Agenda Item 7a

Report to:	East Sussex Health and Wellbeing Board
Date:	23 July 2013
By:	Dr Greg Wilcox, Accountable Officer, Hastings and Rother CCG.
Title of report:	Hastings and Rother CCG Local Priorities
Purpose of report:	To seek Board support for the CCG's local priority measures which related directly to the Health and Well-Being Strategy

RECOMMENDATION

The Health and Wellbeing Board is asked to consider and support the three local measures which the Hastings and Rother Clinical Commissioning Group will agree with NHS England Area Team.

1. **Background**

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

The guidance included initial details of the quality premiums 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 in-patient and A&E services;
- 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 198 week wait from referral to retreatment;
- 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 England Area Team.

2. Identification of Local Priorities and Local Measures

2.1 The East Sussex Health and Wellbeing Strategy contains seven priority areas that they 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;
- Enable people of all ages to live health 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 education needs, disabilities and long-term conditions;
- High quality and choice of end of life care.

2.2 Based upon these priority areas and the draft action plan setting out high level outcomes, actions and targets; the Hastings and Rother CCG has identified three local measures which it agreed as part of its Annual Business Plan at its Governing Body meeting on 16th May 2013.

3. Three local measures

3.1 The CCG has agreed the following three local measures under priority 6 of the Health and Well Being Strategy which plans and aims to:

Long Term Conditions

Support a more integrated and whole system approach to earlier diagnosis, care planning and joined up services to support patients and their carers to manage their condition better, including greater integration of mental health support with primary care and chronic disease management.

Expectation that there will be a reduction in hospital admissions for long-term conditions and improved quality of life for those who are living with them.

High quality and choice of end of life care

Support the development of a more joined up approach to commissioning and delivering end of life care and continued workforce development to build sufficient capacity and skills amongst the health and social care workforce to support high quality end of life care.

Expectation that more people with a terminal illness will have an advanced care plan and more people are cared for and dying in their preferred place of death.

Local measure 1: To reduce by 25% from 2011-12 values the number of patients aged 65 and over who are admitted to hospital with 0 Length of Stay (LOS) and no procedure recorded

Rationale: By putting in additional community services to help maintain our patients suffering with long-term conditions, it is anticipated that this will reduce the number of hospital admissions, where a patient gets into a crisis but does not require any hospital intervention.

Local measure 2: To ensure the take up of Intelligence Based Information System (IBIS) across the system and contribute to reaching the East Sussex target of 1700 patients information on the system.

Rationale: The IBIS will enable patient level emergency care plans/anticipatory plans to be shared across the urgent care system, including:

- Front line ambulance clinicians, in order to reduce conveyance to hospital; and
- A&E to enable a quicker discharge, where appropriate.

Local measure 3: To improve the current percentage of end of life care patients registered on individual participating GP practice palliative care registers. The indicator measures the % of

participating practices who have improved the proportion of qualifying patients on the register. The data source is QMAS data which will be replaced by CQRS (Calculating Quality Reward system) in July 2013

Rationale: Our practices are encouraged to participate in the Palliative Care Enhanced Service. Core elements specific to the above priority include:

Each patient on the Palliative Care Register has their symptoms and problems assessed and recorded systematically and covering the areas laid out in the PCRT attached. This will be achieved by either a monthly physical meeting of the Primary Health Care Team (PHCT) or by the palliative care coordinator (PCC) bringing together information that demonstrates that the patient's needs and care has been considered by the PHCT. As a minimum, in this case, the PCC will prompt and bring together the written comments of the PHCT (minimum of GP and DN but ideally to include Macmillan Nurse (MN)/Hospice if involved) on a monthly basis. These comments will cover the areas noted on the PCRT and filed/scanned into the patient's notes.

The CCG is keen to encourage a 100% take-up by practices.

4. Conclusion and reasons for recommendations

4.1 The CCG was required to submit three local measures for agreement with the NHS England Area Team but the guidance stipulated that they should be agreed by the Health and Wellbeing Board. Timing has unfortunately led to a delayed report to the Health and Wellbeing Board, for which Hastings and Rother CCG apologises.

4.2 In this paper, the CCG identifies three local measures which relate directly to the Health and Wellbeing Strategy. The CCG, therefore, seeks the Health and Wellbeing Board's support regarding these.

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