

From: Diane Morton, Cabinet Member for Adult Social Care
Jamie Henderson, Cabinet Member for Environment, Coastal
Regeneration and Public Health

Sarah Hammond, Corporate Director, Adult Social Care and Health
Anjan Ghosh, Director of Public Health

To: Scrutiny Committee - 13 May 2026

Subject: **Kent County Council Response to Winter 2025/2026 and
Preparedness for Winter 2026/2027**

Status: Unrestricted

Summary: This report informs Scrutiny Committee about the responsiveness of Kent County Council's Winter 2025/2026 plans including how the key services and functions acted in response to the system demands.

It also provides an account of our preparedness for Winter 2026/2027 to ensure resilience in the system, informed by lessons learned from how the last Winter period was managed, reflecting on both the successes and challenges encountered.

Recommendation: The Scrutiny Committee is asked to **NOTE** the content of the report.

1. Introduction

- 1.1 A report on the Adult Social Care and Health (ASCH) Operational Escalation Plan 2025/2026 was presented to the Adult Social Care and Public Health Cabinet Committee on 12 November 2025.
- 1.2 This report to the Scrutiny Committee considers the role played by key adult social care services, highlighting the Kent Public Health winter preparedness programme's focus on maximising uptake of preventative vaccinations (particularly flu) through collaborative work between NHS, Kent County Council (KCC), and the care sector.
- 1.3 The purpose of this report is to provide a review of how the health, care and public health system performed, in handling the operational pressures during Winter 2025-26, noting what worked well, including the impact on key services and functions. It also considers key issues and lessons learned which informs our preparedness for Winter 2026/2027.

- 2. System Response to Winter 2025/2026, Impact on Services and Lessons Learned**
- 2.1 Response to demand on key NHS services (hospital admission and discharge, data)
- 2.1.1 An integrated brokerage function was implemented in November 2025, bringing together health and social care capacity to improve coordination and responsiveness. This has improved visibility of available provision, supported more timely sourcing of care, and strengthened the Council's ability to manage price and ensure best value across the market. Work will continue with system partners to further develop this approach, supporting improved system flow, more consistent pricing and better use of community-based provision ahead of Winter 2026/2027.
- 2.1.2 There continues to be an over reliance on discharge to Pathway 3 service beds (people who need bed-based care and support in care homes) across Kent and Medway with the county being an outlier in terms of the national averages for this pathway.
- 2.1.3 Transfer of Care Hubs are in place across the county with focus on collaborative working across all areas. NHS England is supporting a programme within East Kent Hospitals to eliminate corridor care in the acute hospitals and this plan includes a focus on improvements to the transfer of care hub process. The programme is ongoing with full KCC engagement.
- 2.1.4 The Short Term Pathways service review has been a priority focus during the last year. The recommendations of the review focus on remodelling of the hospital discharge teams to prioritise a reduction in avoidable hospital admissions and increase the number of people being discharged home to recover from an acute hospital admission rather than to Pathway 3 services.
- 2.1.5 Where a bed based recovery and reablement service is unavoidable, the priority must be access to formal rehabilitation services or KCC Adult Short Stay Services, as we know outcomes for individuals are better when they receive focused rehabilitation and enablement services with the percentage of people moving to long term residential placement following a placement in Adult Short Stay Services being below 30% for 2025/2026.
- 2.2 Adult Social Care response to demand on its key services (such as Hospital Social Work Team, Kent Enablement at Home (KEaH) service, Short Stay services)
- 2.2.1 In North Kent, the KEaH+ hospital service consistently meets demand from the acute trusts which is below the commissioned level of service.
- 2.2.2 KEaH+ in West Kent is commissioned to provide 50 hospital discharges per week. This target has been largely delivered across the area but with significant pressures due to staff vacancies and an increase in the number of people being discharged with a high level of care and support needs resulting

in a higher number of hours needing to be delivered by the service. The length of time from referral to discharge has increased, this is due to increased demand to the service and has also reduced the availability for KEaH service offers for those individuals who are not on hospital discharge pathways.

