figure similar but lower to the previous quarter and at its lowest level in the financial year.

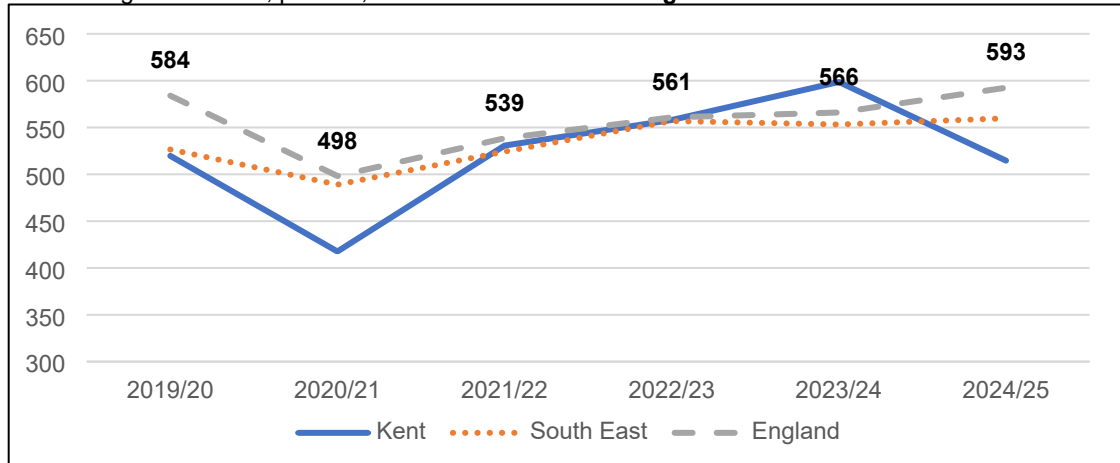
- 2.11 The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into an enablement service was 84% in Quarter 4 (ASCH 4), this is below target and is now RAG Rated Amber (previously Green). Adult social care remains focused on ensuring people receive enablement services and regain their independence to return or remain in their home.
- 2.12 It may be that a person’s care and support needs cannot be met in their own home, with community services, and the most appropriate way for them to be supported is in a residential or nursing setting. Quarter 4 saw 16 per 100,000 population of people aged between 18-64 have their needs met by permanent admission to residential and nursing care homes (ASCH 5). This measure continues to be RAG Rated Green, being below the target. For people aged 65 and over, 584 per 100,000 had their needs met in this way (ASCH 6). This measure is now within target and is RAG Rated Green from Amber following a second successive quarter of rate reduction.
- 2.13 In the most recently published national Adult Social Care Outcomes Framework for 2024/2025, Kent had 15 per 100,000 population of people aged 18-64 with needs being met by admission to long term residential and nursing care homes, compared to the South East region at 16, and England at 17. Kent had historically been above both the national and regional levels until the most recent financial year when the rate decreased, and is ranked 64th across all local authorities (the lower the rank the better)

Figure 1 – ASCOF 2B: Long Term support needs of adults (18-64 years old) met by admissions to residential and nursing care homes, per 100,000. **Labels shown for England.**



- 2.14 For those aged 65 and older, Kent also had a lower rate of admissions for 2024/2025 compared to the previous year, at 515 per 100,000 population. Nationally, the rate continued to rise to 593 per 100,000. Kent were ranked 42nd in the country in this metric in 2024/2025, improving their rank from previous years.

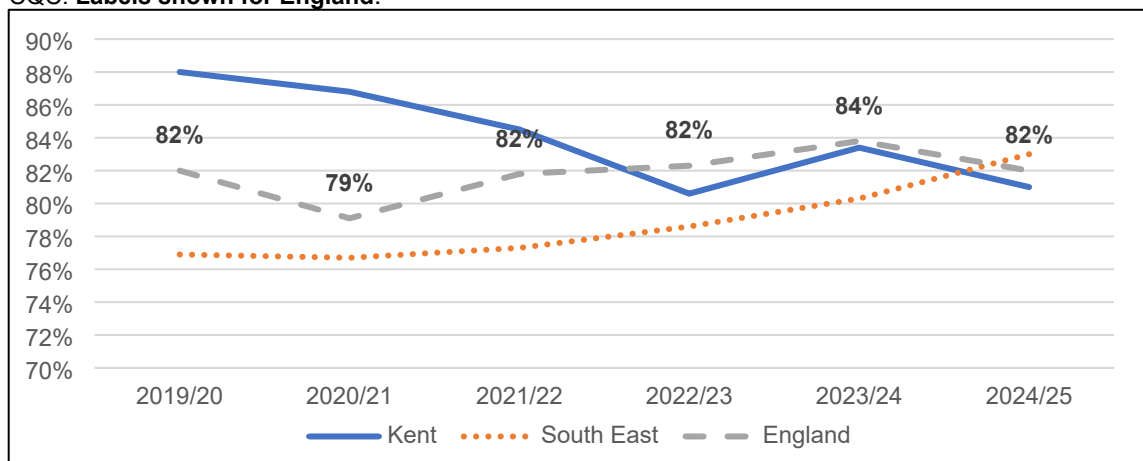
Figure 2 – ASCOF 2C: Long Term support needs of adults (65 and older) met by admissions to residential and nursing care homes, per 100,000. **Labels shown for England.**



