From:	Georgia Foster, Cabinet Member for Adult Social Care and Public Health Helen Woodland, Corporate Director Adult Social Care and Health
To:	Adult Social Care and Public Health Cabinet Committee – 24 September 2026
Subject:	**ADULT SOCIAL CARE AND HEALTH PERFORMANCE Q1 2026/2027**
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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 1 (April to June) for the financial year 2026/27.

Repeat contacts remained low (ASC 1) and demand at the front door reduced compared to the previous quarter (ASC 8), whilst assessment waiting times improved (ASC 2) and Care Needs Assessment requests saw a continued reduction (ASC 9). The number of people with a review scheduled increased (either first or ongoing reviews), in comparison to the previous quarter, however Quarter 1 also marks the highest number of reviews completed in the past two years (ASC 12).

Enablement services continued to deliver positive outcomes, helping people maximise their independence and reducing ongoing care needs (ASC 14 & 15). The use of short term beds saw the first increase since Quarter 1 2025/26 (ASC 16), however admissions to long-term residential and nursing care continues to decrease (ASC 5 & 6), reflecting the continued focus on supporting people within their communities wherever possible. The number of Deprivation of Liberty Safeguards applications received and completed has continued to decrease for the second consecutive quarter (ASC 18); meanwhile the number of safeguarding concerns received increased for the first time in two quarters, leading to a rise in open safeguarding work (ASC 19).

Of the seven Key Performance Indicators, three were RAG Rated Green and two were RAG Rated Amber. Two are RAG Rated Red having not met their target, the first is ASC 6 admissions to long-term residential and nursing care, even though the rate is decreasing, this is above the new target and upper threshold for 2026/27; and ASC 7, KCC supported people in a residential or nursing home where the Care Quality Commission rating is Good or Outstanding, which decreased by 3% to below the target and floor threshold.

Recommendation: The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of adult social care services in Quarter 1 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).

2. Overview of Performance

2.1 The Adult Social Care Connect Teams are the first point of contact for people who need support from adult social care. The team will look to offer information and advice to those making contact and, where appropriate, offer further support from adult social care. One of the team's key aims is to resolve contacts efficiently and effectively so that the person does not need to repeat their request for support. In Quarter 1, 3% of contacts were from people who had made contact in the past three months (ASC 1). This proportion has remained the same since the previous quarter and therefore the measure is RAG Rated GREEN; below the target of 5%.

2.2 The number of people contacting Adult Social Care Connect saw a 2% decrease in Quarter 1, falling to 8,411 (ASC 8) though this figure is 12% higher than the same quarter last financial year which was 7,529. The most common source of referrals continued to be family members (24%), followed by self-referrals. The majority of contacts were made through using the online web contact form (35%), followed by email (31%).

2.3 Adult Social Care Connect Teams are looking at increasing their presence in local communities through drop-in clinics and information stands, helping people access advice in familiar, accessible settings. This will encourage earlier conversations, raising awareness of available support, including preventative and community-based services.

2.4 East Kent has trialled drop-in clinics and information stands at various locations where staffing capacity and setting have permitted, where this was not possible, alternative sites have been sourced. In West Kent, a number of clinics have been set up and operational. Adult Social Care Connect Teams are in the process of replicating this across more locations in the county. Drop-in clinics and information stand locations include:

- East Kent
  - Asda, Folkestone
  - Age UK, Folkestone
  - SEK, Thanet
- West Kent
  - Gravesham Civic Centre, Gravesend
  - Temple Hill Community Centre, Dartford
  - Heather House Community Café Hub, Sittingbourne
  - Fusion Healthy Living Centre, Maidstone
  - Sheppey Gateway, delivered in partnership with the Kent Enablement Service (KES) - In process of being set up

2.5 Changes have also been made to the ‘How to get adult social care support’ pages on kent.gov.uk, providing clearer information on eligibility and what to expect from adult social care. The update aims to improve understanding, support informed decision-making, and direct people to the most appropriate support pathway.

2.6 Adult social care will undertake a Care Needs Assessment if a person’s needs cannot be met through conversation, signposting or other alternative enablement actions. This assessment will outline the persons’ eligibility for further support. The number of incoming assessments has reduced for a fifth consecutive quarter, with 3,301 assessments requested in Quarter 1. For comparison, Quarter 1 of 2025/2026 saw 4,353 requests for assessment (ASC 9). The number of Care Needs Assessments completed also reduced for the fourth consecutive quarter, with 3,323 assessments completed in Quarter 1 (ASC 9), however this was higher than those incoming.

2.7 For financial year 2026/2027, a new KPI for Care Needs Assessments is now in place, covering the median wait time in days for the completion of a Care Needs Assessment (ASC 2) aligning this KPI with Care Quality Commission (CQC) reporting requirements and Reforming Kent. In Quarter 1, the median wait time for completion of a Care Needs Assessment was 24 days; an improvement of three days when compared to the previous quarter. The target for this measure is 25 days, with an upper threshold of 30 days, meaning this measure is RAG Rated GREEN.

2.8 Adult social care commissions external carers agencies to offer support those who identify as carers with information, advice or guidance or a full carers assessment for further support. In Quarter 1, 920 carers were supported in this way (ASC 10); representing a 12% decrease from Quarter 4 but a comparable figure to the same quarter last financial year (911). Support provided in the quarter included 373 carers assessments; with 330 requested in the same time period. Whilst engagement with support services has reduced, teams continue to work with partner organisations to understand the underlying causes to increase reach and strengthen support for carers via the carers needs assessment work and the prevention framework.

2.9 Over 2,000 people had a support package arranged in Quarter 1, continuing a similar trend of activity seen over the past two quarters (ASC 11). The most common type of support provided was in the form of Homecare (29%), followed by Short Term Beds (25%); a change from what was seen in Quarters 3 and 4 of 2025/2026 when Short Term Beds were the most commonly utilised provision. The figures for this measure are provisional and are subject to change as updates are made to the client recording system.

2.10 Once a support package is in place as part of a person’s care and support plan, the Care Act instructs that this should be reviewed on a regular basis to ensure that it continues to meet the person’s needs. In Quarter 1, adult social care completed 5,789 reviews, with 5,752 scheduled in the quarter (ASC12). The volume of both scheduled and completed reviews was at its highest level in Quarter 1 when compared across the last two financial years, demonstrating a strong operational response to rising demand. Of the reviews completed in the

quarter, 2,548 were initial (first) reviews and 3,241 were ongoing (annual) reviews. There was a notable 18% increase in the volume of initial reviews that were completed.

2.11 Both the Kent Enablement at Home (KEaH) and Kent Enablement Service (KES) aim to work with people to increase their independence and enable them to live more independently. In Quarter 1, 2,195 people were supported by KEaH and 1,174 by KES (ASC 14 and 15 respectively). Whilst there was a reduction in the number of people supported by KEaH compared to the previous quarter, a 26% increase in those supported by KES meant the overall volume of people being supported by these enablement services increased quarter-on-quarter. When comparing the independence levels of people starting with the enablement services to when they ended, people supported by KEaH saw, on average, an 82% decrease in need, with people supported by KES seeing a 58% decrease (ASC 14 and 15 respectively).

2.12 Utilisation of a short term bed increased in Quarter 1, following decreases in previous quarters. 1,474 people were in a Short Term Bed in the quarter, which is an increase of 8% and a comparable figure to the same quarter last year (ASC 16).

2.13 The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement services continues to be RAG Rated AMBER for a second successive quarter, at 84% (ASC 4). It sits 1% below target. This measure has sat in the range of 83-86% in the past two financial years.

2.14 If a persons' needs cannot be met in a community setting, they may receive care in a residential or nursing home. For adults aged 18-64, this was 14 per 100,000 in Quarter 1 (ASC 5). This is better than the target of 18 per 100,000 and means this measure remains RAG Rated GREEN. For those aged 65 or over, this has also decreased since last quarter and is now at 576 per 100,000 (ASC 6). However, the target for this measure has changed for this financial year, moving from 588 to 515. As a result this measure is now RAG Rated RED. The change in target reflects Reforming Kent and the intentions of adult social care, and is based on performance in 2024/2025.