- 2.2.3 The introduction of Home First in West Kent, commissioned by Kent Community Health Foundation Trust (KCHFT), will meet some of the additional demand for hospital discharge and create increased opportunities for joint working as we move into Winter Planning for 2026/2027.
- 2.2.4 Winter preparedness will include reviewing the current demand for double handed care and support and working with the acute trusts to prevent deconditioning whilst in the acute hospitals.
- 2.2.5 In East Kent, the KEaH service focuses on discharges from the community hospitals and KCHFT's community based Urgent Care Services. Over the last year, collaborative working with the community hospitals has reduced the number of beds days lost whilst awaiting a start date for the KEaH service on discharge. The average wait for service start date has reduced from 6.8 days to 3.8 days during the last year.

2.3 Adult Short Stay Services

- 2.3.1 An increase in available bed occupancy has been seen across all four services between December 2025 to March 2026 with Westview, Broadmeadow and Westbrook exceeding occupancy targets throughout this period. Average available bed occupancy was 85%. Coordination and joint working across the services have contributed to this success and will continue into Winter 2026/2027. Success has been further enhanced by collaborative working with hospital discharge teams across the county.
- 2.3.2 The enablement model across the units has been developed over the past year and has improved outcomes for people leaving the service, with consistently low numbers of people entering long term care home placements from the Adult Short Stay Services. 70% of people discharged from the service return to their own home. This focus will continue into Winter 2026/2027.
- 2.3.3 The average length of stay across the service increased from 6.1 weeks to 7.3 weeks during the last winter period, due to flexing the admission criteria for people leaving the acute hospitals which resulted in the service supporting people with higher acuity of needs and requiring longer periods of assessment. Moving forward, the Short Term Pathways review and implementation, will support increased responsiveness for completion of assessment leading to a reduced length of stay.
- 2.3.4 A review of the service delivery and full occupancy challenges has included identification of an increase in the number of people accepted for admission from the acute hospitals where the referral is then withdrawn. Work is

underway to review the findings and implement improvement actions, as this does impact of occupancy levels across the service.

- 2.3.5 Ongoing fire safety works has affected occupancy at Broadmeadow throughout the last financial year. This work is expected to be completed by the end of June 2026, the unit will then be in a position to deliver full-service occupancy in time for Winter 2026/2027.
- 2.4 Care home care and accommodation provision
 - 2.4.1 During Winter 2025/2026, Adults Commissioning took proactive action to respond to sustained demand pressures in residential and nursing care. This work recognised the significant challenges facing the care market, including increases to the National Living Wage, ongoing workforce pressures, and rising operating costs for providers.
 - 2.4.2 To support market stability, Adults Commissioning undertook detailed financial modelling to better understand the true cost drivers within residential provision. This evidence-based approach informed pricing and sustainability activity, ensuring that future pricing decisions are lawful, transparent and support the long-term viability of the market.
 - 2.4.3 This work has been progressed through the Strategic Reset Programme, helping to maintain sufficient and sustainable capacity through winter and beyond, and reducing the risk of provider failure or market withdrawal at a time of heightened demand.
 - 2.4.4 Alongside this, Adults Commissioning worked closely with quality and operational colleagues throughout the winter period to closely monitor provider stability, identify emerging risks at an early stage, and to take action where needed. This joint approach ensured providers continued to meet contractual and regulatory requirements, despite increased winter pressures.
 - 2.4.5 Residential and nursing care specifications further supported resilience during winter by requiring providers to have robust arrangements in place with health partners. This includes effective engagement in Continuing Health Care (CHC) reviews and clear escalation processes where individuals' needs deteriorate, helping to manage demand surges and avoid unnecessary service disruption.
 - 2.4.6 During 2025/2026, 35 care homes continued to use digital monitoring (Feebris) of 1016 residents. The technology monitors individuals and identifies where there are changes which require action, reducing the risk of needs escalating and may result in hospital admission. During 2025/2026 there were discussions with the Integrated Care Board (ICB) regarding using winter pressure funding to scale up digital monitoring within care homes. Unfortunately, this was not agreed in time to realise the benefits within Winter 2025/2026, however discussions are continuing with a view to being utilised in time for Winter 2026/2027.

