Better Care Fund 2024-25 Q3 Reporting Template

5. Capacity & Demand

Selected Health and Wellbeing Board: Leicestershire

5.1 Assumptions

	Checklist
1. How have your estimates for capacity and demand changed since the last reporting period? Please describe how you are building on your learning across the year where any changes were needed. 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 this is now up to an average of 110 starts per week for the quarter. Demand has increased from the last quarter. To meet the current demand levels, the service would need to have capacity for 123 starts per week. Expansion is ongoing to accommodate this. Where capacity is not found in reablement the demand is met through domiciliary care with a review in the first two weeks if reablement capacity has not been found by this point. This team is also funded in part through the discharge grant to support increased demand for P1 services. Demand for P1 services other than reablement or rehab has significantly reduced from last quarter and from demand projections (around half that was projected in the plan). Demand for P2 bedded care has also reduced from the last quarter and is below projected demand despite additional activity usually seen during the winter months. Demand for services is also below that projected in the plan for step-up and community based services.	Yes
2. Do you have any capacity concerns for Q4? Please consider both your community capacity and hospital discharge capacity. Increased demand in hospital services is a concern for Q4 as this impacts on the systems that support it. It was incorrectly reported in the Q2 return that admissions had increased by 30% - the actual was 11% increase in admissions. This impacts on the speed at which capacity is obtained across the system. Capacity concerns remain with the speed at which the market can accept P2 residential setting discharges. HART reablement capacity does not currently meet demand and support for this will be ongoing in 25-26 until staffing levels meet the projections.	Yes
3. Where actual demand exceeds capacity, what is your approach to ensuring that people are supported to avoid admission or to enable discharge? Please describe how this improves on your approach for the last reporting period. Support through the discharge grant for capacity rejections into HART reablement remains in place this relates to step-up and step-down requirements. The current dom care market is able to meet this at speed and same day plans for discharges are usally made when referrals are recevied prior to 3pm. Capacity in reablement, recovery and rehab beds outstrips supply which in the short-term is met by the residential care market. Long-term commissioning of beds to meet this cohort is ongoing. Whilst demand is lower than projected system plans for equity in receipt of RRR in bedded settings for all remains.	Yes
4. Do you have any specific support needs to raise for Q4? Please consider any priorities for planning readiness for 25/26. Support from colleagues around models for step-up bedded care would be good for planning for 25-26 and onwards. LLR is aiming to have a comprehensive plan for step-up community services designed and ready for implementation. This includes plans for step-down bedded care and enabling low level medical needs to be administered in peoples own homes to release capacity in community hospital beds. This is in addition to the current virtual wards capacity and will require the support of community nursing and therapies alongside GP's and other primary care services.	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 9 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 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

Complete: