Adult Social Care Pressures Plan

2026–2027

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1. Introduction

The Adult Social Care Pressures Plan 2026/27 sets out how Kent County Council's Adult Social Care and Health (ASCH) directorate will prepare for and respond to seasonal pressures. Its focus is 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.

The plan brings together the adult social care contribution to the wider Kent and Medway winter response. It supports the NHS Winter Plan and associated escalation arrangements, recognising that pressures in hospitals, community services and social care are closely connected and require coordinated action.

2. Context

Adult Social Care and Health (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.

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.

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.

3. Objectives

1. Strengthen prevention and community support to reduce avoidable deterioration, crisis and hospital admission, including support for unpaid carers.
2. Support timely and appropriate hospital discharge through coordinated assessment, Home First arrangements, reablement and effective use of short-term care capacity.
3. Maintain essential adult social care services through workforce planning, business continuity arrangements and prioritisation according to need and risk.
4. Monitor care market capacity, quality and provider resilience, responding promptly to disruption that could affect people's care and support.

5. Monitor delivery and emerging pressures through clear accountability, action tracking and review of risks and resources, escalating unresolved issues through agreed local and system arrangements.

4. Planning considerations

The plan will take account of pressures affecting adult social care throughout the year, recognising that winter can intensify demand and disruption:

- **Changing demand:** the volume and complexity of referrals, assessments and safeguarding activity, including mental health needs and transitions into adult services.
- **Available capacity:** staffing, home care, reablement, equipment and suitable provision to meet demand from both hospitals and the community.
- **Continuity of support:** the resilience of commissioned providers and unpaid caring arrangements, including the impact of illness, staffing shortages and financial pressures.
- **Seasonal disruption:** respiratory and gastrointestinal infections, severe weather and utility failures affecting people's wellbeing and service delivery.
- **Resources and dependencies:** funding availability, partner contributions and geographical or service-specific gaps in provision.

These considerations will inform the deployment of available resources and the identification of pressures requiring additional or coordinated action.

5. Resilience, emergency planning and escalation

ASCH maintains business continuity and emergency planning arrangements to support essential services during periods of increased demand or disruption. The Directorate Resilience Group oversees these arrangements on behalf of the Directorate Management Team, including plan reviews, preparedness exercises and follow-up of learning.

Preparedness covers severe weather, flooding, disruption to water and fuel supplies, infectious disease outbreaks and reduced workforce availability. Services work with commissioned providers and wider resilience partners to identify dependencies, review arrangements and strengthen coordinated responses.

Preparations draw on learning from previous winters, incidents and exercises. Water supply disruption during winter 2025/26 highlighted the importance of coordinated support across council services, commissioned providers and voluntary organisations. Subsequent exercises have informed utility disruption planning, while surge exercises have supported the review of operational escalation arrangements. Agreed improvements will be reflected in the delivery plan.

Senior on-call arrangements complement the established Out of Hours Service, providing additional leadership and coordination where emergencies or major incidents exceed routine operational capacity.

Operational pressures escalation
The ASCH Operational Pressures Escalation Plan provides the framework for responding to increased demand and capacity pressures and coordinating with the wider Kent and Medway health and care system. The full plan is included at **Appendix 1**.
Locally defined indicators and triggers are aligned with Operational Pressures Escalation Levels (OPEL). These include staffing availability, referrals and caseloads, assessment bed availability, enablement capacity and home-based discharge support. Information recorded through SHREWD supports a shared understanding of pressures and informs the response.

Actions are proportionate to the pressures identified and focus on managing demand, making effective use of capacity and supporting safe discharge and progression through short-term services. Options include prioritising work according to risk, temporary staff redeployment, reviewing short-term placements, increasing the frequency of decision-making panels and exploring alternative care capacity, subject to appropriate authorisation.

Operational managers and senior leaders have defined responsibilities for implementing actions and working with system partners. Where local measures are insufficient, the KCC Operational Pressures Escalation Group can be convened to coordinate further action, consider resource requirements and seek support across services and organisations.

