

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,

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

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

- 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

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 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, cont

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 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

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

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 <https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital>.

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 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

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

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.

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Better Care Fund 2022-23 Capacity & Demand Template

2.0 Cover

Version 1.0

Health and Wellbeing Board:	Birmingham
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Completed by:	Alan Butler
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E-mail:	alan.butler3@nhs.net
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Contact number:	
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Has this report been signed off by (or on behalf of) the HWB at the time of submission?	
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If no, please indicate when the report is expected to be signed off:	
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Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	
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Name:	
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How could this template be improved?	
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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](#)

3.1 Demand - Hospital Discharge

Selected Health and Wellbeing Board:

3. Demand

This section requires the Health & Wellbeing Board to re

Data can be entered for individual hospital trusts that can each trust by Pathway for each month. The template use

<https://www.gov.uk/government/publications/hospital->

If there are any 'fringe' trusts taking less than say 10% of

The table at the top of the screen will display total expec

Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB le
- Data from the NHSE Discharge Pathways Model.

Any assumptions made:

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

Trust Referral Source

(Select as many as you need)

(Please select Trust/s.....)

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TR

(Please select Trust/s.....)

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TR

(Please select Trust/s.....)

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TR
(Please select Trust/s.....)
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TR

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Birmingham

Record expected monthly demand for supported discharge by discharge pathway.
 Re for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will see the pathways set out in the Hospital Discharge and community support guidance - [discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance](#)
 If patient flow then please consider using the 'Other' Trust option.
 Forecasted demand for the area by discharge pathway and by month.

Derived from NHS plans for 2022-23

Totals Summary (autopopulated)	Oct-22
0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	25547
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	610
2: Step down beds (D2A pathway 2)	291
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	39

Data in this sheet is derived from the BSOL ICS Operational Planning 2022/2023 submission. Data has been disaggregated from the planning return based on Birmingham LA activity and over 18's. SWB represents a small amount of activity and has been forecast based on actual 21-22 activity.

Demand - Discharge	
Pathway	Oct-22
0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	21592
	3115
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	545
	65
2: Step down beds (D2A pathway 2)	

	259
	32
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	
	36
	3

will then be able to enter the number of expected discharges from

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
25832	25026	25347	23703	24738
610	610	610	610	610
291	291	291	291	291
39	39	39	39	39

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
21877	21071	21392	19748	20783
3115	3115	3115	3115	3115
545	545	545	545	545
65	65	65	65	65

259	259	259	259	259
32	32	32	32	32
36	36	36	36	36
3	3	3	3	3

Better Care Fund 2022-23 Capacity & Demand

3.0 Demand - Community

Selected Health and Wellbeing Board:

Birmingham

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community. The template does not collect referrals by source, and you should input an overall estimate (discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. The purposes of this exercise.

Any assumptions made:

UCR demand re
return.
Reablement or
The focus for 'st
wards, and path

Demand - Intermediate Care	
Service Type	Oct-22
Voluntary or Community Sector Services	5
Urgent community response	356
Reablement/support someone to remain at home	361
Bed based intermediate care (Step up)	7

nd Template

ity sources, such as multi-disciplinary teams, single points of access or 111.
 nate each month for the number of people requiring intermediate care (non-
 his includes the NICE Guidance definition of 'intermediate care' as used for the

ffects the trajectory already submitted to NHSE/I in the Operational Planning
 rehab in a persons own home line - consists of the EICT service.
 tep up' activity is in maximising the opportunity afforded by UCR, virtual
 way 1 to support patients to remain at home.

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
5	5	5	5	5
356	356	373	374	374
389	464	510	463	579
6	3	3	5	4

Better Care Fund 2022-23 Capacity & Demand

4.0 Capacity - Discharge

Selected Health and Wellbeing Board:

Birmingham

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from 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 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 (LoS). 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 of the total capacity. For services in a person's own home then this would need to take into account the person's own home.

Any assumptions made:	Expected capacity has been aligned to expected VCS activity is the Home From Hospital Service. Patients are not directly discharged to residential care.
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Capacity - Hospital Discharge	
Service Area	Metric
VCS services to support discharge	Monthly capacity. Number of new clients.
Urgent Community Response (pathway 0)	Monthly capacity. Number of new clients.
Reablement or rehabilitation in a person's own home (pathway 1)	Monthly capacity. Number of new clients.
Bed-based intermediate care (step down) (pathway 2)	Monthly capacity. Number of new clients.
Residential care that is expected to be long-term (discharge only)	Monthly capacity. Number of new clients.

Template

acute hospital. You should input the expected available capacity to support

l be (Caseload*days in month*max occupancy percentage)/average duration of

erage length of stay in a bedded facility

ercentage? This will usually apply to residential units, rather than care in a person's
t how many people, on average, that can be provided with services.

ected demand. UCR activity is in tab 4.2
ervice.
dential care.

Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
120	120	120	120	120	120
0	0	0	0	0	0
545	545	545	545	545	545
259	259	259	259	259	259
0	0	0	0	0	0

Better Care Fund 2022-23 Capacity & Demand

4.2 Capacity - Community

Selected Health and Wellbeing Board:

Birmingham

4.2 Capacity - community

This sheet collects expected capacity for community services. You should input the expected capacity for community services. You should include expected available capacity across these service types for eligible referral services to support recovery, including Urgent Community Response and VCS support. The

- 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 based on the 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. 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 of the total capacity. For services in a person's own home then this would need to take into account the person's own home.

Any assumptions made:

Expected capacity has been aligned to demand

Capacity - Community	
Service Area	Metric
Voluntary or Community Sector Services	Monthly capacity. Number of new clients.
Urgent Community Response	Monthly capacity. Number of new clients.
Reablement or rehabilitation in a person's own home	Monthly capacity. Number of new clients.
Bed based intermediate care (step up)	Monthly capacity. Number of new clients.

Template

ed available capacity across the different service types.
als from community sources. This should cover all service intermediate care
template is split into 5 types of service:

l be (Caseload*days in month*max occupancy percentage)/average duration of

erage length of stay in a bedded facility

centage? This will usually apply to residential units, rather than care in a person's
t how many people, on average, that can be provided with services.

nand.

Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
5	5	5	5	5	5
356	356	356	373	374	374
361	389	464	510	463	579
7	6	3	3	5	4

Better Care Fund 2022-23

5.0 Spend

Selected Health and Wellbeing Board:

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 the Health
- Spend on intermediate care services in the BCF (including additional contributions from other sources)

These figures can be estimates, and should cover spend across the Health and beyond these two categories.

Spend on Intermediate Care

	2022-23
Overall Spend (BCF & Non BCF)	£64,267,000
BCF related spend	£32,266,000

Comments if applicable

3 Capacity & Demand Template

Birmingham

le of 2022-23

utions).

Wellbeing Board (HWB). The figures do not need to be broken down in this template

These are working estimates and subject to further validation and review across health and social care partners.