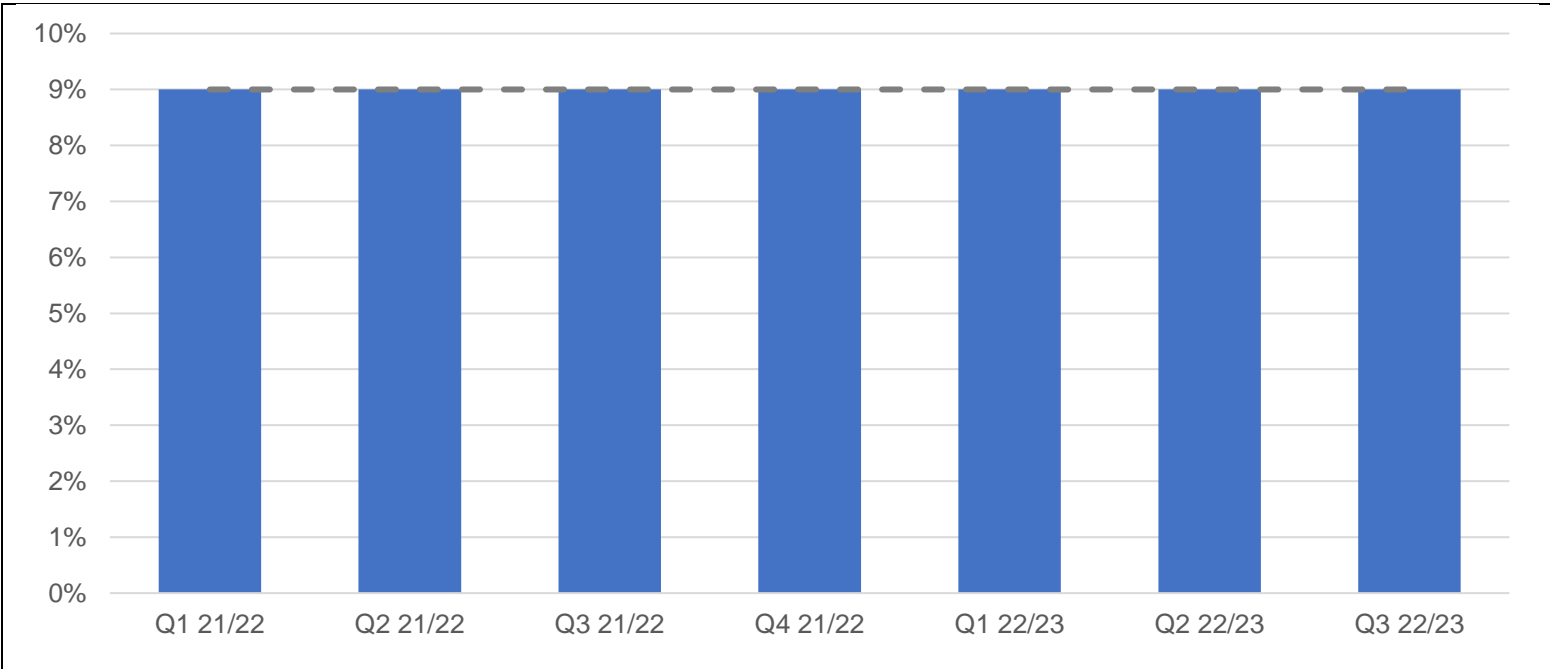


Adult Social Care Key Performance Indicator (KPI) and Activity Performance 2022/23

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

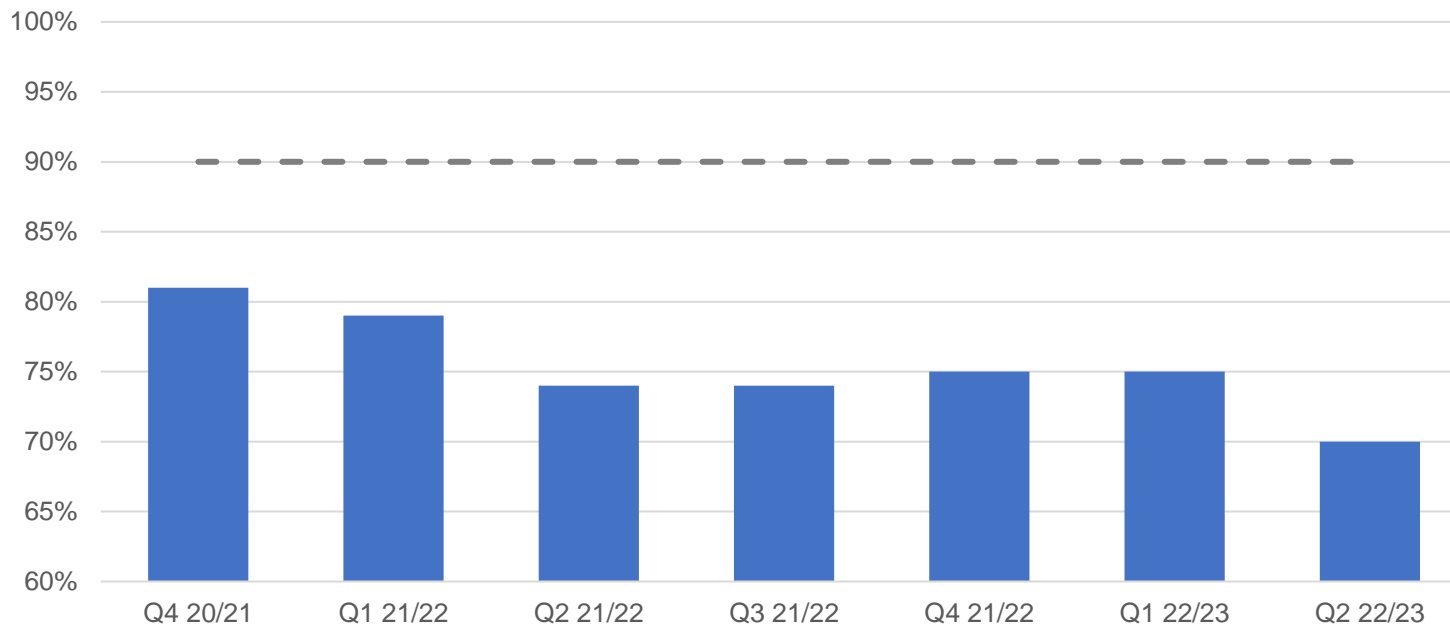
Please note axis does not end at 100%

Commentary: Adult Social Care continue to have only 9% of those who made contact do so again within 3 months, and the measure remains RAG Rated Green having been at target.

Quarterly, Adult Social Care have over 41,000 contacts with over 21,000 people.

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.

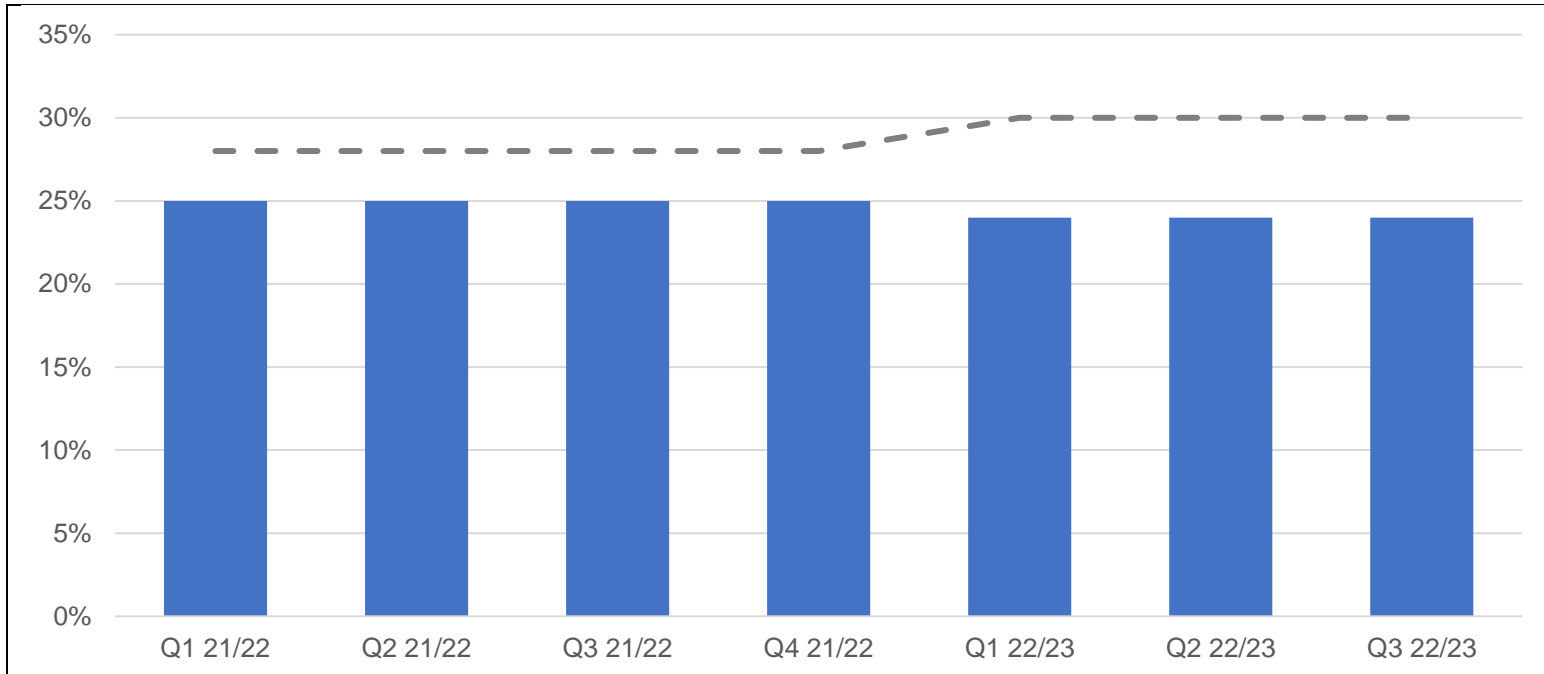
Commentary: Quarter 2 saw an increase, of 4% on the previous quarter, in the number of incoming Care Needs Assessments (CNAs). Of these, 70% were completed within 28 days, which is a decrease on previous delivery and below the floor threshold. However, in general the number of CNAs completed did increase, albeit by 1%, with each month within Quarter 2 showing an increased number of completions, this included completions of CNAs initiated prior to Quarter 2.

