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## **Health and Adult Social Care Overview and Scrutiny Committee**

**12 March 2026**

### **Early Help and Carers**

Report from: Jackie Brown – Assistant Director, Adult Social Care

Author: Yasmin Vaughan- Head of Early Help and Prevention

#### **Summary**

The Care Act 2014 places strong emphasis on promoting people's independence and wellbeing by providing earlier intervention and connecting adults to services within the community to prevent, reduce or delay the need for care and support.

Lengthy delays in responding to new referrals, significantly reduces the ability to successfully prevent, reduce or delay and can result in crisis situations arising which can impact outcomes for an adult's overall wellbeing and increase the risk of Carers breakdown where applicable. In addition, delays in response times can increase pressures across the system, creating greater demand on the Adult Social Care budget, hospital services, emergency services, and commissioned providers.

This report provides Members of the Health and Adult Social Care Overview and Scrutiny Committee with information relating to the continued progress of Early Help and Prevention and the offer available to informal carers. Additionally, this report informs Members of the improvements being made across the service to provide continuity in services offered to support and promote early intervention and reduce waiting time.

#### **1. Recommendations**

1.1 The Committee is requested to note the report.

#### **2. Budget and policy framework**

2.1. The [Care Act 2014](#) is the key piece of legislation in England that outlines the responsibilities of local authorities in preventing needs for care and support and the responsibility to support carers in their caring role

2.2. The key safeguarding sections within the Care Act 2014 are:

#### **2.3. Section 2- Preventing needs for care and support**

Places a duty on local authorities to take proactive measures to prevent,

reduce or delay the development of care and support needs for adults and carers.

The duty requires the local authority to recognise the importance of identifying the services, facilities and resources already available in its area and how these can be used, while also identifying adults whose care and support needs are not being met and carers whose support needs are similarly unmet.

#### 2.4. **Section 10 - Assessment of Carers needs for support**

Places a duty on Local Authorities to carry out a carer's assessment whenever it appears that a carer may have needs for support, now or in the future.

#### 2.5. **Section 20 – Duty and power to meet a carers need for support**

The assessment must determine whether the carer has support needs and what those needs are, and it must look at the impact on their wellbeing, and the outcomes they want to achieve. This duty applies regardless of the carer's level of need or financial situation.

### 3. Background

3.1 From July 2024 to June 2025, Medway completed 13,536 support requests, with 84.7% (11,470) requests being for clients without an existing long-term care package. Of these, 10,909 were new resident requests. Over half (53%) did not progress to assessment, mainly resulting in No Further Action or Signposting. The remaining 47% led to 6,098 assessments: of those 77.8% short-term and 22.3% long-term.

- Short-term assessments mostly provided equipment or support (40.7%) or support to maximise independence (21%).
- Long-term assessments primarily resulted in support planning (76%), with only 4.8% of all new requests leading to long-term community support and less than 1% each to residential or nursing care.

3.2. In January 2025, Adult Social Care commenced the new way of working, resulting in changes to how data is recorded and collected. Moving forward, we are working towards capturing and aligning data to reflect the final year-end position.

3.3. In October 2025, a review of Early Help and Prevention commenced. The purpose of this review is to understand the volume of work that progresses through Early Help and Prevention and to identify areas for improvement that will promote prevention.

3.4. The initial part of the review identified:

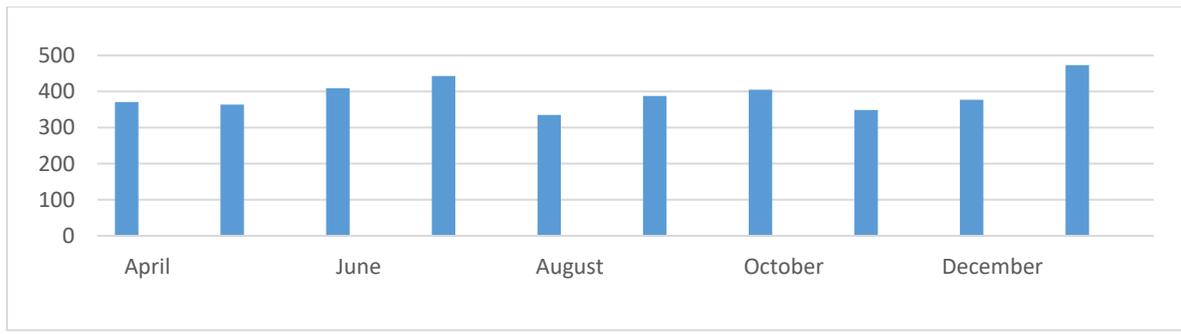
- Increase in referral volumes, demand for services is rising, increasing pressure on capacity.
- Lengthy delays in initial contact, impacting timely engagement and early intervention.

