

Report to: East Sussex Health and Wellbeing Board

Date: 13 February 2014

By: Peter Finn, Head of Contracts and Performance, NHS High Weald Lewes Havens CCG

Title of report: Local Measures related to the Quality Premium National Measures and CCG Additional Local Measures

Purpose of report: To seek the Health and Wellbeing Board advice and comment on the potential CCG local quality premium measure

RECOMMENDATION

The Health and Wellbeing Board (HWB) is asked to consider the local measures which High Weald Lewes Havens CCG (HWLH CCG) will agree with NHS England Area Team. The CCG has to make a preliminary return on 14th February, with the deadline and therefore the final confirmation of local targets being the final plan due on 4th April. The CCG is therefore seeking HWB advice and comment on the ideas for local measures and targets so that the final plans can be signed off by the CCG Governing Body and the HWB by the 31st March. The areas for discussion and agreement are highlighted in ***bold italic underlined***.

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. HWLH CCG is on track to achieve the local priorities on reduced emergency admissions and health checks. However, achieving the increased smoking cessation target is proving a significant challenge.

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.

1.6. 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.

2.4. Latest data for High Weald Lewes Havens for 2012 shows a rate of 1,776 per 100,000. This is already significantly under the national average of 2060.8, and the CCG is expecting to keep the reduction at 3.2%.

The CCG is therefore planning for a 3.2% to a rate of reduction between 2013 and 2014 to achieve a rate of 1,719 in 2014.

2.5. The local priorities for the CCG to achieve this target include continued progress on the current local measures of smoking cessation and an increased level of health checks, and addressing the health inequalities in the areas of deprivation in the CCG, notably the Havens, where rates are significantly above the local figure.

2.6. **National Measure 2: Improving access to psychological therapies (IAPT).** High Weald Lewes Havens CCG is expecting to be just below the 13% IAPT access level at 31st March 2014. Therefore as per the guidance the plan for the CCG will be:

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 main providers for the CCG are Brighton & Sussex University Hospitals (BSUH), East Sussex Healthcare (ESHT), Maidstone and Tunbridge Wells (MTW) and Sussex Partnership Foundation Trust (SPFT). The CCG will be working with the Trusts and their host commissioner to agree milestones on the areas where improvement is required to exceed the minimum response rate of 15% return per area and to improve the expressed levels of satisfaction. The proposal across East Sussex for the specific local improvement area is maternity, given the current service issues.

The indicator therefore proposed as part of the quality premium measure is therefore 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.

2.8. **National Measure 5: Improved reporting of medication-related safety incidents.** HWLH CCG is working with the host commissioner of its four main providers to confirm the target for improved reporting. The March 2013 performance for our 4 main Trusts is shown below. While BSUH is above the peer average for specialist units, our other three Trusts are all below the peer average. Current guidance indicates that Trusts should expect to increase their current levels where reporting is below average. The targets will need to be confirmed with the host commissioner, but at this stage we anticipate maintaining the current level (BSUH) and improving to the peer average (ESHT, MTW and SPFT).

Trust	March 2013 Level of	Peer average	Anticipated Target
-------	---------------------	--------------	--------------------

	medication errors		
BSUH	14.5%	11.7%	14.5%
ESHT	8.1%	10.0%	10.0%
MTW	8.1%	10.0%	10.0%
SPFT (MH)	7.7%	8.4%	8.4%

3. CCG Additional Local Measure

3.1. The CCGs are expected to pick an indicator from the national outcome indicator set. As above this cannot be one included in the previous targets. In exceptional circumstances, an alternative indicator can be selected.

<http://www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/>

3.2. HWLH performs at an average or above average level for all of the available indicators in the CCG Outcome Indicator Set on the Outcomes Tool. The one current exception is the incidence of CDiff and MRSA is *relatively* high and above the England average. This is already a key target for Acute Trusts and therefore the CCG does not anticipate adopting this as the local target.

With no obvious areas of concern with regard to CCG performance based on the Outcome measures, the CCG has not yet finalised the local indicator, but instead identified three potential areas. Therefore HWB guidance and advice is sought on the proposed areas, so that the HWB and the Governing Body can confirm the final indicator by 31st March. Alternative suggestions to add in for final consideration would also be welcomed. Two of the three areas identified come from the CCG Outcome Indicator set to date are:

- a) **Improvements in stroke service provision at our three main acute Trusts.**
- b) **Quality of life for patients with either Diabetes or COPD.**

The third proposal is to:

- c) **Identify indicators for improvement in the Havens area where outcomes are significantly worse than in the rest of the CCG area.**

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 above and above all to comment and advise on the suggested areas for the local indicator.

Contact: Peter Finn, Head of Contracts and Performance, NHS High Weald Lewes Havens CCG