From:	Georgia Foster, Cabinet Member for Adult Social Care Helen Woodland, Corporate Director Adult Social Care and Health
To:	Adult Social Care and Public Health Cabinet Committee – 18 November 2026
Subject:	**ADULT SOCIAL CARE AND HEALTH PERFORMANCE Q2 2026/2027**
Classification:	Unrestricted
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 2026/27.

Performance remained broadly stable during the quarter. Repeat contacts to Adult Social Care Connect remained low, while the number of completed Care Needs Assessments exceeded incoming requests for the third consecutive quarter. Enablement services continued to support people to maximise their independence and reduce their ongoing care needs, while admissions to long-term residential and nursing care continued to decrease.

Demand increased across several services, including Adult Social Care Connect and safeguarding. However, open safeguarding work reduced to its lowest level in the past two financial years, and the proportion of people whose safeguarding outcomes were fully or partially achieved increased. Deprivation of Liberty Safeguards applications received and completed continued to decrease as expected following the judgement.

Of the seven Key Performance Indicators, four were rated Green, two Amber and one Red. The proportion of older people who remained at home 91 days after discharge from hospital into reablement or rehabilitation services increased from 84% to 88%, resulting in the measure improving from Amber to Green. Following a refresh of the population data, the rate of older people whose long term needs were being met through residential and nursing care decreased, resulting in the measure improving from Red to Green. The median waiting time for completion of an assessment increased from 24 to 27 days resulting in the measure moving from Green to Amber. The proportion of KCC supported residents living in residential or nursing homes rated Good or Outstanding by the Care Quality Commission remained at 72%, below the 75% floor threshold, and therefore continued to be rated Red.

Recommendation: The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of adult social care services in Quarter 2 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 Adult Social Care Connect serves as the first point of contact for people seeking support from Adult Social Care, providing information, advice, and access to further support within KCC where appropriate. The service aims to resolve contacts at the earliest opportunity, ensuring individuals receive the assistance they need without having to make repeated contact. This helps people to access the right support, maintain their independence and reduces the need for repeat contact with the service. Quarter 2 marks the third consecutive quarter in which 3% of contacts were made by people who had contacted the service already within the previous three months (ASC 1). This stable performance remains below the target threshold of 5%, and therefore the measure continues to be RAG Rated Green.

2.2 The number of people contacting Adult Social Care Connect increased by 7% in Quarter 2, reaching 8,974 contacts by end of quarter (ASC 8). Family members remained the primary source of contact, representing 26% of all contacts made, and has increased by 16% when compared to last quarter, while 21% were made by people making contact about themselves. Quarter 2 also saw a 21% increase in referrals from Friends/Neighbours and an 8% increase in referrals from the Ambulance Service in comparison to previous quarter. Email continued to be one of the most frequently used contact method (32%), followed by the online web form (24%).

2.3 During the quarter, 'Waiting Well' days were introduced, bringing together Adult Social Care Connect, Occupational Therapy and Enablement Services to contact people sooner, review needs and support progression to appropriate preventative services where suitable.

2.4 Development of the "pre front door" offer has also continued, including information, advice and guidance sessions delivered in local supermarkets and community settings to help people access support at an earlier stage. Teams continue to strengthen their engagement across the county and are working to establish a greater presence in the west of Kent, where securing suitable venues has remained challenging. Despite these constraints, community interest in the sessions remains steady. Common themes raised by residents include support to help older people maintain their independence, access to specialist dental services, support for carers, transport related barriers, and information on community based activities and services. A monthly Prevention and Wellbeing meeting has been established with VCSE (Voluntary, Community and Social Enterprise) partners to strengthen partnership working,

share emerging trends and local pressures, and identify opportunities to develop preventative approaches and pathways for residents.

2.5 The number of incoming Care Needs Assessments received by Adult Social Care stayed at a similar level in Quarter 2, with 3,975 assessment requests recorded during the quarter (ASC 9). The number of assessments completed also remained consistent, with 3,995 Care Needs Assessments completed in Quarter 2 (ASC 9). For the third consecutive quarter, the volume of completed assessments exceeded the number of incoming assessments.