- Insufficient data to measure success of preventative measures, limiting ability to evidence impact and inform improvements.
  - A requirement to review and implement Key Performance Indicators.
  - Lack of appropriate usage of secondary preventative measures such as the Occupational Therapy (OT) response and the reablement offer have contributed to an increase in adults waiting for assessment.
  - Gaps in applying “Prevent, Reduce, Delay” principles in practice, inconsistent implementation across teams.
  - Lack of a structured reablement offer, absence of clear pathways for collaborative working and goal-setting.
  - A need to strengthen our procedures and processes to enhance the quality of support offered at the initial point of contact, and extending this approach into prevention through reablement and Occupational Therapy.
- 3.5. The CQC report highlighted the value of Occupational Therapy as an early intervention that can reduce people’s care needs by supporting them to remain as independent as possible. Building on this, we are focusing on ensuring that people receive the right support at the right time, enabling them to regain skills, maximise independence, and benefit from timely reablement.

#### 4. Advice and analysis

##### Outcome of Review

- 4.1. From April 2025 until the end of January 2026, Medway Adult Social Care received 11,631 requests for support across both new and existing clients. Of these, Early Help and Prevention received 7,104 referrals directly into the service.
- 4.2. The volume of referrals received that requested social work involvement from April 2025 until 31<sup>st</sup> January 2026 was 3,914. Of these, 2,556 referrals did not progress to a Care Act Assessment.
- 4.3. The volume of referrals has historically led to significant delays in the service making an initial point of contact with the individual dating back to March 2025. The new implemented strategies have supported the service in contacting people who have made new referrals and moving closer towards real time referral and response times. Lack of appropriate usage of secondary preventative measures such as the OT response and the reablement offer have contributed to an increase in adults waiting for assessment and therefore actions have been taken to resolve this.



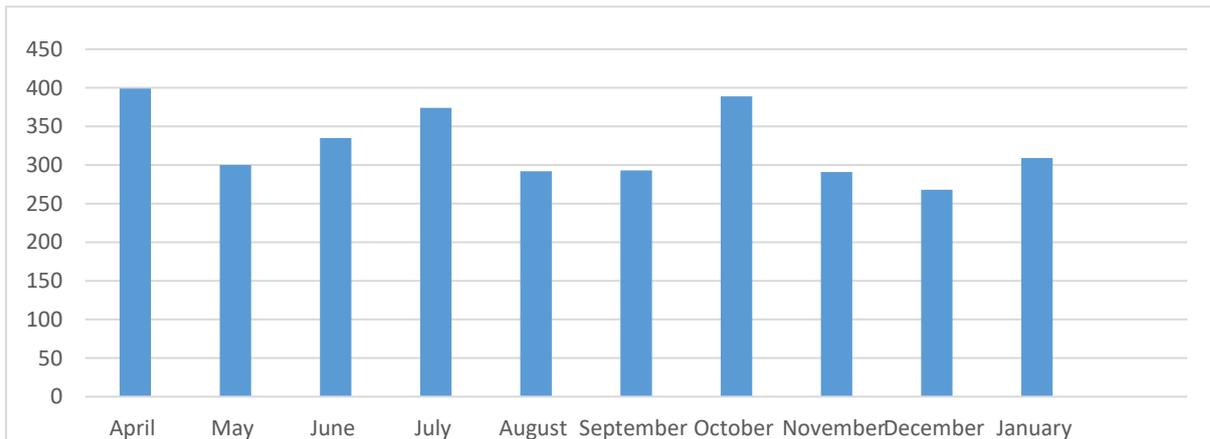
*Table 1 – Volume of incoming requests received by EHP localities in 2025/2026*

