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| **From:** | Georgia Foster, Cabinet Member for Adult Social Care<br>Linden Kemkaran, Leader of the Council and Cabinet Member for Public Health<br><br>Helen Woodland, Corporate Director Adult Social Care and Health<br>Dr Anjan Ghosh, Director of Public Health |
| **To:** | Adult Social Care and Public Health Cabinet Committee – 18 November 2026 |
| **Subject:** | **Adult Social Care Pressures Plan 2026/2027** |
| **Classification:** | Unrestricted |

**Summary:** The Adult Social Care Pressures Plan 2026/2027 sets out how Kent County Council's Adult Social Care and Health directorate will maintain safe, effective and sustainable services during seasonal and wider system pressures. It prioritises prevention, independence and timely access to support, while aligning the adult social care response with NHS winter arrangements and Kent and Medway escalation processes. This report also provides members of the committee with an update on the seasonal vaccination programme.

**Recommendation(s)**: The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the content of the report.

## 1. Introduction

1.1 This report provides an overview of the Adult Social Care Pressures Plan 2026/2027 (Attached as Appendix 1) together with an overview of the seasonal vaccination programme.

1.2 The Adult Social Care Pressures Plan 2026/2027 sets out how Kent County Council's (KCC) Adult Social Care and Health (ASCH) Directorate will prepare for and respond to seasonal pressures with a focus on maintaining safe and effective services, supporting people to remain independent in their own homes and ensuring timely access to care and support when needs change. This includes supporting unpaid carers and working with providers to manage risks to care quality and continuity.

1.3 The plan brings together the adult social care contribution to the wider Kent and Medway winter response and describes how KCC operates within the NHS Integrated Operational Pressures Escalation Levels (OPEL) framework, for responding to increased demand and capacity pressures and coordinating with the wider Kent and Medway health and care system**.** The Operational Pressures Escalation Plan is attached as Appendix 2.

## 2. Background

2.1 ASCH in Kent continues to manage high demand, complexity of need, financial constraints and workforce challenges across council services and the wider care sector. Seasonal illness, severe weather and disruption to utilities or care provision can intensify these pressures, affecting both people who need support and those who provide it. The plan will take account of pressures affecting adult social care throughout the year, recognising that winter can intensify demand and disruption.

2.2 Pressures within hospitals also affect adult social care, increasing demand for timely assessment, discharge support, reablement and suitable community provision. Responding to this demand must be balanced with maintaining support for people already receiving care and those awaiting assessment or services in the community. Planning therefore requires a coordinated approach across health and social care, recognising shared capacity constraints and the impact that pressures in one part of the system can have on another.

2.3 The plan supports national priorities for integrated and preventative care, including the Better Care Fund's focus on improved reablement outcomes, reduced discharge delays and fewer avoidable admissions to long-term residential and nursing care.

2.4 In December 2024, NHS England published the Integrated Operational Pressures Escalation Levels (OPEL) framework 2024 to 2026. The framework exists to support the management of operational pressures across NHS England's providers, including acute trusts, community health, mental health, and NHS 111 services.

2.5 The NHS framework aims to provide:

- enhanced oversight of patient safety and, patient-centred decision-making across the urgent and emergency care (UEC) pathway through clear and consistent identification of risk to access to care for patients
- increased efficiency across the UEC pathway through optimising use of resources, and enabling clinical and operational teams to monitor operational pressure and, identify patterns and interdependencies between operational parameters
- improved communication by providing a common structure for measuring operational pressures and standardised escalation processes, enhancing the speed of response
- a consistent response to changes in operational pressure by giving parity of esteem across those NHS providers covered by this framework
- improved transparency across all levels of the NHS to promote engagement of and collaboration between all stakeholders in managing operational pressures effectively

## 3. Key elements of the Adult Social Care Pressures Plan 2026/2027

3.1 Overall, the plan is intended to protect service continuity, support safe and timely discharge, sustain unpaid carers and care providers, and help people remain safe, well and independent. Its effectiveness will depend on coordinated delivery across council, NHS, provider and community partners, supported by active monitoring and timely escalation of capacity, resource and quality risks.