Improvements have been made in Quarter 3 where new actions and targets commenced from October 2022 as part of ASCH's Performance Assurance work (see ASCH 8) where colleagues are working on both completing new CNAs timely and addressing CNAs that have been open and worked on for longer.

The time taken to complete a CNA depends very much on the person, their needs and experiences; some will take days whilst others can take months.

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 Children, Young People and Education.

The Direction of Travel is not significant.

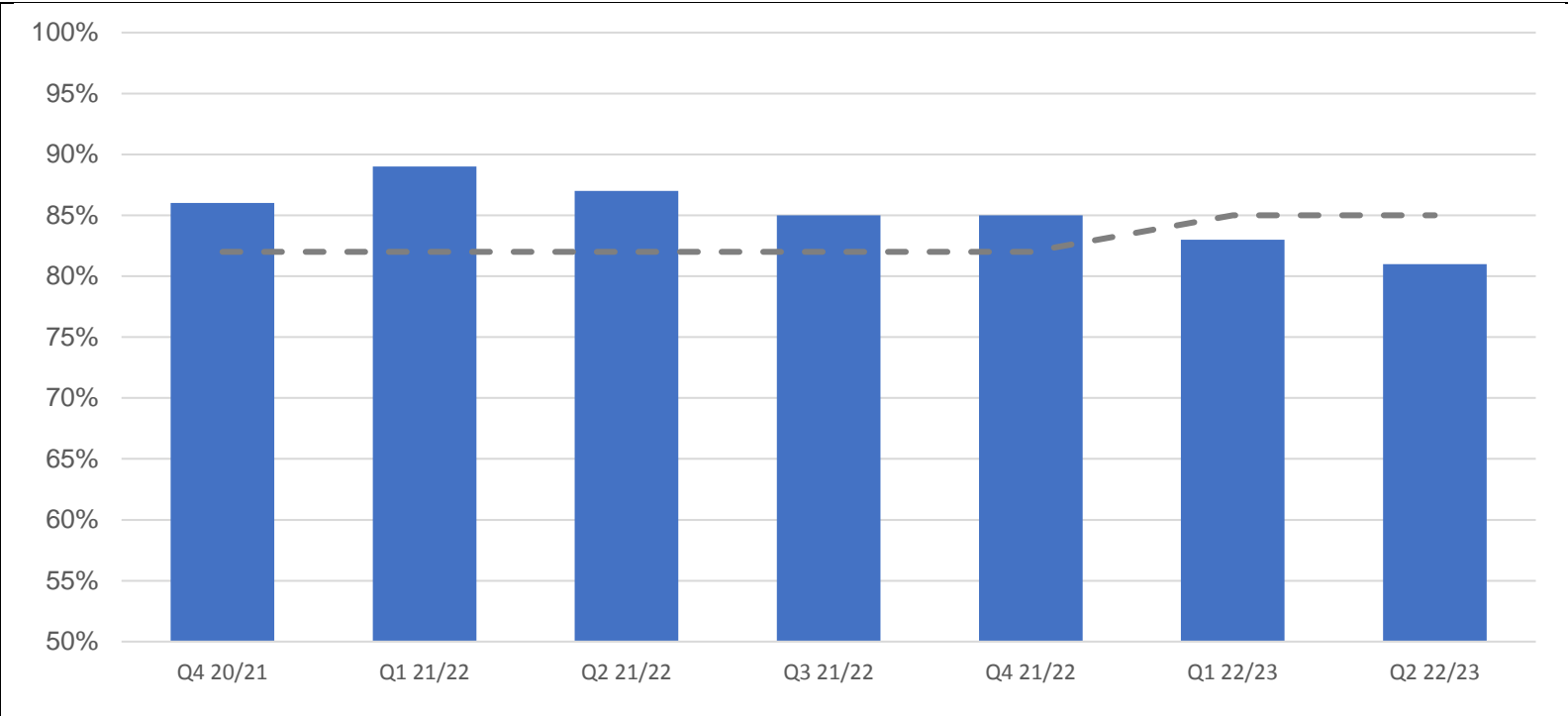
Please note axis does not end at 100

Commentary: Performance on this KPI continues to be RAG Rated Amber at 24%. Although the percentage has not increased, Quarter 3 did see an increase in the number of new people receiving a Direct Payment.

The number of people in receipt of a direct payment has not increased significantly however work is being completed to increase the options for people to be supported to manage their direct payment alongside work to increase the support available within communities. Following the introduction of the Personal Assistant (PA) portal in Kent there has been a steady increase in the number of PAs available and the number of people seeking a PA. It is expected that as support for direct payments increased over the coming 6 months the number of direct payments will also increase.

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 significant.

Please note axis does not start at 0.

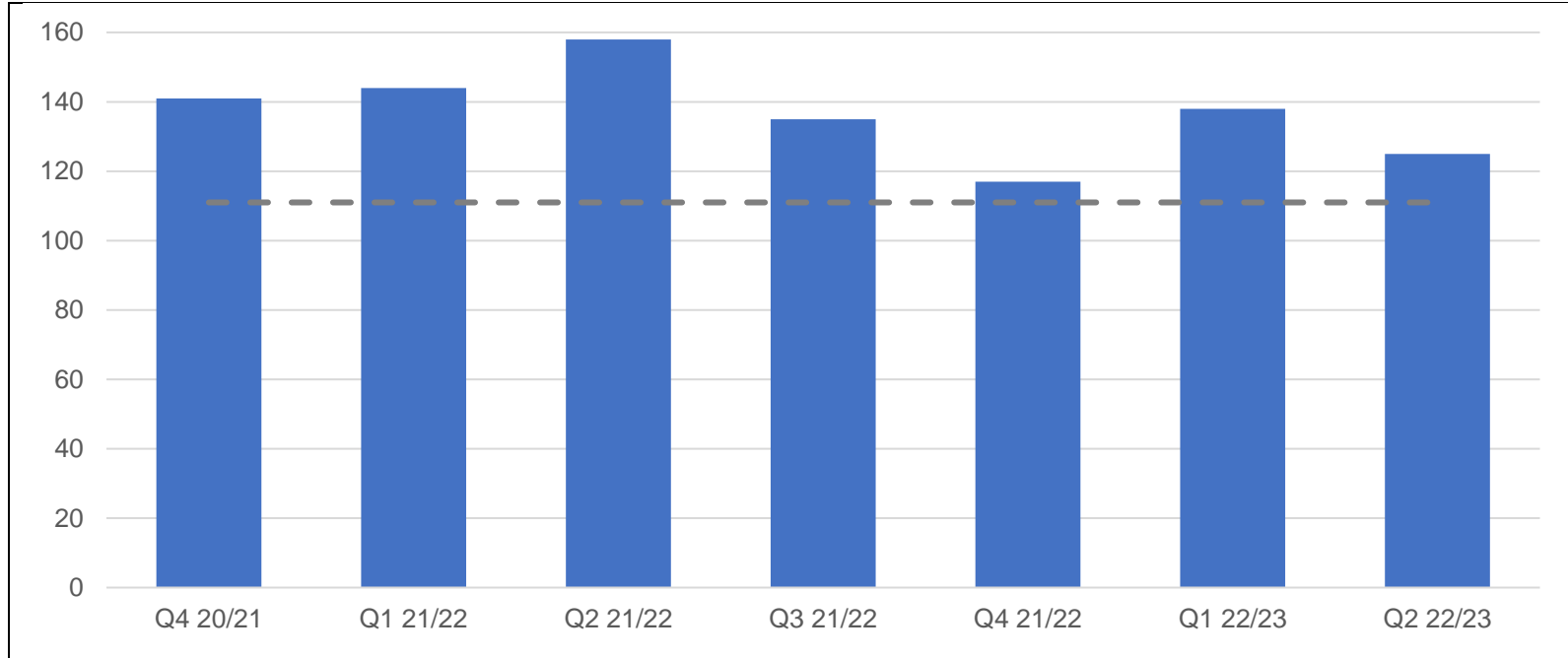
Better Care Fund Measure

Commentary: ASCH continue to see fewer people at home 91 days after discharge from hospital having had reablement services; there continues to be increases in those in short term residential or nursing beds (in Quarter 2), with people remaining in them for longer than 6 weeks. Ensuring people return home remains a priority for ASCH, as does the appropriate use and timeliness of short-term beds.

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. A slight increase in care and support in the home (homecare) availability across parts of the County, during Quarter 3, is also leading to the slight reduction in number of those being supported in residential and nursing care due to lack of provision at home.

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

KPI runs a quarter in arrears to account for recent levels of late inputting

The Direction of Travel is not significant.

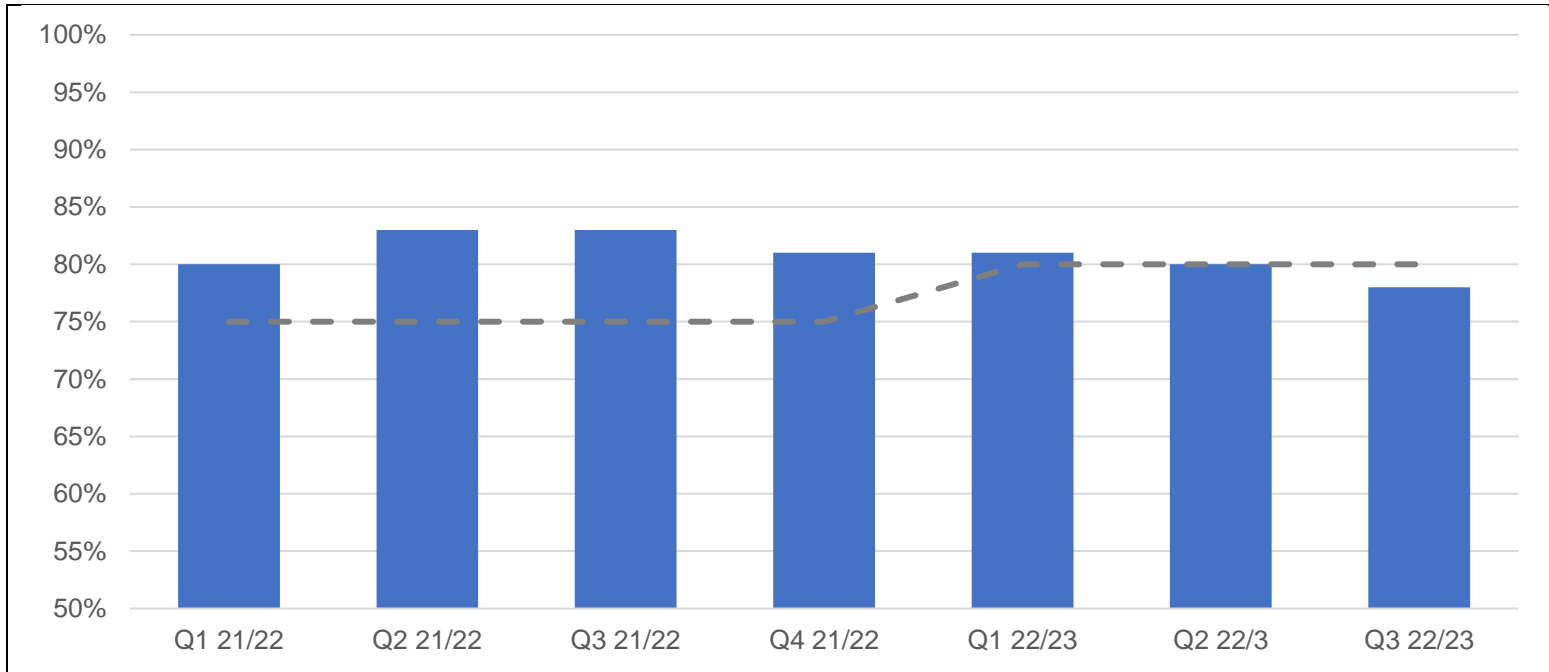
Better Care Fund Measure

Commentary: Quarter 2 saw a decrease in the rate per 100,000 of those entering long term residential or nursing care homes; the rate of 125 is above the target of 111 and remains Rag Rated Amber. In addition, to seeing a decrease in the number of admissions to long term residential or nursing care, there has been a decrease in the overall numbers, by 1%.

There is work continuing with both integrated discharge teams and with Occupational Therapy to create additional opportunities for reablement support for those leaving hospital, which is starting to show a slight decrease in the number of people being supported in residential or nursing care following a stay in hospital, which in turn enables people to remain in the community and not need long term care in residential or nursing settings (Quarter 3)

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

AMBER
↓



Technical Notes:

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

The Direction of Travel is significant.

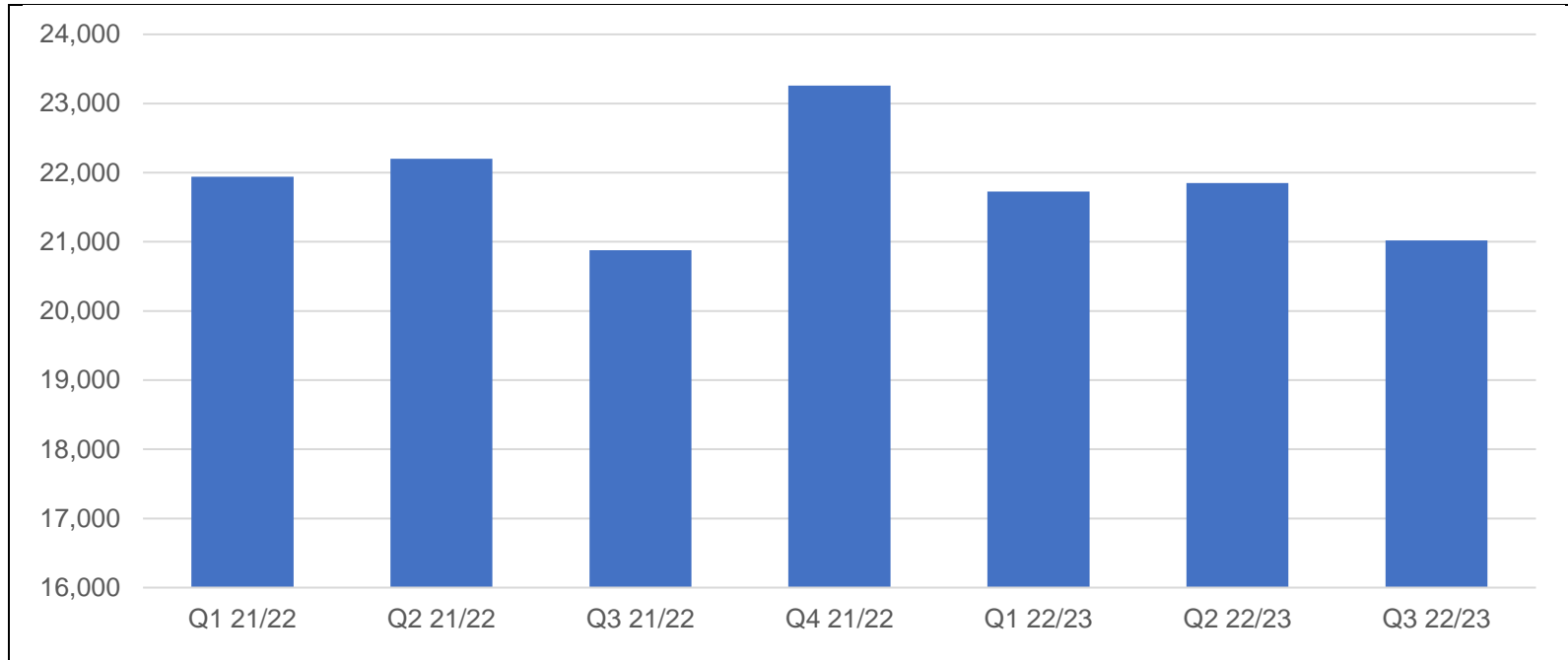
Please note axis does not start at 0.

Corporate Risk Register: CRR0015

Commentary: Quarter 3 continued to see a decrease in the proportion of people in a Care Quality Commission (CQC) rated Good or Outstanding care homes. This measure has now dropped below target and is RAG Rated Amber. There are still over 4,800 people in Good or Outstanding homes, and the proportion of those in an Outstanding home remains the same compared to the previous quarter, with the decrease occurring with those in Good homes. There is an increase in those in homes Requiring Improvement of 2%, with those in Inadequate homes decreasing slightly.

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. At present, 16 care homes (6 older person and 10 learning disability, physical disability and mental health) have contract suspensions in place to prevent further placements whilst improvements are being made. This is an increase of 2 homes on Quarter 2.

