

<p><u>Meeting</u></p> <p>Health & Wellbeing Board</p>
<p><u>Date and time</u></p> <p>Thursday 29th September, 2022</p> <p>At 9.30 am</p>
<p><u>Venue</u></p> <p>Colindale Communities Trust, The Old Library, The Concourse, London, NW9 5XA</p>

Dear Councillors,

Please find enclosed additional papers relating to the following items for the above mentioned meeting which were not available at the time of collation of the agenda.

Item No	Title of Report	Pages
13	Better Care Fund	3 - 16

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Overview

The Better Care Fund (BCF) requirements for capacity and demand plans are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme. The programme is jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

Appendix 4 of the Planning Requirements sets out guidance on how to develop Capacity and Demand Plans, useful definitions and where to go for further support. This sheet provides further guidance on using the Capacity and Demand Template.

This template has been designed to collect information on expected capacity and demand for intermediate care. These plans should be agreed between Local Authority and Integrated Care Board partners and signed off by the HWB as part of the wider BCF plan for 2022-23.

The template is split into three main sections.

Demand - used to enter the expected demand for short term, intermediate care services in the local authority (HWB) area from all referral sources from October 2022-March 2023. There are two worksheets to record demand

- Sheet 3.1 Hospital discharge - expected numbers of discharge requiring support, by Trust.
- Sheet 3.2 Community referrals (e.g. from Single points of Access, social work teams etc)

Intermediate care capacity - this is also split into two sheets (4.1 Capacity - Discharge and 4.2 Capacity - community). You should enter expected monthly capacity available for intermediate care services to support discharge and referrals from community sources. This is recorded based on service type. Data for capacity and demand should be provided on a month by month basis for the third and fourth quarters of 2022-23 (October to March)

Spend data - this worksheet collects estimated spend across the local authority area on intermediate care for the whole year ie 2022-23. This should include all expenditure (NHS and LA funded) on intermediate care services as defined in appendix 4 of the BCF Planning Requirements.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists in the relevant sheet or in the guidance tab for readability if required.

The details of each sheet in the template are outlined below.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign-off.

2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:

england.bettercarefundteam@nhs.net

(please also each copy in your respective Better Care Manager)

If you have any queries on the template then please direct these to the above email inbox or reach out via your BCM.

3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway (as set out in the Hospital Discharge Guidance available on Gov.uk)

Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance -

<https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance>

We suggest that you enter data for individual trusts where they represent 10% or more of expected discharges in the area. Where a Trust represents only a small number of discharges (less than 10%), we recommend that you amalgamate the demand from these sources under the 'Other' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.

Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

4.1 Capacity - discharge

This sheet collects expected 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:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up or step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/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 LoS 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.

4.2 Capacity - community

This sheet collects expected capacity for intermediate care services where a person has been referred from a community source. You should input the expected available capacity across the different service types.

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 5 types of service:

- VCS services to support someone to remain at home
- Urgent Community Response (2 hr response)
- Reablement or rehabilitation in a person's own home
- Intermediate care in a person's own home
- Bed-based intermediate care (step up)

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:

- Overall spend on intermediate care services - using the definitions in the planning requirements (BCF and non-BCF) for the whole of 2022-23

- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

Better Care Fund 2022-23 Capacity & Demand Template

2.0 Cover

Version 1.0

Health and Wellbeing Board:	Barnet
Completed by:	Shirley Regan
E-mail:	shirley.regan@barnet.gov.uk
Contact number:	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	
If no, please indicate when the report is expected to be signed off:	Thu 29/09/2022
Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):	
Job Title:	Executive Director -Communities , Adults and Health
Name:	Dawn Waking

How could this template be improved?	The content doesn't actually allow for the flexibility needed in sour
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Question Completion - Once all information has been entered please send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

Better Care Fund 2022-23 Capacity & Demand Template

3.1 Demand - Hospital Discharge

Selected Health and Wellbeing Board:

Barnet

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.

Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance -

<https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance>

If there are any 'fringe' trusts taking less than say 10% of patient flow then please consider using the 'Other' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.

Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

Totals Summary (autopopulated)	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	1520	1515	1491	1488	1356	1429
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	305	294	308	294	287	292
2: Step down beds (D2A pathway 2)	88	69	89	99	79	69
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	28	32	25	38	28	31

Any assumptions made:

The discharge pathways are calculated based on historical trends of the local weekly discharge collections from 2021-22. Where the numbers in the operating plan (V23.1) were far off from the number of actual discharges months 01-04 in 2022-23, a percentage uplift has been applied to the plan.

