3. Capacity & Demand		=
Selected Health and Wellbeing Board:	Leicestershire	Ī
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Guidance on completing this sheet is set out below, but should be read in co- 3.1 Demand - Hospital Discharge	njunction with the guidance in the BCF planning requirements	
This section requires the Health & Wellbeing Board to record expected month	dy demand for connected discharge by discharge nathway	
	the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to en	nter the number of expected discharges from each trust by Pathway for each
month. The template aligns to he pathways in the hospital discharge policy, b	ut separates Pathway 1 (discharge home with new or additional support) into separate estimates of reabi	lement, rehabilitation and short term domiciliary care)
If there are any trusts taking a small percentage of local residents who are ad The table at the top of the screen will display total expected demand for the a	mitted to hospital, then please consider aggregating these trusts under a single line using the 'Other' Trus	t option.
The table at the top of the screen will display total expected demand for the a Estimated levels of discharge should draw on:	rea by discharge pathway and by month.	
Estimated numbers of discharges by pathway at ICB level from NHS plans for	v 2023-24	
- Data from the NHSE Discharge Pathways Model.		
- Management information from discharge hubs and local authority data on	requests for care and assessment.	
You should enter the estimated number of discharges requiring each type of	support for each month.	
3.2 Demand - Community	mmunity sources, such as multi-disciplinary teams, single points of access or 111. The template does not o	
This section collects expected demand for intermediate care services from co- the number of people requiring intermediate care or short term care (non-dis		collect referrals by source, and you should input an overall estimate each month for
Further detail on definitions is provided in Appendix 2 of the Planning Require		
The units can simply be the number of referrals.	iments.	
The units can simply be the number or referrals.		
3.3 Capacity - Hospital Discharge		
	scharged from acute hospital. You should input the expected available capacity to support discharge acros	ss these different service types:
- Social support (including VCS)		**
- Reablement at Home		
- Rehabilitation at home		
- Short term domiciliary care		
Reablement in a bedded setting Rehabilitation in a herided setting		
 Rehabilitation in a bedded setting Short-term residential/nursing care for someone likely to require a longer-l 		
- short-term residential/nursing care for someone likely to require a longer-	arm care nome placement	
Mease consider the helow factors in determining the reparity rehulation. Tun	ically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or ler	neth of stav
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 p	people, or average length of stay in a bedded facility	
Mease consider using median or mode for LoS where there are significant out		
Peak Occupancy (percentage) - What was the highest levels of occupany expre	assed as a percentage? This will usually apply to residential units, rather than care in a person's own hom	e. 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.		
	service in question that is commissioned by the local authority, the ICB and jointly.	
3.4 Capacity - Community	service in question that is commissioned by the local authority, the ICB and jointly.	
This section collects expected capacity for community services. You should in	but the experted available ranarity arms; the different service types	
	eligible referrals from community sources. This should cover all service intermediate care services to supp	port recovery, including Urgent Community Response and VCS support. The template
is split into 7 types of service:		
- Social support (including VCS)		
- Urgent Community Response		
- Reablement at home		
- Rehabilitation at home		
- Other short-term social care		
- Reablement in a bedded setting		
- Rehabilitation in a bedded setting		
M	ically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or ler	and of an
Caseload (No. of people who can be looked after at any given time)	icany tris will be (caseload days in mortor max occupancy percentage); average duration of service or let	rigin or stary
Average stay (days) - The average length of time that a service is provided to p	nennie nr average length of stay in a herideri farility	
Please consider using median or mode for LoS where there are significant out		
	assed as a percentage? This will usually apply to residential units, rather than care in a person's own hom	e. 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 se		
At the end of each row, you should enter estimates for the percentage of the	service in question that is commissioned by the local authority, the ICB and jointly.	
Metaral waveler chould not form part of consolly and doma-	by represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, pe	nees color! the colors of tour from the fire farther midness on ""
Writial wards should not form part of capacity and demand plans because the available in Appendix 2 of the BCF Planning Requirements.	ry represent more, reside chan intermediate, care. Where recording a virtual ward as a referral source, pe	nese senerative remeals trust from the list. Further guidance on all sections is
		Complete:
Any assumptions made. Please include your considerations and assumptions for Length of Stay and	For VCS demand 22/23 data has been used for estimates of demand. Data not available for March 23 so an average has been used.	3.1 Yes
Please include your considerations and assumptions for Length of Stay and average numbers of hours committed to a homecare package that have	so an average has been used. The data already shows increased demand through winter period.	3.2 Yes
been used to derive the number of expected packages.	For LA data into domicilliary care and reablement this includes out of area trusts - all dishcarge data	3.3 Yes
	goes through the discharge hub regardless of trust. This cannot be split down into trust but assumes	3.5
	30% of all demand is out of area as opposed to purely UHL. For rehabilitation demand 59% has been assumed to be County HWBB residents only as per 22-23	
	For renabilitation demand 59% has been assumed to be County HWBB residents only as per 22-25 discharge grant funding allocation split. In addition discharge from LPT community hospitals is not split	
	from UHL - all discharges are under UHL	
	Demand for reablement in a bedded setting includes numbers requiring discharge into temp res care	3.4 Yes
	and block booked reablement and therapy beds Discharge into subabilitation bads is the number of popula requision a community bareital bad.	
	Discharge into rehabilitation beds is the number of people requiring a community hospital bed Community demand is proactive demand into Care Co-ordination	
	Capacity rejection data for unmet demand is not available for some areas of data	
,		
		-
3.1 Demand - Hospital Discharge		I
3.1 Demand - Hospital Discharge	Demard - Houseld Dischare	1 1