2.15 Residential and Nursing homes are inspected on a regular basis by the Care Quality Commission (CQC) who provide an overall rating for the quality of care and support available to the people supported in these settings. In Quarter 4, 75% of KCC supported people in residential or nursing care were in a home that was rated either Good or Outstanding by CQC; an improvement of 2% compared to last quarter (ASCH 7). This improvement means this measure is now RAG Rated Amber from Red being below the 80% target but at the floor threshold of 75%.

2.16 A new national measure was published this year showing the percentage of residential adult social care providers rated good or outstanding by the CQC. this includes all homes in Kent not just those used by KCC. In 2024/2025, 81% of residential adult social care providers in Kent were rated Good or Outstanding, with Kent ranked at 91 nationally (the lower the rank the better) The South East regional value was 83% and for England it was 82%.

Figure 3 – ASCOF 6b Percentage of residential adult social care providers rated good or outstanding by CQC. **Labels shown for England.**

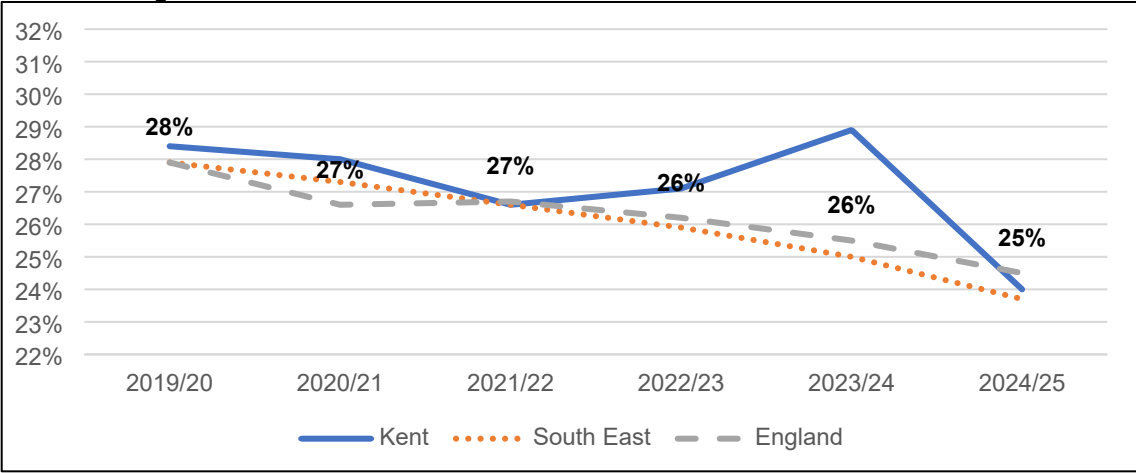


2.17 If a person is supported in the community they may receive a Direct Payment (DP); giving them full control over the way in which their care and support needs are met, including the use of a personal assistant. Quarter 4 saw 26% of people supported by adult social care in the community receiving a DP, the

same figure as last quarter (ASCH 3). This measure remains RAG Rated Amber and has done so consistently for the whole of financial year 2025/26, being above a floor threshold of 24% but below a target of 30%. Despite a rise in homecare provision in Kent, adult social care continue to offer the option of a direct payment to those requiring support, aiding the consistency of the proportion of people who then receive one.

