Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template
1. Guidance for Quarter 2

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)
2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans
3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
4) To enable the use of this information for national partners to inform future direction and for local areas to inform

BCF reporting is likely to be used by local areas, alongside any other information to help inform Health and Wellbeing Boards (HWBs) on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be

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 blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

Note on viewing the sheets optimally
To more optimally 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 within the relevant sheet or in

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values'

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

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Temp

5. Please ensure that all boxes on the checklist are green before submitting to england.bettercarefundteam@nhs.net and copying in your
Better Care Manager.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.

2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.

4. 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. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the

https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed
National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home
National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time
National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of

4. Metrics

The BCF plan includes the following metrics:
- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.
Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

5. Capacity & Demand Refresh

Please use this section to update both capacity and demand (C&D) estimates for the period November 2023 to March
This section is split into 3 separate tabs:
5.1 C&D Guidance & Assumptions
Contains guidance notes including how to calculate demand/capacity as well as 6 questions seeking to address the assumptions used in the calculations, changes in the first 6 months of the year, and any support needs and ongoing data
5.2 C&D Hospital Discharge

Please use this section to enter updated demand and capacity related to Hospital Discharge in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. expected capacity and demand from your original planning template has been populated for reference. If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

In Capacity and Demand plans for 2023-24, areas were advised not to include capacity you would expect to spot purchase. This is in line with guidance on intermediate care, including the new Intermediate Care Framework. However, for this exercise we are collecting the number of packages of intermediate/short term care that you expect to spot purchase to meet demand for facilitated hospital discharge. This is being collected in a separate set of fields. You should therefore:

- record revised demand for hospital discharge by the type of support needed from row 30 onwards
- record current commissioned capacity by service type (not including spot purchasing) in cells K22 to O26
- record the amount of capacity you expect to spot purchase to meet demand in cells P22 to T26.

Spot purchased capacity 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 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 C&D Community
Please use this section to enter updated demand and capacity related to referrals from community sources in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. The same period's figures has been extracted from your planning template for reference.
 If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

Data from assured BCF plans has been pre-populated in tabs 5.2 and 5.3. If these do not match with your final plan, please let your BCM and the national team know so that we can update out records and note the discrepancy in your response to question 1 on tab 5.1. Enter your current expected demand and capacity as normal in tabs 5.2 and 5.3.

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

2. Cover

Version 3.0

		Checklist
		Complete:
Health and Wellbeing Board:	West Berkshire	Yes
Completed by:	Maria Shepherd	Yes
E-mail:	maria.shepherd@westberks.gov.uk	Yes
Contact number:	01625 519782	Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes	Yes
If no, please indicate when the report is expected to be signed off:		Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Complete	
	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5.1 C&D Guidance & Assumptions	Yes
5.2 C&D Hospital Discharge	Yes
5.3 C&D Community	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board:	West Berkshire

Has the section 75 agreement for your BCF plan been finalised and signed off?	No
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	10/11/2023

Confirmation of National Conditions

National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

Checklist

Complete:

Yes
Yes
Yes
Yes

Selected Health and Wellbeing Board: | West Berkshire

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs — Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements — Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4				
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	130.3	127.5	132.4	129.0	130.2	On track to meet target	This is on the Locality Integration Board's forward plan to invite key personnel from the South, Central and West Commissioning support Unit to talk to the board in detail about the SUS inpatient admissions data to	We hit our target in Q1. At the time of reporting only month 5 data was available - 102.6. Effective support in the community from both Health and Social Care through UCR, Virtual Wards, Social Care links with
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.4%	91.6%	91.1%	91.0%	91.98%	On track to meet target	We have a discrepancy in data coming from the South, Central and West Commissioning Support Unit, which is being reviewed. It would indicate that some records are missing from local Data. This was flagged in	According to National data we are hitting our target but we are still showing a discrepancy in our local data. Q1 is reporting 89.2% and as of Month 5 is showing 90.7%. We are currently using
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.			1,686.0		374.8	On track to meet target	We are in the process of assessing the falls pathway and reviewing the interventions already in place. This is on the forward for Locality Integration Board in December - we hope to evaluate work that has taken place	At the time of reporting only month 5 data was available - 703.8. A number of interventions are already in place as outlined in the BCF Plan.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)			616			On track to meet target	At mid point in the year we are on target but we know with winter pressures we often see a spike in Q4 so meeting the target of 616 remains a challenge. It should be noted that numbers relate to all	As at the end of September there were 98 new admissions. The rate per 100,000 population is 295. New admission remain high but we are lower than this time last year (September 2022/23 YTD was 117 new
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services			85.0%			On track to meet target	n/a	At the time of reporting only month 5 data was available - 87%.

