

# 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 improvements

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 the purposes noted above.

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 published on the NHS England website.

#### **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 guidance tab for readability if required.

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

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' only.

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 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submitting to [england.bettercarefundteam@nhs.net](mailto: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 time of completion.

<https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

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 Better Care Manager in the first instance.

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 for longer

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 hospital services

#### 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.

Plans for these metrics were agreed as part of the BCF planning process.

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

You should also include narratives for each metric on challenges and support needs, as well as achievements.

- 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 2024.

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 issues.

### 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 our 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.



HM Government



**Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template**

**2. Cover**

**Version 3.0**

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

<b>Health and Wellbeing Board:</b>	Gateshead	
<b>Completed by:</b>	John Costello on behalf of Gateshead Cares	
<b>E-mail:</b>	<a href="mailto:johncostello@gateshead.gov.uk">johncostello@gateshead.gov.uk</a>	
<b>Contact number:</b>	0191 4332065	
<b>Has this report been signed off by (or on behalf of) the HWB at the time of submission?</b>	No	
<b>If no, please indicate when the report is expected to be signed off:</b>	Fri 01/12/2023	<< Please enter using the format, DD/MM/YYYY

**Checklist**

Complete:

Yes
Yes
Yes
Yes
Yes
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](mailto: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**

	<b>Complete:</b>
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:

Gateshead

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	31/10/23

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



**Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template**

**4. Metrics**

Selected Health and Wellbeing Board:

Gateshead

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)	298.7	284.1	300.9	331.5	327.9	On track to meet target	Q1 data shows a rate above the planned levels although July data shows a marked reduction.	Q1 performance noted above target although July data shows that there has been a reduction in the rate of unplanned hospitalisation and using July data alone this would suggest that the Q2 plan would be
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.5%	93.5%	93.5%	93.5%	94.37%	On track to meet target	Although currently on track to meet the target, performance has remained fairly static over recent years and remains a challenge. Significant pressures remain in the system in relation to discharge.	Q1 performance was above target and this position has continued to July. The Council continues to prioritise services which support discharge, including reablement at home (PRIME) and bed based
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				2,416.7	543.7	On track to meet target	Community staff understand that the guidance around conveyancing for Falls is changing to enable more of these to be managed within the Community. Await changes to NICE guidance for further	Q1 performance is ahead of target and the July data suggests a continued downward trend. Utilisation of same day emergency care (SDEC) Rapid Response will deliver the Falls
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				781		On track to meet target	Our main challenge will come over the winter period and we will need partners to continue to hold the focus on home first and community based services, rather than defaulting to bed based services when there	The impact of the allocation of BCF funding to support home based reablement can clearly be seen in the improved metrics.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				89.0%		Not on track to meet target	Both the PICs of Southernwood and Eastwood have continued to predominantly accept many Hospital Discharge referrals of service users with higher levels of dependency (high levels of frailty and many	Within September 2023, the PRIME service has reverted back to its true Enablement model and accepted more community 'step up' referrals than HD referrals in the last 6 weeks. From this change of approach,

<b>Checklist Complete:</b>
Yes
Yes
Yes
Yes
Yes

## Better Care Fund 2023-24 Capacity & Demand Refresh

### 5. Capacity & Demand

Selected Health and Wellbeing Board:

Gateshead

#### 5.1 Assumptions

<b>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?</b>
CAPACITY - Plans were agreed in June 2023 to increase capacity for various services, but this depended on successful recruitment and retention. We are pleased to see an improvement in recruitment and retention and have most posts, therefore we have been able to increase the capacity figures previously stated. There are limitations to these figures, as whilst we have factored in normal sickness levels, this may change if we see challenges such as Covid/Flu resulting in a larger proportion of staff being absent. Lastly, the investment into Home Care markets following the additional MSIF for the LA, has resulted in an increased Capacity,
<b>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?)</b>
<b>Demand:</b> In developing our refreshed projections, we have retained the previously applied broad assumptions which were stated in our plan of no significant increase or impact in levels of Covid, winter pressures remaining, including increased demand for services and Flu pressures being similar to last year, therefore impacting on the acuity of patients and workforce capacity and provider fragility. However, as stated above, there has been some improvements in workforce retention and recruitment, which has allowed us to reduce the demand vs capacity deficits in some areas. As explained above, the refreshed demand over winter continues to
<b>Capacity:</b> Capacity numbers have been reflected to show the positive changes to Recruitment and Retention for both short term provision as well as the long term Social Care Market. As we now have a better flow between the system, the average stay within short-term services has reduced allowing for more people to be supported. Length of stay in bed based services has also reduced which is enabling more people going back to home instead of remaining in long term residential care. Capacity in the community is now more reflective of the volume of patients being supported through Community Response teams, which can be better evidenced
<b>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?</b>
The overall changes has seen a positive change for Gateshead with a reduction in projected short-fall between demand and capacity of services being available. We now also have the option to spot purchase a small number of beds should we need them, but this may be limited due to the budget envelope available for the rest of 2023-24. MSIF has made a major difference as we are now seeing a more stable Home Care Market, but we are aware this could change with impact from other sectors, but at this stage we are planning assumptions that we are in a stronger position than this time last year.
<b>4. Do you have any capacity concerns or specific support needs to raise for the winter ahead?</b>
Not at this stage based on current projections and, as stated, we have a small allocation to spot purchase should it be needed. Our only major concern is the impact on the workforce if sickness levels increase due to Co
<b>5. Please outline any issues you encountered with data quality (including unavailable, missing, unreliable data).</b>
Issues with regards data provided remain relatively consistent with our plan drafted earlier in the year. Case/patient management systems along with data reporting systems do not always align with the nature of the a
<b>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?</b>
Our plans show we should have enough capacity to meet demand, however, for the small gaps we are relying on spot purchasing as already outlined. Hospital avoidance is already planned and we have focusses on communication to all partners to ensure referrals are made to services to avoid admission where possible. We also have a new Promoting Independence Centre due to open at the end of November 23 and should be operating at full capacity in January 24, giving and additional 10 beds of capacity to support hospital avoidance/discharge.

#### Checklist

Complete:

Yes
Yes
Yes
Yes
Yes
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."









**Better Care Fund 2023-24 Capacity & Demand Refresh**

**5. Capacity & Demand**

Selected Health and Wellbeing Board:

Gateshead

Community	Previous plan					Refreshed capacity surplus:					
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
<b>Capacity - Demand (positive is Surplus)</b>											
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0	
Urgent Community Response	-67	-71	-68	-51	-57	110	114	113	101	105	
Reablement & Rehabilitation at home	0	0	0	0	0	5	5	5	7	5	
Reablement & Rehabilitation in a bedded setting	-8	-4	-2	0	0	1	2	2	3	2	
Other short-term social care	0	0	0	0	0	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.	679	718	681	512	570	2016	2106	2086	1846	1926
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	266	253	293	295	302	371	353	404	405	414
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	3	12	12	12	12	11	15	15	15	15
Other short-term social care	Monthly capacity. Number of new clients.	5	5	5	5	5	3	3	3	3	3

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		746	789	749	563	627	1906	1992	1973	1745	1821
Reablement & Rehabilitation at home		266	253	293	295	302	366	348	399	398	409
Reablement & Rehabilitation in a bedded setting		11	16	14	12	12	10	13	13	12	13
Other short-term social care		5	5	5	5	5	3	3	3	3	3

**Checklist**

Complete:

- Yes
- Yes
- Yes
- Yes
- Yes

- Yes
- Yes
- Yes
- Yes
- Yes