- 4.4. As part of the review, lengthy delays were identified in making initial contact therefore impacting upon the preventative options available to the residents of Medway. This in turn led to an increase of adults waiting for an assessment as delays reduced the potential for preventative actions to be explored.
- 4.5. A draft standard operating procedure has commenced with the view to clarify and simplify processes; this will provide clear guidance for staff regarding the expectations of the service and the preventative services that are available. Within the standard operating procedures, the team's remits have been reviewed which includes enabling a review of the care and support provided to be completed at 28 days, rather than 56 days as a preventative measure. This ensures that the care plan is functioning as intended by meeting assessed needs and prevents crisis interventions that may lead to admission or breakdown in care. Acting early prevents escalation of unmet needs, promotes wellbeing, and delivers cost-effective, sustainable care.
- 4.6. The Community Reablement pathway that was in place is not adequate to meet the needs of Medway residents. The review identified that not all adults who have been referred via this pathway have had access to a timely response to support them to achieve their goals. In addition, for those who have experienced reablement, the success of the service is not currently measurable on Power BI. However the enablement offer via Occupational Therapy has proven successful for adults who are currently in receipt of a package of care, where the outcomes evidenced a reduction in packages of care, replaced with equipment through completion of an Occupational Therapy functional assessment.
- 4.7. As an outcome of the review, a reablement pilot commenced in January 2026. This has provided Early Help and Prevention with a dedicated multi-disciplinary service of both Occupational Therapists and Social Workers who are working to provide a timely and personalised response to reablement.
- 4.8. This service delivers reablement through two pathways: a Functional Assessment completed by an Occupational Therapy Assistant, and traditional reablement provided for up to six weeks with a commissioned package of care. These pathways ensure that reablement can be achieved in situations where formal care is not the preferred option for the resident, or where additional short-term support beyond the six-week period will enable the

resident to continue living independently without the need for an ongoing commissioned service.

## 5. Occupational Therapy

- 5.1. From April 2025 until January 2026 Medway's Occupational Therapy Team have received a total of 3,190 referral of which 1,037 required no further action after completion of the initial Conversation 1 and 2. The volume of referrals has led to significant waiting list of referrals predominantly awaiting assessment for major adaptations and/or a Disabled Facilities Grant.



*Table 2 – Volume of referral received by Occupation Therapy across 2025/26*

- 5.2. New guidance was published in February 2026 by the Royal College of Occupational Therapy to support our OTs in applying the Care Act. In response, the Head of Service and Principal OT have begun mapping out plans for a service review, exploring new preventative measures that can be implemented at the initial point of contact to promote Early Help.
- 5.3. Benchmarking and service development commenced in October 2025, whereby research was completed into other options available to improve our offer. Following a brief review of the 'front door', a new way of working within the remit of the 3 Conversations has been adapted to support OT's to offer clearer information, advice and guidance.
- 5.4. The pilot within the OT front door commenced on the 19 January 2026. The pilot introduces increased oversight and direction from the Senior OT and Team Managers through four structured steps:
- Senior Screening
  - Protected Briefing Time
  - Focused Duty Work
  - Debrief

This structured approach has already led to positive outcomes. New preventative options are being considered at the initial point of contact, including signposting, fast track equipment provision, and determining whether a review is required. Where appropriate, guidance is also given

around the potential for self-purchase of items that could promote independence.

- 5.5. Data obtained between 19 January and 27 January shows that 129 cases have progressed through the new pathway. Of these, 17.1% received a fast-track assessment and were subsequently closed, after providing low level equipment from the initial point of contact and arranging for installation completed by Medequip, through the Medway Integrated Community Equipment Service. A further 20.2% of referrals were closed with information and advice. We have also started to gather independent feedback from Medway residents regarding the service they have received.
- 5.6. As the pilot continues, we will explore the use of the commissioned service provider Medequip and their Manage at Home service to provide an assessment point in the community. In addition, we will consider ways in which we can increase independence and promote prevention with the Voluntary Sector and other services within Medway with a view to extending this offer within Medway's Integrated Hubs.
- 5.7. The training and development programme for OT's will be reviewed to explore ways to extend the role of the Occupational Therapy Assistant (OTA) to other areas of practice and support in the reshaping of the Occupational Therapy Service.

## 6. Carers

- 6.1. Medway Adult Social Care has undertaken a focused programme of improvements in response to CQC assurance expectations around support for unpaid carers. Over the past year, the Council has strengthened information accessibility, communication, assessment pathways, and lived-experience engagement to ensure carers receive clearer, more consistent and more timely support. These developments address previous gaps in visibility, coordination and clarity within the local carers offer.
- 6.2. A major improvement has been the complete redesign of Medway's carers webpages. Launched in November, the new webpages provide a single, accessible point where carers can find information about assessments, respite, wellbeing, financial support, emergency planning and local services. This work responds directly to longstanding feedback that information was fragmented and unclear, and aligns with CQC's requirements around transparency, accessibility and early identification. The redesign was informed by several years of data including surveys, complaints and service-use trends, ensuring that carers' lived experiences shaped the updated content.
- 6.3. Strengthening co-production and engagement has been a central priority. Medway has established two Community Involvement Groups in Chatham and Gillingham, with plans to expand further by April 2026. These groups create meaningful, structured opportunities for unpaid carers and people receiving care to influence service design, commissioning and policy. The Council also hosted its first carers event in November to improve visibility,

build relationships and enable face-to-face dialogue, demonstrating a commitment to continuous improvement led by lived experience.

