

Report to: East Sussex Health and Wellbeing Board

Date: 7 July 2015

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Title: Quality Premium Local Measures 2015/16

Purpose: To seek East Sussex Health and Wellbeing Board (HWB)
support for the CCG's local measures which relate directly
to the Health and Wellbeing Strategy and CCG plans.

RECOMMENDATION:

The East Sussex Health and Wellbeing Board is asked to consider, agree and support the Quality Premium measures which Eastbourne Hailsham & Seaford CCG (EHS CCG), Hastings and Rother CCG (HR CCG) and High Weald Lewes Havens CCG (HWLH CCG) have identified within their plans for 2015/16.

1. Background

1.1 The Quality Premium (QP) is intended to reward Clinical Commissioning Groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reductions in inequalities.

1.2 The maximum quality premium payment for a CCG will be expressed as £5 per head of population, and this equated to approx. £900,000 for each CCG and is calculated using the same methodology as for CCG running costs. The quality premium payment will be made in 2016/17, to reflect the quality of the health services commissioned by them in 2015/16.

1.3 A CCG will not receive a quality premium payment if it:

- Is not considered to have operated in a manner that is consistent with Managing Public Money during 2015/16; or
- Ends the 2015/16 financial year with an adverse variance against the planned surplus, breakeven or deficit financial position, or requires unplanned financial support to avoid being in this position; or
- Incurs a qualified audit report in respect of 2015/16.

1.4 NHS England reserves the right withhold or reduce payment where:

- There is a serious quality failure during 2015/16; or
- If the CCGs providers do not meet the NHS Constitution rights or pledges for patients in relation to
 - a) Maximum 18-week waits from referral to treatment,
 - b) Maximum four-hour waits in A&E departments,
 - c) Maximum 14-day wait from a urgent GP referral for suspected cancer, and
 - d) Maximum 8-minute responses for Category A red 1 ambulance calls.

2. Introduction

2.1 In April 2015, NHS England published its Quality Premium 2015/16 guidance for CCGs the measures for 2015/16 cover a combination of national and local priorities as follows:

1. **Reducing potential years of lives lost through causes considered amenable to healthcare;**
2. **Urgent and emergency care** - a menu of measures for CCGs to choose from locally in conjunction with their relevant health and wellbeing board(s) and local NHS England team;
3. **Mental health** - a menu of measures for CCGs to choose from locally in conjunction with their relevant health and wellbeing board(s) and local NHS England team.
4. **Improving antibiotic prescribing in primary and secondary care;**
5. **Two local measures** - which should be based on local priorities such as those identified in joint health and wellbeing strategies.

2.2 It should be noted that due to the delayed publication of the QP guidance 2015/16, the CCGs were required to identify their local measures within national planning submissions made in May 2015; this unfortunately did not align with the HWB meetings timetabled earlier this year and therefore we were unable to formally agree the measures prior to submission of our plans.

3. Actions required of CCGs to meet National and Local Measures

3.1 **National Measure 1:** requires the CCG to agree with Health and Wellbeing Board partners and NHSE the average trend percentage reduction in the potential years of life lost (PYLL), (standardised for sex and age) from amenable mortality for the CCG population to be achieved over the period between the 2012 and 2015 calendar years.

3.2 **National measures 2 and 3:** (listed in 1.2) require CCGs to:

- Identify which measures they will achieve, (from a menu of options) and
- Agree the percentage of QP attributable to each measure.
- Agree the identified measures with Health and Wellbeing Board partners and NHS England Area Team.

3.3 **National measure 4:** is a composite measure requiring CCGs to:

- Reduce the number of antibiotics prescribed in primary care;
- Reduce the proportion of broad spectrum antibiotics prescribed in primary care;
- Ensure secondary care providers validate their total antibiotic prescription data.

3.4 **Two local measures:** are required to be based on local priorities, such as those identified in joint health and wellbeing strategies or indicators from the CCG Outcomes Indicator Set.

- The levels of improvement needed to trigger the reward should be agreed between the CCG, the Health and Wellbeing Board and the local NHS England team.
- The local measures should not duplicate the national measures, nor should they duplicate the NHS Constitution measures.

4. Local configuration to meet National Measures 1, 2, 3 and 4:

4.1 National Measure 1- Reduction in PYLL: The CCGs propose a **1.2% reduction** in the potential years of life lost (standardised for sex and age) from amenable mortality for the CCG population to be achieved over the period between the 2012 and 2015.

