#### 3. Capacity & Demand

Selected Health and Wellbeing Board:

## Guidance on completing this sheet is set out below, but should be read in conj 3.1 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record expected monthly Data can be entered for individual hospital trusts that care for inpatients from tl The template aligns tothe pathways in the hospital discharge policy, but separat

If there are any trusts taking a small percentage of local residents who are admi The table at the top of the screen will display total expected demand for the are Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for
- Data from the NHSE Discharge Pathways Model.
- Management information from discharge hubs and local authority data on rec

You should enter the estimated number of discharges requiring each type of sup

#### 3.2 Demand - Community

This section collects expected demand for intermediate care services from commumber of people requiring intermediate care or short term care (non-discharge Further detail on definitions is provided in Appendix 2 of the Planning Requirem The units can simply be the number of referrals.

#### 3.3 Capacity - Hospital Discharge

This section collects expected capacity for services to support people being disc

- Social support (including VCS)
- Reablement at Home
- Rehabilitation at home
- Short term domiciliary care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting
- Short-term residential/nursing care for someone likely to require a longer-ter

Please consider the below factors in determining the capacity calculation. Typical 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 pe Please consider using median or mode for LoS where there are significant outlie Peak Occupancy (percentage) - What was the highest levels of occupany expressmany people, on average, that can be provided with services.

At the end of each row, you should enter estimates for the percentage of the se

#### 3.4 Capacity - Community

This section collects expected capacity for community services. You should inpu You should include expected available capacity across these service types for eli 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

Please consider the below factors in determining the capacity calculation. Typical 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 pe Please consider using median or mode for LoS where there are significant outlie Peak Occupancy (percentage) - What was the highest levels of occupany express take into account how many people, on average, that can be provided with serv

At the end of each row, you should enter estimates for the percentage of the se

Virtual wards should not form part of capacity and demand plans because they | Appendix 2 of the BCF Planning Requirements.

#### Any assumptions made.

Please include your considerations and assumptions for Length of Stay and average numbers of hours committed to a homecare package that have been used to derive the number of expected packages.

#### 3.1 Demand - Hospital Discharge

!!Click on the filter box below to select Trust first!!

# Trust Referral Source (Select as many as you need) TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST

#### 3.2 Demand - Community

#### 3.3 Capacity - Hospital Discharge

**Service Area** 

**Social support (including VCS)** 

**Reablement at Home** 

Rehabilitation at home

Short term domiciliary care

Reablement in a bedded setting

Rehabilitation in a bedded setting

Short-term residential/nursing care for someone likely to require a longer-

#### 3.4 Capacity - Community

**Service Area** 

**Social support (including VCS)** 

**Urgent Community Response** 

**Reablement at Home** 

Rehabilitation at home

Reablement in a bedded setting

Rehabilitation in a bedded setting

Other short-term social care

### 2023-24 Capacity & Demand Template

t the expected available capacity across the different service types.
gible referrals from community sources. This should cover all service intermediate care services to support
ally this will be (Caseload*days in month*max occupancy percentage)/average duration of service or lengt
ople, or average length of stay in a bedded facility
rs
sed as a percentage? This will usually apply to residential units, rather than care in a person's own home.
rices.
rvice in question that is commissioned by the local authority, the ICB and jointly.
represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, pease
A service of all and service of the service of the first of
Awaiting further clarity from the national bcf team

#### Demand - Hospital Discharge

#### **Pathway**

Social support (including VCS) (pathway 0)

Reablement at home (pathway 1)

Rehabilitation at home (pathway 1)

Short term domiciliary care (pathway 1)

Reablement in a bedded setting (pathway 2)

Rehabilitation in a bedded setting (pathway 2)

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

**Demand - Intermediate Care** 

**Service Type** 

Social support (including VCS)

**Urgent Community Response** 

Reablement at home

Rehabilitation at home

Reablement in a bedded setting

Rehabilitation in a bedded setting

Other short-term social care

#### apacity - Hospital Discharge

#### Metric

Monthly capacity. Number of new clients.

#### **Capacity - Community**

#### Metric

Monthly capacity. Number of new clients.

	of expected discharges from each trust by Pathway for each month.
otion.	
ect referrals	by source, and you should input an overall estimate each month for tl
ect referrals	by source, and you should input an overall estimate each month for tl
	by source, and you should input an overall estimate each month for the service types:
hese differe	

t recovery, including Urgent Community Response and VCS support. The template is

h of stay

For services in a person's own home then this would need to

e select the relevant trust from the list. Further guidance on all sections is available in

	<u>Complete:</u>
3.1	#NAME?
3.2	#NAME?
3.3	#NAME?
3.4	#NAME?

Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
25	25	25	25	25	25	25
145	142	163	168	180	173	156
109	115	122	124	128	124	116
25	20	29	34	44	35	27

Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
33	33	33	33	33	33	33
119	120	123	135	125	130	134
34	20	17	45	49	27	21
12	12	13	13	13	13	13

32
40
15
140
57

Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
48	48	48	48	48	48	48
125	140	140	140	155	155	155
40	40	40	40	40	40	40
9	10	9	10	10	9	10

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
25	25	25	25	25
140	130	145	132	139
105	121	105	98	105
25	30	33	26	30

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
33	33	33	33	33
140	146	151	134	141
21	19	34	33	36
13	13	13	13	13

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
32	32	32	32	32
40	40	40	40	40
15	15	15	14	15
146	152	157	139	147
56	57	57	52	57

Commissioning r
commis
ICB
100%

Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
48	48	48	48	48
160	165	165	160	155
40	40	40	40	40
9	10	10	9	10

Commissioning r
ICB
100%

esponsibility (% of each service type
sioned by LA/ICB or jointly

LA	Joint
100%	
100%	
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# esponsibility (% of each service type sioned by LA/ICB or jointly

LA	Joint
100%	
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