BCF financial and metric HWB template

Overview

The purpose of this template is to clarify data from earlier BCF plan submissions and to collect further information from CCGs and HWBs in order to ensure that the assurance process ahead of any BCF plans being recommended for sign-off is as rigorous as possible. This includes providing a more detailed breakdown of planned investments and savings, clarification of the impact of the BCF and agreement on the consequential impact on the acute sector.

Throughout the template, cells which are open for input have a white background and cells which contain description, calculations or auto-fills have a grey background.

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

Authorisation

Please select the HWB this plan relates to on this worksheet. This will populate subsequent worksheets in the return.
Once the template has been completed please arrange for the plan to be authorised by accountable officers from the HWB, Local Authority and CCG.

1. HWB Funding Sources

Please select the name of each local authority and CCG which has made a contribution to the HWB plan and complete the white cells to show their contributions to the plan in 2014/15 and 2015/16.

2. Scheme Summary

Please complete the white cells in this tab to give a full list of the individual schemes included within your BCF plan. This list will be used to populate later tabs.
Once the "HWB Expenditure Plan" and "HWB Benefits Plan" tabs have been completed, the information from those two tabs will be summarised in the grey cells on this tab to show the overall financial impact per scheme.
A further summary is included below which categorises the savings by scheme type. This summary compares information between the '4. HWB Benefits Plan' worksheet and '5. HWB Metrics' for the reduction in permanent residential admissions, increased effectiveness of reablement, and reduction in delayed transfers of care. Any difference between the totals should be explainable. The comparison is not being made for non elective (general and acute) admissions or other schemes.

3. HWB Expenditure plan

This tab breaks down the planned BCF spending by scheme and provider. Note that you may need to fill out several lines to fully describe a single scheme.

To complete it:
*   Select a scheme using the drop down box in column A;
*   Select the area of spending the scheme is directed at using the drop-down box in column B;
*   Select the commissioner and provider for the scheme using the drop-down boxes in columns E and F, noting that if a scheme has more than one provider or commissioner, you should complete one row for each. E.g. if both the CCG and the local authority will contract with a third party to provide a joint service, there would be two lines for the scheme: one for the CCG commissioning from the third party and one for the local authority commissioning from the third party;
*   Complete the cells in columns G and H to give the planned spending on the scheme in 2014/15 and 2015/16;
*   Repeat for other elements of the scheme if required, then repeat for other schemes.

This information is important to establish the impact of the Better Care Fund on NHS and local government spending nationally in 2014/15 and 2015/16 to inform broader planning work.

4. HWB Benefits Plan

This tab is designed to give a more detailed view of the benefits planned from the Better Care Fund: in particular, to describe how they are distributed across the local health and care economy and to explain how they have been calculated. We are asking for this information in order to help us to understand the impact of the BCF on the financial challenges facing both health and social care in 2015/16.

Note that as some schemes are very complex, you may need to use several lines in this tab to describe all the different benefits that arise from a single scheme.

Please note that there are two tables to complete: one table describing the benefits in 2014/15 and another, below that, outlining the benefits in 2015/16. The instructions below refer to the 2014/15 table, but the instructions apply equally to 2015/16 benefits.

