

ADULTS SCRUTINY COMMITTEE
8 SEPTEMBER 2026

PERFORMANCE INDICATORS END OF YEAR 2025-26

SUMMARY REPORT

Purpose of the Report

- 1. To provide Members with end of year performance information against key Adult Social Care performance indicators for 2025/26.

Summary

- 2. Further information relating to the indicators referenced in this report can be found in **Appendix 1**.
- 3. Overall, the end of year position shows a mixed but understood performance picture. Two indicators have improved, two remain broadly stable, and two are lower than last year. The main areas requiring continued oversight are hospital discharge demand, reablement outcomes and permanent admissions for adults aged 18-64. These are being managed through strengthened discharge pathways, continued focus on Home First and reablement, review of community capacity, and targeted work on working age adults and local support options.
- 4. The detailed indicator tables, analysis and hospital discharge spotlight are included in the Main Report below.

Recommendation

- 5. It is recommended that Members review and note the performance information provided in this report and raise any relevant queries with the appropriate Assistant Director.

Joss Harbron
Assistant Director of Adult Services

Background Papers

- 6. Appendix 1: Adult Social Care Performance & Practice Report, End of Year 2025-26.

Council Plan	This report contributes to the Council Plan by involving Members in the scrutiny of performance relating to the delivery of key outcomes with regards to Adult Social Care.
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Addressing inequalities	This involves Members in the scrutiny of how Adult Social Care contributes to ensuring that opportunities are accessible to everyone, with a focus on a good job, home and social connections for all.
Tackling Climate Change	This report does not identify any issues relating to climate change.
Efficient and effective use of resources	This report allows for the scrutiny of performance which is integral to optimising outcomes and ensuring efficient use of resources.
Health and Wellbeing	This report supports performance improvement relating to improving the health and wellbeing of residents.
S17 Crime and Disorder	This report supports the Council's crime and disorder responsibilities.
Legal implications	There are no direct legal implications arising from this performance report. The report supports scrutiny of Adult Social Care performance and delivery of statutory responsibilities under relevant adult social care legislation.
Consultation	No specific consultation has been undertaken for this performance report. The report is based on performance information and service data used to support ongoing management oversight and scrutiny.
Risk implications	The report highlights areas requiring continued oversight, including hospital discharge demand, reablement outcomes, safeguarding activity and permanent admissions for adults aged 18-64. These risks are being managed through performance monitoring, management oversight, partnership working and targeted improvement activity.
Wards Affected	This report supports performance improvement across all Wards.
Groups Affected	This report supports performance improvement which benefits all groups.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers.

Main Report

Detailed performance analysis

7. The detailed analysis below should be read alongside Appendix 1: Adult Social Care Performance & Practice Report, End of Year 2025-26.

Indicators that have Improved

Indicator	Detail
ASC002	Older people aged 65+ admitted on a permanent basis in the year to residential or nursing care homes, per 100,000 population. End of year 2025/26: 171 permanent admissions, equivalent to 718.6 per 100,000 population. 2024/25: 191 admissions, equivalent to 802.6 per 100,000 population. 2023/24: comparable with 2025/26.

ASC054	The proportion of people who use Adult Care services who find it easy to find information about services. 2025/26: 73.3%; 2024/25: 81.8%; 2023/24: 66.8%; 2022/23: 77.2%.
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8. **Analysis and action:** Permanent admissions for people aged 65 and over have reduced from 191 in 2024/25 to 171 in 2025/26. This suggests that prevention, Home First, reablement, intermediate care and community-based support are helping more people to remain at home or return home safely. This is positive, but it should be viewed alongside hospital discharge pressures, as higher discharge demand and more complex needs can increase the risk of residential or nursing care if community support is not available at the right time. The information and advice indicator has also improved compared with 2023/24, although it remains below the 2024/25 position. The action is to continue strengthening advice, signposting, front door arrangements and accessible information so that people and carers can understand what support is available and how to access it.

Indicators that are broadly comparable

Indicator	Detail
ASC049	Proportion of people using social care who receive self-directed support. End of year 2025/26: 95.1%, equating to 811 people receiving self-directed support. 2024/25: 95.8%.
ASC050	Proportion of carers using social care who receive self-directed support. End of year 2025/26: 100.0%. This indicator should remain at 100.0% as all carers using social care should receive self-directed support.