!!Click on the filter bo	x below to select Trust first!!	Demand - Hospital Discharge												
Trust Referral Source	(Select as many as you need)	Pathway	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
EICESTERSHIRE PARTNERSHIP NHS	TRUST	Social support (including VCS) (pathway 0)	0	0	0	0	0	0	0	0	0	0	0	
INIVERSITY HOSPITALS OF LEICESTE	R NHS TRUST		43	44	50	63	46	46	50	84	91	83	104	6
EICESTERSHIRE PARTNERSHIP NHS	TRUST	Reablement at home (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	
INIVERSITY HOSPITALS OF LEICESTE	R NHS TRUST		245	259	230	274	279	258	275	260	270	309	254	28
EICESTERSHIRE PARTNERSHIP NHS	TRUST	Rehabilitation at home (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	
INIVERSITY HOSPITALS OF LEICESTE	R NHS TRUST		258	270	255	282	271	250	261	286	273	304	289	26
EICESTERSHIRE PARTNERSHIP NHS	TRUST	Short term domiciliary care (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	
INIVERSITY HOSPITALS OF LEICESTE	R NHS TRUST		85	124	98	106	137	100	130	110	101	136	123	15
EICESTERSHIRE PARTNERSHIP NHS	TRUST	Reablement in a bedded setting (pathway 2)	0	0	0	0	0	0	0	0	0	0	0	
INIVERSITY HOSPITALS OF LEICESTE	R NHS TRUST		119	142	119	95	112	113	97	125	97	103	79	9
EICESTERSHIRE PARTNERSHIP NHS	TRUST	Rehabilitation in a bedded setting (pathway 2)	0	0	0	0	0	0	0	0	0	0	0	
INIVERSITY HOSPITALS OF LEICESTE	R NHS TRUST		146	146	149	160	164	157	187	179	192	193	159	18
EICESTERSHIRE PARTNERSHIP NHS	TRUST	Short-term residential/nursing care for someone likely to require a longer-term care home placement	0	0	0	0	0	0	0	0	0	0	0	
INIVERSITY HOSPITALS OF LEICESTE	R NHS TRUST	(pathway 3)	9	13	11	9	13	9	10	13	14	11	10	

- Community													
	Demand - Intermediate Care Service Type	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
	Social support (including VCS)	389	389					389	389	389			
	Urgent Community Response	4	4	4	4	4	4	4	4	4	4	4	4
	Reablement at home	110	106	128	132	110	98	117	135	171	159	151	132
	Rehabilitation at home	658	758	772	727	709	621	592	663	653	827		
	Reablement in a bedded setting	190	158	168	178	163	163	159	144	133	127	120	113
	Bub shiftenion in a hadded cattles								0			0	

3.3 Capacity - Hospital Discharge		l											
		1											
	Capacity - Hospital Discharge	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Seo-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
				Jun-23					NUV-23	Dec-23			mar-24
	Monthly capacity. Number of new clients.	22		41	49		35		68	77	94		56
Reablement at Home	Monthly capacity. Number of new clients.	230	239	221	230	212	218	257	251	249	257	233	272
Rehabilitation at home	Monthly capacity. Number of new clients.	436	458	432	478	459	424	443	485	462			
Short term domiciliary care	Monthly capacity. Number of new clients.	85	124	98	106	137	100	130	110	101	136	123	150
Reablement in a bedded setting	Monthly capacity. Number of new clients.	190	158	168	178	163	163	159	144	133	127	120	113
Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	146	146	149	160	164	157	187	179	192	193	159	185
Short-term residential/nursing care for someone likely to require a longer- term care home placement	Monthly capacity. Number of new clients.	5	13	11	9	13	9	10	13	14	11	10	12

y - Community		1														
	Capacity - Community														esponsibility (% of a	
Na .		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	ICB		Joint
ort (including VCS)	Monthly capacity. Number of new clients.	389	389	389	389	31	89 389	389	389	389	389	389	389			100%
munity Response	Monthly capacity. Number of new clients.	4	4	4	4		4 4	4	4	4	4	4	4			100%
t at Home	Monthly capacity. Number of new clients.	110	106	128	132	1:	10 98	117	135	171	159	151	132		100%	
on at home	Monthly capacity. Number of new clients.	585	674	694	650	65	50 561	548	590	604	752	580	592	100%		
t in a bedded setting	Monthly capacity. Number of new clients.	190	158	168	178	16	63 163	159	144	133	127	120	113			100%
on in a bedded setting	Monthly capacity. Number of new clients.	0	0				0 0	0	0	0	0	0	0	100%		
-term social care	Monthly capacity. Number of new clients.	9	7	- 6	6		5 4	9	4	5	7	4	5		100%	

Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly										
ICB		LA	Joint							
			100%							
			100%							
		100%								
	100%									
			100%							
	100%									
		100%								

