Adult Social Care
Supporting the Winter Plan 2024/ 25

Leicester City Council
Health Scrutiny Commission
10th September 2024

Leicester
City Council

ASC Contribution

1

Having clear escalation actions to address ASC, partner or system pressures

2

Ensuring timely discharge for people with social care needs, who no longer require acute hospital care

3

Supporting admission avoidance where people can be safely cared for at home

Underpinned by Better Care Fund investments – activity and performance is dependent on and protected by the pooled budget arrangement

1. Escalation Plan

- Well established over many years
- Clear actions where:
    - Hospital facing ASC services are under pressure (internal escalation)
    - A partner is experiencing specific pressures (for example, a spike in attendances)
    - System pressures (for example, looking at how risk is balanced across our system)
- Refresh for winter 2024 as part of the regular system work programme

2. Supporting Discharge

Actions in 23 /24 to be ready for winter 24 / 25:

- Established reablement intake offer from Nov 2023 – all discharges home via reablement
- Extended offer June 2024 to include all people needing 2 carers
- Increased reablement capacity – via staff expansion and business process improvement
- Effective working in the Integrated Discharge Hub
- 7 day discharge support from Brokerage and Health Transfers
- Responsive domiciliary care market
- Night-time support at home (funded via Discharge Grant)
- ICRS support into Virtual Wards

Impact:

- Maintaining low numbers of people waiting for social care support (typically 27 people at any point as snapshot of a bed base of +1800)
- Meeting increased volume (In the period 1/4/24 to 31/7/24; 1038 contacts received to ASC, have been completed where route of access is 'Discharge from Hospital'. In the same period 23/24, 655 contacts were completed.)
- Ensuring timeliness (74% of same day discharge plans provided to UHL by 12.00 / 100% by 15:00)
- Reducing length of stay, once ready to go home
- 85% of people go home, 12% go to a short-term bed for reablement or assessment – focus on enabling people to live well in their communities
- 93.5% of people who receive reablement are still at home 3 months later

3. Admission Avoidance

Actions in 23 /24 to be ready for winter 24 / 25:

- Staff training on energy advice and signposting
- LeicesterCare community alarms and Technology Enabled Care service:
  - expanded offer and increased capacity
  - newly procured provider
- Continued work via ICRS (to respond to community crisis / falls) and Care Navigators (to support proactive anticipatory care)
- Response in UHL during peak pressures – 'pulling' people out of pre-admission areas

Impact:

- Increased activity to support the urgent community response – all within 2 hours (100%)
- Reduction in admissions to care and from care homes into hospital
- 85% of falls are resolved without the need for other services / EMAS
- Reduction in emergency admissions due to falls