ASCH7: The number of people making contact with ASCH



Technical Notes:

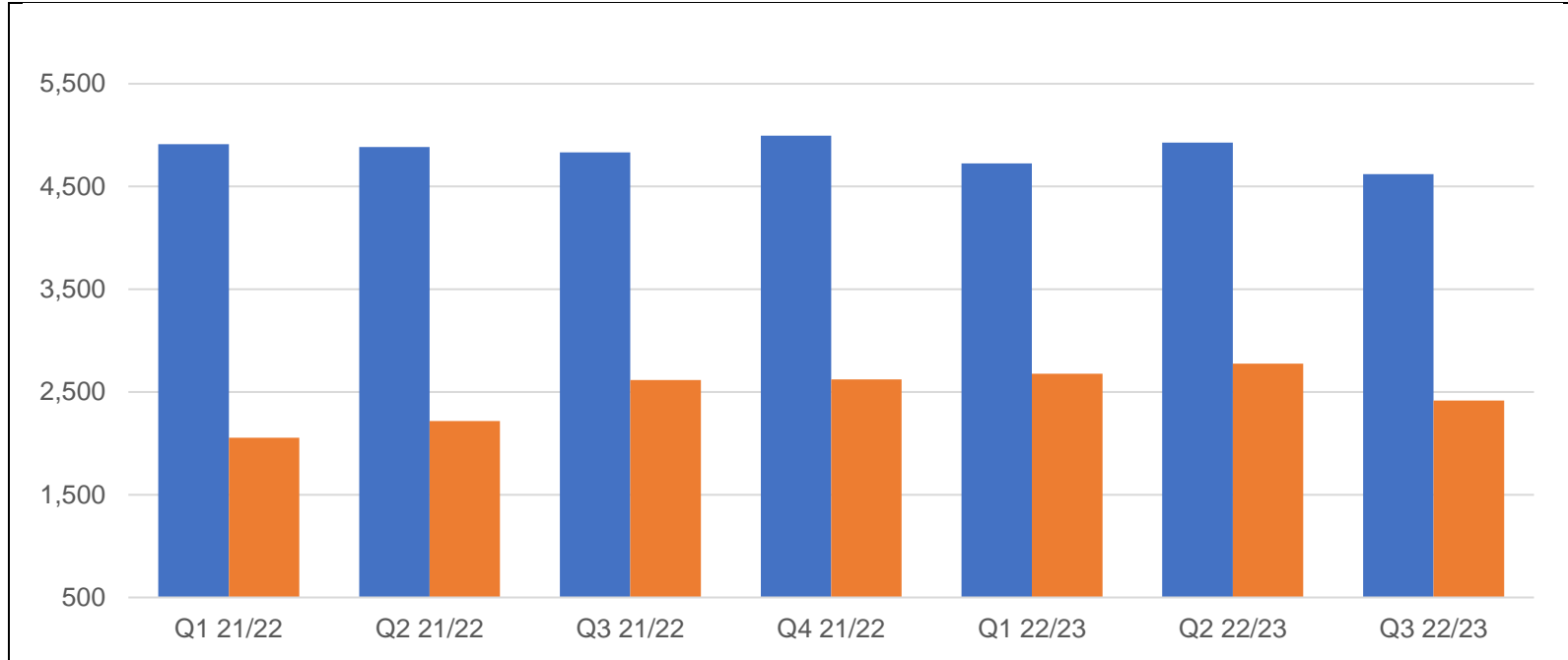
Activity measure, no specified target

Includes all forms of contact.

Please note axis does not start at 0

Commentary: in line with annual seasonal trends the number of people (including professionals) contacting ASCH requesting support reduces in Quarter 3. This is in part due to the extended weekends and Christmas Bank Holiday periods. A marked increase in incoming activity is expected in Quarter 4 as people contact ASCH, having spent time with relatives after the festive period and when referring services resume their usual operating hours.

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.

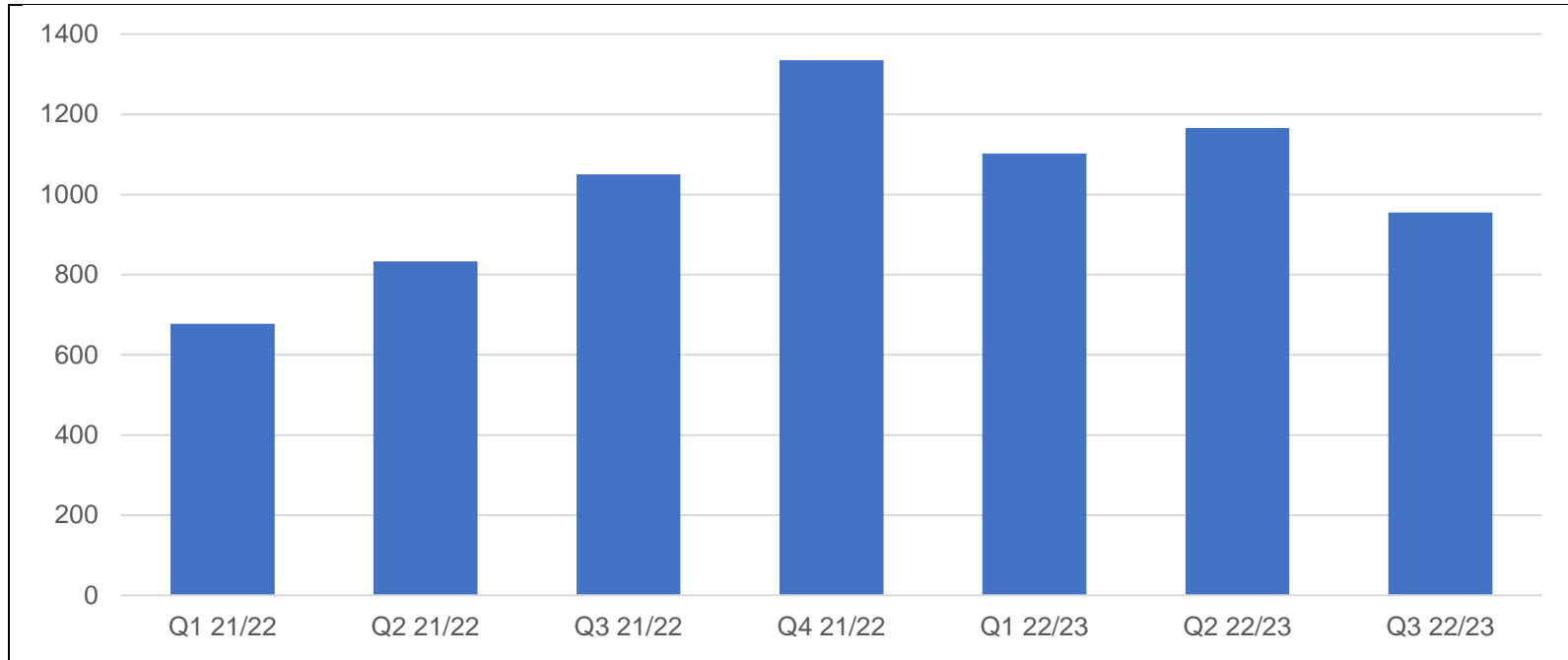
Orange – Assessment needing to be completed.

Corporate Risk Register:
CRR0002

Commentary: Quarter 3 saw a decrease of 6% in the number of incoming Care Needs Assessments (CNAs) with December having the lowest number and reflects a decrease in contacts over the holiday period.

The number of people requiring a CNA to be completed on the last day of the quarter decreased for the first time; this decrease is where targeted actions commenced from October 2022 as part of Performance Assurance where each operational area was given tailored monthly completion targets to work on both incoming CNAs and those in progress; there was an increase of 5% in the number of CNAs completed from Quarter 2 to Quarter 3, 5,005 were completed in Quarter 3 which is the highest volume in the previous 5 quarters.

