Better Care Fund 2023-24 Capa

5. Capacity & Demand

Selected Health and Wellbeing Board:

5.1 Assumptions

1. How have your estimates for capacity and demand changed since the plan s

In regards to our estimations Wiltshire's demand and capacity has not significan
projections for this period. Capacity that has significantly changed is:
1. PW2 Hospital Discharge capacity which has been reduced due to a change in
allowing for an increased flow of individual through any contracted beds.
2. Pathway 0 capacity has also changed to show a significant deficit. This is beca
capacity for this pathway was have our Home From Hospital service which has c
3. Community Capacity: Social support has increased as we have now included t
of more accurate data. Reablement and Rehabilitation at home and in a bedded

**2. Please outline assumptions used to arrive at refreshed projections (includin
in demand for the next 6 months (e.g how have you accounted for demand ov**

Demand:

Demand is on track to meet expectations set out in the original plans though we

Capacity:

Capacity has not changed significantly since the original submission. Oversight o

3. What impact have your planned interventions to improve capacity and dem

No change in plans. We have seen impact of the PW2 hub beds on reducing LOS

4. Do you have any capacity concerns or specific support needs to raise for the

Concerns at this point include availability of specialist mental health and social c
Pathway 1 hospital discharge also remains a concern. We have been supoprted
demand. Demand assessments will be checked as part of demand and capacity

5. Please outline any issues you encountered with data quality (including unav

In regards to PW0 data our ICB colleagues only record total discharges out of th

6. Where projected demand exceeds capacity for a service type, what is your a

See 4 above. A request for additional winter funding for pathway 1 to support O
There are system wide meetings to agree risk management strategies for ment

Guidance on completing this sheet is set out below, but should be read in conj

5.1 Assumptions

The assumptions box has been updated and is now a set of specific narrative qu

You should reflect changes to understanding of demand and available capacity f

- actual demand in the first 6/7 months of the year
- modelling and agreed changes to services as part of Winter planning or followi
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change

5.2 and 5.3 Summary Tables

The tables at the top of the next two tabs show a direct comparison of the dem
calculating new refreshed figures as you complete the template below. **Negativ**

5.2 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record their refreshed ex

Data from the previous capacity and demand plans will be auto-populated, split
table may include some extra rows to allow for areas who are recording deman

This section in the previous template asked for expected demand for rehabilitat
these service types have been combined into one row. Please enter your refres

Virtual wards should not be included in intermediate care capacity because they
list.

From the capacity and demand plans collected in June 2023, it emerged that so
support provide outside of formal rehabilitation and reablement or domiciliary
Pathway 0 that require some level of commissioned low-level support and not a
discharges.

5.2 Capacity - Hospital Discharge

This section collects refreshed expectations of capacity for services to support p
service types:

- Social support (including VCS) (pathway 0)
- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-tern

The recently published Intermediate Care Framework sets out guidance on impr

As with the 2023-24 template, please consider the below factors in determining
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 pe

Please consider using median or mode for Length of Stay where there are signifi

Peak Occupancy (percentage) - What was the highest levels of occupancy expre
then this would need to take into account how many people, on average, that c

The template now asks for the amount of capacity you expect to secure through
figure should not be included in the commissioned capacity figure). This figure s
outcomes and is unlikely to be best value for money and local areas will be wor

5.3 Demand - Community

This section collects refreshed expectations of demand for intermediate care se
not collected by source, and you should input an overall estimate each month fo
care.

Further detail on definitions is provided in Appendix 2 of the 2023-25 Planning F

The units can simply be the number of referrals.

As with all other sections, figures from the 2023-24 template will be auto-popul

5.3 Capacity - Community

This section collects refreshed expectations of capacity for community services.
data entered in the assured BCF plan template has been prepopulated for refere
cover all service intermediate care services to
support recovery, including Urgent Community Response and VCS support. The

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Please see the guidance on 'Demand – Hospital Discharge' for information on w
consider the below factors in determining the capacity calculation. Typically this

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 pe

Please consider using median or mode for Length of Stay where there are signifi

"Peak Occupancy (percentage) - What was the highest levels of occupancy expre
home then this would need to take into account how many people, on average,

city & Demand Refresh

Wiltshire

ubmitted in June? Please include how learning from the last 6 months was used to arrive at refre

tly changed except for our PW0 and PW2 capacity. The figures originally submitted in June are shov

the contracted number of beds. This reduction in beds is a result of optimising the pathway to faciti

use ICB colleagues list all discharges out of hospital into the pathway and are unable to break them
apacity for 150 discharges per month.
he following (150 - Carers support, 90 Alzheimers Support, 260 Age UK). UCR decreased from 900 t
l setting both increased from 0 due to better available data.

g to optimise length of stay in intermediate care and to reduce overprescription of care). Please a
er winter?)

e have now added additional data that has become available to add more detail around the sources

f PW2 beds has seen an overall reduction in LOS which will increase throughput. Further reduction

and management for 2023-24 had on your refreshed figures? Has this impact been accounted for

, enabling us to start planning to release the 20 care home beds. A review of these and community

winter ahead?

care services to enable people to be supported at home for both prevention and for hospital discha
with additonal system funding which has been targetted on pathway 1, allowing us to broker domi
planning for 2024/25.

vailable, missing, unreliable data).

e acute setting so we are unable to break down into smaller figures hence the significant deficit sho

pproach to ensuring that people are supported to avoid admission to hospital or to enable discha

24. It is important to note that we still have patients waiting over 2 days for discharge on pathway 1
al health complexity , and the BCF review will look to increase support in this area.

unction with the separate guidance and question & answer document

estions. Please answer all questions in relation to both hospital discharge and community sections

or admissions avoidance and hospital discharge since the completion of the original BCF plans, inclu

ing the Market Sustainability and Improvement Fund announcement

the profile of discharge pathways.

and and capacity for each area, by showing = (capacity) – (demand). These figures are pre-populate
e figures show insufficient capacity and positive figures show that capacity exceeds demand.

pectations of monthly demand for supported discharge by discharge pathway.

by trust referral source. You will be able to enter your refreshed number of expected discharges fr
d from a larger number of referral sources. If this does not apply to your area, please ignore the ext

ion and reablement as two separate figures. It was found that, by and large, this did not work well
hed expectations for rehabilitation and reablement as one total figure as well.

represent acute, rather than intermediate, care. Where recording a virtual ward as a referral sour

me areas had difficulty with estimating demand and capacity for Pathway 0 (social support). By soci
care. This is often provided by the voluntary and community sector. Demand estimates for this serv
ll discharges on Pathway 0. If it is not possible to estimate figures in relation to this please put 0 ra

eople being discharged from acute hospital. You should input the expected available capacity to su

n care home placement (pathway 3)

roving capacity, and use of this capacity. You should refer to this in developing your refreshed BCF C

; the capacity calculation. Typically, this will be (Caseload*days in month*max occupancy percentag

ople, or average length of stay in a bedded facility.

icant outliers.

ssed as a percentage? This will usually apply to residential units, rather than care in a person's own
an be provided with services.

n spot purchasing. This should be capacity that is additional to the main estimate of commissioned/
hould represent capacity that your local area is confident it can spot-purchase and is affordable, rea
king to reduce this area of spend in the longer term.

rvices from community sources, such as multi-disciplinary teams, single points of access or 111. As
or the number of people requiring intermediate care or short term care (non-discharge) each montl

Requirements.

ated into this section.

You should input the expected available capacity across health and social care for different service
ence. You should include expected available capacity across these service types for eligible referrals

template is split into these types of service:

hy the capacity and demand estimates for rehabilitation and reablement services is now being colle
; will be (Caseload*days in month*max occupancy percentage)/average duration of service or lengt

ople, or average length of stay in a bedded facility.

icant outliers.

essed as a percentage? This will usually apply to residential units, rather than care in a person's owr
that can be provided with services."

	Checklist Complete:
shed projections?	
wing to be accurate against our ilite a shorter length of the stay and down. In regards to BCF funding o 596 per month. This is on receipt	Yes
lso set out your rationale for trends	
of demand.	Yes
of the average LOS will be needed to	Yes
in your refreshed plan?	
ward beds is under way.	Yes
rge. cillary care to support peaks in	Yes
wing in Social Support	Yes
rge?	
.	Yes

of the capacity and demand template.

uding

d from the previous template as well as

om each trust alongside these. The first
ra lines.

for areas so the prepopulated figures for

ce, please select the relevant trust from the

ial support, we are referring to lower level
vice type should only include discharges on
ther than defaulting to all Pathway 0

pport discharge across these different

Capacity and Demand plans.

ge)/average duration of service or length of

home. For services in a person's own home

contracted capacity (i.e. the spot purchased
cognising that it may impact on people's

with the previous template, referrals are
h, split by different type of intermediate

types. As with the hospital discharge sheet,
from community sources. This should

ected as one combined figure. Please
h of stay.

n home. For services in a person's own

Complete: