

From: Diane Morton, Cabinet Member for Adult Social Care and Public Health

Sarah Hammond, Corporate Director Adult Social Care and Health

To: Adult Social Care and Public Health Cabinet Committee – 12 November 2025

Subject: **ADULT SOCIAL CARE AND HEALTH PERFORMANCE Q2 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 2 (July to September) for the financial year 2025/2026.

Contacts and safeguarding concerns were at their highest levels for two years in Quarter 2, with the number of people supported with a mental health need continuing to increase.

Adult social care was able to reduce the number of people with an open care needs assessment, care and support plan review or with an open safeguarding enquiry, despite the incoming safeguarding demand. The volume of Deprivation of Liberty Safeguards applications were higher than completions, an ongoing trend.

Of the seven Key Performance Indicators, four were RAG rated Green, with ASCH4, people at home 91 days after discharge having received enablement, moving from Amber to Green. None of the indicators are RAG rated Red, with all remaining continuing to be RAG rated Amber.

Recommendation: The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of adult social care services in Quarter 2 2025/2026.

1. Introduction

- 1.1 A core function of the Cabinet Committee 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).
- 1.2 The full suite of KPIs is attached as Appendix 1.

2. Overview of Performance

- 2.1 When a person makes contact with adult social care for the first time, they will be assisted by one of four area-aligned Adult Social Care Connect Teams, who will look to offer advice and guidance to those people making contact, and signposting them to available resources in their local area where appropriate. In Quarter 2, 8,441 people made contact with Adult Social Care Connect, a 12% increase on the previous quarter and the highest volume seen for over 2 years. Contacts saw the highest activity in July, with 3,368 people making contact, 19% more compared to July 2024.
- 2.2 One of the key aims of the Adult Social Care Connect Team is to avoid the contact being 'repeated' by ensuring that the person's queries are met with the appropriate solution. In Quarter 2, only 3% of contacts were from people who had made contact in the previous 3 months (ASCH 1) the same percentage seen in the previous 2 quarters. The measure continues to be RAG rated Green, below its target of no more than 5%.
- 2.3 After a contact is received a person may be assessed as needing to have a Care Needs Assessment (CNA), which is carried out to ascertain their eligibility under the Care Act for further support from the local authority. In Quarter 2, 4,320 requests for CNAs were made, continuing an ongoing downward trend. In the same period, 4,326 assessments were completed which led to the number of people with an incomplete assessment falling slightly. The number of people with an incomplete assessment is 500 fewer than the same quarter last year.
- 2.4 When completing a CNA, adult social care aim to complete the assessment within 28 days. On occasion, completion of an assessment can take a longer period while we work with the person to establish their care needs and for the person to be confident and happy with the outcome. In Quarter 2, 77% of CNAs were delivered within 28 days (ASCH 2) the highest proportion seen in the last two years. Although a 2% increase in comparison to Quarter 1, the measure remains RAG rated Amber as it is below the 85% target.
- 2.5 There are three externally commissioned carers' organisations across Kent who support carers with carrying out carers' assessments and offering information, advice and guidance (IAG) to those identifying as caring for others. In Quarter 2, 735 referrals were received by carers' organisations and 1,138 carers were supported with an assessment or IAG (includes people from

previous quarters). This quarter saw a 58% increase in completed carers' assessments compared to Quarter 1.

- 2.6 If a person is assessed as being eligible for care and support as a result of their CNA, they will receive a care and support plan that details how their unmet needs are to be met. This is a written record of what is included in their care and is agreed and signed by the person in receipt of support. At the end of Quarter 2, 17,065 people had an active care and support plan. This figure has remained at around 17,000 for the past five quarters.
- 2.7 As part of their care and support plan it may be assessed that a person's needs are best met, through the provision of a package of care. This can be arranged in a variety of ways including through a Direct Payment (DP), a homecare service or in a residential or nursing home setting. In Quarter 2, 2,761 new packages of care were arranged at an average weekly cost of £1,012. The annual price uplift given to providers to account for inflation leads to a sharper increase in averages between financial years. Just over a quarter of new packages in Quarter 2 were short term beds (26%), followed by homecare (21%) and direct payments (14%).
- 2.8 Once a new service has started, this will be reviewed at six-eight weeks and then an annual review is carried out. This is to ensure the care in place is appropriate and the person's assessed needs are being met. The number of people awaiting an initial review fell again in Quarter 2 to 1,238 as did the number of people waiting for their annual review to 4,681. Review completion remained at a high level in Quarter 2 – 17% higher than the same quarter last year.
- 2.9 Adult social care offers enablement services designed to work closely with the individual on setting personalised goals which will enable them to remain independent at home with no further support. These services are delivered through the Kent Enablement at Home (KEaH) service and the Kent Enablement Service (KES). During Quarter 2, 3,520 people engaged with these services. Demand for KEaH services has continued to increase for the 6th consecutive quarter, with 2,521 people receiving the service in Quarter 2. Meanwhile KES has seen a slight decrease when compared to Quarter 1, with 999 people.
- 2.10 For people who may not be able to receive enablement at home or may require a further period of assessment for long-term provisions, their needs can be met through short term support (six-eight weeks) in a residential or nursing setting, referred to as a short-term bed. This offer is mostly utilised for people on a hospital pathway to minimise the risk of them being readmitted to hospital. At the time of reporting, there were 1,479 people in a short term bed in Quarter 2.
- 2.11 A current local and national adult social care measure used to report on the effectiveness of enablement pathways from hospital is ASCH 4. In Quarter 1 adult social care saw a 2% increase in the number of people, over the age of 65, who remained at home 91 days after discharge from hospital into enablement/ rehabilitation services. In the last quarter, this measure has