9. **Analysis and action:** Performance on self-directed support remains stable. This means that people who use services and carers continue to be offered choice and control through personal budgets, direct payments or managed personal budgets.
10. ASC049 remains high at 95.1%, and ASC050 remains at 100.0%. The action is to maintain this strong position while continuing to promote direct payments and flexible support options where they are right for the person or carer. This will help ensure that self-directed support is meaningful in practice, not just recorded as a performance measure.

Indicators that are lower than last year

Indicator	Detail
ASC003	Adults aged 18-64 admitted on a permanent basis in the year to residential or nursing care homes, per 100,000 population. End of year 2025/26: 18 permanent admissions, equivalent to 27.3 per 100,000 population. 2024/25: 14 admissions, equivalent to 22.8 per 100,000 population. 2023/24: 13 admissions, equivalent to 20.0 per 100,000 population.
ASC019	Percentage of people who have no ongoing care needs following completion of provision of a reablement package. End of year 2025/26: 46.7% with no ongoing care needs; 33.5% had decreased needs; 15.1% had increased needs; and 3.7% had the same level of need.

Analysis and action:

11. 1ASC003 should be treated with some caution because it is a small cohort. A small number of additional admissions can significantly affect the rate. In 2025/26, 18 adults aged 18-64 moved into permanent residential or nursing care, compared with 14 in 2024/25 and 13 in 2023/24. These admissions are often linked to complex needs, safeguarding risks, housing availability, mental health, learning disability, autism, transition from children's services, or breakdown of community support. The action is to continue oversight through the working age adults review, preparation for adulthood work, commissioning activity, high-cost/high-risk case review and the development of more local, flexible and outcome-focused community alternatives.
12. ASC019 has also reduced, with the proportion of people leaving reablement with no ongoing care needs falling from 52.4% in 2024/25 to 46.7% in 2025/26. This is a 5.7 percentage point reduction. The wider picture is mixed: 33.5% of people had reduced needs, 15.1% had increased needs and 3.7% had the same level of need. This suggests that reablement remains effective for many people, but more people are entering the service with higher levels of need and may require longer, more intensive or ongoing support. The action is to continue strengthening discharge pathways, reviewing reablement and intermediate care capacity, and using data to understand outcomes, demand and areas where practice or pathways can be improved.

Safeguarding activity indicators

Indicator	Detail
ASC208	Number of Safeguarding concerns, initial enquiries, started year to date.
ASC209	Number of Safeguarding concerns, initial enquiries, started per month.
ASC211	Number of strategy meetings undertaken, i.e. concerns progressed to strategy per month.

Analysis and action:

13. Safeguarding indicators measure activity and demand rather than simple good or poor performance. Changes in concerns, enquiries and strategy meetings can be affected by public and professional awareness, provider reporting, thresholds, complexity and the effectiveness of early advice and triage. A higher number may reflect better awareness and reporting; a lower number may reflect prevention or more effective filtering of contacts that do not meet safeguarding thresholds. The action is to maintain strong management oversight of decision-making, timeliness, risk reduction, Making Safeguarding Personal, provider quality and learning from safeguarding activity.

Indicator to be reported later

14. **ASC055:** The proportion of carers who find it easy to find information about services is reported bi-annually. The 2025/26 figure is not available for this end of year report and will be included in the 2026/27 Quarter 2 Scrutiny report. This will provide Members with an updated view of carers' experience of accessing information, advice and support.

Hospital discharge spotlight

15. At the request of Scrutiny, this report also provides a spotlight on hospital discharge activity. Hospital discharge demand has increased year on year, with 1,467 discharges received in 2025/26, compared with 1,384 in 2024/25 and 1,284 in 2023/24. This is an increase of 183 discharges over two years. The figures show that Adult Social Care is managing both higher volumes and more complex need. Most people continue to be supported through a Home First approach, with the majority discharged through Pathway 1, helping people return home wherever this is safe and appropriate. However, people being discharged often have higher levels of need, including frailty, multiple health conditions, dementia, mental health needs, safeguarding concerns, housing issues or reduced informal support. This places pressure on RIACT, reablement, intermediate care, RAPID response, home care and provider capacity.
16. Performance remains positive, with low levels of delayed transfers of care from acute physical health beds, supported by partnership working with health colleagues, Discharge to Assess, reablement, RAPID response and provider relationships. However, this position is changeable because good hospital flow depends on community capacity, timely assessments and short-term support being available. The actions are to continue improving flow, strengthen trusted assessment, review bed-based provision, develop the hospital discharge portal and use data to understand trends, outcomes and areas for improvement.