



HM Government



**Better Care Fund 2022-23 Capacity & Demand Template**

2.0 Cover

Version 1.0

**Health and Wellbeing Board:** Rotherham

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**Has this report been signed off by (or on behalf of) the HWB at the time of submission?** Yes

**If no, please indicate when the report is expected to be signed off:** Wed 21/09/2022

**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 Board Chair

**Name:** Councillor David Roche

**How could this template be improved?** It would be useful if the demand and capacity tabs would allow each service to be loaded onto the spreadsheet to increase visibility. Also if a total was added to the capacity and demand tabs. A web-based tool instead of the use of spreadsheets would allow key stakeholders to directly input into the system.

Question Completion - Once all information has been entered please send the template to [england.bettercarefundteam@nhs.net](mailto: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.....)
THE ROTHERHAM NHS FOUNDATION TRUST
(Please select Trust/s.....)
THE ROTHERHAM NHS FOUNDATION TRUST
(Please select Trust/s.....)
THE ROTHERHAM NHS FOUNDATION TRUST
(Please select Trust/s.....)



## 2022-23 Capacity & Demand Template

Rotherham

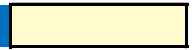
Record expected monthly demand for supported discharge by discharge pathway.  
 Reference for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will see the pathways set out in the Hospital Discharge and community support guidance - [discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance](#)  
 If patient flow then please consider using the 'Other' Trust option.  
 Record expected 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)	638
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	158
2: Step down beds (D2A pathway 2)	94
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	0

Reablement figures include therapy at home, crisis response and therapy at home to support hospital discharges. The demand figures are based on the referral rate for 2021/22. Pathway 0 includes Age UK Hospital discharge service which had additional funding over the winter period of 2021/22.

Demand - Discharge	
Pathway	Oct-22
0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	638
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	158
2: Step down beds (D2A pathway 2)	94
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	0



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

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
566	646	525	601	677
139	160	146	166	183
96	119	78	113	90
0	1	0	0	0

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
566	646	525	601	677
139	160	146	166	183
96	119	78	113	90
0	1	0	0	0

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## Better Care Fund 2022-23 Capacity & Demand

### 3.0 Demand - Community

Selected Health and Wellbeing Board:

Rotherham

### 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:

The urgent community demand figures

Demand - Intermediate Care	
Service Type	Oct-22
Voluntary or Community Sector Services	0
Urgent community response	685
Reablement/support someone to remain at home	22
Bed based intermediate care (Step up)	1

## 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

community response figures include crisis response and therapy at home. The  
are based on the referral rate for 2021/22.

Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
6	1	10	3	8
713	707	759	861	755
36	31	28	26	26
8	4	4	7	6

## Better Care Fund 2022-23 Capacity & Demand

### 4.0 Capacity - Discharge

Selected Health and Wellbeing Board:

Rotherham

### 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. 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.

<b>Any assumptions made:</b>	The urgent community response figures in the maximum caseload or no of admission average length of stay). Pathway 0 include a maximum of 500 referrals per month (h <sub>2022/23</sub> in comparison to 2021/22
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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

ll 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.

cludes crisis response and therapy at home. The capacity is based on  
is at any one given time (based on KPI 85% bed occupancy and  
es Age Uk Hospital discharge service which is contracted to respond to  
ospital and community), therefore activity is expected to be lower in

Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
496	496	496	496	496	496
158	158	158	158	158	158
41	41	41	41	41	41
112	125	142	120	125	113
0	0	1	0	0	0

## Better Care Fund 2022-23 Capacity & Demand

### 4.2 Capacity - Community

Selected Health and Wellbeing Board:

Rotherham

#### 4.2 Capacity - community

This sheet collects expected capacity for community services. You should input the expected capacity for each service type. 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 number 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 levels of occupancy expressed as a percentage of capacity. For services in a person's own home then this would need to take into account the number of people in a person's own home.

**Any assumptions made:**

The urgent community response figures in the maximum caseload or no of admission average length of stay)

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.  
 rals from community sources. This should cover all service intermediate care  
 : template is split into 5 types of service:

ll 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.

clude crisis response and therapy at home. The capacity is based on  
 is at any one given time (based on KPI 85% bed occupancy and

Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
4	4	4	4	4	4
640	640	640	640	640	640
28	28	28	28	28	28
5	5	5	5	5	5

## 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 who
- 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 and beyond these two categories.

### Spend on Intermediate Care

	2022-23
Overall Spend (BCF & Non BCF)	£6,529,000
BCF related spend	£6,140,000

Comments if applicable

### 3 Capacity & Demand Template

Rotherham

le of 2022-23

utions).

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

The majority of intermediate Care expenditure sits within the Better Care Fund. Non BCF Funding includes the Urgent Community Response Service (£389k) from the Ageing Well funding.