reached the 85% target and as a result has been RAG rated Green (measure is a quarter in arrears due to the 91 day reporting period).

- 2.12 However, if it is assessed that a person's needs could no longer be met in their own home, they may require long term support in a residential or nursing service. For adults aged 18 to 64, 18 per 100,000 of the population have met this criteria (ASCH5), which is a slight increase on the previous quarter. Meanwhile, for older people (65 years and older) 558 per 100,000 of the population had their long term support needs met by admission to a residential or nursing care home (ASCH 6). Both of these measures remain RAG rated GREEN in Quarter 2.
- 2.13 In order to provide services, all residential and nursing homes are required to register with the Care Quality Commission (CQC), which has the responsibility for inspecting and rating all registered homes. In Quarter 2, 75% of people placed by adult social care in those homes had been rated Good or Outstanding by CQC (ASCH 7). This is the second consecutive quarter where the measure has met the floor threshold and has been RAG rated Amber.
- 2.14 In some cases, to meet a person's individual care and support needs, a DP is the best way for adult social care to support a person in maintaining their independence and giving them full control over the care they receive. In Quarter 2, the percentage of people in receipt of a DP continued at 25% (ASCH 3). This is above the floor threshold and remained RAG rated Amber.
- 2.15 Deprivation of Liberty Safeguards (DoLS) are legal protections under the Mental Capacity Act 2005 designed to ensure that those lacking mental capacity to consent to their care are not unlawfully deprived of their liberty when in a hospital or a care home setting. In Quarter 2, the DoLS Team received a further 2,469 applications bringing the current financial year total to 5,087 which is 3% less than the same period last year. The team has completed a further 2,179 DoLS applications during the quarter, bringing the overall total for the financial year to 4,427.
- 2.16 If someone is concerned about themselves or someone else being at risk of abuse or neglect, they are able to share this with adult social care by raising a safeguarding concern. Since the start of the financial year, adult social care has received 12,531 concerns out of which 6,400 (51%) have come in during Quarter 2. This figure marks yet another highest total for a single quarter and continues an increasing trend for incoming concerns.
- 2.17 If it is assessed that the risk outlined in the concern meets the Section 42 criteria, a safeguarding enquiry will be carried out. A total of 1,360 concerns were converted into enquiries by the end of Quarter 2. Despite the increasing number of incoming concerns, this quarter marks the second consecutive decrease in the number of new enquiries, with a reduction of almost 2% when compared to Quarter 1.
- 2.18 Upon completion of Section 42 enquiry, adult social care is required to assess the identified safeguarding risk status to the person. The proportion of those

whose risk was removed (30%), risk reduced (57%) or risk remained (13%) have remained consistent when compared to previous quarters.

3. Conclusion

- 3.1 Contacts made to Adult Social Care Connect and safeguarding concerns received reached their highest levels in two years, highlighting continued levels of increased demand in adult social care. Levels of CNAs and care act review completions meant that less people had an outstanding assessment or review at the end of the quarter. Fewer people were awaiting completion of a safeguarding enquiry at the end of the quarter also. The number of people accessing provision with a mental health need grew and the number of DoLS applications were higher than DoLS assessment completions for another quarter.
- 3.2 The proportion of people who had their contact resolved and returned within three months continued to be RAG rated Green, alongside the proportion of people still at home 91 days after discharge from hospital and the long term needs of adults (both young adults and older people) met by admission to residential care; which moved in a positive direction after being RAG rated Amber last quarter. All other key measures are RAG rated Amber for a consecutive quarter without any substantial change in value.

5. Recommendation

5.1 Recommendation: The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of services in Quarter 2 2025/2026

6. Background Documents

None

7. Report Author

Helen Groombridge
Adult Social Care and Health Performance Manager
03000 416180
helen.groombridge@kent.gov.uk

Relevant Director

Sarah Hammond
Corporate Director Adult Social Care and Health
03000 411488
sarah.hammond@kent.gov.uk