- 6.4. Significant work has also taken place to improve the clarity and consistency of carers assessment pathways. Medway has updated key operational guidance, reviewed Early Help and Prevention pathways, clarified the role of Carers Support Advisers and strengthened allocation processes to reduce delays. To address feedback that assessments can feel confusing, the Council is developing a clear, easy-to-understand carers leaflet explaining the purpose of assessments, how to request support and what carers can expect. These changes directly support CQC focus areas relating to timeliness, consistency and the quality.
- 6.5. The launch of the Medway Carers Panel in February 2026 has already shown strong value by creating clearer oversight, consistent decision-making and more proportionate support planning for unpaid carers. The first panel brought together Adult Social Care practitioners, Carers First, Kyndi, commissioning colleagues and the Direct Payments Team Manager, enabling multi-disciplinary discussions and more robust scrutiny of proposals. This collaborative approach ensures that each case is fully explored, with alternatives considered such as preventative technology solutions, wellbeing support, and appropriate use of existing resources. The first panel achieved cost avoidance through more proportionate packages, while others benefitted from improved coordination between partners and clearer follow-up actions. These early outcomes demonstrate that the Carers Panel is already strengthening professional accountability, improving consistency, and embedding a fair, transparent and well-governed process for supporting carers across Medway.
- 6.6. Finally, the Council has strengthened internal communication, capacity and partnership working. Additional staffing has been invested to improve responsiveness and ensure more consistent communication with carers and providers. Collaboration with Carers First has been strengthened through aligned pathways and shared approaches, including the reintegration of Carers First within the Early Help & Prevention front door and across the long-term teams.

## 7. Risk Management

<b>Risk</b>	<b>Description</b>	<b>Action to avoid or mitigate risk</b>	<b>Risk rating</b>
Inconsistent Delivery	Without a formal framework, delivery may vary across teams in Adult Social Care.	Embed use of Standard Operating Procedures and Team Remits	BII
Workforce Capacity	Lack of capacity or appropriate staffing to deliver interventions	Accurate data to support the understanding of volume of referrals and capacity within the service	BII

<b>Risk</b>	<b>Description</b>	<b>Action to avoid or mitigate risk</b>	<b>Risk rating</b>
Lack of reablement service as a preventative option	Preventative services reduced resulting in an increase of long-term care	Mobilisation of a reablement pilot to establish benefits and success of having a dedicated team	CII
Unclear pathway for Carers	Without defined pathways for carers; carers needs will remain unmet leading to a breach of S10 and S20 of the Care Act 2014	The actions taken to improve the carers offer have supported to mitigate this risk	DI

<b>Likelihood</b>	<b>Impact:</b>
A Very likely B Likely C Unlikely D Rare	I Catastrophic II Major III Moderate IV Minor

## 8. Financial implications

- 8.1. The financial implications of prevention duties under the Care Act 2014 for local authorities are significant. While prevention can reduce long-term costs by delaying, reducing, or avoiding the need for care and support to enable its application, it also requires investment to support strategic commissioning, and ongoing collaboration with partners.
- 8.2. When implemented effectively, prevention can reduce demand for high-cost services such as residential care or hospital admissions. However, these savings may not be immediate, or easily quantifiable, making it challenging to justify investment in tight budget environments.

## 9. Legal Implications.

- 9.1. The Care Act 2014 places a clear legal duty on local authorities to prevent, reduce, or delay the development of care and support needs. This includes identifying individuals in the community who may not yet be known to services but are at risk of developing eligible needs. Local authorities are required to provide or arrange services that help people maintain their independence and wellbeing, such as reablement, community support, and access to information and advice. Failure to meet these duties could expose authorities to legal challenge, particularly if individuals experience harm or deterioration due to a lack of preventative support.
- 9.2. In addition, the Act mandates that local authorities work in partnership with other agencies, including the NHS, housing, and the voluntary sector, to deliver preventative services. This legal requirement for integration and cooperation means that councils must not only commission appropriate

services but also ensure that systems are in place to share information and coordinate care effectively. If these duties are not fulfilled, local authorities may face scrutiny from regulators, ombudsmen, or judicial review, especially where there is evidence of unmet need or systemic failure to act preventatively.

#### Lead officer contact

Yasmin Vaughan, Head of Early Help and Prevention,  
[yasmin.vaughan@medway.gov.uk](mailto:yasmin.vaughan@medway.gov.uk)

#### Appendix

None

#### Background papers

None