Better Care Fund 2022-23 Capacity & Demand Template

3.1 Demand - Hospital Discharge

Selected Health and Wellbeing Board: | Warwickshire

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.

Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance -
https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance

If there are any 'fringe' trusts taking less than say 10% of patient flow then please consider using the **'Other'** Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.

Estimated levels of discharge should draw on:

 - Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23

 - Data from the NHSE Discharge Pathways Model.

Totals Summary (autopopulated)	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	85	85	85	85	77	85
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	564	561	485	490	434	506
2: Step down beds (D2A pathway 2)	175	165	185	165	164	166
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	23	28	26	26	29	26

Any assumptions made:	Data includes: P0-Hospital Based Social Prescribing activity P1-HomeFirst, Reablement, Rehab at Home (Home based therapy) and Stroke ESD with care P2-Step Down Therapy Beds including Campion Ward and Nicol Unit for SW, Arbury for

!!Click on the filter box below to select Trust first!!

Demand - Discharge

Trust Referral Source (Select as many as you need)	Pathway	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
(Please select Trust/s......)	0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)						
SOUTH WARWICKSHIRE NHS FOUNDATION TRUST		49	49	49	49	44	49
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE		12	12	12	12	11	12
GEORGE ELIOT HOSPITAL NHS TRUST		24	24	24	24	22	24
(Please select Trust/s......)	1: Reablement in a persons own home to support discharge (D2A Pathway 1)						
SOUTH WARWICKSHIRE NHS FOUNDATION TRUST		338	330	258	280	238	275
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE		82	95	93	72	78	83
GEORGE ELIOT HOSPITAL NHS TRUST		144	136	134	138	118	148
(Please select Trust/s......)	2: Step down beds (D2A pathway 2)						
SOUTH WARWICKSHIRE NHS FOUNDATION TRUST		102	87	85	94	84	89
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE		28	26	30	23	39	37
GEORGE ELIOT HOSPITAL NHS TRUST		45	52	70	48	41	40
(Please select Trust/s......)	3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)						
SOUTH WARWICKSHIRE NHS FOUNDATION TRUST		7	8	8	8	8	8
UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE		8	11	9	9	12	9
GEORGE ELIOT HOSPITAL NHS TRUST		8	9	9	9	9	9

Better Care Fund 2022-23 Capacity & Demand Template

3.0 Demand - Community

Selected Health and Wellbeing Board: | Warwickshire

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

Any assumptions made:	Data includes: VCS-Carers Emergency response - Pre registered carers can access up to 36 hours of support per year Urgent Community Response is provided by the integrated HomeFirst service which covers both non-urgent and urgent activity and is not separated and so is shown here under

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Demand - Intermediate Care

Service Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Voluntary or Community Sector Services	6	6	6	6	6	6
Urgent community response	0	0	0	0	0	0
Reablement/support someone to remain at home	409	406	307	303	285	285
Bed based intermediate care (Step up)	2	2	2	2	2	2

Better Care Fund 2022-23 Capacity & Demand Template

4.0 Capacity - Discharge

Selected Health and Wellbeing Board: | Warwickshire

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or reabilitation in a person's own home
- Bed-based intermediate care (step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made:	Data includes: VCS to support discharge -Hospital Based Social Prescribing commissioned provision P0-Urgent Community Response - is provided by the integrated HomeFirst service which covers both non-urgent and urgent activity and is not separated out and so is included under P1 below P1-HomeFirst, Reablement, Rehab at Home (Home based therapy) and Stroke ESD with care

Capacity - Hospital Discharge							
Service Area	**Metric**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**
VCS services to support discharge	Monthly capacity. Number of new clients.	80	80	80	80	72	80
Urgent Community Response (pathway 0)	Monthly capacity. Number of new clients.	0	0	0	0	0	0
Reablement or reabilitation in a person's own home (pathway 1)	Monthly capacity. Number of new clients.	568	561	471	467	438	495
Bed-based intermediate care (step down) (pathway 2)	Monthly capacity. Number of new clients.	65	68	72	60	49	53
Residential care that is expected to be long-term (discharge only)	Monthly capacity. Number of new clients.	6	6	7	7	7	7

Better Care Fund 2022-23 Capacity & Demand Template

4.2 Capacity - Community

Selected Health and Wellbeing Board: | Warwickshire

4.2 Capacity - community

This sheet collects expected capacity for community services. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made:	Data includes: VCS-Carers Emergency response - Pre registered carers can access up to 36 hours of support per year Urgent Community Response is provided by the integrated HomeFirst service which covers both non-urgent and urgent activity and is not separated and so is included under Reablement/Support to someone to remain at home Reablement/Support to someone to remain at home - No capacity from the reablement service is included, as all

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Capacity - Community							
Service Area	**Metric**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**
Voluntary or Community Sector Services	Monthly capacity. Number of new clients.	6	6	6	6	6	6
Urgent Community Response	Monthly capacity. Number of new clients.	0	0	0	0	0	0
Reablement or rehabilitation in a person's own home	Monthly capacity. Number of new clients.	390	386	292	287	270	320
Bed based intermediate care (step up)	Monthly capacity. Number of new clients.	2	2	2	2	2	2

Better Care Fund 2022-23 Capacity & Demand Template

5.0 Spend

Selected Health and Wellbeing Board: | Warwickshire

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:

 - Overall spend on intermediate care services (BCF and non-BCF) for the whole of 2022-23

 - Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

Spend on Intermediate Care

	2022-23
Overall Spend (BCF & Non BCF)	£24,000,000
BCF related spend	£24,000,000

Comments if applicable	Intermediate Care is included in wider out of hospital block contracts, the total values of which are included here. Totals for base and aligned budgets plus IBCF specific schemes.