- 2.4.7 During Winter 2025/2026, Homecare continued to see an increase in demand. Commissioning and Arranging Support meet on a regular basis to look at how we can facilitate more capacity with contracted providers. Commissioners have regular contact with providers to identify emerging trends and issues.
- 2.4.8 A programme of training and development has been produced to support the care sector workforce with resilience training and to upskill for winter pressures. During 2025/2026, 1,500 care sector staff attended 17 bitesize webinars. At the annual Kent Registered Managers conference in September 2025 there was a focused session on contingency planning for care services.
- 2.4.9 The Technology Enhanced Lives Service (TELS) experienced a clear and recurring surge in referral activity, with November 2025 identified as the peak month for both Long Term and Short Term services, particularly those supporting hospital discharge and enablement. November 2025 saw a total of 402 referrals made into TELS. This pattern mirrors November 2024 data, which was also the highest referral month that year, suggesting a seasonal trend across Kent.
- 2.4.10 Referrals during the November 2025 peak were primarily generated by Community Teams, Adult Social Care Connect, and KEaH. The service saw the highest demand from older adults, with the 80–84, 85–89, and 90–94 age groups accounting for the majority of referrals. The highest referring localities were West Kent, North Kent, and Thanet and South Kent Coast.
- 2.4.11 This recurring winter spike highlights the importance of ensuring sufficient staffing capacity and operational readiness during peak periods. This includes capacity within Kent TELS, as well as across our strategic partners, PA Consulting, Red Alert, and Appello, to effectively manage increased referral volumes, installation demand, and call handling pressures.
- 2.4.12 Data also shows a drop in referrals during December 2025, similar to previous years, this is in line with holiday periods and reduced system activity. This is followed by renewed pressure in January 2026 and February 2026, with referrals rising again to approximately 250 per month, reinforcing the need for sustained winter planning beyond the immediate Christmas period. A chart showing the number of people receiving services with Adult Social Care each month, is attached as Appendix 1.

2.5 Joint working with the NHS on Flu vaccination

- 2.5.1 The Kent Public Health winter preparedness programme focused on maximising uptake of preventative vaccinations (particularly flu); strengthening collaboration between NHS, the local authority, and care sectors; early identification and management of infectious disease outbreaks; and use of real-time intelligence to support rapid response. Further information, which has been provided by the ICB, on the flu vaccinations uptake in Kent is attached as Appendix 1.

- 2.5.2 For the first time, KCC Public Health provided dedicated funding to NHS Kent and Medway to support the promotion of winter vaccination messages, reflecting the priority placed on effective vaccine communications.
- 2.5.3 The Kent County Council Influenza Communications Campaign was designed to amplify NHS and UK Health Security Agency (UKHSA) winter vaccines campaigns which included the following key audiences:
- School age children: Led by NHS/School Immunisation Team
 - Younger children: Led by NHS/GP practices
 - Pregnant women: Led by NHS/maternity appointments, GP practices or pharmacies
 - People with weakened immune system/eligible conditions: Led by NHS/GP practices
 - Older adults: 65+ resident in a care home for older adults: Led by NHS/UKHSA
- 2.5.4 Media features and releases were first published in September 2025 and frequently updated throughout Winter 2025/2026 to reflect cold weather advice, including calls for eligible groups to get vaccinated.
- 2.5.5 Specific campaigns and communications were targeted at Registered Managers of Care Homes to highlight the importance of flu and Covid-19 vaccinations (plus Pneumococcal, RSV (Respiratory Syncytial Virus) and shingles vaccinations), infection prevention and hydration guidance.
- 2.5.6 The Public Health Protection Team activity for autumn/winter 2025/2026 included:
- Issued several targeted calls to social care staff, care home staff and domiciliary care staff to get vaccinated
 - Added calls to get vaccinated into all routine Infection Protection Control advice to Kent care homes
 - Invitation to the NHS Vaccine Programme team to attend KCC's outbreak management webinar in December 2025 to share details with Care home managers and staff
 - Targeted mail shot highlighting the importance of vaccine uptake followed on from the DPH's letter
- 2.5.7 The Health Protection Board (HPB) provided system wide leadership for infectious disease prevention and control. Key actions overseen through the HPB include:
- Promotion of robust infection prevention and control (IPC) standards in health and care settings, including hand hygiene, environmental cleaning, and exclusion policies
 - Seasonal preparedness planning with acute trusts, community services, and care homes
 - Workforce awareness and training on early recognition and reporting of symptoms
 - Close liaison with UKHSA, infection control teams, and local authority partners