2.15 The Care Quality Commission (CQC) regularly inspect residential and nursing homes and publish their findings. In Quarter 1, 72% of KCC supported people resident in these settings were residing in a home rated either Good or Outstanding (ASC 7). This measure is now RAG Rated RED from AMBER, moving below a floor threshold of 75%. This movement has been influenced by increased CQC assessment activity and changes to the ratings of a small number of care homes with relatively high numbers of Kent-funded residents. As the CQC undertakes assessments, more current ratings replace previous ratings, and changes at individual homes can therefore have a disproportionate impact on this measure.

2.16 KCC continues to operate robust quality assurance and contract monitoring arrangements across the residential care market. Where quality or safeguarding concerns are identified, these include risk management

processes and, where appropriate, restrictions or suspension of new placements. Placements are not made in services subject to suspension or commissioning restrictions. A Requires Improvement CQC rating does not in itself automatically result in a suspension, decisions are informed by the nature of the concerns, the risks identified and the actions being taken by the provider.

2.17 Commissioners and Operational teams maintain regular operational oversight of quality and safeguarding risks and work with providers where improvement is required. Senior officers also maintain regular engagement with CQC to consider emerging themes, risks and trends across the Kent care market.

2.18 A Direct Payment can give a person full control of how their needs can be met and are offered by adult social care where appropriate. In Quarter 1, 26% of people in receipt of community services had a Direct Payment (ASC 3). This measure continues to be RAG Rated AMBER, below a target of 30% but above the floor threshold of 24%.

2.19 There was an 11% decrease in Deprivation of Liberty Safeguards applications received in Quarter 1 compared to the previous quarter and a 5% reduction in applications completed. (ASC 18). Both metrics saw their lowest figures since Quarter 2 2025/26. Following the Attorney General Northern Ireland judgement made in June 2026, the team noted a reduction in the number of applications received from care homes. As a result of the judgment, the multifactorial assessment has changed leading to fewer people now meeting the threshold for an application.

2.20 Incoming safeguarding concerns had seen downward movement in the past two quarters, reflecting focused work to ensure that concerns were raised when appropriate, so the correct assistance can be provided. However 6,029 safeguarding concerns were received in Quarter 1, up from 5,796 in the previous quarter (ASC 19), a contributing factor was the hot weather experienced in this time period.

2.21 A new addition to this financial year's collection of measures is the amount of open safeguarding work at the end of the quarter. This enables a view of the productivity of the safeguarding teams in an environment of increased demand over the past few years. In Quarter 1, the amount of open work increased from 2,418 to 2,881, this will be a mixture of ongoing enquiries and incoming concerns that are being triaged (ASC 19). Open work is at its highest level since Q3 2024/25.

2.22 At the beginning of a safeguarding intervention, the adult at risk will be asked what their desired outcomes are as a result of adult social care providing assistance. This is a fundamental part of 'Making Safeguarding Personal' and whether the outcomes were fully or partially achieved form a new measure for this financial year. In Quarter 1, 88% of people had their desired outcomes fully or partially completed as a result of safeguarding intervention (ASC 20); an increase of 1% when compared to the previous quarter but lower than the same quarter last year (93%).

3. Conclusion

3.1 Adult social care's KPIs have remained steady for a second consecutive quarter, with only the percentage of Kent County Council supported people in residential or nursing where the Care Quality Commission rating is Good or Outstanding (ASC 7) moving from AMBER to RED due to activity and not a change in target.

3.2 Adult social care continues to focus on managing demand, to deliver timely support and positive outcomes for Kent residents. Repeat contacts remained low (ASC 1), Care Needs Assessment waiting times improved (ASC 2), and strong performance was seen in reviews (ASC 12) and enablement services (ASC 14 & 15). Admissions to long-term residential and nursing care also reduced for adults aged 18 to 64 (ASC 5), and 65 and over (ASC 6). Demand remained high across a number of services, particularly safeguarding, where increased incoming concerns contributed to a rise in open work (ASC 19).

4. Recommendation

Recommendation: The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of adult social care services in Quarter 1 2026/2027.

5. Background Documents

None

6. Appendices

Appendix 1 – Adult Social Care Performance Dashboard Q1 2026/2027

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