To complete this tab, please:
*   Select the scheme whose benefits are being described using the drop-down box in column A;
*   Select the category of organisation who will benefit using the drop-down box in column B;
*   In column C please select the level of confidence you have in the split in the savings by organisation. Please choose green for over 90%, amber for 50% - 90% and red for under 50%. Note that this should be the same for all of the lines relating to one benefit for one scheme.
*   The drop-down box in column D should be used to indicate the source of the financial benefit – this can be one of the four BCF national metrics or other (where a benefit is not directly linked to a national metric.)
*   For savings which are directly linked to a national metric, please enter the planned change in that metric, if any, due to Better Care Fund schemes being implemented, relative to 2013/14 out-turn, in column F. Please enter a reduction in activity as a negative number. This will be used to assess the extent to which the Better Care Fund will reduce acute activity below 13/14 levels. Do not complete this column for 'Other' benefits not linked to a metric. This will be used to assess the impact of BCF schemes relative to current activity levels.
*   In column G please enter the planned change in metric due to Better Care Fund schemes being implemented, relative to what you would have expected it to be without the Better Care Fund. You may wish to refer to tab 6 which provides projected figures which crudely estimate the activity for 2014/15 and 2015/16 based on historic trends. This will be used to assess the contribution which BCF schemes have made to QIPP savings plans in 2014/15 and 2015/16.
    *   Where a scheme is linked to one of the four BCF national metrics the activity change figure must be entered
    *   For 'Other' schemes please enter -1 if the change in activity measure is not applicable.
    *   Please enter all reductions in activity as negative numbers.
*   **Note that in both columns F and G, the change should represent only the impact of that Better Care Fund scheme, whereas the HWB metrics tab should include the planned impact of any non-BCF schemes which have an impact on the metrics.**
*   For benefits based on a change in a metrics, please enter the unit price of the activity being changed in column H. For 'Other' benefits not based on a metric, please enter the value of the savings expected as a positive number.
*   In columns K and L please enter comments describing how the savings value was calculated and the way in which progress against plan will be measured.
*   Repeat the steps above for each benefit of the scheme, and then repeat the whole process for each scheme.

5. HWB Metrics

White cells should be completed to show full metric details. Comment boxes are included in the tab (denoted by red triangle in cells) to aid in comprehension and completion. Full details of the definitions underpinning the metrics are provided in the BCF technical guidance (http://www.england.nhs.uk/wp-content/uploads/2014/03/bcf-tech-guid-2.pdf). However, there are a number of changes to the previous metrics template as well as minor changes to the BCF guidance.

We are requesting that the plans underpinning the national metrics are broken down quarterly (where this data is available) and cover the full period for 2015/16, rather than just that underpinning the pay-for-performance element of the BCF. This is required in order to show the link between estimated 2015/16 savings and 2015/16 metric plans, as the pay-for-performance periods straddle financial years for some metrics. The corresponding data for the two payment periods will also be included but this will autocomplete from the quarterly data inputted. Given some of the issues with the data submitted in April this year and the additional information we are asking for, we are asking for all metric data to be submitted, and this will supersede any data from the previously submitted part 2 plans.

Specific issues to note with completion of the tab:

(a) The baseline (2012/13 data) for both the **residential admissions** and **effectiveness of reablement** metric are taken from published ASCOF figures, and these have been pre-populated (note that the rates are unrounded but numerator/denominator data is rounded to the nearest 5). Previously some areas commented that these figures were not a good baseline measure (either because of errors in the data or because there was 2013-14 data locally available) but if this is the case then this should be accounted for in the planned figures and rationale provided (where requested) if this leads to apparent deteriorations in performance. The figures underpinning the October 2015 pay-for-performance plan submitted in April this year have been pre-populated. These plan figures should be reviewed as required, ensuring that any issues previously identified following the assurance process, are addressed. In addition, we are asking for 2015/16 plans for these metrics. Please note that only the numerator is required for the residential admissions metric (as the population denominator is pre-populated and the rate is calculated automatically).

(b) For the **delayed transfers of care** metric we are asking for the plans to be provided for 2014/15 and 2015/16 by quarter in order to allow the estimation of annual savings that link to the financial plans as well as provide the required data for the BCF payment periods. Note however that only numerator data needs to be submitted as average monthly rates (average monthly rate for each quarter) are now calculated automatically from the numerator and pre-populated denominator. The plans provided in April this year have not been pre-populated as these were not collected on a quarterly basis. The entered quarterly figures will autopopulate to give the BCF period figures in a table to the right.