The response takes account of risks across both hospital and community services. Actions are reviewed as pressures change, with de-escalation managed to support sustained recovery. Outstanding actions, resource constraints and capability gaps remain under review and are escalated where further decisions or joint action are required.

6. Prevention and community support

Prevention and community support contribute to managing pressures by helping people remain safe, well and independent at home and reducing the risk of avoidable deterioration, crisis and hospital admission. Preparations focus on strengthening responses at first contact, making effective use of equipment and technology, supporting unpaid carers and coordinating available community resources.

Adult Social Care Connect and access to advice
Additional social work resource within Adult Social Care Connect supports appropriate responses at first contact and reduces unnecessary transfers between services. Alongside ongoing improvements to tools and community links, this will help manage

increased demand through earlier identification of needs and timely access to appropriate support.

Regular meetings with Wellbeing Services will support shared understanding of emerging pressures and coordinated use of available community support.
Kent Connect to Support and the “Know how to start” campaign provide information, local service listings and digital self-assessment options. Access to advice outside normal office hours will complement the response to increased demand, helping people find appropriate support and enabling practitioners to focus on more complex or urgent needs.

Autumn campaign activity includes distributing printed information through council and partner organisations, extending access to advice ahead of winter for people who may not use digital services.

Equipment and technology

Technology Enabled Lives Services (TELS) supports people with ongoing care needs and those requiring short-term assistance, including following hospital discharge. Historical referral data indicates increased winter demand, particularly in November. The service is reviewing staffing and operational arrangements with delivery partners to prepare for increased referrals, installation activity and call handling.

Winter preparations also include increasing awareness of assistive technology, expanding activity monitoring and supporting digital confidence among people and carers. A targeted winter campaign is being developed to promote support that can help people remain safe, independent and connected at home.

The Integrated Community Equipment Service and Trusted Assessor training delivered to partners, including voluntary and community organisations, strengthen local capacity to assess for and provide low-level equipment and assistive technology.

Occupational therapists provide assessment, equipment, adaptations and advice to help people manage daily activities safely. Their contribution supports independence at home, helps sustain caring arrangements and facilitates hospital discharge. Together, these measures help reduce avoidable escalation of care needs and support effective use of available care capacity.

Support for unpaid carers

The sustainability of caring arrangements is an important consideration. The new jointly commissioned Kent Adult Carer Support Service brings together community navigation, carers’ assessments and short breaks, with the aim of improving access, reducing duplication and providing more coordinated support.

The Carers’ Health Needs Assessment is informing delivery plans, considerations include identifying carers, promoting vaccination among eligible carers, access to available household support, respite and community groups, and equipment or

adaptations that can assist both carers and the people they support. These measures aim to reduce isolation and the risk of caring arrangements becoming unsustainable.

Community capacity and partnership working
As part of developing neighbourhood approaches, work is underway with partners to o coordinate existing community-based roles, including social prescribers, community navigators, community wardens and care coordinators, aims to improve referral pathways and make better use of available local support. Where improvements are implemented, they will help people access appropriate assistance earlier and reduce duplication between services.

Market Development Officers continue to identify gaps in community provision and work with micro-enterprises, voluntary organisations and other local providers to support the development of services where required. This complements existing community support and provides opportunities for practical assistance that helps people remain independent at home.

These arrangements contribute to managing increased demand by supporting earlier responses, improving access to equipment and technology, helping sustain caring arrangements and making effective use of community capacity.

7. Hospital discharge, recovery and independence

ASCH will work with partners to support safe and timely hospital discharge, recovery and independence. Preparations focus on identifying discharge barriers earlier, strengthening home-based support and making effective use of short-term care capacity.

Early discharge planning and Hospital to Home
ASCH social care teams will have a stronger physical presence in hospitals, working alongside NHS colleagues on early and effective discharge planning. This will support timely identification of care and support needs and coordinated arrangements for discharge to appropriate provision.
Social care and occupational therapy input will help identify recovery potential and the equipment, technology and support needed following discharge. Closer joint working with people, families and NHS partners will help address barriers earlier, reduce avoidable delays and make effective use of hospital and community capacity.

Home First and discharge pathways
Home First and Discharge to Assess support people to return home wherever safe and appropriate, with access to recovery, reablement and assessment before longer-term care decisions are made. Where people cannot initially return home, short-term bedded provision supports rehabilitation and assessment.
The priority is to ensure people can access appropriate support after leaving hospital. Development priorities include expanding effective home-based reablement and rehabilitation, including seven-day provision, and improving support for people with

complex needs, while making effective use of short-term beds where these are required.
Demand and capacity planning will be aligned with ICB modelling to support appropriate use of available provision across the discharge pathways.

Integrated brokerage and access to provision
Integrated brokerage is intended to support the coordination of placements, helping people access appropriate provision following hospital discharge. Working alongside discharge teams and providers, it will support access to available care capacity and help address barriers to securing suitable support.

Kent Enablement at Home and community recovery
Kent Enablement at Home (KEaH) provides time-limited support to help people remain or return home and regain daily living skills. KEaH Plus provides home-based hospital discharge support across West and North Kent. Joint health and social care support-worker roles developed with Kent Community Health NHS Foundation Trust support integrated Home First provision in West Kent.
KEaH is reviewing eligibility and referral arrangements to support a consistent countywide enablement-first offer, alongside recruitment to increase capacity. Improved transfer arrangements with urgent care and community hospitals will support timely access to enablement, helping people return home sooner and reducing discharge delays.

Short-term beds and intermediate care
Adult Short Stay Services provide time-limited recovery, rehabilitation, reablement and assessment where people cannot initially return home. Occupational therapy input and active discharge planning support a return home at the earliest safe opportunity and help avoid premature long-term placements.

A six-month Discharge and Flow Coordination Service pilot in Q3 2026/27 aims to reduce length of stay and improve throughput, releasing capacity for hospital discharge and community step-up support to help avoid admission.

Following fire-safety works, 20 beds at Broadmeadow Registered Care Centre have reopened. Ten have been realigned for people living with dementia, increasing dementia-support capacity from eight to 18 beds. This strengthens the availability of suitable provision alongside work to make more effective use of existing short-term capacity.

Mental health discharge and recovery
Mental health discharge remains under sustained pressure, including pathways for people with a learning disability and/or autism and people in forensic services. Increasing complexity, limited community support, accommodation constraints and demand for intensive staffing can delay discharge. Increased inpatient capacity at Ruby Ward creates additional demand for social care discharge planning within existing staffing resources.

ASCH works with mental health partners on early assessment and discharge planning. Home from Hospital reablement supports people who can return home, while joint work with housing and care partners seeks suitable arrangements where previous accommodation or support is no longer available.

The strengthened Clinically Ready for Discharge pathway provides earlier identification of barriers, named responsibility, shared action tracking, regular multi-agency review and escalation. These arrangements support coordinated resolution of complex delays during winter. A wider mental health diagnostic assessment will inform priorities for improving demand management, capacity and pathways.

Monitoring discharge and recovery
Monitoring will consider safe and timely discharge alongside recovery outcomes, including return home, reduced ongoing support needs, readmissions and avoidable long-term residential or nursing placements. Demand, available capacity and discharge barriers will inform joint operational decisions.

Unresolved pressures will be escalated through the ASCH Operational Pressures Escalation Plan at Appendix 1. The response will take account of demand from both hospitals and the community, recognising that effective discharge depends on sufficient and sustainable support beyond hospital

9. Workforce and operational capacity

ASCH will focus on maintaining essential services and making effective use of available workforce capacity during winter. Preparations recognise the impact of increased demand, vacancies and seasonal absence across assessment, statutory functions, enablement and care provision.

Responding to demand and maintaining essential services
Maintaining robust social work resource in Adult Social Care Connect supports appropriate responses at first contact and reduces unnecessary transfers between services. Regular meetings with Wellbeing Services provide a forum to understand emerging demand and strengthen coordinated access to community support. Recruitment within Kent Enablement at Home will support increased enablement capacity.