2.6 In Quarter 2, the median wait time for completion of a Care Needs Assessment was 27 days, representing an increase of three days compared with the previous quarter. Performance was above the target of 25 days, but remained within the upper threshold of 30 days, resulting in an Amber RAG Rating for the quarter, having previously been RAG Rated Green. Operational teams have targeted the completion of assessments where people have been waiting for 9 months or longer – activity like this on scale can increase the median days to completion of care needs assessments overall.

2.7 Adult social care commissions external carer support organisations to provide information, advice and guidance to individuals who identify as unpaid carers, as well as undertaking Carers' Assessments where additional support needs are identified. In Quarter 2, 705 carers received support through these services (ASC 10). This represents a 23% decrease compared with Quarter 1. Support delivered during the quarter included 247 Carers' Assessments, while 244 new assessments were requested over the same period.

2.8 The reduction in activity during Quarter 2 is attributable to the mobilisation of the newly recommissioned carers support service, which commenced on 1 August 2026. During the transition period, providers have focused on establishing new operating arrangements, engaging with new carers and maintaining support for existing carers. Performance continues to be monitored closely through contract management arrangements.

2.9 During Quarter 2, 2,009 new support packages were arranged, representing a 12% decrease compared with the previous quarter (ASC 11). The most frequently arranged form of support was Short Term Beds, accounting for 32% of all new support packages, which is 7% higher than the previous quarter. Homecare was the second most commonly chosen provision accounting for 30% of all new support packages. The figures reported for this measure are provisional and may be subject to change as updates continue to be made to the client recording system.

2.10 The number of people in Short Term Beds (ASC16) continues to rise for the second consecutive quarter. Some of the activity contributing to the rise in Short Term Beds stems from the hospital discharge pathway. Adult social care is progressing the commissioning of discharge services, alongside review of social work capacity in acute hospital settings. This is intended to strengthen social care input at an earlier stage of the discharge pathway, support more timely decision-making and facilitate discharge at the earliest appropriate opportunity

2.11 Where a support package has been arranged, the Care Act requires adult social care to undertake regular reviews to ensure that the arranged support continues to appropriately meet the individual's assessed needs. Review activity remained high during Quarter 2, with 5,900 people requiring a review of their care and support and completing 5,532 reviews during the period (ASC12). The volume of scheduled reviews remained at its highest level over the past two financial years, while the number of reviews completed was the third highest recorded during the same period. For those completed in Quarter 2, 2,439 were initial (first) reviews and 3,093 were ongoing (annual) reviews.

2.12 Kent Enablement at Home (KEaH) and Kent Enablement Service (KES) play a key role in promoting independence and wellbeing. Through personalised support, the services help individuals develop, regain, or maintain the skills required to live independently and achieve their desired outcomes. During Quarter 2, 2,017 individuals received support through the KEaH service, with a further 1,187 individuals supported by KES (ASC 14 and ASC 15). When comparing individuals' levels of independence at the start and end of their enablement journey, outcomes remained positive across both services. On average, people supported by KEaH experienced an 83% reduction in care and support needs, while those supported by KES saw an average 54% reduction in need

2.13 The reduction in the number of people accessing KEaH can be attributed to a variety of factors; Referrals from acute hospitals have reduced following the introduction of a new hospital discharge pathway in West Kent, as greater proportion of individuals are now being supported through alternative discharge pathways. In addition to this, higher levels of acuity and complexity among people entering KEaH have led to longer stays and increased support needs, reducing capacity and limiting new admissions during the quarter. KEaH has continued to face capacity pressures, contributing to lower referral levels despite ongoing demand. Work is underway to strengthen referral pathways with community health and social care teams, with several new members of the team currently being ‘onboarded’.

2.14 As for KES, the team are undertaking a programme of performance and efficiency reviews providing greater oversight of operational delivery, identifying opportunities to improve productivity and ensuring available resources are aligned effectively to service demand.

2.15 Where community based services are assessed unsuitable for meeting an individual's care and support needs, adult social care may arrange placement in a residential or nursing care home to meet the long term support needs of a person. For adults aged 18-64, this amounted to 13 admissions per 100,000 in the 12 months to the end of Q2 (ASC 5). This measure remains below the target of 18 per 100,000 and continues to be RAG Rated Green. Following a refresh of the population data used within the calculation, the rate for those aged 65 or over, has also decreased for the third consecutive quarter and is now at 502 per 100,000 (ASC 6). As a result, this measure is now RAG Rated Green. The updated population figure provides a more accurate reflection of

Kents population and is more closely aligned with the methodology used in national reporting.

2.16 The Care Quality Commission (CQC) regularly inspects residential and nursing homes and publishes ratings that reflect the quality of care provided. In Quarter 2, 72% of KCC supported residents in these settings were living in homes rated either Good or Outstanding (ASC 7). This measure remains RAG Rated Red, as the proportion remains below a floor threshold of 75%.

2.17 CQC inspection activity increased by 48% compared with the same period last year, resulting in a greater number of previously uninspected services receiving updated ratings and an increase in Requires Improvement outcomes. KCC is working closely with the CQC to prioritise reassessments where improvements have been made and continues to collaborate with Medway Council, NHS partners and regulatory agencies to support provider improvement. Where quality concerns are identified, contract suspensions may be applied to prevent further placements until issues are addressed.

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. During Quarter 2, 26% of people in receipt of community services had a Direct Payment (ASC 3). This measure stays RAG Rated Amber, as it remains below a target of 30% but is above the floor threshold of 24%.

2.19 Following the Attorney General Northern Ireland judgement made in June 2026, Deprivation of Liberty Safeguards Team (DoLS) continues to see a decrease in the number of applications received for the second quarter and is now at 1,645 received, representing the lowest reported level over the past two financial years. Quarter 2 also saw a decrease in the number of completed assessments when compared to the previous quarter, and is now at 2,191, but is more than the number of new applications received (ASC 18).

2.20 The Kent DoLS service has been working closely with care homes via webinars and visits to discuss the new legal framework. This activity has contributed to the reduction in DoLS applications. The DoLS Service has been focusing on completing applications at pace through this period of change whilst awaiting further national guidance.

2.21 During Quarter 2, 6,362 safeguarding concerns were received, representing a 5% increase compared with the previous quarter. Despite this increase in demand, the volume of open safeguarding work has continued to decline for the third consecutive quarter and is now at 2,083, which is the lowest level recorded over the past two financial years (ASC 19). This reduction can be attributed to focused efforts to complete safeguarding concerns and enquiries; with the teams aiming to resolve safeguarding work that had been open for a longer duration.

2.22 A fundamental principle of Making Safeguarding Personal is ensuring that safeguarding interventions are driven by the outcomes that matter most to the individual. At the beginning of each intervention, adults at risk are asked to identify their desired outcomes. In Quarter 2, 89% of safeguarding outcomes

were either fully or partially achieved (ASC 20) which represents a 2% increase when compared to the previous quarter.

3. Conclusion

3.1 Adult social care KPIs remained broadly stable during Quarter 2, with the majority of measures maintaining their existing RAG ratings. However, the median waiting time for completion of a Care Needs Assessment increased from 24 to 27 days, resulting in the measure moving from Green to Amber (ASC 2). The proportion of KCC supported residents placed in residential or nursing homes rated Good or Outstanding by the CQC remained at 72%, below the threshold of 75%, and therefore continues to be RAG Rated Red (ASC 7).

3.2 Repeat contacts to Adult Social Care Connect remained low (ASC 1) and the number of completed Care Needs Assessments continued to exceed incoming requests for the third consecutive quarter (ASC 9). Adult social care continues to focus on managing demand whilst delivering timely support and positive outcomes for Kent residents. Demand increased across several services, including Adult Social Care Connect and Safeguarding, although open safeguarding work continued to reduce and reached its lowest level in the past two financial years (ASC 19).

4. Recommendation

Recommendation: The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the performance of services in Quarter 2 2026/2027.

5. Background Documents

None

6. Report Author

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