

Total Capacity to Support Hospital Discharge

Discharge Fund 2023-2024 Reporting Template (Reporting Monthly)	
Return Submission Date	21 August 2023
Reporting period	Jul-23
Health and Wellbeing Board	Lincolnshire
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This section collects information on the **total** capacity commissioned by ICBs and local authorities to support people being discharged from acute hospitals. [This is for capacity via all sources of funding including but not limited to discharge funding.](#) You should input the actual capacity that was commissioned and was available in the reporting month to support discharge across these different service types:

- Social support (including VCS) (Pathway 0)
- Short term domiciliary care (Pathway 1)
- Reablement at home (Pathway 1)
- Rehabilitation at home (Pathway 1)
- Reablement in a bedded setting (Pathway 2)
- 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)

Virtual wards should not form part of capacity because they represent acute, rather than intermediate care.

BCF partners will use assumptions from BCF capacity & demand plans section 3.3, once available, to estimate the number of new people per month who can be referred into the capacity for hospital discharge, i.e. based on your assumptions about average duration of care package and levels of utilisation/occupancy.

Once BCF capacity & demand plans have been submitted, please use this box to set out any changes in those assumptions

Short Term Care Hospital Discharge Capacity		Commissioned capacity in reporting period	
Service Area	Metric	Jul-23	Notes
Social support (including VCS) (Pathway 0)	Monthly capacity: number of new clients who can be offered short-term packages of social support	50	
Short term domiciliary social care (Pathway 1)	Monthly capacity: total contact hours commissioned and available for short term care		0 Lincolnshire County Council operates a prime provider contract with 9 providers. There is no separation in the contract between long term and short term care need. This is based on the needs assessment of the individual. Data is being collated to confirm the hours following discharge from hospital.
Reablement at home (Pathway 1)	Monthly capacity: total contact hours commissioned and available for short term care	11435	
Rehabilitation at home (Pathway 1)	Monthly capacity: total contact hours commissioned and available for short term care	3825	75 patients supported within the service with average of 1.7 visits (awaiting confirmation of hours)
Reablement in a bedded setting (Pathway 2)	Monthly capacity: beds commissioned and available for short term care	40	Active Recovery beds providing both reablement and rehabilitation
Rehabilitation in a bedded setting (Pathway 2)	Monthly capacity: beds commissioned and available for short term care	151	109 community hospital beds + 42 transitional beds
Short-term residential/nursing care for someone likely to require a longer-term care home placement (Pathway 3)	Monthly capacity: beds commissioned and available for short term care		framework across 273+ care and/or nursing home providers. There is no separation in the contract between a

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