

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 significant projections for this period. Capacity that has significantly changed is:

1. PW2 Hospital Discharge capacity which has been reduced due to a change in r

2. Please outline assumptions used to arrive at refreshed projections (including 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 |  
Wiltshire has recently used the Intermediate Care framework for rehabilitation,  
draft of this work has completed on 15 November 2023 for Home First capacity  
First (pathway 1) and system partners are now looking at all possible mitigation:  
1, the BCF return for October included additional 49 discharges per month, so a  
A Wiltshire Home First Improvement Programme is already in place, taking forw  
further funding is being pursued to broker further domiciliary care support.'

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 C  
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 c  
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-term

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 expe: 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 refer 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 expr home then this would need to take into account how many people, on average,







## Capacity & Demand Refresh

Wiltshire

submitted in June? Please include how learning from the last 6 months was used to arrive at refreshed figures. Has capacity significantly changed except for our PW0 and PW2 capacity. The figures originally submitted in June are shown against the contracted number of beds. This reduction in beds is a result of optimising the pathway to facilities (e.g. to optimise length of stay in intermediate care and to reduce overprescription of care). Please also include any actions for winter ahead?

We have now added additional data that has become available to add more detail around the sources of demand.

The reduction in PW2 beds has seen an overall reduction in LOS which will increase throughput. Further reduction in LOS will be achieved through the implementation of the new care home beds.

What impact has the reduction in beds and management for 2023-24 had on your refreshed figures? Has this impact been accounted for in your refreshed figures, enabling us to start planning to release the 20 care home beds. A review of these and community care services is ongoing.

What actions are planned for winter ahead?

Community care services to enable people to be supported at home for both prevention and for hospital discharge. This includes the implementation of additional system funding which has been targeted on pathway 1, allowing us to broker domiciliary care services for 2024/25.

Priority area 1: Improving demand and capacity in Wiltshire. The outcome from this work has demonstrated an increase in both demand and a corresponding increase in capacity. This would require an additional 75 additional domiciliary care support places. A new monthly total of 124 is required.

Additional funding is being sought to support the implementation of the recommendations and driving any efficiency opportunities. This will not be sufficient to cover the deficit.

What data is currently available, missing, or unreliable?

The data currently available in the acute setting so we are unable to break down into smaller figures hence the significant deficit shown in the refreshed figures.

What actions are planned for winter ahead to ensure that people are supported to avoid admission to hospital or to enable discharge?



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

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**Function with the separate guidance and question & answer document**

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

for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

ing the Market Sustainability and Improvement Fund announcement

the profile of discharge pathways.

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and and capacity for each area, by showing = (capacity) – (demand). These figures are pre-populated. **Positive figures show insufficient capacity and negative figures show that capacity exceeds demand.**

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expectations 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 from a larger number of referral sources. If this does not apply to your area, please ignore the extension

and reablement as two separate figures. It was found that, by and large, this did not work well. We had expected 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 source

some areas had difficulty with estimating demand and capacity for Pathway 0 (social support). By social care. This is often provided by the voluntary and community sector. Demand estimates for this service include all discharges on Pathway 0. If it is not possible to estimate figures in relation to this please put 0 rather than

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people 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/  
ould represent capacity that your local area is confident it can spot-purchase and is affordable, re  
iking to reduce this area of spend in the longer term.

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rvice 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.

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

template is split into these types of service:

Why the capacity and demand estimates for rehabilitation and reablement services is now being collected will be  $(\text{Caseload} * \text{days in month} * \text{max occupancy percentage}) / \text{average duration of service or length}$

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

to account for significant outliers.

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

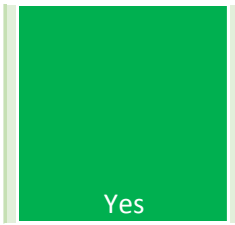
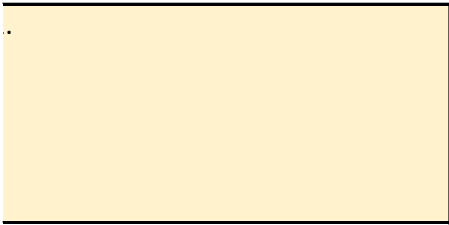
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of the capacity and demand template.  
uding

ed 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  
rice type should only include discharges on  
ther than defaulting to all Pathway 0



Support discharge across these different

Capacity and Demand plans.

(e)/average duration of service or length of

home. For services in a person's own home

contracted capacity (i.e. the spot purchased  
recognising 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:**