ASCH9: The number of new Carers assessments delivered



Technical Notes:

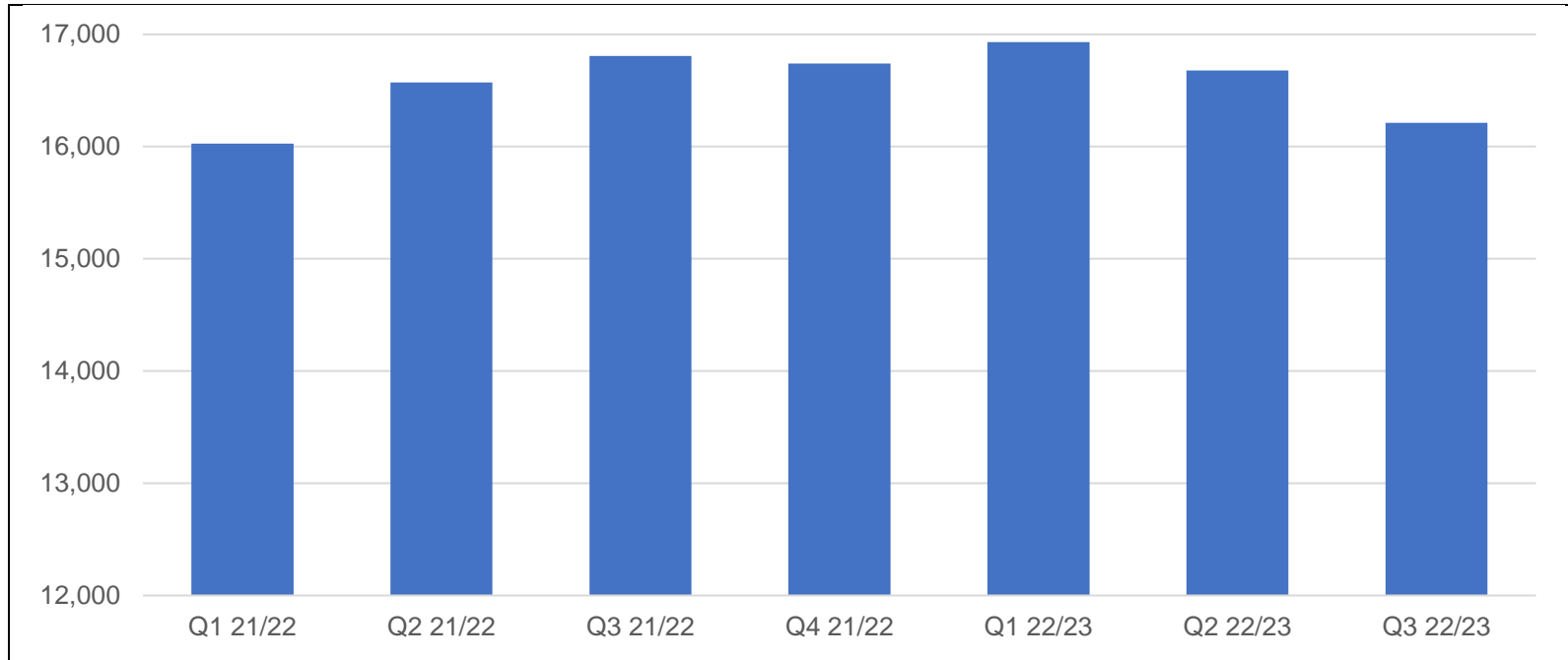
Activity measure,
no specified target

Corporate Risk
Register:
CRR0015

Commentary: Quarter 3 saw a decrease in the number of Carers Assessments delivered. 955 were delivered.

ASCH continue to encourage carers and the people they care for to be assessed. Partner agencies are asked to promote carer assessments where they identify people who are caring. Carers' assessments remain 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 & Support Plan at the end of the Quarter



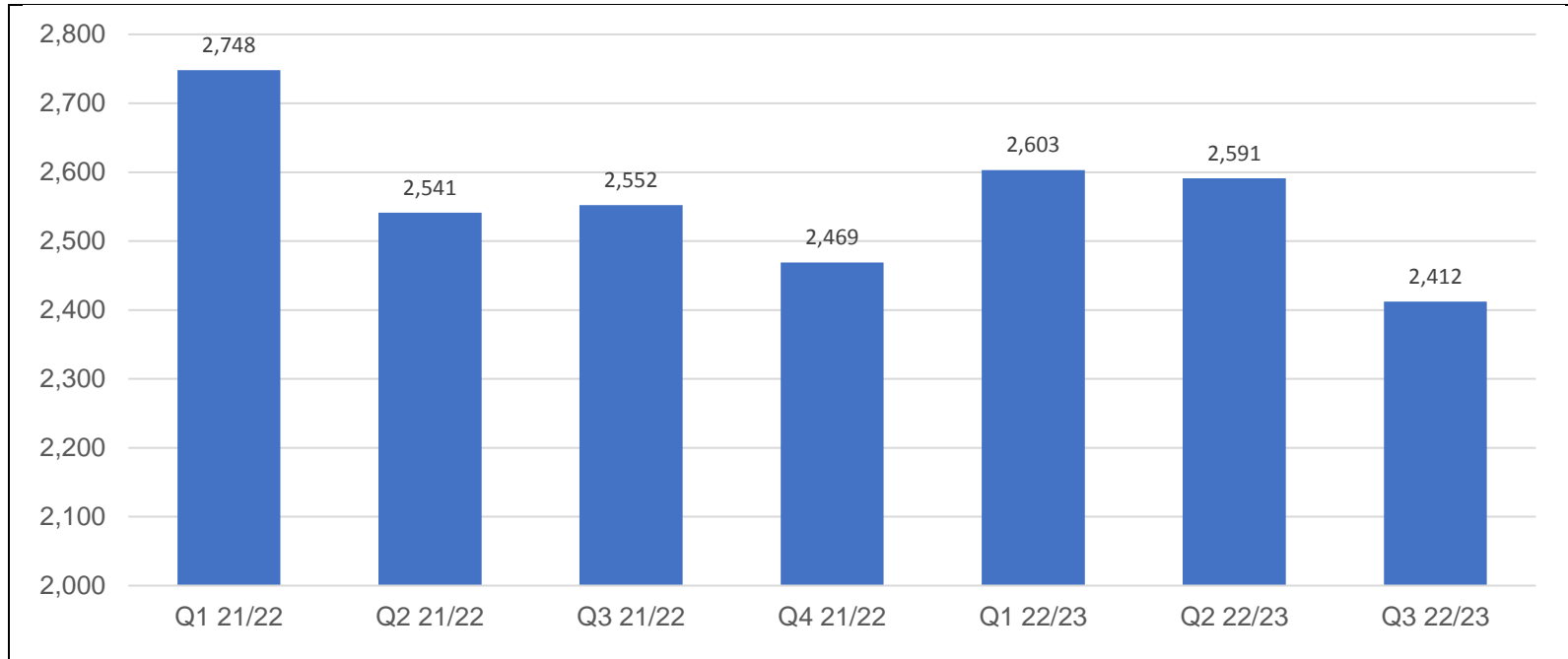
Technical Notes:

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. Quarter 3 saw another decrease in the volume of open C&SPs, however there were still over 16,200 people with an active C&SP.

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



Technical Notes:

Activity measure,
no specified target

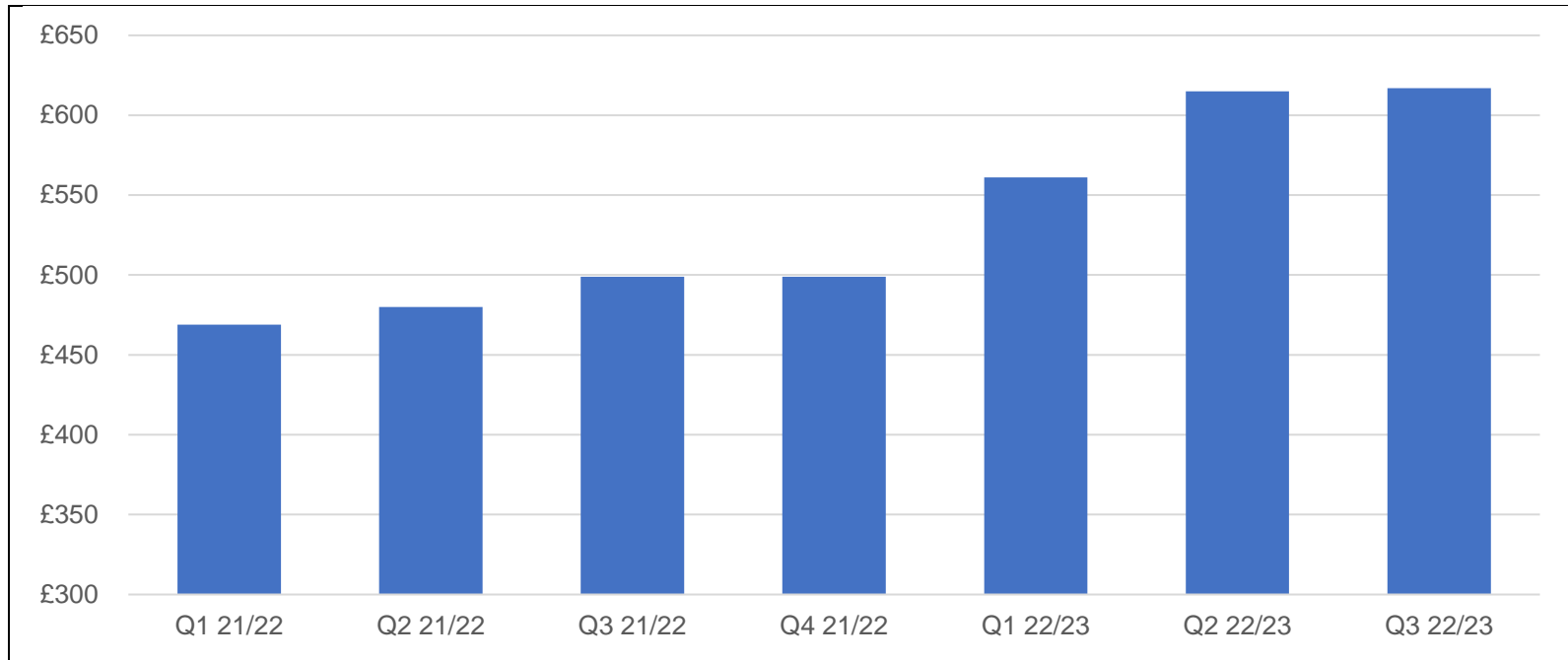
Please note axis
does not start at 0

Corporate Risk
Register:
CRR0002 &
CRR0015

Q1 and Q2
2022/23 figures
have been
updated.

