

HEALTH AND WELLBEING BOARD: 25 MAY 2023**POSITION STATEMENT FROM THE CHAIRMAN****Adult Social Care**

Adult Social Care services continue to face high demand, which is presenting a challenging position for the Council, to meet statutory requirements for assessment and review alongside funding pressures.

Recruitment and retention remain a challenge for many adult social care providers supporting people in Leicestershire. The Council and care providers have continued to maintain services to ensure flow through hospitals and provision for new community requests. The number of people awaiting a home care service is the lowest it has been in recent years, with fewer than 10 people waiting for a service on average.

The in-house service HART has been able to deliver increased reablement support to people over recent weeks and our Crisis Response Service continues to support in relation to the bridging of care to prevent admissions to hospital or to support discharge.

Short term Government discharge grants have been utilised to support discharge during the winter period, and prevent the use of increased numbers of care home beds.

There has been an increase in care home closures and limited capacity of appropriate support for people in supported living with learning disabilities, and for older adults nursing care over the last few months. Plans are being developed across health and social care in LLR to address the shortage of nursing care home beds.

Despite the best efforts of care home providers in managing infection prevention and control, COVID-19 outbreaks in care homes continue to occur, now with usually around 10 homes or fewer out of 163 experiencing an outbreak. Mortality rates have reduced and people showing symptoms have reported being less unwell. The spring COVID-19 vaccination programme began in April, administering vaccines to eligible consenting people within care homes by GP-led or pharmacy-led teams to maximise take up and continue protection from vaccination. The early take up in care homes at 26 April was 39.1%, with many homes still to be visited by vaccination teams.

The Council has finalised its Market Sustainability Plan, submitted it to the Government and made it available to the public. The related Market Sustainability and Improvement Fund has been announced, with £5.65m for Leicestershire. This will be allocated to making improvements in increasing fee rates paid to adult social care providers, and in reducing waiting times.

NHS/ICB

The LLR health and care system continues to work collaboratively to provide efficient and effective services to the people of Leicester, Leicestershire and Rutland. Whilst services remain under pressure, the system has been able to demonstrate significant improvement through 2022/23, meeting many of the objectives set out for the year through collaborative work across the wider health and care system.

A quality improvement methodology was employed through this winter and supporting winter plan schemes have evidenced successful impact, both in terms of input and outcomes: A few notable examples include:

- a. Notable improvement can be seen in the ambulance metrics – EMAS mean call answering times, category 2 mean ambulance wait times and the average time lost to ambulance handovers all show a significant and sustained improvement. For the month of March 2023, the average clinical handover time (1st to 29th March) stood at 34 mins and 45 seconds. As a comparison, the average clinical handover time in Q3 2022/23 stood 1hr 18mins and 52 seconds.
- b. Our Primary Care Networks set up Acute Respiratory Infection hubs, providing over 9,000 additional appointments since launch, supporting our respiratory patients to be seen in a local setting. Of the 8,977 appointments to date, 107 patients had subsequently been referred to the Emergency Department.
- c. The streaming service from the Emergency Department (ED) to local urgent treatment centres has been particularly successful, diverting upwards of 50 patients per day into more appropriate services with closed episodes of care. This has in turn reduced overcrowding within the ED, without causing pressure on partner services such as general practice. ED activity has largely remained within the UHL plan.
- d. The cohorting areas for handover have been successfully integrated as part of the emergency pathway at UHL, releasing ambulances in a timely manner to respond to emergencies in the community. As a result, category 2 response times have been met since early January 2023 and continue to be met.
- e. Admission avoidance services continue to support our ethos of 'right place, right, time, right care', with the unscheduled care hub continuing to support ambulance inflow, step up models of care supporting ED attends and ED services successfully using SDEC and / or alternatives to admission.
- f. Time to discharge continues to fall with complex discharge now taking place faster and more importantly, with patients being discharged onto the correct pathway for their needs, supporting longer term reablement outcomes. The traditional annual Dec-Jan peak in medically optimised for discharge patients has not been seen through quarter 4 2022/23, with the numbers of medically fit patients remaining within normal variation, despite 192 additional units of capacity being opened. The

longest wait for a complex discharge in May 2022 (at its peak) was 138 days; in February 2023, this was 22 days.

- g. Improvement has also been noted across the elective care pathway. Whilst the challenge remains significant there is continued good progress on the reduction of those patients waiting longest for definitive treatment.
- h. Despite emergency pressures and the impact of industrial action etc, the year-end position for patients waiting over 104 weeks was 2 patients; both of these were booked through April 2023. The 78-week position remains on-track and is expected to clear through 2023.

Through the month of April, our delivery plans have continued to be refined in partnership with local government colleagues and these plans seek to sustain or further improve the performance of the wider system in a sustainable manner. These plans will deliver the mandates outlined in the NHS operational plan and the Better Care Fund Operating guidance and remain aligned to our local HWB plan.

Whilst the improvements outlined are significant, we must acknowledge that delivering these services remains a challenge for all colleagues across health and care and the experience of all our patients is not the same. We will continue to work in partnership to address these challenges.

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