Joint working with health therapy partners includes opportunities for training and shadowing. Training in single-handed care has also been rolled out to strengthen practitioner skills and support appropriate care arrangements.

Maintaining statutory and specialist functions
The Approved Mental Health Professional (AMHP) Service uses established shift and business continuity arrangements to respond to fluctuations in demand and staffing. Where pressures arise, measures include prioritising urgent work, reallocating activity to appropriately skilled staff, considering alternative cover and escalating sustained staffing pressures or backlogs.

Psychiatric bed availability remains a dependency affecting the timely completion of Mental Health Act processes. The service will continue to prioritise statutory activity according to urgency and risk and actively manage available capacity during periods of heightened pressure.

The Social Care in Kent Prisons Team provides assessment and support in custody and works with prison and probation partners on release planning. Maintaining these arrangements supports continuity of care for people with complex needs and helps reduce the risk of crisis following release.

Supporting practitioner capacity
Continued investment in digital and AI-enabled solutions will support more efficient ways of working by reducing administrative burden and improving productivity. This will enable practitioners to focus more time on direct support, helping to maintain timely care and service continuity during periods of heightened demand.
Work with partners to coordinate existing community-based roles will complement these measures by improving referral connections, reducing duplication and making effective use of available resources.

Out-of-hours support and escalation
The established Out of Hours Service is complemented by the Assistant Director and Operational Manager on-call rota, providing additional leadership where emergencies or major incidents exceed routine operational capacity. Trained staff have access to the maintained Adult Social Care Emergency Contact List and relevant business continuity and incident response arrangements.

Workforce pressures and service activity will remain under review. Prioritisation, deployment and escalation will follow agreed business continuity and operational pressures arrangements, with unresolved capacity risks referred for senior management or system action.

10. Commissioned services and care market resilience

Commissioning will support preparedness through provider engagement, oversight of available capacity and quality, workforce development and service improvement. The focus is on maintaining continuity of care, supporting appropriate provision for people with changing or complex needs and identifying risks that could affect access to services.

Care capacity and access to provision
Commissioners will continue working with providers and operational teams to understand available home care, residential and nursing provision and respond to changing demand. This includes supporting home care capacity for more complex needs and access to appropriate bedded provision where people cannot return directly home.

Regular engagement with contracted providers will inform oversight of care vacancies, capacity constraints and emerging delivery risks. This information will support early action where provision is under pressure and help coordinate access to care for people leaving hospital and those requiring support in the community.
Service redesign and re-procurement programmes aim to improve access and provider sustainability. These developments sit alongside the expansion of preventative and technology-enabled support described elsewhere in the plan.

Provider preparedness and continuity
Commissioners will maintain oversight of provider business continuity arrangements and resilience, working with providers and operational colleagues to identify challenges that could disrupt care. This will support coordinated responses to seasonal pressures and changes in service availability.

Provider intelligence will inform the wider operational picture, helping identify where staffing, financial or service delivery pressures could affect essential care and require further action.

Care sector workforce support
A programme of bite-size training and webinars will provide guidance on winter priorities and emerging operational challenges, alongside opportunities for peer learning.
Wider workforce development initiatives, including targeted bootcamps, aim to develop existing staff and support recruitment into the care sector. These programmes contribute to provider resilience and the ability to respond to increased demand, while recognising that staffing availability remains a constraint.

Provider communication and partnership working
Newsletters, provider bulletins and provider forums will support regular communication , sharing operational messages, system updates, guidance and available support.
Ongoing dialogue with the Kent Integrated Care Alliance will help commissioners understand pressures facing local providers and work jointly on potential responses.
Engagement with NHS and wider system partners will support coordination between commissioned care, hospital discharge and community services.

Quality and market resilience
Routine quality monitoring, provider engagement and intelligence sharing will support early identification of concerns that could affect people’s care. Regular meetings with the Care Quality Commission provide a further route for sharing intelligence and coordinating work on quality issues.

