Agenda item 6

Report to:	**East Sussex Health and Wellbeing Board**
Date:	**13 February 2014**
By:	**Angela Simons Strategic Planning Manager; Eastbourne Hailsham & Seaford CCG and Hastings & Rother CCG**
Title of report:	**Local Measures related to the Quality Premium National Measures and CCG Additional Local Measures**
Purpose of report:	**To seek Health and Wellbeing Board support for the CCG's local measures which relate directly to the Health and Wellbeing Strategy**

RECOMMENDATION

The Health and Wellbeing Board (HWB) is asked to consider, agree and support the local measures which Eastbourne Hailsham & Seaford CCG (EHS CCG) and Hastings & Rother CCG (HR CCG) will agree with NHS England Area Team.

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1. Background

1.1. Under the National Health Service Act 2006 (as amended by the Health and Social Act 2012), NHS England has the power to make payments to CCGs to reflect the quality of services that they commission, the associated health outcomes and reductions in inequalities.

1.2. Both EHS and HR CCGs are on plan to meet the local priorities identified for 2013–14.

1.3. In December 2013, NHS England published its Quality Premium: 2014/15 guidance for CCGs. The Quality Premium is based on six measures that cover a combination of national and local priorities. These are:

1. Reducing potential years of lives lost through causes considered amenable to healthcare and addressing locally agreed priorities for reducing premature mortality; (the overarching objective for Domain 1 of the NHS Outcomes Framework).
2. Improving access to psychological therapies; (a major contributing factor to Domain 2 of the NHS Outcomes Framework).
3. Reducing avoidable emergency admissions; (a composite measure drawn from four measures in Domains 2 and 3 of the NHS Outcomes Framework).
4. Addressing issues identified in the 2013/14 Friends and Family Test (FFT), supporting roll out of FFT in 2014/15 and showing improvement in a locally selected patient experience indicator; (a major contributing factors to Domain 4 of the NHS Outcomes Framework).
5. Improving the reporting of medication-related safety incidents based on a locally selected measure; (a major contributing factor to Domain 5 of the NHS Outcomes Framework)
6. A further local measure that should be based on local priorities such as those identified in joint health and wellbeing strategies.

1.4. All of the measures except avoidable emergency admissions (3) include the ability for CCGs and local partners to set either partially or fully the level of improvement to be

achieved. These, together with the additional local measure, should be agreed by individual CCGs with their Health and Wellbeing Board and with the relevant NHS England area team.

1.5. The Local Measure should reflect local priorities identified in joint health and wellbeing strategies and should be based on an indicator from the CCG Outcomes Indicator Set. The local measure should reflect services that CCGs are responsible for commissioning or are commissioning jointly with other organisations. It should not duplicate the national measures (1-5) described in section 1.2 above, nor should it duplicate the NHS Constitution measures detailed below:

- Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral.
- Patients should be admitted, transferred or discharged within four hours of their arrival at an A&E department
- Maximum two week (14-day) wait from urgent GP referral to first outpatient appointment for suspected cancer
- Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes.

2. Identification of Local Priority and Local Measures

2.1. The East Sussex Health and Wellbeing Strategy contains seven priority areas:

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. National measures 1, 2, 4, and 5 all require a local measure to be agreed with Health and Wellbeing Board partners and NHS England Area Team, these are detailed below:

2.3. **National Measure 1: Potential years of life lost (PYLL) from causes considered amenable to healthcare: adults, children and young people.** CCGs are to agree with Health and Wellbeing Board partners and with the relevant NHS England area team the percentage reduction in the potential years of life lost (adjusted for sex and age) from amenable mortality for the CCG population to be achieved between the 2013 and 2014 calendar years. This should be no less than 3.2% and based on the Directly Standardised Rate;

- **Eastbourne, Hailsham and Seaford CCG (EHS CCG):**
  a) Latest data for 2012 shows a rate of 2,165 per 100,000. This is projected to be 2,343 for 2013 based on trend data available back to 2009 which is showing a general increase over that period.
    - ***The CCG is therefore aiming for a 3.2% reduction between 2013 and 2014 to achieve a rate of 2,268 in 2014.***

  b) Published data shows that the leading causes for the PYLL indicator in Eastbourne Hailsham and Seaford CCG are:
    - Heart disease followed by cancers (for males) and

- Cancers followed by heart disease (for females).

We also know from local analysis through the Joint Strategic Needs Assessment that the main contributors to the life expectancy gap between the most and least deprived is:

- Circulatory disease for males (26% of the gap) and
- Cancer for females (20%)

- **Hastings and Rother CCG (HR CCG):**

a) Latest data for 2012 shows a rate of 2,165 per 100,000. This is projected to be 2,052 for 2013 based on trend data available back to 2009 which is showing a general reduction over that period.

- ***The CCG is therefore aiming for a 3.2% reduction between 2013 and 2014 to achieve a rate of 1,987 in 2014.***

b) Published data shows that the leading causes for the PYLL indicator in Hastings and Rother CCG are:

- Heart disease followed by cancers (for males) and
- Cancers followed by heart disease (for females).

We know from local analysis through the Joint Strategic Needs Assessment that that in Hastings borough the main contributors to the life expectancy gap between the most and least deprived are:

- External causes for males (22% of the gap) and
- Cancer for females (43%).

Within Rother district the biggest contributor is:

- Circulatory disease for both males (33%) and females (30%).

2.4. The identification and treatment of high blood pressure and cholesterol will address diseases highlighted as contributing to the health gap and links to Priority 3 of the HWB Strategy.

Therefore the suggested local measure for both EHS and HR CCGs will be: ***To increase the identification and treatment of high blood pressure and cholesterol through regular health checks.***

2.5. **National Measure 2: Improving access to psychological therapies (IAPT)**. For Eastbourne, Hailsham and Seaford CCG (EHS CCG), based on Q3 outcomes and projections for Q4, EHS CCG is on course to achieve an IAPT access level of 13% by 31 March 2014.

Therefore the suggested local measure for EHS CCG is: ***To increase access levels to psychological therapies by 3%; achieving an access level of 16% by 31 March 2015.***

2.6. For Hastings and Rother CCG (HR CCG), based on Q3 outcomes and projections for Q4, HR CCG is not on course to achieve an IAPT access level of 13% by 31 March 2014.

Therefore the suggested local measure for HR CCG is: ***To achieve the required 15% access levels to psychological therapies by 31 March 2015.***

2.7. **National Measure 4: Addressing issues identified in the 2013/14 Friends and Family Test (FFT), supporting roll out of FFT in their local health economy in**

2014/15 and showing improvement in a selected indicator from Domain 4 of the CCG Outcomes Indicator Set. The CCGs local measure requires an improved average score achieved between 2013/14 and 2014/15 for one of the patient improvement indicators set out in the CCG Outcomes Indicator Set with the specific indicator agreed by the CCG with the Health and Wellbeing Board, the NHS England area team and the relevant local providers. CCGs should be assured that NHS providers have plans in place to reduce the proportion of people reporting a poor experience of care in line with the locally set level of ambition.

2.8. The CCGs will work with their main provider ESHT to agree specific actions and milestones based on the finding of the FFT results for 2013/14. There has been a strong investment by the Trust in The FFT program and the Trust has designed a bespoke data capture system with an external IT company.

2.9. These milestones will include demonstrating responsive action to comments and feedback displayed in the ward areas about the actions taken in a 'you said we did' format.

2.10. All areas that are included in FFT role out will have to demonstrate a minimum response rate of 15% return per area and a system for monitoring this at individual ward level is in place. The CCG will continue to work with the Provider to support the final role out of FFT.

The indicator selected as part of the quality premium measure is; improving women's and their families experience of maternity services: 6 questions will be selected from the 2010 CQC survey which covers antenatal, intrapartum and postnatal care and a composite score, of these 6 questions, will be used as the indicator for previous performance and the same 6 questions will be used during 2014/5 to determine improvement against the indicator. We currently await confirmation when this data will be available from NHS England. However this indicator has also been chosen as it offers an opportunity to sample the lived experience of women during a year in which maternity services have been subject to temporary reconfiguration and are now in the process of consultation with the public on six options for the safe and sustainable delivery of maternity services.

2.11. **National Measure 5: Improved reporting of medication-related safety incidents.** From NRLS data, link specified in quality premium guidance, ESHT incidence reporting is 7.5 per 100 admissions which is better than their peer group average of 6.2 incidents per 100 admissions, (just outside the upper quartile for reporting). However breaking this data down, the percentage of medication errors is 8.1%, whilst the average in the peer group is 10%.

Therefore the suggested local measure for both EHS and HR CCGs is to: ***Ensure an increase in medication error reporting by ESHT from 8.1% to 10%.***

3. CCG Additional Local Measure

3.1. Based upon the HWB strategy priority areas and the associated action plan, Eastbourne, Hailsham & Seaford and Hastings and Rother CCGs have identified an additional local measure which will be implemented by both CCGs. Following agreement with the HWB this will be signed off by the NHS England Area Team and also both CCG Governing Bodies, and included within the CCGs business plans.

3.2. Within local needs assessments both EHS and HR CCGs show that respiratory disease is an issue for their local populations. JSNA indicators show 10,287 patients (19 people per 1000 population) in East Sussex were reported by GPs in 2011/12 as having

COPD. However, both nationally and locally there are lower than expected rates of prevalence for COPD; it is estimated that the reported prevalence is only 64% of expected prevalence (15,991 people) in East Sussex. This indicates that there is a significant burden remaining in the community that is currently not 'visible'.

3.3. EHS and HR CCGs share a main acute and community provider and work in partnership with ESCC adult social care services. The CCGs have identified an additional local measure which links directly to the HWB Strategy Priority 6; Supporting those with special educational needs, disabilities and long term conditions, specifically point 6.3 of the HWB action plan: Develop an integrated 'whole system' approach to long term conditions with earlier diagnosis, care planning and joined up support for patients and carers.

3.4. The additional local priority which to be delivered through both EHS and HR CCGs is therefore proposed as: ***To increase the % of patients who are diagnosed with COPD to the Pulmonary Rehab Service.***

3.5. As well as linking to the HWB Strategy this local measure also links directly to Domain 2 of the NHS Outcomes framework; Enhancing quality of life for people with long-term conditions and the CCG indicator set; Improving functional ability in people with long term conditions.

4. Conclusion and reasons for recommendations

4.1. CCGs are required to identify and agree with the Health and Wellbeing Board and the NHS England Area Team their local measures linked to the Quality Premium requirements. The HWB are recommended to support the local measures identified within this paper with regard to QP 1, 2, 4 & 5.

4.2. In addition to the 5 national measures the CCGs are also required to identify and agree with the Health and Wellbeing Board and the NHS England Area Team an additional local measure. The identified measure relates directly to the Health and Wellbeing Strategy Priority 6, the JSNA and the CCGs priorities. It is therefore recommended that the HWB also support this measure.

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

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