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Better Care Fund 2022-23 Capacity & Demand Template

2.0 Cover

Version 1.0

Health and Wellbeing Board:	Somerset	
Completed by:	Michelle Skillings	
E-mail:	michelle.skillings1@nhs.net	
Contact number:	1935385015	
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:	Mon 28/11/2022	<< 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:	Health and Wellbeing Chair	
Name:	Cllr Bill Revans	

How could this template be improved?	More detailed set of guidance to support this submission template
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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](#)

[^^ Link back to top](#)

Better Care Fund 2022-23 Capacity & Demand Template

3.1 Demand - Hospital Discharge

Selected Health and Wellbeing Board:

Somerset

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)	3038	2950	3017	3030	2764	3026
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	231	240	245	236	219	234
2: Step down beds (D2A pathway 2)	182	206	209	202	188	203
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	102	136	137	136	128	138

Any assumptions made:	1. NHS Somerset operational plan submitted on an ICS and not an ICB basis, so 22/23 BCF plan does not align fully with this trajectory 2. Assigns ICS discharge x pathways plans to Provider with adjustments (on a lead commissioned basis), i.e. NHS Somerset main Providers SFT and YDH, BNSSG main providers UBHW and NBT, BSW main Providers RUH, Salisbury, Great Western
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!!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
YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	674	652	674	674	609	674
UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOU		328	322	319	327	289	319
ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRU		300	298	294	295	279	285
SOMERSET NHS FOUNDATION TRUST		1618	1566	1618	1618	1461	1618
OTHER		118	112	112	116	126	130
YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	1: Reablement in a persons own home to support discharge (D2A Pathway 1)	69	72	74	74	67	69
UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOU		18	18	18	19	17	19
ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRU		23	22	22	12	14	22
SOMERSET NHS FOUNDATION TRUST		108	115	118	118	107	108
OTHER		13	13	13	13	14	16
YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	2: Step down beds (D2A pathway 2)	54	61	62	62	57	62
UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOU		6	6	6	6	5	5
ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRU		17	18	18	11	12	12
SOMERSET NHS FOUNDATION TRUST		98	115	118	118	109	118
OTHER		7	6	5	5	5	6
YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	27	38	39	39	36	39
UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOU		4	3	3	3	2	3
ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRU		4	3	2	1	2	2
SOMERSET NHS FOUNDATION TRUST		65	90	92	92	86	92
OTHER		2	2	1	1	2	2

Better Care Fund 2022-23 Capacity & Demand Template

3.0 Demand - Community

Selected Health and Wellbeing Board:

Somerset

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:

1. 1% of demand of VSCE assumed via community, based on discussions with Somerset Council.
2. Urgent Community Response figures sourced from NHS Digital Urgent Community Response Monitoring dashboard. UCR capacity split between hospital and community based on source of referral proportions (Acute Hospital Inpatient/Outpatient) for last 6 month period.

Demand - Intermediate Care

Service Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Voluntary or Community Sector Services	3	3	4	4	4	4
Urgent community response	129	145	116	137	120	145
Reablement/support someone to remain at home	44	49	22	50	44	44
Bed based intermediate care (Step up)	51	47	43	47	44	48

Better Care Fund 2022-23 Capacity & Demand Template

4.0 Capacity - Discharge

Selected Health and Wellbeing Board:

Somerset

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 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:

1. 99% of demand of VSCE assumed via hospital, based on discussions with Somerset Council.
2. UCR capacity based on July22 position, highest point in YTD position - 248. To profile over Q3/4, we have assumed 248/31, and profiled average capacity by calendar days. To ensure alignment with hospital discharge, we have profiled based on source of referral identified within dashboard.
3. Reablement or rehabilitation in a person's own home (pathway 1) Bed-based intermediate care (step down)

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.	342	345	403	364	396	437
Urgent Community Response (pathway 0)	Monthly capacity. Number of new clients.	22	21	22	22	20	22
Reablement or rehabilitation in a person's own home (pathway 1)	Monthly capacity. Number of new clients.	177	212	212	215	192	178
Bed-based intermediate care (step down) (pathway 2)	Monthly capacity. Number of new clients.	314	320	300	323	304	328
Residential care that is expected to be long-term (discharge only)	Monthly capacity. Number of new clients.	51	92	88	92	89	93

Better Care Fund 2022-23 Capacity & Demand Template

4.0 Capacity - Community

Selected Health and Wellbeing Board:

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
- Intermediate care 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 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:	1. 1% of capacity of VSCE assumed via community, based on discussions with Somerset Council. 2. UCR capacity based on July22 position, highest point in YTD position - 248. To profile over Q3/4, we have assumed 248/31, and profiled average capacity by calendar days. To ensure alignment with community discharge, we have profiled based on source of referral identified within dashboard. 3. Reablement or rehabilitation in a person's own home and Intermediate care in a person's own home covered
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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.	3	3	4	4	4	4
Urgent Community Response	Monthly capacity. Number of new clients.	248	240	248	248	224	248
Reablement or rehabilitation in a person's own home	Monthly capacity. Number of new clients.	44	49	40	50	44	44
Intermediate care in a person's own home	Monthly capacity. Number of new clients.	51	47	43	47	44	48

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5.0 Spend

Selected Health and Wellbeing Board:

Somerset

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)	£61,726
BCF related spend	£37,637

Comments if applicable