Checklist Complete:

Yes
Yes
Yes
Yes
Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board: | West Berkshire

5.1 Assumptions

Checklist
Complete:

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?

Our demand numbersfor Hospital Discharge have changed since our last submission. I have used actual numbers from April - September 2023, averaged out per month and applied 10%
increase for December, January and February 2024 for all Pathways.

Yes

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:

For Hospital Discharge I have used Local Authority data, demand for PW1 from Apr - Sep was an average of 95 per month. I have applied this for Nov - Mar 24 allowing 10% increase for Dec, Jan and Feb.
I have used data from BHFT for PW2. Data was not available for Apr and May but Jul - Sep was on average 44 per month. I have applied this for Nov - Mar 24 allowing 10% increase for Dec, Jan and Feb.
I have used data from the Local Authority for PW3, demand from Apr - Sep was an average of 14 per month - I have applied this for Nov - Mar 24 allowing 10% increase for Dec, Jan and Feb. This data is

Capacity:

Hospital Discharge - Around 25-30% of PW1's are picked up by our in-house reablement service, the remainder is spot purchased. We have a vibrant Dom Care market in West Berkshire, capacity is not an issue.
I have made an assumption that 75% will be spot purchased. We have increased the number of commissioned block beds in order to manage high needs but we still have to spot purchase some of these.
We know there is a low availability of dementia nursing beds and we can at times struggle to source complex needs. Capacity for PW2 has been adjusted - we know from BHFT that there are 115 beds available

Yes

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?

We have a vibrant Dom Care Market in West Berkshire which is being monitored on a regular basis - no capacity issues reported from April - September 2023. We have increased the number of contract beds and
have a mix of medium - high level needs.

Yes

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

Yes, the numbers of new clients coming into Adult Social Care from the hospital route and particularly going into PW3. We need to work with the Trust to avoid too many people coming out on PW3.

Yes

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

There are some discrepancies in national and local data, which we are trying to address with the Commissioning unit eg. % people discharged to normal place of residence. We are using data sources from
several sources - Acute Trust, Community Health Partners, Commissioning Unit and Local Authority Data and still making lots of assumptions.

Yes

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?

We have increased the number of contract beds, which does include high needs. We are running regular reports from the capacity tracker which is telling us there is capacity available but we are not confident
these are the right beds at an affordable price.

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)

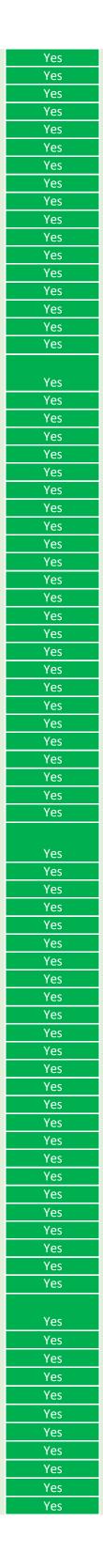The recently published Intermediate Care Framework sets out guidance on improving capacity, and use of this capacity. You should refer to this in developing your refreshed BCF Capacity and Demand plans.

As with the 2023-24 template, please consider the below factors in determining the capacity calculation. Typically, this will be (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 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 (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 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."