Commentary: There have been a number of support packages inputted late onto the client recording system, and Quarter 1 and Quarter 2 have been updated, both quarters have increased, and it is expected that Quarter 3 will increase too. However the decrease in new support packages arranged reflects the decrease in those with an active Care & Support Plan (ASCH 10).

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

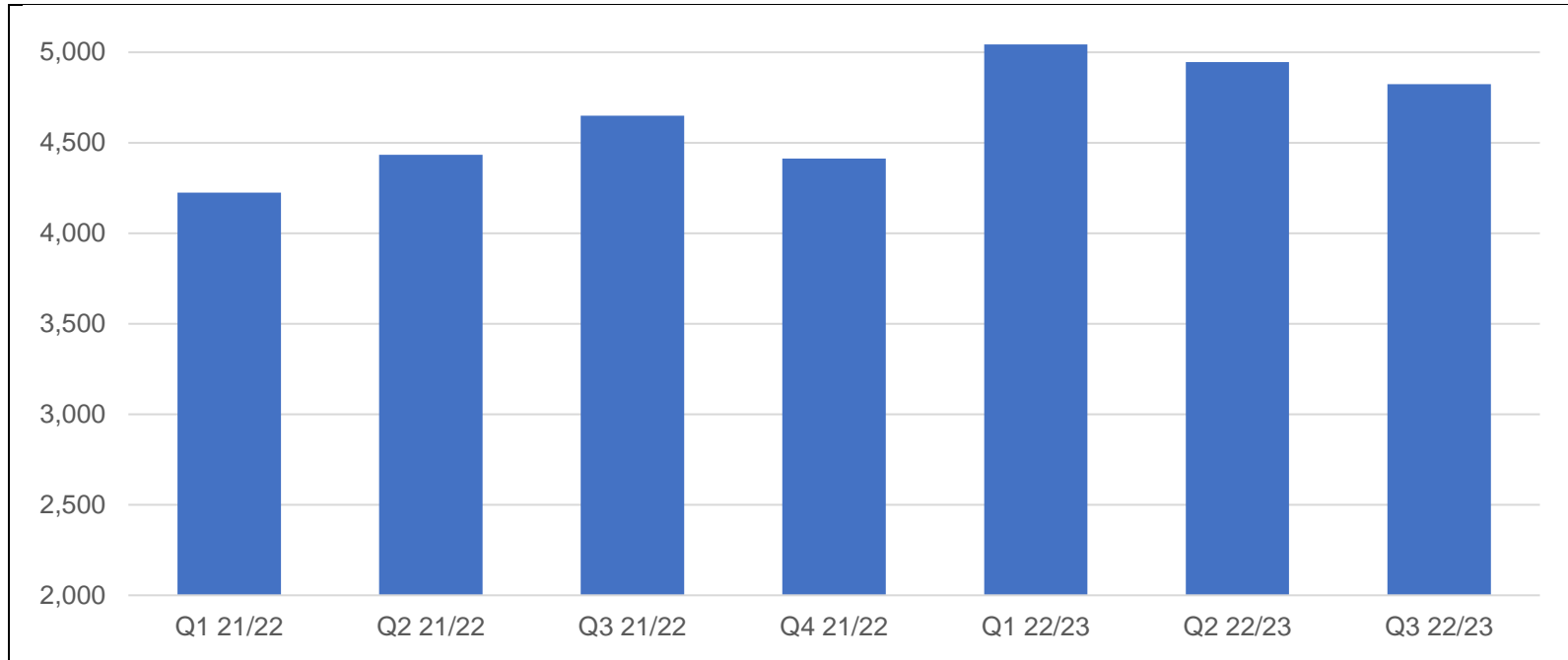
Please note axis does not start at 0

Q1 and Q2 2022/23 figures have been updated.

Commentary: There have been a number of support packages inputted late onto the client recording system, and Quarter 1 and Quarter 2 have been updated. Average weekly costs of new support packages continue to increase. It is expected that the Quarter 3 figures may increase more once the inputting of new services on the Adult Social Care Case Management system (MOSAIC) has caught up.

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:

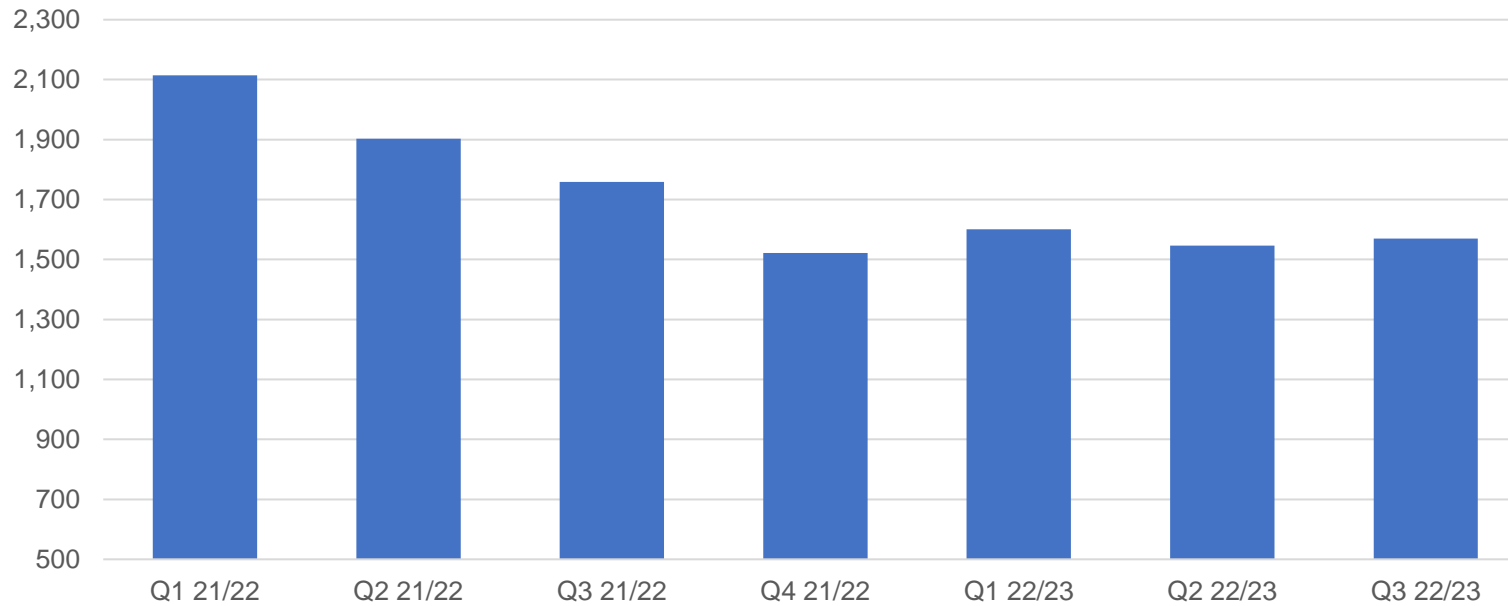
Activity measure, no specified target

Please note axis does not start at 0

Corporate Risk Register:
CRR0002

Commentary: The number of people requiring an annual review continues to decrease with Quarter 3 by 2% decrease, following a 2% increase of annual reviews completed in Quarter 3. Reviews are also part of Performance Assurance and as with CNAs each operational area were given targeted monthly targets. 3,200 annual reviews were completed.