!!Click on the filter box below to select Trust first!!
Trust Referral Source
as many as you need)

(Select

Demand - Discharge		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Trust Referral Source	Pathway						
(Please select Trust/s.....)	0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)						
ROYAL FREE LONDON NHS FOUNDATION TRUST		494	485	506	499	426	435
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST		29	19	22	25	22	20
WHITTINGTON HEALTH NHS TRUST		51	58	59	58	56	61
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST		216	210	190	174	183	209
BARNET AND CHASE FARM HOSPITALS NHS TRUST		731	730	718	732	669	704
(Please select Trust/s.....)	1: Reablement in a persons own home to support discharge (D2A Pathway 1)						
ROYAL FREE LONDON NHS FOUNDATION TRUST		144	136	129	139	140	142
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST		2	1	2	2	2	1
WHITTINGTON HEALTH NHS TRUST		16	14	14	21	14	19
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST		27	33	36	27	27	24
BARNET AND CHASE FARM HOSPITALS NHS TRUST		116	109	127	107	103	106
(Please select Trust/s.....)	2: Step down beds (D2A pathway 2)						
ROYAL FREE LONDON NHS FOUNDATION TRUST		27	20	28	24	23	27
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST		2	1	1	1	1	1
WHITTINGTON HEALTH NHS TRUST		3	3	3	4	4	3
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST		9	11	13	11	8	7
BARNET AND CHASE FARM HOSPITALS NHS TRUST		47	35	43	58	42	32
(Please select Trust/s.....)	3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)						
ROYAL FREE LONDON NHS FOUNDATION TRUST		10	16	8	14	11	15
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST		0	0	0	0	0	0
WHITTINGTON HEALTH NHS TRUST		5	4	4	5	3	3
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST		1	1	1	1	1	1
BARNET AND CHASE FARM HOSPITALS NHS TRUST		12	10	11	17	12	12

Better Care Fund 2022-23 Capacity & Demand Template

3.0 Demand - Community

Selected Health and Wellbeing Board:

Barnet

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

Any assumptions made:

The assumption for anticipated demand for VCS services is based on demand for the same period in 2021-22. Barnet does not have any commissioned bed based step-up provision at present, as the focus is on providing additional support within the person's own home to avoid moving them e.g. virtual ward capacity or UCR.

Demand - Intermediate Care						
Service Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Voluntary or Community Sector Services	81	89	79	56	70	83
Urgent community response	332	332	332	332	332	332
Reablement/support someone to remain at home	185	185	185	185	185	185
Bed based intermediate care (Step up)	0	0	0	0	0	0

Better Care Fund 2022-23 Capacity & Demand Template

4.0 Capacity - Discharge

Selected Health and Wellbeing Board:

Barnet

4.1 Capacity - discharge

This sheet collects expected 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:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up or step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be $(\text{Caseload} \times \text{days in month} \times \text{max occupancy percentage}) / \text{average duration of service or length of stay}$

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 LoS 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.

Any assumptions made:

The bed based PW2 capacity is solely based on the core bed capacity for Barnet as available through Finchley men

Capacity - Hospital Discharge		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Service Area	Metric						
VCS services to support discharge	Monthly capacity(caseload)	91	91	91	91	91	91
Urgent Community Response (pathway 0)	Monthly capacity(caseload)	1520	1515	1491	1488	1356	1429
Reablement or rehabilitation in a person's own home (pathway 1)	Monthly capacity(contractured hours)	854	854	854	854	854	854
Bed-based intermediate care (step down) (pathway 2)	Monthly capacity (beds)	71	71	71	71	71	71
Residential care that is expected to be long-term (discharge only)	Monthly capacity(new placements)	24	22	28	16	24	26

Better Care Fund 2022-23 Capacity & Demand Template

4.0 Capacity - Community

Selected Health and Wellbeing Board:

Barnet

4.2 Capacity - community

This sheet collects expected capacity for community services. You should input the expected available capacity across the different service types.

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 5 types of service:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or rehabilitation in a person's own home
- Intermediate care in a person's own home
- Bed-based intermediate care (step up)

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 LoS 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.

Any assumptions made:

We have assumed zero monthly capacity in regards to the category intermediate care in the person's own home, as this is either already counted in the other category lines e.g. UCR, or we have been advised that is not to be included in this count i.e. virtual ward. n.b. The capacity for community services to make referrals to each of the other service categories, will be shared with hospital discharge pathways as it is the same provider in both

Capacity - Community		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Service Area	Metric						
Voluntary or Community Sector Services	Monthly capacity (caseload)	91	91	91	91	91	91
Urgent Community Response	Monthly capacity (caseload)	332	332	332	332	332	332
Reablement or rehabilitation in a person's own home	Monthly capacity(block contracted hours)	854	854	854	854	854	854
Intermediate care in a person's own home	Monthly capacity(caseload)	0	0	0	0	0	0

Better Care Fund 2022-23 Capacity & Demand Template

5.0 Spend

Selected Health and Wellbeing Board:

Barnet

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:

- Overall spend on intermediate care services (BCF and non-BCF) for the whole of 2022-23
- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

Spend on Intermediate Care

	2022-23
Overall Spend (BCF & Non BCF)	£15,579,816

BCF related spend	£14,236,816
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Comments if applicable	We are aware that there will be an allocation for Winter Resilience in 2022-23, and additional non-recurring Winter preparedness ICS funding this year to support D2A. However as we have not yet had either amount confirmed, we are have
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