- Monitoring of system impact, including bed capacity and discharge delays

3. Lessons learned – challenges and successes (joint working of frontline teams, impact of communication, public information and education, flexing capacity in response to surge in demand, escalation process)

- 3.1 Key lessons learned from the Winter 2025/2026 vaccination programme include simplifying eligibility and campaign dates, reducing contractual barriers so providers can vaccinate more flexibly, streamlining processes to cut administration, and ensuring sufficient programme funding.
- 3.2 Operationally, timely Patient Group Directions (PGD) and training (especially for maternity), clearer targeted communications to build confidence in priority and low-uptake groups, and early collaboration with NHSE/ICB and partners are critical. Clear arrangements for housebound and care home vaccination, reduced financial risk through improved vaccine supply assurance, consistent understanding of consent, and planning for the concentrated delivery period (mostly before the end of November) can help manage system burden.
- 3.3 During Winter 2025/2026 Adult Social Care participated in exercises to validate the Operational Pressures Escalation Plan and provide assurance of the procedures:
- Exercise Aegis, NHS England’s strategic winter preparedness exercise involved regional representatives from across the southeast. Scenarios 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 and workforce resilience. The Operational Pressures Escalation Plan was deemed effective with no significant gaps highlighted for KCC.
 - Exercise Melville II, a Local Health Resilience Partnership exercise simulated the evacuation of patients from an acute hospital. The exercise involved all Kent and Medway NHS organisations including KCC Adult Social Care. By applying the procedures outlined in the Operational Pressures Escalation Plan, KCC 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 operational teams to re-validate the Plan and identify any areas for improvement.
 - Exercise Melville III was completed in April 2026, to test the Operational Pressures Escalation Plan and Service Business Continuity Plans reflecting learning from Exercise Melville II. The exercise was conducted with Team Managers and Senior Practitioners in Adult Social Care. Exercise participants were able to effectively enact the procedures outlined in the Plan under the extreme conditions generated by the scenario. Participants identified a range of additional measures which could be used

to create capacity and/or increase throughput which have subsequently been reflected in the most recent version of the Plan.

- 3.4 Water supply disruption, during Winter 2025/2026, was a challenge for the local health and care system, placing additional strain on services. Adult Social Care provided evidence to the Member's Short, Focused Inquiry examining the causes, handling and impacts of the December 2025 and January 2026 water supply failures. The evidence detailed the significant contribution made by KCC Adult Social Care services, contracted providers, and the voluntary sector to support the community. In May 2026, Adult Social Care will join other multi-agency partners to contribute to the design and development of the South East Water alternative provision service which is activated in response to water supply disruption. This provides an opportunity to influence the response to future outages, limiting the impact on community and the local health and care system.

4. Preparedness for Winter 2026/2027 and Assurance

4.1 Preventative, technology and early help

- 4.1.1 Preventative and early help activity through the Public Health flu vaccination programme will continue to provide assurance through strong, well-established collaboration between NHS England, ICBs, local authorities and providers. Clear commissioner guidance will be maintained to ensure effective partnership working, including robust arrangements between providers and any sub-contracting partners. The continued use and development of real-time reporting via the Federated Data Platform (FDP) will support improved system oversight, enabling proactive monitoring of vaccination uptake and emerging system pressures. Enhanced system-wide visibility of vaccine stock will support timely decision-making, reduce the risk of shortages and strengthen operational resilience. A sustained focus on targeted prevention and early intervention will be embedded, with learning from each winter season routinely applied to inform planning, delivery and continuous improvement for future vaccination programmes.
- 4.1.2 To strengthen support in the community and people's own homes for Winter 2026/2027, the remodelling of Short Term Pathways will be needed to further reduce avoidable hospital admissions and to support timely, safe and less restrictive discharges from acute settings. A consistent focus on Occupational Therapy engagement with the acute trust and providers will be essential to embed the single-handed care model, supporting earlier discharge and greater independence at home.
- 4.1.3 The Home First model in West Kent will be developed and embedded, building on the current soft launch and supported by successful recruitment to ensure sufficient capacity ahead of winter pressures.
- 4.1.4 In preparation for Winter 2026/2027, KEaH is working with KCHFT to reduce transfer of care times for home care services. This will support hospital avoidance and reducing corridor care in the acute hospitals. On a countywide

level, KEaH's main challenge this year has been the recruitment freeze which has impacted on recruitment onboarding and training streams which are generally constant throughout the year. Referrals and service starts have increased by 15% over the last year despite current vacancy levels of 27% across the county. A recruitment strategy that includes external advertising campaigns is due to be launched imminently. Recruitment must be a priority to sustain this level of service delivery.

- 4.1.5 Working with Health Partners to use residential and nursing beds as step up beds to prevent hospital admissions will include wrapping health and rehabilitation support around them with access to community nursing support.
- 4.1.6 An effective KEaH recruitment campaign will be required to secure the workforce needed to deliver care at home at scale.
- 4.1.7 Collectively, these actions are critical to improving community-based support, increasing system resilience and reducing pressure on acute services during Winter 2026/2027.
- 4.1.8 There is ongoing development of TELS ready for Winter 2026/2027 by increasing awareness on technology within communities as part of prevention and the use of activity monitoring within KEaH to help increase capacity.
- 4.3 Enhanced support to providers of accommodation care
- 4.3.1 Adults Commissioning is actively market-shaping and contract managing Older People's Residential and Nursing (OPRN) and Homecare services to maintain sufficient capacity through winter pressures.
- 4.3.2 The current OPRN contracts set clear service expectations around staffing, clinical escalation, pressure care, continuing healthcare liaison and safe management of changing needs, providing assurance of quality and continuity over winter.
- 4.3.3 Commissioning continues to maintain a balanced mix of framework and spot provision, ensuring placements can be sourced in periods of increased demand whilst ensuring quality and value for money.
- 4.3.4 Work between Adult Social Care and the ICB on options to scale up digital monitoring within care homes is ongoing.
- 4.4 Additional capacity to deal with exceptional increase in demand
- 4.4.1 To provide assurance that demand pressures can be managed sustainably, investment needs to move upstream through prevention, enablement, community support, TELS and equipment.

- 4.4.2 Adult Social Care needs to continue shifting its approach towards prevention through targeted investment in community-based support, enablement and early help. Commissioned services will need to align more consistently with neighbourhood working, with a stronger focus on promoting independence and reducing escalation into long-term and high-cost care.
- 4.4.3 Workforce capacity needs to be right-sized to support this shift, with additional resource required within prevention services, including Adult Social Care Connect, Enablement and TELS, to enable effective upstream intervention. Digital and technological innovation in social care, including the further development of TELS and digital monitoring in care homes and the responsible use of artificial intelligence, will need to be progressed to support independence and resilience. This will require strengthened strategic and local partnerships and deeper engagement with communities. Collectively, this activity is required to deliver the priorities set out in the Prevention Framework delivery plan, in partnership with Public Health, Growth and Communities, and Integrated Children's Services, and to support a reduction in avoidable hospital admissions.
- 4.4.4 The new equipment service with Medequip is fully mobilised and Trusted Assessor models are being explored to build capacity for assessing and allocating low level equipment and technology.
- 4.4.5 From a commissioning perspective, a system-wide diagnostic of hospital discharge pathways has been undertaken to identify the key drivers of delay, variation and reliance on bed-based care. This has informed a clear set of priorities focused on strengthening Pathways 0–2, reducing reliance on Pathway 3, and embedding a consistent Home First approach across the system.
- 4.4.6 Commissioning will play a central role in delivering this shift through the redesign of Home Care services, the development of integrated brokerage to improve coordination and manage capacity and pricing, and the expansion of preventative approaches including TELS. These changes will support earlier intervention, improve flow through the system and ensure a more sustainable, community-based model of care aligned to Adult Social Care and system-wide priorities.
- 4.4.7 Commissioning will also increasingly align with the development of integrated neighbourhood teams. Work is underway with system partners to consider how commissioning can evolve to support more coordinated, place-based and preventative approaches to care, enabling earlier intervention and improved outcomes for local populations. This will be supported through a review of the Better Care Fund (BCF), ensuring investment is aligned to system priorities, strengthens community capacity and supports a shift towards prevention, independence and reduced reliance on higher-cost care. Delivering this shift will require commissioning to move away from traditional, volume-based models towards more flexible, outcome-focused approaches, with a stronger emphasis on prevention, market shaping and active management of capacity, quality and price.

4.4.8 To support the care sector workforce resilience and upskill for Winter pressures there will be a continued programme of bitesize training and provider forums. There is a focus on future proofing the workforce and maintaining capacity through an ongoing programme of bootcamps to upskill the existing workforce and recruit new workers.

5. Conclusion

5.1 Winter 2025/2026 continued to place significant pressure on the local health and care system. However, Adult Social Care, working closely with NHS, Public Health and system partners, played a critical role in maintaining service delivery, supporting safe discharge and strengthening system resilience. The period highlighted clear strengths, including effective escalation arrangements, strong performance within Adult Short Stay Services, improving vaccination uptake, and robust multi-agency coordination, alongside ongoing challenges relating to hospital flow, workforce capacity and community provision.

5.2. Learning from Winter 2025/2026 has informed a clear approach to preparedness for Winter 2026/2027, with a strong focus on prevention, enabling people to remain at home, improving discharge pathways, stabilising the workforce and strengthening public health resilience. The actions set out in this report provide assurance that Adult Social Care and partners are focused on the response to Winter 2026/2027, reducing avoidable hospital admissions and supporting sustainable system resilience going forward.

6. Recommendation

6.1 Recommendation: The Scrutiny Committee is asked to NOTE the content of the report.

7. Background documents

Adult Social Care and Health Operational Pressures Escalation Plan
2025/2026 Cabinet Committee Report
<https://democracy.kent.gov.uk/documents/s133135/Adult%20Social%20Care%20Operational%20Pressures%20Escalation%20Plan%2020252026.pdf>

Operational Pressures Escalation Plan
[Operational Pressures Escalation Plan](#)

8. Appendices

Appendix 1 – Number of People receiving services with Adult Social Care
Appendix 2 – Flu Vaccination Uptake in Kent

9. Report Authors

Audrey Beale

Audrey.Beale@kent.gov.uk 03000 412453

John Callaghan

John.Callaghan@kent.gov.uk 03000 413904

Georgina Walton

Georgina.Walton@kent.gov.uk 03000 415535

Laura Prentice-Vernon

Laura.Prentice@kent.gov.uk 03000 417473

Lisa Martin

Lisa.Martin2@kent.gov.uk 03000 415155

Paula Parker

Paula.Parker@kent.gov.uk 03000 423062

Relevant Director

Michael Thomas-Sam

Michael.Thomas-Sam@kent.gov.uk 03000 410884

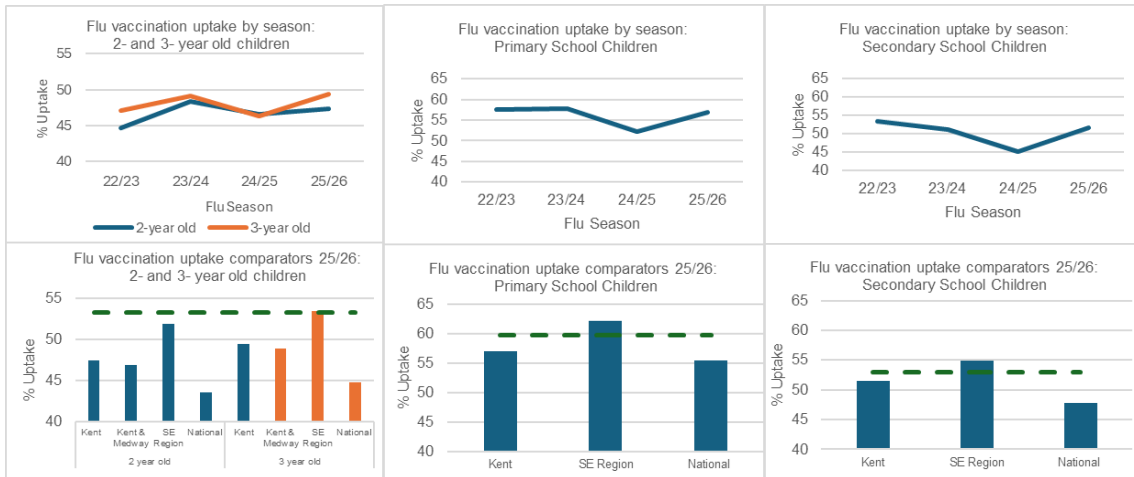
Appendix One – NHS Flu Vaccination Programme Data