ASCH14: The number of people in Kent Enablement at Home



Technical Notes:

Activity measure, no specified target

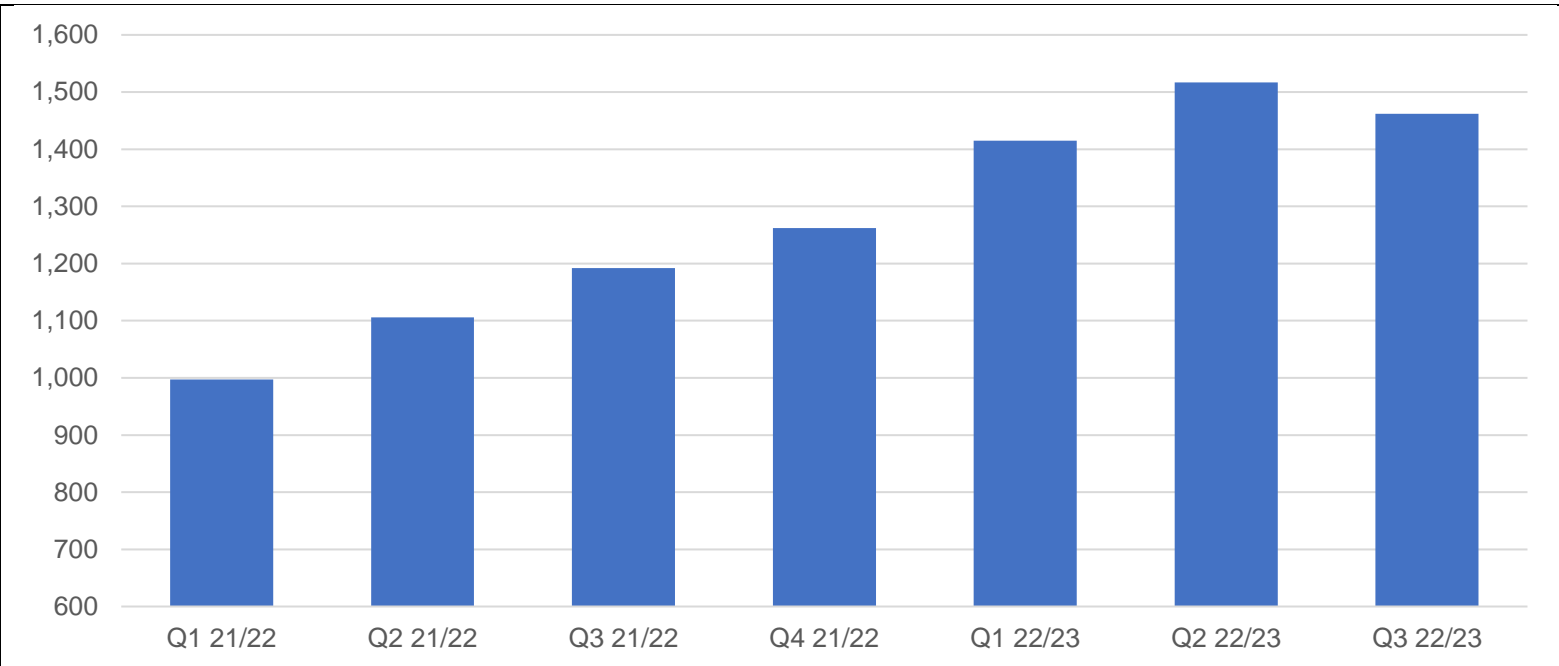
People receiving services with Kent Enablement at Home (KEaH)

Please note axis does not start at 0

Commentary: The numbers accessing Kent Enablement at Home (KEaH) look to be stabilising following an ongoing decrease in 2021/22.

Activity of KEaH is part of Performance Assurance and actions are taken across all areas of ASCH not just the KEaH Team, to ensure more people are accessing the service.

ASCH15: The number of people in Short Term Beds



Technical Notes:

Activity measure,
no specified target

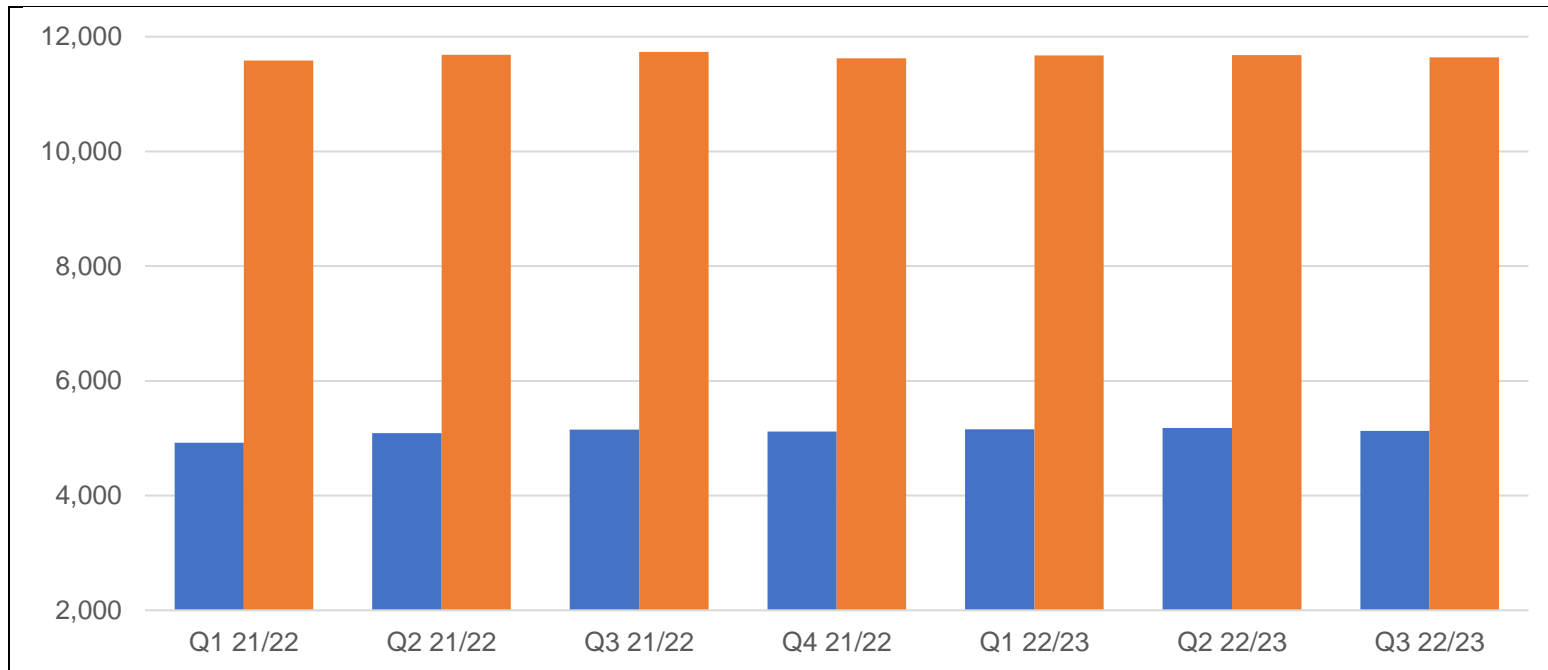
Please note axis
does not start at 0

Q1 and Q2 2022/23
figures have been
updated.

Commentary: The number of people receiving support in a short term residential, or nursing bed decreased in Quarter 3. Decreases were seen amongst most person groups, but most notably for those with Carer respite, and Older People.

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.

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

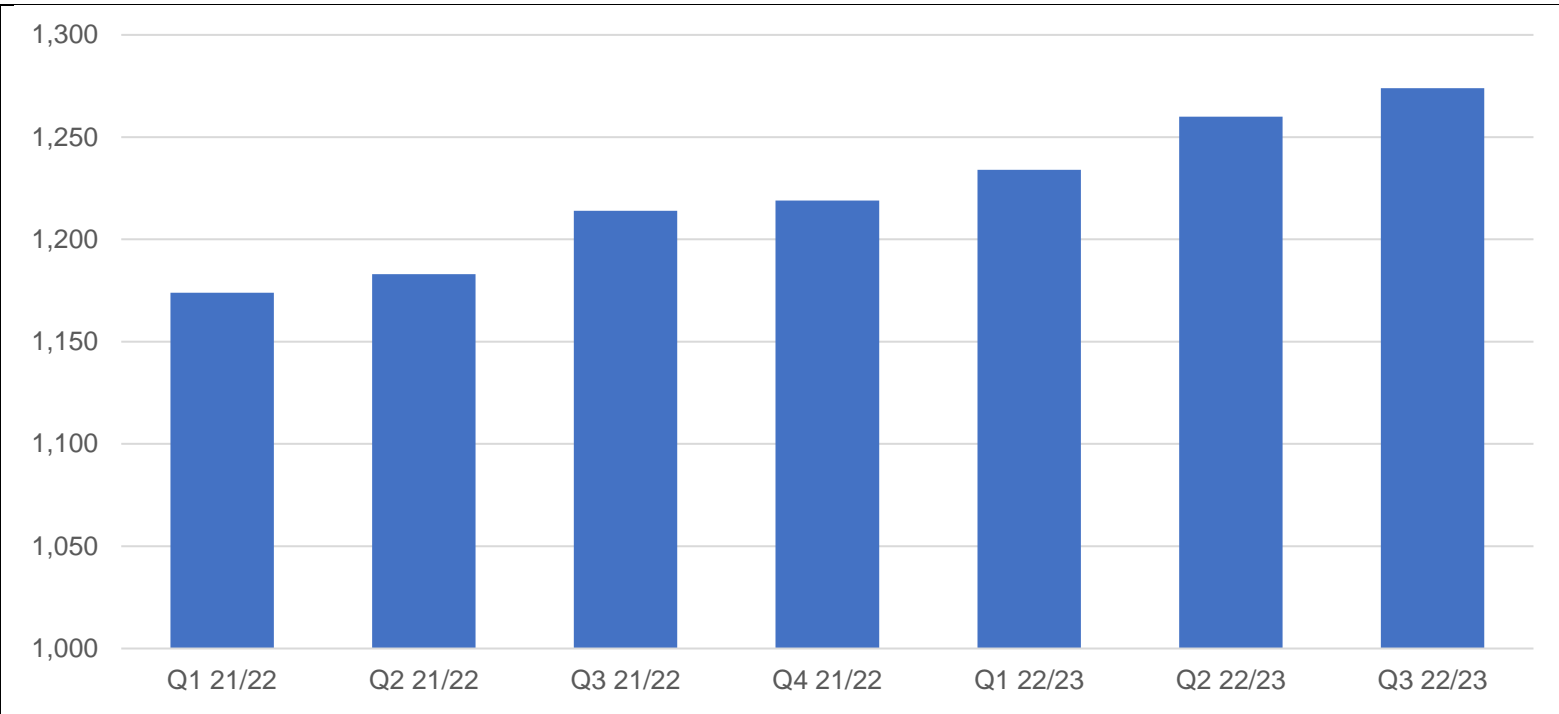
Orange – Community Services

Q1 and Q2 2022/23 figures have been updated.

Commentary: ASCH saw decreases in both the number of people on community services and those in residential or nursing, and is a trend seen when looking at the numbers with an active C&SP (ASCH 10)

The decrease in residential or nursing also reflects the trend that as the home care market is developing more capacity, for example with use of community catalysts or the voluntary sector, respite care is being used less and people can remain independent in their own home for longer. With respite care provision (depending on length of stay) individuals lose the desire/ability to maintain independence and don't return home. By using this less the demand for residential or nursing has dropped.

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

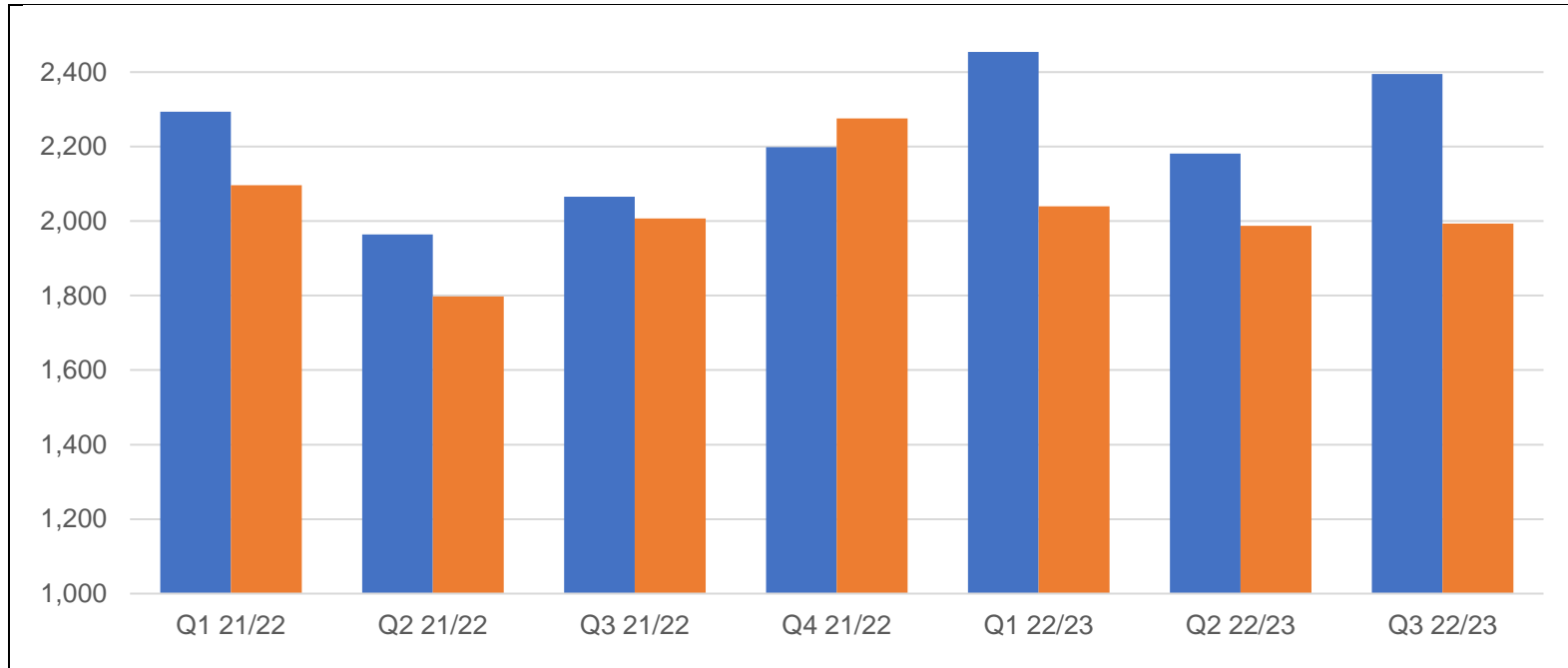
Q1 and Q2 2022/23 figures have been updated

Commentary: There continues to be quarter on quarter increases in the number of people accessing ASCH with a mental health need. There were 1,274 people during Quarter 3.

This reflects the rise in demand for Mental Health support seen nationally and is placing additional pressure on the service. Alongside higher demand we are seeing an increase in the cost of new services in comparison with service ends.

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 Deprivation of Liberty Safeguards (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

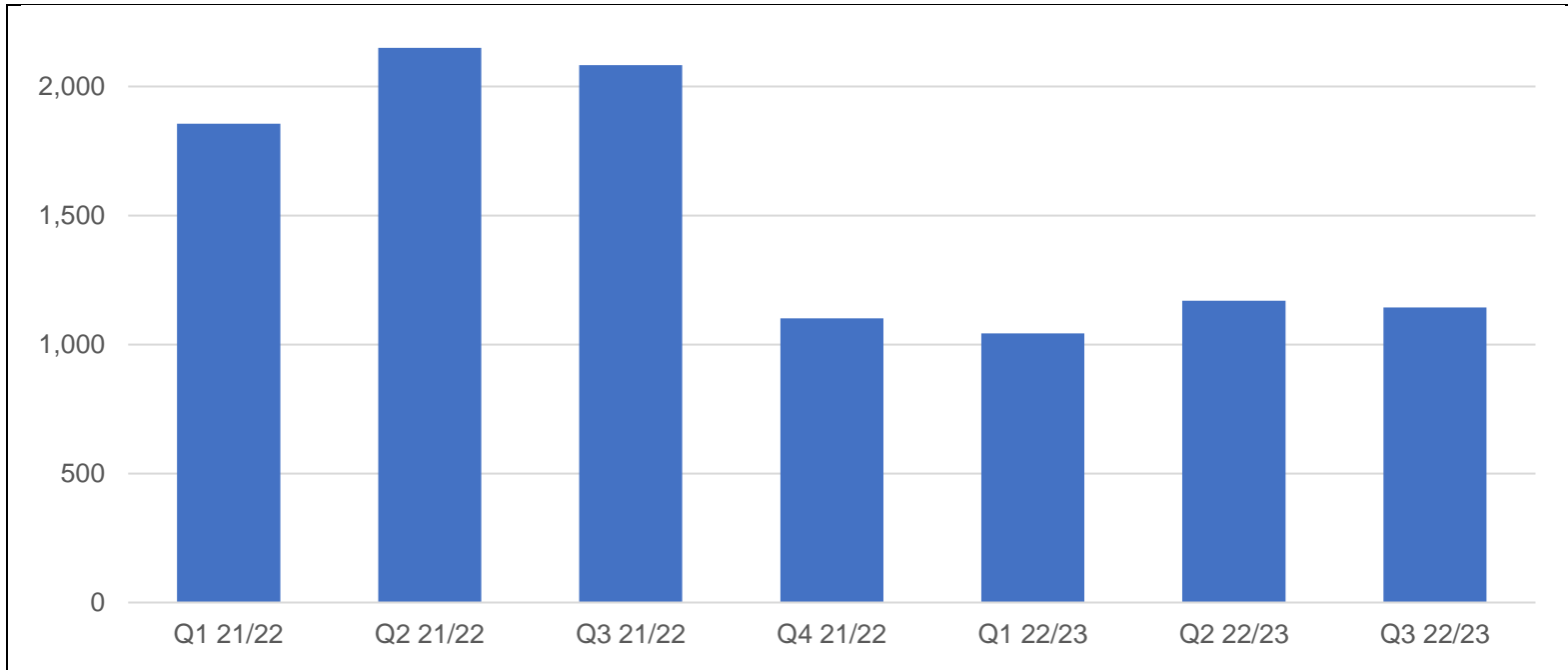
Q1 and Q2 2022/23 figures have been updated

Commentary: Quarter 3 saw a 10% increase in DoLS applications received compared to Quarter 2, and a 16% increase on Quarter 3 the previous year. The trend was expected and follows the pattern of previous years and continues to show activity at higher levels than experienced previously. The number of DoLS assessments completed was at a similar level to Quarter 2.

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 decreased slightly for Quarter 3; with 1,144 open on the last day of December.

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