Better Care Fund 2024-25 Q2 Reporting Template

5. Capacity & Demand

Selected Health and Wellbeing Board: Leicestershire

5.1 Assumptions

	Checklist Complete:
1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include any learnings from the last 6 months.	
Short term packages of care to support discharge has changed since plan submisson. Within the submission numbers that supported reablement capacity rejections was inputted into short term dom-care spot purchased packages. This is now reported against spot-purchased packages for reablement. The numbers for spot-purchased capacity is due to increased demand into HART reablement team. This was built to have a capacity of 87 starts a week. Discharge grant funding has increased staffing to enable an intake to approx 110 starts per week. Where capacity is not found in reablement locality teams in the first 2 weeks, the review team works with the person at that point to ensure they are supported to achieve the most independent outcome. This team is also funded in part through the discharge grant to support increased demand for P1 services. Work on bed modelling that forms part of the long-term P2 offer has helped us define where capacity does and does not meet demand. This has allowed us to better commission for requirements short-term	Yes
2. How have system wide discussions around winter readiness influenced any changes in capacity and demand as part of proactive management of winter surge capacity?	
A system-wide winter workshop took place in September to look at areas for improvement to meet increased demand. Demand and capacity modelling takes into account the increases in demand seen throughout the winter based on increases seen during winter 23-24. The workshop however, worked on how best to mitigate as a system against step-up models of care to support hospitals with what has been a 30% increase in demand for front-door services. This does not necessarily create further discharges as not all of the increase results in an admission. Demand modelling for hte long-term P2 offer for the LLR system has shown that there is a capacity shortfall of 88 RRR model beds. Currently these people go to spot purchase res care and can take up to 10 days on average to discharge. Although discharge waits have been vastly reduced over the last 12 months the system has still worked on winter plans to ensure speedier discharges into these P2 beds for residential care supported for the first 4 weeks through the discharge grant to meet the shortfall in capacity. This will be further supported by an additional 15 bedded unit for intermediate care over winter. Housing support to discharge those that may have housing related delays is also part of the winter plans, a review of timescales and processes into residential care and through high-dependency beds and an additional 4 bariatric beds to meet increased demand for specialist resources are included in ensuring capacity is increased.	Yes
3. Do you have any capacity concerns or specific support needs to raise for the winter ahead?	
The demand for P2 beds that offer intermediate care outstrips supply. This can be met in the residential care market but timescales for discharge differ. This is not a capacity issue as capacity exists but more that it impacts on the equity of our offer and increases discharge delays. This is being mitigated with various actions and support from equality, quality and equity partners working with intermediate care services alongside the market to get a speedier service over winter. Furthermore, partners are working on developing a site for further capacity which could be utilised in part by January 25.	Yes
4. Where actual demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?	
Demand exceeds capacity in terms of admissions to hospital. The system has aligned support from partners in particular urgent treatment centres have increased capacity to avoid attendences at A and E to try and bridge the gap in capacity. Additional front-door support for those who are frail is also being put in place. Where capacity is not found in reablement locality teams in the first 2 weeks, the review team works with the person at that point to ensure they are supported to achieve the most independent outcome. This team is also funded in part through the discharge grant to support increased demand for P1 services. Further staffing in two-week review services is also in place via the discharge grant to ensure flow through services to increase capacity to meet demands. The risk share for P2 placements has been extended to ensure short-term demand is met and longer term this is supported by the development of an options appraisal for long-term solutions to step-down into P2 beds.	Yes

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and q&a document

5.1 Guidance

The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- actual demand in the first 6 months of the year
- modelling and agreed changes to services as part of Winter planning
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

Hospital Discharge

This section collects actual activity of services to support people being discharged from acute hospital. You should input the actual activity to support discharge across these different service types and this applies to all commissioned services not just those from the BCF.

- Reablement & Rehabilitation at home (pathway 1)

- Short term domiciliary care (pathway 1)

- Reablement & Rehabilitation in a bedded setting (pathway 2)

- Other short term bedded care (pathway 2)

- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

Community

This section collects actual activity for community services. You should input the actual activity across health and social care for different service types. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support and this applies to all commissioned services not just those from the BCF.. The template is split into these types of service:

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care