

## Better Care Fund 2022-23 Capacity & Demand

### 4.0 Capacity - Discharge

Selected Health and Wellbeing Board:

Barnsley

### 4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from 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 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 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 av

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 pe own home. For services in a person's own home then this would need to take into account

#### Any assumptions made:

- 1) VCS - we do not contract with VCS organ
- 2) UCR referrals: Please see capacity-comr provider including hospital discharge and a not 2hr response.
- 3) Includes the therapy capacity to assess

### Capacity - Hospital Discharge

Service Area	Metric
VCS services to support discharge	Monthly capacity. Number of new clients.
Urgent Community Response (pathway 0)	Monthly capacity. Number of new clients.
Reablement or rehabilitation in a person's own home (pathway 1)	Monthly capacity. Number of new clients.
Bed-based intermediate care (step down) (pathway 2)	Monthly capacity. Number of new clients.
Residential care that is expected to be long-term (discharge only)	Monthly capacity. Number of new clients.

# Template

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acute hospital. You should input the expected available capacity to support

ll be (Caseload\*days in month\*max occupancy percentage)/average duration of

erage length of stay in a bedded facility

ercentage? This will usually apply to residential units, rather than care in a person's  
t how many people, on average, that can be provided with services.

rganisations and therefore are unable to quantify  
community section for the total capacity. UCR accept referrals from any  
a range of non-hospital discharge referrals. IV first infusion excluded as  
patient on hospital discharge (pathway 1b) who then decide which

Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0	0	0	0	0	0
See comm ca	See comm ca	See comm ca	See comm ca	See comm ca	See comm capacity tab
435	415	435	435	385	435
66	64	66	66	60	66
0	0	0	0	0	0