Better Care Fund 2024-25 EOY 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 111 starts per week for quarter 4. Demand has increased from the last quarter. To meet the current demand levels, the service would need to have capacity for 166 starts per week. Expansion is ongoing to accommodate this. Where capacity is not found in reablement the demand is met through domicilliary 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 through the year and from original demand projections (by approx 40%). Demand for P2 bedded care is also 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 25-26? Please consider both your community capacity and hospital discharge capacity.	
Capacity within HART reablement services remains a challenge for 25-26. Recruitment to meet the demand is slower than increases in people requiring the service. This is particularly shown in the last quarter of the year where the need for 166 starts per week was recorded in a service capcity of 111 starts. This is for both discharge and community. Capacity shortfalls to provide all patients being dicharged into a RRR D2A bed is also a concern for 25-26. The current commissioned space will provide two thirds of the analysed gap within this financial year but still requires an additional 38 beds to meet need. In addition there are step-up demands for RRR bedded care that require taking into consideration.	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.	
Within reablement services, people are supported to leave hospital by dom care providers and a two-week review team as well as daily checks for capacity in HART reablement for each capacity rejection. People are still supported at home with teams to support, funded through the BCF where there is a shortfall. This does not increase delays in discharging patients. The frailty SDEC works to avoid hospital admissions where step-up care is needed and is supported by HART urgents team that works within ED to support same day care at home avoifing admissions. There is also a small provision of community hospital beds that are for the purpose of providing a therapy model of care for short-periods while people are recovering from a period of high care need. This is looking to be expanded as part of the ongoing plans for intermediate care. This improves on the 24-25 reporting period where intermediate care focussed on the provision of step-down services.	Yes
4. Do you have any specific support needs to raise? Please consider any priorities for planning readiness for 25/26.	
	No

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

- 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

Complete: