

Report to: East Sussex Health and Wellbeing Board

Date: 23 July 2013

By: Dr Martin Writer, Chair, Eastbourne, Hailsham and Seaford Clinical Commissioning Group

Title of report: Eastbourne Hailsham & Seaford CCG 3 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

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## RECOMMENDATION

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

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### 1. Background

1.1 In December 2012, NHS England (then 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 the Health and Wellbeing Board will focus on over the next three years:

1. The best possible start for all babies and young children;
2. Safe, resilient and secure parenting for all children and young people;
3. Enable people of all ages to live health lives and have healthy lifestyles;
4. Preventing and reducing falls, accidents and injuries;
5. Enabling people to manage and maintain their mental health and wellbeing;
6. Supporting those with special education needs, disabilities and long-term conditions;
7. 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 Eastbourne, Hailsham and Seaford CCG has identified three local measures which it agreed as part of its Annual Business Plan at its Governing Body meeting on 8<sup>th</sup> May 2013.

## 3. Three local measures

3.1 The CCG has identified the following three local measures under 2 priority areas as follows:

### **Priority 6; Supporting those with special educational needs, disabilities and long term conditions:**

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.

- **Local Priority 1:** To increase the % of patients referred to the Community Cardiac Service who are diagnosed with Heart Failure and who are provided with a PCP from 0% to 60%.

**Rational: fewer hospital admissions for people with long term conditions and improved quality of life for those who are living with them.**

- **Local Priority 3:** To ensure the take up of the Integrated Business Intelligence System (IBIS) across the system and contribute to reaching the East Sussex target of 1700 patients' information on the system.

**Rational:** The IBIS will enable patient level emergency care 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 resulting in fewer hospital admissions.

**Priority 7; High quality and choice of end of life care:** will 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 die in their preferred place of death.

- **Local Priority 2:** To improve the current percentage of end of life care patients registered on individual participating GP practice palliative care registers.

**Rational:** The Health and Wellbeing Strategy identifies the need for improvement in the number of people being cared for and dying in their preferred place of death. Increasing the number of people on the Palliative care registers will facilitate the advanced care planning process and preferred place of death.

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

4.1 The CCG was required to submit three local priorities for agreement with the NHS England Area Team however, the revised guidance stipulated that the three local priorities should also be agreed by the Health and Wellbeing Board. Timing has unfortunately led to a delayed report to the Health and Wellbeing Board, for which Eastbourne, Hailsham and Seaford 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.

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

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