

Report to: **East Sussex Shadow Health and Wellbeing Board**  
 Date: **16 April 2013**  
 By: **Dr Elizabeth Gill, Clinical Chair, High Weald Lewes Havens CCG**  
 Title of report: **High Weald Lewes Havens CCG Local Priorities**  
 Purpose of report: **To seek Board support for the CCG's local priority measures which relate directly to the Health and Wellbeing Strategy**

---

**The Health and Wellbeing Board is asked to consider and support the three local measures which the High Weald Lewes Havens Clinical Commissioning Group will agree with the NHS Commissioning Board Area Team.**

---

## 1. Background

1.1 In December 2012, the NHS Commissioning Board published its planning guidance for 2013/14. Called 'Everyone Counts: Planning for Patients 2013/14', the document outlines the incentives and levers that will be used to improve services.

The guidance included initial details of the quality premium for Clinical Commissioning Groups (CCG) which would be based on four national measures and three local measures.

1.2 The national measures, all of which are based on measures in the NHS Outcomes Framework, are:

- preventable years of life lost from amenable mortality
- the four measures that make up the composite measure of avoidable emergency admissions,
- the Friends and Family Test for inpatient and A&E services; and incidence of MRSA and C difficile.

1.3 The guidance on the identification of local measures was published at the beginning of March. It confirmed that the three local measures must be based on robust data and should not duplicate the national outcomes measures detailed above or the four patient rights or pledges below:

- maximum 18 week wait from referral to treatment,
- maximum 4 hour wait in A&E,
- maximum 62-day wait from urgent GP referral to first definitive treatment for cancer;
- maximum 8-minute response for Category A red 1 ambulance calls.

The guidance stipulated that the local measures should be based on local priorities identified in the Joint Health and Wellbeing Strategies and should be agreed with the Health and Wellbeing Board and with the relevant NHS Commissioning Board Area Team (NHS CB AT).

1.4 Following publication of the guidance, and as the next meeting of the Health and Wellbeing Board was after the date for submission of the measures to the NHS CB AT, the CCG sent a report outlining the proposed measures to East Sussex County Council to seek assurance that the proposed CCG measures were in line with the Health and Wellbeing Strategy priorities and action plan and that the Health and Wellbeing Board would be likely to support them. A confirmation email was subsequently received by the CCG. It was also confirmed that this report would be on the agenda for the Health and Wellbeing Board meeting on 16 April.

## 2. Identification of Local Priorities and Local Measures

2.1 The East Sussex Health and Wellbeing Strategy contains seven priority areas that the Health and Wellbeing Board will focus on over the next three years:

- The best possible start for all babies and young children;
- Safe, resilient and secure parenting for all children and young people;
- Enabling people of all ages to live healthy lives and have healthy lifestyles;
- Preventing and reducing falls, accidents and injuries;
- Enabling people to manage and maintain their mental health and wellbeing;
- Supporting those with special educational needs, disabilities and long term conditions;
- High quality and choice of end of life care.

2.2 Based on these priority areas and the draft action plan setting out high level outcomes, actions and targets, the High Weald Lewes Havens CCG has identified three local measures which it agreed at the meeting of the CCG Governing Body on 27 March.

## 3. Three Local Measures

3.1 The CCG has agreed the following three local measures under two priority areas.

3.2 *PRIORITY AREA: ENABLING PEOPLE OF ALL AGES TO LIVE HEALTHY LIVES AND HAVE HEALTHY LIFESTYLES*

The measure replicates one of the strategic outcome indicators in the Draft Strategy Action Plan:

Local Measure 1: Increase both the percentage offered NHS Health Checks and the take up by those in the eligible population to 10% offered a Health Check and 50% of those receiving a Health Check.

Rationale: In 2011/12 the England average for the percentage of the eligible population offered a Health Check was 14% and of those 51.2% received a Health Check. Based on 2012/13, Quarters 1-3, the percentage offered an NHS Health Check in the CCG was 4.5% and the percentage received was 57.9%.

The second measure relates directly to one of the strategic outcome indicators in the Draft Strategy Action Plan:

Local Measure 2: Increase the number of persons attending NHS Stop Smoking Services who quit smoking four weeks after setting a quit date by 3% to a total of 868 quitters.

Rationale: In the CCG there is a low proportion of GP practices offering a stop smoking service, low numbers of patients treated in practice stop smoking services and a high proportion of patients for whom the outcome of the quit attempt is not known or 'lost to follow up'.

3.3 *PRIORITY AREA: PREVENTING AND REDUCING FALLS, ACCIDENTS AND INJURIES*

The third measure replicates one of the strategic outcomes in the Draft Strategy Action Plan:

Local Measure 3: A 1% reduction in the rate of emergency hospital admissions for injuries due to falls in persons aged 65 years and over per 100,000 population.

Rationale: The CCG has a higher rate of emergency admissions due to falls injuries in this age group than the East Sussex rate.

#### **4. Conclusion and reasons for recommendation**

4.1 The CCG had to submit three local measures for agreement with the NHS Commissioning Board Area Team but the guidance stipulating that they should be agreed by the Health and Wellbeing Board was published after the last meeting of the Board.

4.2 In this paper, the CCG identifies three local measures which relate directly to the Health and Wellbeing Strategy and in two cases the measures actually replicate the measures in the Draft Action Plan supporting delivery of the Strategy. Prior to this, the CCG had sought assurance from ESCC that the measures were in line with the Health and Wellbeing Strategy priorities and action plan and that the Health and Wellbeing Board would be likely to support them. A confirmation email was subsequently received.

4.3 CCG delivery against the proposed local measures will deliver against the strategic outcomes of the Health and Wellbeing Strategy.

DR ELIZABETH GILL

Clinical Chair

High Weald Lewes Havens Clinical Commissioning Group

Contact officers:

Cynthia Lyons, Deputy Director of Public Health

Tel No. 01273 336032; [cynthia.lyons@eastsussex.gov.uk](mailto:cynthia.lyons@eastsussex.gov.uk)

Peter Finn, Head of Performance and Contracts, High Weald Lewes Havens Clinical Commissioning Group

Tel No: 01273 485300