(c) For the **avoidable emergency admissions** metric we are similarly asking for the plans to be provided for 2014/15 and 2015/16 by quarter. Again only numerators (the number of avoidable emergency admissions) need to be submitted as monthly rates are now calculated automatically from the numerator and pre-populated denominator. As with delayed transfers of care, the entered quarterly figures will autopopulate to give the BCF period figures in a table to the right. **To be aware that for the avoidable emergency admissions data, there was an issue with the baseline data previously provided by the central team for avoidable emergency admissions and this has now been addressed. The new avoidable admission figures are typically 2-3% higher than those released previously**. As a consequence HWBs should review their previous planned figures for 2014/15 to ensure they are consistent with the baseline before submitting.

(d) For the **local metric** we are asking HWBs to restate the plans submitted in April this year. You should be aware that there are two payment periods for the local metric, and in many cases for the plans submitted in April this year did not cover two payment periods. Given there were issues with this metric for a number of HWBs we have not pre-populated with the figures submitted in April this year.

(e) For the **patient experience** metric it has been clarified that the national measure will not be in place in time to measure improvements in 2015/16. Further guidance has therefore been provided which clarifies the options which can be used for this metric. We are asking HWBs to provide local plans in line with this guidance. Note, that this guidance supersedes that set out in the technical guidance for patient experience.

(f) To assist assurance, conditional formatting has been included for the metric values, and will flag up where plans appear to show deterioration against the baseline or a validity issue. There may be a valid reason for a deterioration, but any reasons for a plan that shows deterioration should be included in the "reason for red ratings" box.The validity issues that can arise include text inserted rather than figures or figures that fall outside an allowable range (i.e. percentages above 100%, counts below 0, numerators bigger than denominators)

(g) For the four national metrics, below each metric table the template will automatically show an annual change (both as a percentage and an absolute), when plans are entered. In order to show the link between estimated 2015/16 savings and 2015/16 metric plans, the template will estimate the annual savings based on the planned change. This relies upon an assumption about the average unit cost for the activity saved. Where possible we have included a figure as a starting assumption, but locally you should update with the average unit cost that underpins your planned savings. This should be used as a comparison to the figures calculated in '4. HWB Benefits Plan'. We recognise that these numbers may not match exactly, but it would be surprising if there was a very large difference between the benefits predicted on the basis of the metrics data and the benefits calculated for the national metrics in the Benefits Plan. (Clearly, there will be other benefits which are not linked to the national metrics which will not be captured.)

(h) For the April submission we provided baseline data in a separate sheet for HWBs to populate the template (using the most relevant historic data). To ensure consistency and make the process more straightforward we have now provided the historic data in a separate tab ('6. Metric trends') and the baselines in the template are based on this data. The historic baseline data will obviously need to be taken into account in finalising the plans.

6. Metric trends

To support finalisation of plans, we have provided *estimates* of future performance, based on historical figures – depending on the metric this is based either on historic average activity or a simple 'straight line' projection approach. We recognise that these are crude methodologies, but it may be useful to consider when setting your plans for each of the national metrics in 2014/15 and 2015/16. As part of the assurance process centrally we will be looking at plans compared to the counterfactual (what the performance might have been if there was no BCF). These estimates are based on the following methodologies:

- **Residential admissions**: calculated using the average rate from the last two years for which data is available (2011-12 and 2012-13), and the 2013 ONS population projection denominator. There are insufficient data points for this metric to do anything more sophisticated.
- **Reablement**: calculated using the average rate from 2011-12 and 2012-13 and an unchanging denominator (the number of people offered reablement). As with residential admissions there are insufficient data points for this metric to do anything more sophisticated.
- **Delayed transfer days**: based on linear forecasting using the 44 month period from Aug-10 to Mar-14 (all available historic data) – this effectively assumes a straight line linear growth per month moving forward, and therefore does not account for any seasonality in the dataset. In instances where the projection figures fall below 0 then these have been set to 0.
- **Avoidable emergency admissions:** based on linear projecting using the 58 month period April-09 to Jan-14 (all available historic data since local authority coding changes in 2009). Again this effectively assumes a straight line linear growth per month moving forward, and therefore does not account for any seasonality in the dataset. In instances where the projection figures fall below 0 then these have been set to 0.