4.2 From the menu available the CCGs identified and submitted, in line with national planning timescales, the following configuration for national measures 2 and 3. This measure makes up 30% of the overall quality premium. The areas align to the Five Year Forward View and our local strategic transformation programme; East Sussex Better Together as well as our 2015/16 Business plans:

National Measure 2 - Urgent and Emergency Care:

- **Delayed transfers of care which are an NHS responsibility:** The total number of delayed days caused by delayed transfers of care in 2015/16 should be less than the number in 2014/15. (EHS and H&R 20% QP attributable, HWLH 10% QP attributable)
- **Increase in the number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays.** The proportion of patients discharged on a Saturday, Sunday or English Public Holiday should be at least 0.5% points higher in 2015/16 than in 2014/15. (EHS and H&R 10% QP attributable, HWLH 20% QP attributable)

4.3 From the menu available the CCGs identified and submitted, in line with national planning timescales, the following configuration for national measures 2 and 3. These areas align to the Five Year Forward View and our local strategic transformation programme; East Sussex Better Together as well as our 2015/16 Business plans:

National Measure 3 - Mental Health:

- Reduction in the number of patients attending an A&E department for a mental health-related need who wait more than four hours to be treated and discharged, or admitted, together with a defined improvement in the coding of patients attending A&E. (30% QP attributable)
- a) The proportion of primary diagnosis codes at A&E with a valid 2 character A&E diagnosis or 3 digit ICD-10 code will be at least 90%; and,
- b) The proportion of patients with a primary diagnosis of mental health-related needs or poisoning that spend more than 4 hours in A&E is no greater than the average for all patients, or is over 95%.

4.4 National Measure 4 - Improving antibiotic prescribing in primary and secondary care:

Part A is to reduce overall prescribing of antibiotics - this is included within the CCGs Medicines Optimisation Strategy, and is part of the 2015-16 Prescribing Support Scheme.

Part B is to reduce the prescribing of antibiotics most commonly associated with C diff (i.e. cephalosporins, quinolones, co-amoxiclav) (<11.3%) our action over the past 6 years has resulted in a significant decrease; we will continue to monitor and ensure these low levels are maintained. Current figures (March 2014 - Feb 2015) are 7.8%

Part C is for secondary care providers to validate their antibiotic usage data - ESHT undertook this data validation work in 2014/15 as part of the pilot and therefore this work is already complete. BSUH and MTW have confirmed they will complete this work in 2015/16. In 2016/17 NHSE are expected to set secondary care targets for antibiotic usage reductions, this will be taken forward once received.

5. Identification of the CCGs two local measures

5.1 A task and finish group was set up in the CCGs to agree their local measures, the group consisted of; clinical leads, commissioning leads, quality leads, finance and public health colleagues.

5.2 Eastbourne, Hailsham and Seaford CCG Local Measures:

The two local measures identified by the CCG in line with the health and wellbeing strategy and local priorities are:

- **C3.5 People who have had a stroke who are admitted to an acute stroke unit within four hours of arrival to hospital** - following the relocation of stroke services to a single site we expect to see further improvements in performance, therefore our aim is to achieve an increase of 10% on the average (YTD) number of people admitted to the stroke unit within 4 hours of arrival to hospital over 2015/16 compared to 2014/15.
- **C1.14 Maternal smoking at delivery** - the number of maternal smokers has been gradually increasing, we therefore aim to reduce smoking in pregnant women by 4%.

5.3 Hastings and Rother CCG Local Measures:

The two local measures identified by the CCG in line with the health and wellbeing strategy and local priorities are:

- **C1.15 Breast feeding prevalence at 6-8 weeks** - this has reduced dramatically over the last 2 years, therefore in line with our health inequalities programme the aim is to increase the number of women breast feeding at 6-8 weeks by 20% over 2015/16.
- **C1.14 Maternal smoking at delivery** - the number of maternal smokers although fluctuating has seen an overall increase over recent years therefore in line with our health inequalities programme we aim to reduce smoking in pregnant women by 4% over 2015/16

5.4 High Weald Lewes Havens CCG Local Measures:

The two local measures identified by the CCG in line with the health and wellbeing strategy and local priorities are:

- **C2.15 Enhancing quality of life for carers** – to improve the average health status scores for individuals aged 18 and over reporting that they are carers. This objective links to the Better Care Fund investment to support the agreed multiagency joint carers strategy.
- **C3.10 Improving recovery from fragility hip fractures** - increasing the proportion of patients recovering to their previous level of mobility / walking ability. This target links both to the falls programme and to the new MSK service.

6. Links to local priorities:

6.1 The local CCG measures link to the following local priorities:

- Health and Wellbeing Strategy priorities:
 - Support the best possible start for all babies and young children so that they develop well and are safe and healthy.
 - Support safe, resilient and secure parenting for all children and young people so that parents are confident, able and supported to nurture their child's development.
 - Enable people of all ages to live healthy lives and have healthy lifestyles so that more people can improve their prospect of a longer, healthier life.

- Prevent and reduce falls, accidents and injuries amongst children, young people and older people.
- Enable people to manage and maintain their mental health and wellbeing so that they and their carers are able to manage their condition better and maintain their physical health
- ...Support those with long term conditions to be diagnosed earlier...
- The East Sussex Better Together programme as part of healthy living, proactive care and self-care workstreams;
- For HR CCG their local priorities also link to their Health Inequalities Programme.

7. Conclusion and recommendations

7.1 The CCGs delivery against these local measures will support delivery against the strategic outcomes of the Health and Wellbeing Strategy, East Sussex Better Together and the CCGs business plans 2015/16.

7.2 CCGs are required to agree with the Health and Wellbeing Board and the NHS England, their local measures linked to National Quality Premium requirements.

7.3 The HWB is therefore recommended to agree and support the local measures for each CCG identified within this paper.

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