5. Capacity & Demand

Selected Health and Wellbeing Board: | West Berkshire

Hospital Discharge	Previous plan					Refreshed capacity surplus. Not including spot purchasing					Refreshed capacity surplus (including spot puchasing)				
Capacity - Demand (positive is Surplus)	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS) (pathway 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home (pathway 1)	15	14	16	21	15	45	0	36	22	18	150	79	142	146	103
Short term domiciliary care (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	95	89	95	91	97	6	1	1	1	6	6	1	1	1	6
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	0	-2	0	0	-2	-6	4	-7	-7	7	-3	11	-4	-4	15

Capacity - Hospital Discharge		Prepopulated from plan:					Refreshed planned capacity (not including spot purchased capacity					Capacity that you expect to secure through spot purchasing				
Service Area	Metric	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS) (pathway 0)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new clients.	140	105	141	127	113	140	105	141	127	113	105	79	106	124	85
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new clients.	139	149	149	134	142	50	50	50	50	50	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new clients.	8	19	6	6	21	8	19	8	8	21	3	7	3	3	8

Demand - Hospital Discharge		Prepopulated from plan:					Please enter refreshed expected no. of referrals:				
Pathway	Trust Referral Source	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS) (pathway 0)	Total	0	0	0	0	0	0	0	0	0	0
	(blank)										
	(blank)										
	(blank)										
	(blank)										
	(blank)										
	(blank)										
	(blank)										
	(blank)										
	(blank)										
	(blank)										
	(blank)										
	(blank)										
	(blank)										
	(blank)										
	(blank)										
	(blank)										
	(blank)										
	(blank)										
	(blank)										
	(blank)										
	(blank)										
	(blank)										
	(blank)										
Reablement & Rehabilitation at home (pathway 1)	Total	125	91	125	106	98	95	105	105	105	95
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	125	91	125	106	98	95	105	105	105	95
	(blank)										
	(blank)										
	(blank)										
	(blank)										
	(blank)										
	(blank)										

	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
Short term domiciliary care (pathway 1)	**Total**	0	0	0	0	0	0	0	0	0	0	Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	**Total**	44	60	54	43	45	44	49	49	49	44	Yes
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	44	60	54	43	45	44	49	49	49	44	Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	**Total**	8	21	6	6	23	14	15	15	15	14	Yes
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	8	21	6	6	23	14	15	15	15	14	Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes
	(blank)											Yes

	(blank)												Yes
Yes	(blank)												Yes
Yes	(blank)												Yes
	(blank)												Yes
	(blank)												Yes
	(blank)												Yes
	(blank)												Yes
Yes	(blank)												Yes
	(blank)												Yes
	(blank)												Yes
Yes	(blank)												Yes
	(blank)												Yes
	(blank)												Yes
	(blank)												Yes

Better Care Fund 2023-24 Capacity & Demand Refresh

5. Capacity & Demand

Selected Health and Wellbeing Board: | West Berkshire

Community	Previous plan					Refreshed capacity surplus:				
Capacity - Demand (positive is Surplus)	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	74	102	81	62	83	74	102	81	62	83
Reablement & Rehabilitation at home	-1	32	7	17	20	-1	32	7	17	20
Reablement & Rehabilitation in a bedded setting	24	34	34	19	27	24	34	34	19	27
Other short-term social care	7.6725	19.18125	5.754375	5.754375	21.099375	0	0	0	0	0

Capacity - Community		Prepopulated from plan:					Please enter refreshed expected capacity:				
Service Area	**Metric**	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	Monthly capacity. Number of new clients.	212	240	219	200	221	212	240	219	200	221
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	103	118	104	109	109	103	118	104	109	109
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	24	34	34	19	27	24	34	34	19	27
Other short-term social care	Monthly capacity. Number of new clients.	7.6725	19.18125	5.754375	5.754375	21.099375	0	0	0	0	0

Demand - Community	Prepopulated from plan:					Please enter refreshed expected no. of referrals:				
Service Type	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0
Urgent Community Response	138	138	138	138	138	138	138	138	138	138
Reablement & Rehabilitation at home	104	86	97	92	89	104	86	97	92	89
Reablement & Rehabilitation in a bedded setting	0	0	0	0	0	0	0	0	0	0
Other short-term social care	0	0	0	0	0	0	0	0	0	0

Checklist

Complete:

Yes
Yes
Yes
Yes
Yes

Yes
Yes
Yes
Yes
Yes