

Better Care Fund: Capacity and Demand Template (2022-23)

Cover

Better Care Fund 2022-23 Capacity & Demand Template

2.0 Cover

Version 1.0

Health and Wellbeing Board: Reading

Completed by: Beverley Nicholson

E-mail: beverley.nicholson@reading.gov.uk

Contact number: 07812 461464

Has this report been signed off by (or on behalf of) the HWB at the time of submission? Yes

If no, please indicate when the report is expected to be signed off:

Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):

Job Title: Executive Director for Adult Social Care

Name: Seona Douglas

How could this template be improved? Setting all text fields to "Wrap" - we found a workaround, which we shared.
A clearer definition of expected methodology / data as it is quite generic and does not map to the BCF Plan metrics.

Question Completion - Once all information has been entered please send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

[<< Link to the Guidance sheet](#)

Demand – Hospital Discharge

Better Care Fund 2022-23 Capacity & Demand Template

3.1 Demand - Hospital Discharge

Selected Health and Wellbeing Board:

Reading

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)	887	859	891	891	805	891
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	107	119	124	126	98	82
2: Step down beds (D2A pathway 2)	54	52	46	43	56	49
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	19	31	27	29	25	12

Any assumptions made:

The majority of this data is based on the Acute hospital discharge data by pathway, and is not broken down by age group, and therefore cannot be mapped to the BCF planning template in respect of admissions to long term care for people aged 65+. The VCS data has been added, based on one commissioned provider for hospital discharge support and is based on their monthly monitoring reports. We

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

Demand - Discharge		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Trust Referral Source (Select as many as you need)	Pathway						
ROYAL BERKSHIRE NHS FOUNDATION TRUST	0: Low level support for simple hospital discharges - e.g. Voluntary or Community	887	859	891	891	805	891
ROYAL BERKSHIRE NHS FOUNDATION TRUST	1: Reablement in a persons own home to support discharge (D2A Pathway 1)	107	119	124	126	98	82
ROYAL BERKSHIRE NHS FOUNDATION TRUST	2: Step down beds (D2A pathway 2)	54	52	46	43	56	49
ROYAL BERKSHIRE NHS FOUNDATION TRUST	3: Discharge from hospital (with reablement) to long term residential care	19	31	27	29	25	12

Expanded narrative – Demand Hospital Discharge:

Any assumptions made:

The majority of this data is based on the Acute hospital discharge data by pathway, and is not broken down by age group and, therefore, cannot be mapped to the BCF planning template in respect of admissions to long term care for people aged 65+. The VCS data has been added, based on one commissioned provider for hospital discharge support and is based on their monthly monitoring reports. We have included all Pathway 0 discharges, as the demand for support varies and we do not have a breakdown at age group level. The 'Step down' beds are calculated based on the additional facility set up over the Winter period at Huntley Place in 2021/22 for a 10 week period - with an average of 15 referrals per month and the D2A beds at Charles Clore Court. These were primarily Pathway 1 and some Pathway 3 patients but there is no place on this template to record Pathway 1 Step Down (where people would ordinarily go home but there is a delay in arranging reablement or there are environmental issues or intermediate therapy led care required before returning home).

Demand – Community

Better Care Fund 2022-23 Capacity & Demand Template

3.0 Demand - Community

Selected Health and Wellbeing Board:

Reading

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:

VCS Capacity and Demand data is not readily available. Data entered is in relation to one provider number of new referrals. The community hospital capacity 'Bed-based intermediate care (step down) pathway 2 is a figure for Berkshire West "Place" provided by BHFT. It is not possible to break this down further to Local Authority area within Berkshire West. Bed based care, also incorporates the four D2A Flats we

Demand - Intermediate Care

Service Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Voluntary or Community Sector Services	0	0	1	1	1	2
Urgent community response	86	86	86	96	96	96
Reablement/support someone to remain at home	122	143	120	136	115	131
Bed based intermediate care (Step up)	17	16	17	16	17	16

Expanded narrative – Demand Community:

Any assumptions made:

VCS Capacity and Demand data is not readily available. Data entered is in relation to one provider number of new referrals. The community hospital capacity 'Bed-based intermediate care (step down) pathway 2 is a figure for Berkshire West "Place" provided by BHFT. It is not possible to break this down further to Local Authority area within Berkshire West. Bed based care, also incorporates the four D2A Flats we have at Charles Clore Court. The average length of stay in our 4 flats at CCC has improved significantly, dropping to 2.5 weeks following the implementation of a Therapy Led service in this setting.

Capacity – Discharge

Better Care Fund 2022-23 Capacity & Demand Template

4.0 Capacity - Discharge

Selected Health and Wellbeing Board:

Reading

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 rehabilitation 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 $(\text{Caseload} * \text{days in month} * \text{max occupancy percentage}) / \text{average duration of service or length of stay}$

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 occupancy 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.

Capacity – Discharge (Cont...)

Any assumptions made:	There continue to be delays in discharge from an acute hospital bed, but Reading have made significant in-roads in relation to this and at the end of June Reading's performance in both Pathways 1 and 3 was rated green, with length of wait at 2.7 days for Pathway 1 and 1.7 days for Pathway 3, a significant reduction on previous months, where it had been as high as 32 days for Pathway 3, with an average of 10.3 days over the year. The data is not broken down by age group, and therefore cannot be mapped to targets in relation to people aged 65+. The estimate of capacity was based on activity delivered and was always going to be a crude estimate of capacity. BHFT, from whom intermediate care services are commissioned, have a single team in each locality delivering multiple pathways and so it really challenging to estimate capacity in any single pathway. There may also be variation in demand across the different pathways in each locality as potentially differences in staff availability due to sickness, vacancies etc., Capacity 4.1 Urgent Community Response isn't supporting pathway 0. We have put all the Urgent Community Response activity into 4.2 Capacity - Community. In the Bed based capacity (Step-Down) we have included the Four Discharge to Assess flats at Charles Clore Court, which are available for both Step-Down and Step-up services, so have split the capacity between Discharge and Community. Care that is expected to be "Long-term" on discharge are Pathway 3 discharges.
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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.	19	19	19	19	19	19
Urgent Community Response (pathway 0)	Monthly capacity. Number of new clients.	0	0	0	0	0	0
Reablement or rehabilitation in a person's own home (pathway 1)	Monthly capacity. Number of new clients.	83	75	100	102	74	58
Bed-based intermediate care (step down) (pathway 2)	Monthly capacity. Number of new clients.	39	37	31	28	41	34
Residential care that is expected to be long-term (discharge only)	Monthly capacity. Number of new clients.	15	26	24	27	24	12

NB: Pathway 0 is home with no further care – therefore the Urgent Community Response shows 0, although if there were a need, this would be met.

Capacity – Community

Better Care Fund 2022-23 Capacity & Demand Template

4.2 Capacity - Community

Selected Health and Wellbeing Board:

Reading

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 $(\text{Caseload} * \text{days in month} * \text{max occupancy percentage}) / \text{average duration of service or length of stay}$

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 occupancy 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.

Capacity – Community (Cont...)

Any assumptions made:	VCS Capacity and Demand data is not readily available. Data entered is in relation to one provider and the number of spaces they can provide, based on their contract. The bed based intermediate (step-up) care is based on the Discharge to Assess / Admission Avoidance. Urgent Community Response figures are an average of referrals coming through the service, over the same period in the year before. flats at Charles Clore Court. There are 4 flats available and referrals can be made from both Acute Hospital (for Step-Down) and Community (for Step-Up). We have split the capacity between the 4.1 Discharge and 4.2 Community sheets. We expect to have more capacity in Step up care once the winter seasonal planning has been concluded, which will aim to include a Step down/step up facility at Huntley Place, in Reading, that is a therapy led model, leading to a 439 reduction in acute hospital bed days over 10 weeks.
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Capacity - Community		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Service Area	Metric						
Voluntary or Community Sector Services	Monthly capacity. Number of new clients.	20	20	20	20	20	20
Urgent Community Response	Monthly capacity. Number of new clients.	76	76	76	76	76	76
Reablement or rehabilitation in a person's own home	Monthly capacity. Number of new clients.	103	103	103	103	103	103
Bed based intermediate care (step up)	Monthly capacity. Number of new clients.	1	2	1	2	1	2

Spend

Better Care Fund 2022-23 Capacity & Demand Template

5.0 Spend

Selected Health and Wellbeing Board:

Reading

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)	10,447,396
BCF related spend	8,859,989

Comments if applicable

The BCF related spend is for hospital discharge reablement and community based intermediate care services, bed-based care, reablement, carer's respite and prevention/early intervention, as well as a contribution to the "Non-BCF" spend and a proportion of the overall Ageing Well costs across Berkshire West - all making up our approach to intermediate care services across Reading.