2.18 Despite a 5% decrease in the proportion of people receiving a direct payment, Kent aligned with national and regional trends in 2024/2025, with 24% of people supported choosing to receive a direct payment. This proportion ranks Kent 78th in the country for this measure having previously held a lower rank in previous financial years. (the lower the rank is better)

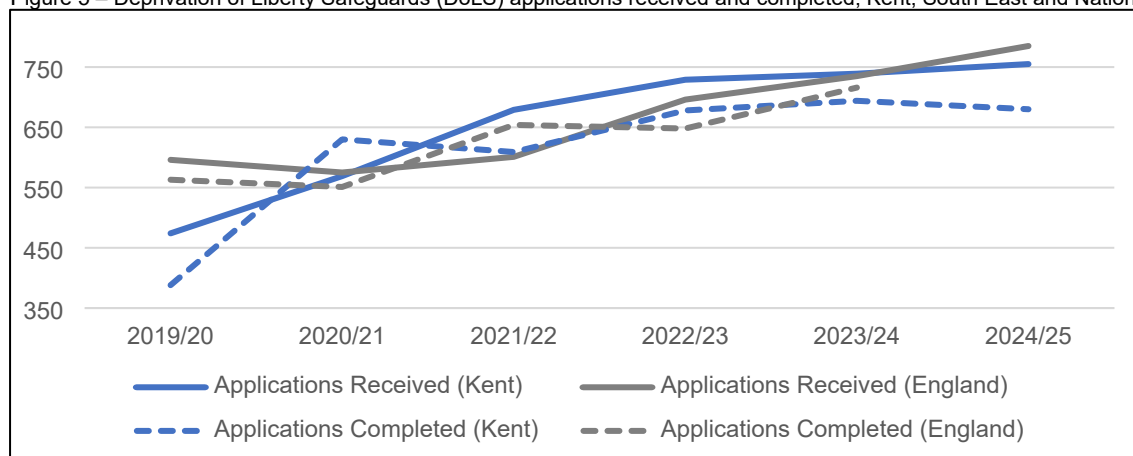
Figure 4 – ASCOF 3D2A – Proportion of people using social care who receive direct payment. **Labels shown for England**



2.19 Deprivation of Liberty Safeguards (DoLS) are a set of legal guidelines put in place to ensure that a person is not unlawfully deprived of their liberty. Applications are made for an assessment to take place. Quarter 4 saw over 2,700 applications received, a 5% increase on last quarter. Even with this increase the number of applications received in 2025/2026 was just over 200 less than received in 2024/2025, however it was still over 10,500 applications for the DoLS Team to manage. Over 2,300 assessments were completed in the quarter, a decrease of 6% compared to the previous quarter (ASCH 20). In total the team completed over 9,200 assessments.

2.20 Activity for both DoLS applications and their subsequent completion have risen over the past six financial years both in Kent and nationally. In 2024/2025, Kent received 755 applications per 100,000 population – a sixth successive financial year increase. This is a picture mirrored nationally, with 785 applications per 100,000 received in 2024/2025.

Figure 5 – Deprivation of Liberty Safeguards (DoLS) applications received and completed, Kent, South East and National



National completion figures for 2024/25 currently under review.

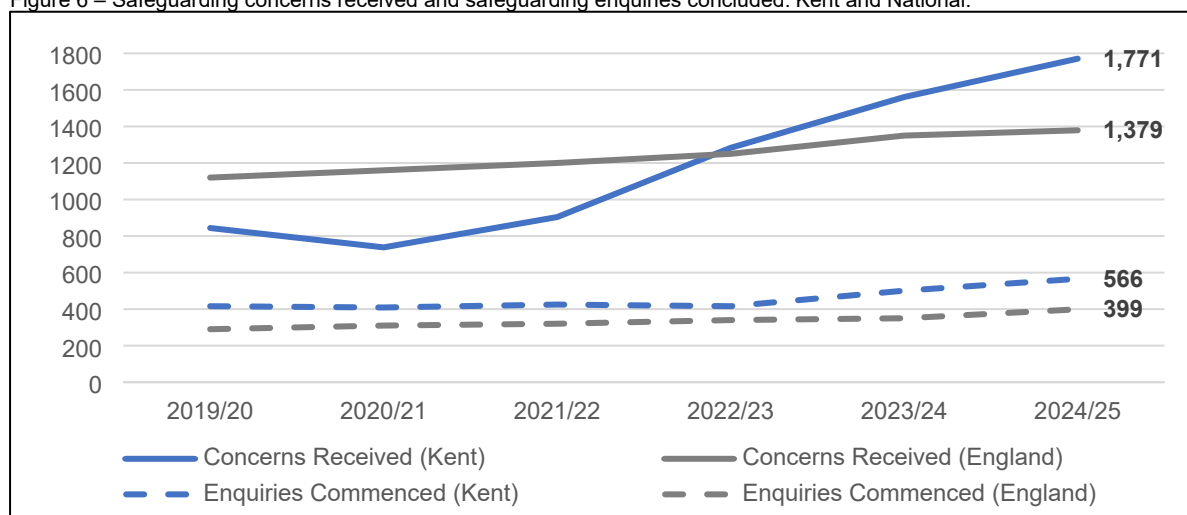
2.21 Demand on the DoLS Team does outstrip capacity therefore the service triages and prioritises applications daily ensuring the most high risk people are seen. The service also works closely with health partners, having a specific pathway for all hospital applications to ensure resources are used correctly.