Market Development Officers will continue identifying gaps in local provision and working with micro-enterprises, voluntary organisations and other providers to support the development of community services. This complements regulated care and helps strengthen the range of support available to people at home.

Capacity, quality and continuity risks will inform the wider winter monitoring arrangements. Where disruption cannot be resolved through provider and local operational action, concerns will be escalated through agreed directorate and system routes.

11. Financial Implications

In 2025-26 the financial challenge for KCC was a funding gap of c.£86m, arising from a combination of spending growth of c. £150m and removal of undelivered prior year savings of c.£38m. These two combined significantly exceeded the increase in funding from central government and local taxation of c. £102m. This gap had to be closed from savings, income and one-off solutions eg use of reserves and capital receipts.

In 2026-27 the financial challenge for KCC is similar. There was a funding gap of c. £74m, arising from a combination of spending growth of c. £168m and removal of undelivered prior year savings of c.£29m. These two combined significantly exceeded the increase in funding from central government and local taxation of c. £123m. This gap had to be closed from savings, income and one-off solutions eg use of reserves and capital receipts.

Over half (56%) of this spending growth relates to ASCH, so strategies to reduce costs must be identified to help offset this increased growth, as well as achieving previous years rolled-forward savings. The main financial challenges that ASCH are seeing this year, are in relation to the continuation of increased demand, complexity and costs, meaning the achievement of those cost reductions and savings required to help offset the growth is challenging and causing financial pressures.

12. Risk management

Pressure planning forms part of ASCH's established risk management arrangements. Risks identified through preparedness activity, operational monitoring and partner engagement will inform the winter response and be considered alongside existing directorate and corporate risks.

The Directorate Management Team (DMT) retains oversight of live directorate risk registers, with identified risk owners responsible for reviewing risks and implementing mitigating actions. Regular review considers changes in risk, progress with actions and whether further decisions or support are required.

Where pressures increase existing risks or create new concerns, these will be reflected in the appropriate risk management arrangements and inform changes to the delivery

plan. Risks requiring joint action will be considered with relevant health, care and resilience partners.

Unresolved operational risks will be escalated through agreed management and system routes, including the ASCH Operational Pressures Escalation Plan at Appendix 1. This connects monitoring and delivery with the directorate's wider governance and assurance arrangements.

13. Monitoring and Review

The main elements of the plan alongside the activity leads are detailed below

Activity Title	Description	Activity Lead(s)
Resilience, emergency planning and escalation	Sets out preparedness, business continuity and operational escalation arrangements for responding to disruption, increased demand and system pressures.	Business Management Systems Officer
Prevention and community support	Sets out arrangements for early advice, community support, unpaid carers, equipment and technology to support independence and help manage demand.	Assistant Director(s) Commissioning and Operations
Hospital discharge, recovery and independence	Sets out joint working with health partners to support effective discharge planning, access to appropriate provision, recovery and effective use of available capacity.	Assistant Director(s) Commissioning and Operations
Workforce and operational capacity	Sets out how operational demand and staffing capacity will be managed to maintain essential services, including additional resource requirements and links to financial planning.	Assistant Directors/ Service Managers
Commissioned services and care market resilience	Sets out commissioning activity to support provider capacity, quality, continuity and resilience.	Commissioning Assistant Directors
Resources and financial considerations	Sets out available funding and resources, additional requirements and funding dependencies supporting preparedness and delivery.	ASCH Directorate Management

Risk management	Explains how pressures fit within established risk management, review, ownership and escalation arrangements.	ASCH Directorate Management

Delivery will be kept under review through established service and directorate arrangements, drawing on information about demand, capacity, workforce availability and provider resilience. Activity leads will review progress and identify issues requiring further decisions or joint action, with unresolved pressures escalated through agreed routes. The plan will be updated as circumstances change, supporting a coordinated response focused on maintaining essential services and helping people remain safe, well and independent.