3.2 The key elements of the Adult Social Care Pressures Plan 2026/2027 are:

- **Prevention and community support:** strengthen first-contact advice, community pathways, equipment, assistive technology and support for unpaid carers to reduce avoidable deterioration, crisis and hospital admission.
- **Hospital discharge and recovery:** improve early discharge planning, Home First and Discharge to Assess pathways, enablement, integrated brokerage and short-term care capacity so people can return home safely and avoid unnecessary long-term placements.
- **Operational resilience**: use business continuity, emergency planning, OPEL-aligned indicators, SHREWD intelligence and clear escalation routes to respond proportionately to demand, workforce shortages, severe weather, utility disruption and infectious disease outbreaks.
- **Workforce and statutory services**: maintain essential and specialist functions through recruitment, prioritisation by need and risk, flexible deployment, out-of-hours leadership and digital tools that reduce administrative burden.
- **Care market resilience:** monitor provider capacity, quality, workforce and financial pressures; maintain regular provider engagement; and escalate risks that threaten continuity of care.
- **Financial challenge:** KCC faces a funding gap of approximately £74 million in 2026/2027. As 56% of spending growth relates to ASCH, delivery must balance rising demand, complexity and cost with savings requirements and constrained resources.
- **Governance and assurance**: activity leads will monitor demand, capacity, workforce availability, provider resilience, risks and delivery actions. The Directorate Management Team retains oversight, with unresolved pressures escalated through established directorate and system arrangements.

## 4. Seasonal Vaccination Programme

4.1 Covid-19 and Influenza

4.1.1 Vaccination remains a critical component of Kent's winter preparedness planning, helping to reduce serious illness, outbreaks in care settings, hospital admissions and system pressures across health and social care services.

4.1.2 In addition to protecting individuals from serious illness, the seasonal vaccination programme plays a critical role in maintaining resilience across health and social care services during periods of increased winter demand. High vaccination uptake helps reduce avoidable hospital admissions, supports timely discharge from hospital, protects vulnerable residents and service users, and reduces workforce absence associated with respiratory infections.

4.1.3 Particular focus is being placed on achieving high uptake among groups that can have a significant impact on winter pressures across the wider system:

- Care home residents remain a priority cohort due to their increased risk of serious complications and hospitalisation from influenza and COVID-19. Maintaining high vaccination coverage helps reduce outbreaks and supports continuity of care within residential and nursing settings.
- Adult social care staff, including care home staff, domiciliary care workers and personal assistants, are encouraged to access vaccination offers. High staff uptake helps reduce winter sickness absence, maintain workforce capacity and reduce the risk of transmission to vulnerable people receiving care and support.
- Unpaid carers are also eligible for vaccination and remain a key target group. Protecting carers from illness helps maintain caring arrangements and reduces the risk of individuals requiring additional statutory services due to carer illness or absence.
- Pregnant women are eligible for seasonal influenza vaccination and are encouraged to receive vaccination to protect both themselves and their babies. Influenza infection during pregnancy is associated with an increased risk of serious illness and hospital admission, while maternal vaccination provides protection to newborn infants during their first months of life.
- Eligible children and young people play an important role in the overall effectiveness of the seasonal influenza programme. Children are recognised drivers of influenza transmission within communities and households. Increasing uptake among children helps reduce the spread of infection, providing indirect protection to older people, clinically vulnerable adults and the social care workforce.

4.1.4 The Kent and Medway vaccination programme continues to work with NHS partners, local authorities, providers, schools, maternity services and community organisations to maximise uptake across all eligible cohorts, recognising that strong vaccination coverage contributes to population health, service resilience and the reduction of winter pressures across the health and social care system.

4.1.5 As of October 2026, over 428,000 seasonal flu and COVID-19 vaccinations have been delivered across Kent, with overall uptake slightly above the national average. While progress has been made, uptake remains below planned trajectory in several priority groups, highlighting the importance of continued promotion and targeted delivery throughout the winter period.

4.1.6 Pregnant women: Flu vaccination uptake amongst pregnant women has reached 26.3% (2,348 vaccinations delivered). Whilst uptake is currently

ahead of the planned trajectory, coverage remains below both the South East (29.8%) and national (28.0%) averages, and Kent and Medway is ranked 34th of 36 Integrated Care Boards nationally. Continued promotion through maternity services remains a priority.

4.1.7 Children and young people: Flu vaccination uptake among children aged 2-3 years is 25.8%, slightly above the national average (21.4%) but below the South East average (24.9%) and below trajectory. Uptake among primary school-aged children stands at 26.2%, whilst uptake among secondary school-aged children has reached 19.4%, performing above both regional and national uptake levels and currently ahead of trajectory. Increasing vaccination coverage in children remains important to reduce community transmission and provide indirect protection to vulnerable residents.

