
ASC Scrutiny Commission

2nd December 2021

Adult Social Care and Winter
Planning



Leicester
City Council

Context

- Annual process of preparation for winter
- Contribution to wider winter plans
- Delivering differently – building on priorities and approaches ‘post’ Covid-19
- Winter is a 12 month phenomenon!
- Heightened risks = harder to mitigate in full



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DHSC Framework

- ASC Covid-19 Winter Plan 2021 – 2022
- [Adult social care: COVID-19 winter plan 2021 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/95212/adult-social-care-covid-19-winter-plan-2021-to-2022.pdf)
- National support offer
- No requirement to submit a plan
- Local Authority wide actions
- ASC reflected in local health system Winter Plan (formal submission) at local discretion

Infection Prevention and Control

Plan Expectation	Local Delivery / Assurance
PPE – Portal / free PPE	Regular contact with providers Internal ‘back up’ for emergencies Work with PAs
Testing – Support and compliance	Close relationship with providers Track compliance through data Internal requirement for ASC staff PH role in data analysis
Vaccination – Support and compliance	Work to support care homes Track compliance through data – Capacity Tracker Internal staff approach Successful management pre- 11 Nov Planning for extended mandate

Collaboration across health and care

Plan Expectation	Local Delivery / Assurance
Preventing avoidable admissions	Better Care Fund Urgent Community Response Enhanced Health in Care Homes Care provider support
Technology and Digital	System work on interoperability Use of (appropriate) virtual and online platforms Digital inclusion
Safe Discharge	Responsive ASC offer inc Reablement / ICRS Support to care market Partnership via Home First Designated settings
End of Life	City EOL pilot for LLR

Supporting people who provide care

Plan Expectation	Local Delivery / Assurance
Unpaid carers and respite	Enhanced funding for carers Flexible use of Direct Payments Maintaining access to services inc day services
Workforce Wellbeing	Range of support offers – internal / LLR Staff surveys on wellbeing Maximising flexibility and connectivity
Workforce Capacity	Constant challenge – agreed support from HR for internal staff Drawing in NHS / BCF funding Reducing bureaucracy to maximise capacity Workforce planning with providers, BCPs; Workforce grant
Professional Leadership	Role of DASS / PSW and others to ensure legal, ethical and safeguarding compliance

Supporting the System

Plan Expectation	Local Delivery / Assurance
Funding	Ensuring the best use of Infection and Workforce funding to support providers
Market / provider Sustainability	Relationship with providers inc active practical support Demand analysis and planning Contingency planning (tested) Understanding costs, making use of infection prevention control fund and workforce grant
National and Regional links	Strong regional networks with active involvement / leadership from LCC officers Use of ADASS voice Representation of ASC voice on NHS forums

Challenges (Winter plus...)

- The impact of Covid on providers = permanently increasing costs vs temporary extra funding + reduced occupancy
- Demand at front door / hospital discharge is leading to a growing backlog in reviews and less urgent assessments, impacting on people's quality of life and potentially allowing need to grow
- The scale of the changes to ASC set out in the government's reform programme (LPS, care cap, changes in financial thresholds, fair cost of care) will require capacity to plan, train and redesign, when capacity is already stretched



Key Risks to a Safe Winter

- Acute hospital demand and consequences
- Workforce and capacity constraints
- Multiplying factors (acuity plus demand plus pace plus capacity gaps)
- Weather events
- Extended vaccine mandate for health and care staff
- Exhaustion and burn out