1. Uptake of flu vaccinations according to cohort from 22/23 to 25/26

2 and 3 Yr old children

Primary School

Secondary School

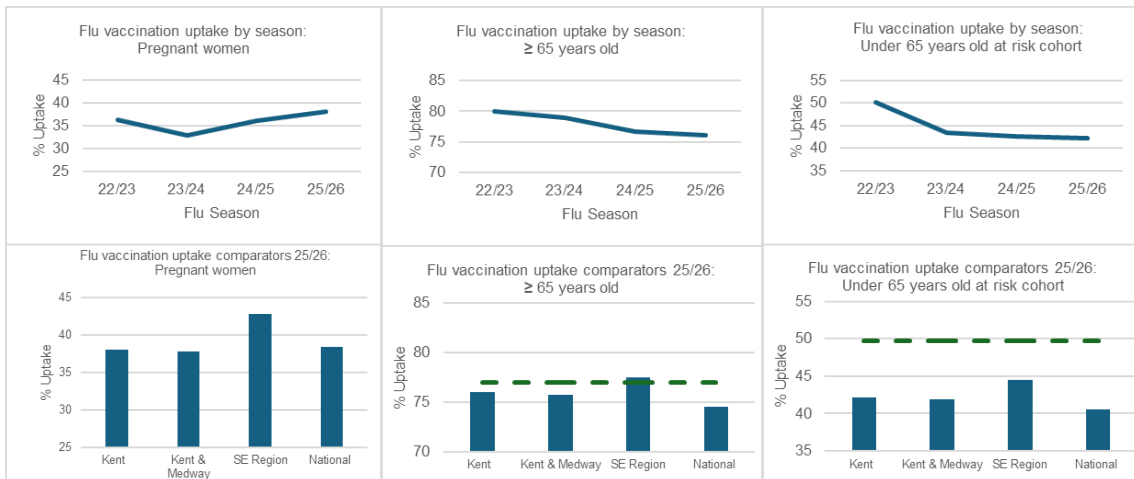


Kent LA school uptake data source: ImmForm

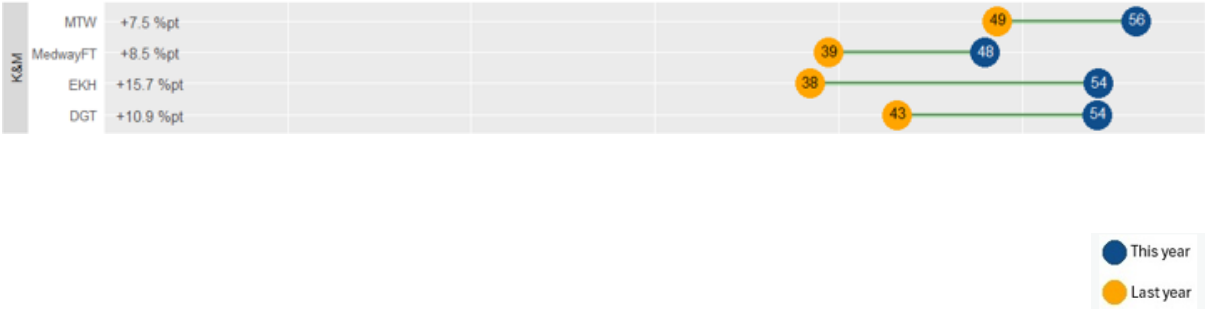
Pregnant Women

> 65 yrs old cohort

<65 yrs old cohort



Hospital Frontline Clinical Healthcare Workers Vaccine Uptake in 2025/26 and change from 2024/25



Source: *FDP Vaccinations: Trust Performance Reporting - Frontline HCW – Vaccination Events up to 28-Feb-2026 Frontline Healthcare Workers in Acute Trusts* - this report shows Active, Substantive staff in one of the following staff groups: Medical & Dental, Nursing & Midwifery, Additional Clinical Services, Allied Health Professional ICB uptake values do not include ambulance trust data