2.22 The DoLS Team regularly run validation exercises with care homes to ensure that the correct applications are being submitted. This work will be carried out in partnership with the Commissioning Team to ensure a coordinated approach. In addition, targeted resources have been deployed to prioritise visits to people whose assessments have been waiting the longest.

2.23 When someone suspects that an adult is at risk of abuse or neglect they can raise a safeguarding concern, alerting adult social care that action may need to be taken to safeguard the adult in question. In Quarter 4, the volume of safeguarding concerns received by adult social care continued to reduce. Over 5,700 concerns were received which was a 6% decrease on the previous quarter and the lowest quarterly figure since Quarter 2 2024/2025. Overall though the number of safeguarding concerns in financial year 2025/2026 was 9% greater than the previous financial year. The number of safeguarding enquiries open on the last day of the quarter also fell to 1,340 (an 8% reduction) following a rise in the previous quarter (ASCH 21).

2.24 The number of safeguarding enquires commenced in Kent continues to be above national rates per 100,000 population from 2019/2020 onwards, with 566 enquiries commenced per 100,000 compared to 399 nationally in 2024/2025. The rate of safeguarding concerns received per 100,000 population has continued to increase annually and remains higher than the national rate in 2024/2025. 2024/2025 saw 1,771 safeguarding concerns received per 100,000 population in Kent compared to 1,379 nationally.

Figure 6 – Safeguarding concerns received and safeguarding enquiries concluded. Kent and National.



2.25 When adult social care conclude a safeguarding enquiry they will assess the risk to the person they have safeguarded. Quarter 4 saw little movement in the proportion of enquiries in risk either reduced (62%), remained (11%) or was removed (27%) compared to the previous quarter (ASCH 22).

3. Adult Social Care Indicators 2026/2027

- 3.1 Annually each Directorate review and make amendments where necessary to their locally published measures. Changes are only made where necessary and are reflective of changing business needs or local and national priorities.
- 3.2 Adult social care has published a suite of KPIs and measures that aim to reflect the variety of responsibilities delivered by the Directorate, and the person’s journey, from making contact through to services, and the more specialist areas of DoLS.
- 3.3 This year we have a new suite of indicators and targets that reflect the priorities for 2026/2027 and the are in line with ‘Reforming Kent’, this suite also ensure there are close links with the new reporting requirements of the Department of Health and Social Care (DHSC) and the CQC. These can be seen in Appendix 2.

4. Conclusion

4.1 Quarter 4 exhibited stability in adult social care’s KPIs, with a measure moving from RED to AMBER and another moving from GREEN to AMBER. A larger proportion of people were supported in residential or nursing homes where CQC rated them either Good or Outstanding and a lower rate per 100,000 population aged 65 or over needs were met by admission to residential or nursing homes. The proportion of people aged 65 or older who were still at home after 91 days following discharge from hospital into reablement services fell by 1% as did the proportion of CNAs completed within 28 days.

4.2 Pressures related to demand on key services with adult social care continued, with contacts made to Adult Social Care Connect increasing and the number of DoLS applications reaching their highest levels in the financial year. The number of people requiring a review to be completed rose and the number of people accessing community enablement services reduced. However when compared to the previous years, the activity delivered in 2025/2026 was higher. The volume of safeguarding concerns received fell for the second quarter in a row and the number of safeguarding enquiries needing to be completed fell, indicated a change in the previous trend on demand and safeguarding colleagues responding to these decreases.

5. Recommendation

5.1 Recommendation: The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of services in Quarter 4 2025/2026 and **NOTE** the new suite of indicators for 2026/2027.

6. Background Documents

None

7. Report Author

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