

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board:

Trafford

5.1 Assumptions

1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include how learning from the last 6 months was used to arrive at refreshed projections?

Significant change in Pathway 1 Hospital Discharge and Community Capacity. These figures have changed due to the introduction of Trafford Community Response Service, which includes Crisis Response Team and Discharge Pathway 1 (IMC at Home) Team. Figures of Hospital discharge capacity for pathway 1 is a total figure of reablement (76 per month) and Discharge Pathway 1 (IMC) capacity of Nov (216), Dec (279), Jan (279) Feb (261) and March (279). Please find further detail as to how this has been calculated below.

Urgent Community Response Assumptions and calculations - Assumptions based on new crisis response service going live from 25th October 23. demand based on initial assumptions of services delivered within the Manchester and Trafford system via the LCO. Capacity based on current workforce within the team and projections of demand that the team could manage based on 3 visits per day to patients.

D2A/IMC@ Home Assumptions and Calculations - limitations within workforce at present mean capacity at 50% of future potential. demand based on D2A hospital discharges and IMC at home projections from neighbouring locality managed by LCO with a 100% uplift due to twice the population within Trafford. numbers are based on averages of current demand within South Manchester via the LCO for the same service. numbers are based on actual patient demand of accepted referrals in neighbouring locality as a baseline of service delivery.

Capacity within the Trafford Community Response Service is based on a new overarching MDT approach for two teams a 2 hour Crisis Response Team and D2A Pathway 1 team, incorporating a range of professions including Physio, Therapist, ACPs, Pharmacists, GP, Nurse and Social Worker.

Reablement and Rehabilitation Pathway 2- Hospital Discharges via spot purchases. Inclusion of additional capacity of 1 per month via spot purchasing for patients requiring a health recovery bed, required for a very small number of patients who require a period of recovery outside of hospital prior to rehabilitation. These patients, whilst low in number, have previously often had an extended length of stay in hospital

2. Please outline assumptions used to arrive at refreshed projections (including to optimise length of stay in intermediate care and to reduce overprescription of care). Please also set out your rationale for trends in demand for the next 6 months (e.g how have you accounted for demand over winter?)

Demand:

Reablement and Rehabilitation Pathway 2 bedded care - Hospital Discharges via spot purchases. This assumption has been made following a pilot which indicates one patient or less a month which requires a Health Recovery Bed.

Reablement and Rehabilitation Pathway 2 bedded care- Community: Through the introduction of the Rapid MDT Team to discharge to assess beds (pathway 3) it is expected that after the MDT review has been undertaken, 1 patient per month will be identified as being appropriate for bed based intermediate care (rehabilitation) and be stepped into Pathway 2.

Capacity:

Reablement and Rehabilitation Pathway 2 - Hospital Discharges: Health Recovery Beds - Spot purchase within the independent care home market, via existing spot purchases and arrangements. Within Section 5.3 of the tabs, we have now included in "short term other" OUR 4 D2A Apartments which is an offer for discharge from hospital and community step up to avoid admissions.

3. What impact have your planned interventions to improve capacity and demand management for 2023-24 had on your refreshed figures? Has this impact been accounted for in your refreshed plan?

The establishment of the new Trafford Community Response Service incorporates both the 2 hour crisis response service and also the D2A Pathway 1 service. both of these teams consist of

Reablement and Rehabilitation Pathway 2 - Community: The introduction of the Rapid MDT into Pathway 3 D2A was a planned intervention to ensure appropriateness of patients places in short-term assessment bed of their long term needs. Following the outcomes of a pilot, it has been identified that approximately 1 patient a month should have been referred for bed based intermediate care and this flexibility across movement in

4. Do you have any capacity concerns or specific support needs to raise for the winter ahead?

Challenges with Specialist dementia placements and nursing in borough.

Financial challenges in relation to non-recurrent funding streams impacting on the longevity of financial arrangements which propose significant financial risk to our short term P3 offer.

5. Please outline any issues you encountered with data quality (including unavailable, missing, unreliable data).

None identified at this time.

6. Where projected 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?

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Trafford Control Room (TCR) is the centre point for all referrals who require H&SC P1&P3 and are triaged through TCR to provide a timely response to discharge arrangements. The control room offer an integrated tea

Yes

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

5.1 Assumptions

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 6/7 months of the year
- modelling and agreed changes to services as part of Winter planning or following the Market Sustainability and Improvement Fund announcement
- 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.

5.2 and 5.3 Summary Tables

The tables at the top of the next two tabs show a direct comparison of the demand and capacity for each area, by showing = (capacity) – (demand). These figures are pre-populated from the previous template as well as calculating new refreshed figures as you complete the template below. **Negative figures show insufficient capacity and positive figures show that capacity exceeds demand.**

5.2 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record their refreshed expectations of monthly demand for supported discharge by discharge pathway.

Data from the previous capacity and demand plans will be auto-populated, split by trust referral source. You will be able to enter your refreshed number of expected discharges from each trust alongside these. The first table may include some extra rows to allow for areas who are recording demand from a larger number of referral sources. If this does not apply to your area, please ignore the extra lines.

This section in the previous template asked for expected demand for rehabilitation and reablement as two separate figures. It was found that, by and large, this did not work well for areas so the prepopulated figures for these service types have been combined into one row. Please enter your refreshed expectations for rehabilitation and reablement as one total figure as well.

Virtual wards should not be included in intermediate care capacity because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, please select the relevant trust from the list.

From the capacity and demand plans collected in June 2023, it emerged that some areas had difficulty with estimating demand and capacity for Pathway 0 (social support). By social support, we are referring to lower level support provide outside of formal rehabilitation and reablement or domiciliary care. This is often provided by the voluntary and community sector. Demand estimates for this service type should only include discharges on Pathway 0 that require some level of commissioned low-level support and not all discharges on Pathway 0. If it is not possible to estimate figures in relation to this please put 0 rather than defaulting to all Pathway 0 discharges.

5.2 Capacity - Hospital Discharge

This section collects refreshed expectations of capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Social support (including VCS) (pathway 0)
- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

The recently published Intermediate Care Framework sets out guidance on improving capacity, and use of this capacity. You should refer to this in developing your refreshed BCF Capacity and Demand plans.

As with the 2023-24 template, please consider the below factors in determining the capacity calculation. Typically, this will be $(\text{Caseload} * \text{days in month} * \text{max occupancy percentage}) / \text{average duration of service or length of stay}$.

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 people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. 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.

The template now asks for the amount of capacity you expect to secure through spot purchasing. This should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it may impact on people's outcomes and is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

5.3 Demand - Community

This section collects refreshed expectations of demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. As with the previous template, referrals are not collected by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the 2023-25 Planning Requirements.

The units can simply be the number of referrals.

As with all other sections, figures from the 2023-24 template will be auto-populated into this section.

5.3 Capacity - Community

This section collects refreshed expectations of capacity for community services. You should input the expected available capacity across health and social care for different service types. As with the hospital discharge sheet, data entered in the assured BCF plan template has been prepopulated for reference. You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. 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

Please see the guidance on 'Demand – Hospital Discharge' for information on why the capacity and demand estimates for rehabilitation and reablement services is now being collected as one combined figure. Please consider the below factors in determining the capacity calculation. Typically this will be $(\text{Caseload} * \text{days in month} * \text{max occupancy percentage}) / \text{average duration of service or length of stay}$.

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 people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

"Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. 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."