4.1.8 Unpaid carers: Flu vaccination uptake among carers and household contacts of vulnerable individuals currently stands at 3.9%, slightly above regional and national uptake. Although this cohort is currently performing ahead of trajectory, continued targeted engagement is required to maximise protection for carers and maintain caring arrangements throughout the winter period.

4.1.9 Adult social care and frontline health and care staff: Flu vaccination uptake among frontline healthcare and social care workers is 24.2% (6,790 vaccinations delivered), which is above regional (15.1%) and national (14.9%) uptake levels but remains below the NHS England ambition of 60%. High staff vaccination uptake remains critical to reducing winter sickness absence, maintaining workforce resilience and protecting people receiving care and support.

- Flu vaccination uptake among care home residents has reached approximately 33.5%, performing above the regional average.
- COVID-19 vaccination uptake among care home residents is approximately 25%, with further improvement required to maximise protection ahead of peak winter respiratory virus circulation.
- Uptake amongst people aged 75 years and over continues to increase and remains a key focus given the higher risk of severe disease, hospital admission and mortality in this age group.

4.1.10 Targeted actions are being undertaken through NHS and local authority partnerships to improve vaccine uptake among vulnerable populations. These include outreach vaccination clinics, support for care homes and housebound residents, focused communications activity, and ongoing monitoring of uptake across priority cohorts.

4.2 <u>Respiratory Syncytial Virus (RSV) Vaccination Programme</u>

4.2.1 The RSV vaccination programme is now an established part of the winter respiratory disease prevention offer. RSV is a common respiratory virus that can cause severe illness in older adults, particularly those with underlying health conditions and residents of care homes.

4.2.2 The programme provides a single-dose vaccine for eligible older adults and pregnant women and has been extended to include care home residents and adults aged 80 years and over. While no national uptake target has been set, delivery is being closely monitored due to the significant contribution RSV makes to winter respiratory admissions.

4.2.3 The introduction of RSV vaccination is expected to provide additional protection for vulnerable adults and complements existing Flu and COVID-19 vaccination programmes. Together, these programmes are designed to reduce serious respiratory illness, minimise outbreaks in care settings and support wider health and care system resilience during periods of increased seasonal pressure.

4.3 Targeted Interventions to Improve Winter Resilience

4.3.1 Recognising the increased vulnerability of people experiencing homelessness and rough sleeping, a targeted vaccination outreach programme has begun in partnership with district and borough councils, homelessness services and Kent Community Health NHS Foundation Trust (KCHFT). This work has focused on bringing vaccination opportunities directly to rough sleepers and those in temporary accommodation, helping to address barriers to access, improve protection against winter respiratory infections and reduce the risk of severe illness amongst some of Kent's most vulnerable residents.

4.3.2 Maintaining high vaccination uptake among care home residents, people receiving care in the community, unpaid carers and the adult social care workforce remains an important component of winter resilience. Increased vaccination coverage is expected to reduce infection related outbreaks, minimise avoidable hospital admissions, reduce workforce absence and help maintain continuity of care services throughout the winter period. Public Health will continue to work with NHS partners and care providers to support vaccine access and promote uptake among eligible residents and staff.

## 5. Conclusions

5.1 The Adult Social Care Pressures Plan 2026/2027 provides a coordinated approach to managing seasonal and year-round pressures, protecting continuity of care and supporting people to remain safe and independent. Prevention, timely hospital discharge, support for unpaid carers and a resilient care market are central to this approach.

5.2 The seasonal vaccination programme complements these measures by helping to reduce serious illness, avoidable admissions, outbreaks and workforce absence; however, uptake remains below planned levels in several priority groups, requiring continued targeted engagement and accessible delivery.

5.3 Delivery will take place against sustained demand, increasing complexity of need and significant financial and workforce constraints. The plan’s

effectiveness will therefore depend on close working between KCC, NHS, care providers and community partners, supported by active monitoring and timely escalation of capacity, financial and care quality risks. Continued Directorate Management Team oversight and alignment with Kent and Medway escalation arrangements will be essential to coordinating a proportionate response while maintaining statutory services and support for people in the community.

## 6. Recommendations

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| 6.1 Recommendation(s): The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** the content of the report. |

## 7. Background Documents

None

## 8. Appendices

Appendix 1 – Adult Social Care Pressures Plan 2026/2027
Appendix 2 – Operational Pressures Escalation Plan

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