

Better Care Fund 2022-23 Capacity & Demand Template

1.0 Guidance

Overview

The Better Care Fund (BCF) requirements for capacity and demand plans are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme. The programme is jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

Appendix 4 of the Planning Requirements sets out guidance on how to develop Capacity and Demand Plans, useful definitions and where to go for further support. This sheet provides further guidance on using the Capacity and Demand Template.

This template has been designed to collect information on expected capacity and demand for intermediate care. These plans should be agreed between Local Authority and Integrated Care Board partners and signed off by the HWB as part of the wider BCF plan for 2022-23.

The template is split into three main sections.

Demand - used to enter the expected demand for short term, intermediate care services in the local authority (HWB) area from all referral sources from October 2022-March 2023. There are two worksheets to record demand

- Sheet 3.1 Hospital discharge - expected numbers of discharge requiring support, by Trust.
- Sheet 3.2 Community referrals (e.g. from Single points of Access, social work teams etc)

Intermediate care capacity - this is also split into two sheets (4.1 Capacity - Discharge and 4.2 Capacity - community). You should enter expected monthly capacity available for intermediate care services to support discharge and referrals from community sources. This is recorded based on service type. Data for capacity and demand should be provided on a month by month basis for the third and fourth quarters of 2022-23 (October to March)

Spend data - this worksheet collects estimated spend across the local authority area on intermediate care for the whole year ie 2022-23. This should include all expenditure (NHS and LA funded) on intermediate care services as defined in appendix 4 of the BCF Planning Requirements.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists in the relevant sheet or in the guidance tab for readability if required.

The details of each sheet in the template are outlined below.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign-off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:

england.bettercarefundteam@nhs.net

(please also each copy in your respective Better Care Manager)

If you have any queries on the template then please direct these to the above email inbox or reach out via your BCM.

3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway (as set out in the Hospital Discharge Guidance available on Gov.uk)

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>

We suggest that you enter data for individual trusts where they represent 10% or more of expected discharges in the area. Where a Trust represents only a small number of discharges (less than 10%), we recommend that you amalgamate the demand from these sources under 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.

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.

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 up or 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 level 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 at a given time.

4.2 Capacity - community

This sheet collects expected capacity for intermediate care services where a person has been referred from a community source. 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:

- VCS services to support someone to remain at home
- Urgent Community Response (2 hr response)
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up)

5.0 Spend

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

- Overall spend on intermediate care services - using the definitions in the planning requirements (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.



HM Government



Better Care Fund 2022-23 Capacity & Demand Template

2.0 Cover

Version 1.0

Health and Wellbeing Board: Nottinghamshire

Completed by: Naomi Robinson

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Contact number: 7816407052

Has this report been signed off by (or on behalf of) the HWB at the time of submission? No, subject to sign-off

If no, please indicate when the report is expected to be signed off: Thu 13/10/2022 << Please enter using the format, DD/MM/YYYY

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

Job Title: Cllr Dr, Chief Commissioning Officer, Corporate Director Social Ca

Name: John Doddy, Lucy Dadge, Melanie Williams, Sarah Fleming, Kash A

How could this template be improved?

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](#)

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Better Care Fund 2022-23 Capacity & Demand Template

3.1 Demand - Hospital Discharge

Selected Health and Wellbeing Board:

Nottinghamshire

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)	6582	6311	6582	6582	6048	6582
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	746	718	746	746	691	746
2: Step down beds (D2A pathway 2)	156	151	156	156	145	156
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	75	73	75	75	70	75

Any assumptions made:

The pathway and provider split is based on historical discharges.

!!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 as many as you need	Pathway						
(Please select Trust/s.....)	0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)						
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUS		1842	1770	1842	1842	1698	1842
DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS		1264	1219	1264	1264	1184	1264
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST		2562	2434	2562	2562	2312	2562
OTHER		914	888	914	914	854	914
(Please select Trust/s.....)	1: Reablement in a persons own home to support discharge (D2A Pathway 1)						
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUS		183	175	183	183	167	183

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS		128	123	128	128	120	128
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST		343	330	343	343	318	343
OTHER		92	90	92	92	86	92
(Please select Trust/s.....)	2: Step down beds (D2A pathway 2)						
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUS		42	41	42	42	39	42
DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS		29	27	29	29	26	29
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST		65	63	65	65	60	65
OTHER		20	20	20	20	20	20
(Please select Trust/s.....)	3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)						
SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUS		24	23	24	24	23	24
DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS		14	14	14	14	14	14
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST		26	25	26	26	23	26
OTHER		11	11	11	11	10	11

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4.0 Capacity - Discharge

Selected Health and Wellbeing Board:

Nottinghamshire

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.

Any assumptions made:

Current capacity is able to meet demand other than for pathway 1 services.
The ICS are planning to increase pathway 1 capacity above demand levels in order to reduce the backlog and improve flow for the discharge to assess pathway.

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.	150	150	150	150	150	150
Urgent Community Response (pathway 0)	Monthly capacity. Number of new clients.	6437	6156	6437	6437	5882	6437
Reablement or rehabilitation in a person's own home (pathway 1)	Monthly capacity. Number of new clients.	692	761	830	830	900	900
Bed-based intermediate care (step down) (pathway 2)	Monthly capacity. Number of new clients.	156	156	156	156	156	156
Residential care that is expected to be long-term (discharge only)	Monthly capacity. Number of new clients.	77	77	77	77	77	77

Better Care Fund 2022-23 Capacity & Demand Template

4.2 Capacity - Community

Selected Health and Wellbeing Board:

Nottinghamshire

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

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.

Any assumptions made:

Includes services provided by both health and social care. There is a shared intention to improve data quality, accessibility and insight and take a strategic joint approach to collect in this in year to allow future planning and monitoring.

Due to pressures on hospital discharge capacity all bed based intermediate care are step-down beds.

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.	0	0	0	0	0	0
Urgent Community Response	Monthly capacity. Number of new clients.	322	333	333	343	343	343
Reablement or rehabilitation in a person's own home	Monthly capacity. Number of new clients.	407	437	467	509	539	569
Bed based intermediate care (step up)	Monthly capacity. Number of new clients.	0	0	0	0	0	0

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5.0 Spend

Selected Health and Wellbeing Board:

Nottinghamshire

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).

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Spend on Intermediate Care

	2022-23
Overall Spend (BCF & Non BCF)	
BCF related spend	

Comments if applicable

This request has presented a challenge to our system due to the current approach to categorising spend across budgets. Estimating intermediate care costs will require further discussion with Providers and further data work by Local