AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

29 JULY 2015

CHIEF OFFICER NHS HARTLEPOOL AND STOCKTON ON TEES CLINICAL COMMISSIONING GROUP

QUALITY PREMIUM 2015/16

SUMMARY

The purpose of this paper is to provide the Health and Wellbeing Board (HWBB) members with an update in relation to the Clinical Commissioning Group (CCG) Quality Premium Guidance for 15/16. This is a follow up to the paper presented to members on the 2nd March 2015 regarding the CCG operational plans and as outlined within the paper, the CCG at the time of the report were not in receipt of the Quality Premium guidance and requirements for 15/16. This paper is therefore to provide members an overview of the guidance and to advise of the approach taken to select local indicators to enable final plans to be submitted to NHS England on the 14th May.

RECOMMENDATION

Health and Wellbeing Board members are requested to note the update and ratify the local indicators as selected by the CCG and Public Health colleagues.

The reasons for the recommendation is to ensure that Health and Wellbeing Board members are updated and kept appraised of progress and actions undertaken in order to deliver our agreed joint vision.

DETAIL

1. The Quality Premium for 2015/16 has been published, and is intended to reward CCGs for improvements in the quality of the services that they commission and for associated improvement in health outcomes. This premium will be paid to CCGs in 2016/17, and covers a number of national and local priorities.

2. Based on population size, the Quality Premium provides an opportunity to earn £1,428,885 should all measures be achieved. Monies will be awarded for the achievement of the following:

Nationally mandated measures;

- Reducing potential years of life lost (10%)
- Avoidable emergency admissions (30%)
- Mental health (30%)
- Improving antibiotic prescribing (10%)

3. For the ***avoidable emergency admissions*** there are 3 measures to

choose from and CCGs were able to choose 1, 2 or 3 of these with the 30% weighting subsequently distributed evenly across the number of indicators chosen. The CCG delivery team opted for 2 of the 3 indicators, each of which will now carry a 15% weighting - the avoidable emergency admissions composite indicator as per the 14/15 measure, plus one of the new measures around increasing weekend or bank holiday discharges. We did not select the delayed transfers of care measure as we understand from reviewing the historical data and the indicator measure (NHS delays) that the trusts do not have a consistent way of recording and the range in year is from 600 – 200 delays attributable to the NHS therefore selecting an ambition for this measure proved difficult and would be unlikely to be achieved.

4. For the ***mental health*** measures, there are 4 measures to choose from and CCGs were able to choose 1, 2, 3 or 4 of these with the 30% weighting subsequently distributed evenly across the number of indicators chosen.

5. The CCG delivery team opted for all 4 of the mental health indicators, these are all new measures to the 15/16 quality premium each of which will now carry a 7.5% weighting. As these are new measures a baseline will be determined this year with the view to identify how we can stretch performance in future years in relation to these indicators.

The measures are;

- Achieving 95% or greater of patients with MH needs being seen in under 4 hours in A&E;
- Reduction in percentage of people with severe mental illness who smoke;
- Increase in proportion of adults in contact with mental health services who are in paid employment;
- Improvement in health related quality of life with people with a long-term mental health condition.

6. There are also a number of **NHS Constitution** indicators that will impact on the Quality Premium. Failure of these indicators mean that monies will be deducted for non-achievement, therefore even when a CCG has achieved the national and local indicators, should a constitutional measure be failed the % penalty will be applied.

These are:

- RTT; 90% completed admitted; 95% completed non-admitted and 92% incomplete standard (10%)
- Maximum four hour waits for A&E departments – 95% standard (30%)
- Maximum 14 day wait from an urgent GP referral for suspected cancer – 93% standard (20%)
- Maximum 8 minutes responses for Category A (Red 1) ambulance calls – 75% standard (20%)

LOCAL INDICATORS

7. There were choices and decisions that required formal agreement of Health and Wellbeing Boards set out in the guidance, however due to the late publication of the guidance and the requirement for CCG planning

documents to be submitted to NHS England by 14 May 2015, coupled with National and local elections and purdah there was no opportunity to present the information to the Health and Wellbeing Boards due to meetings not taking place during the election period.

8. The CCG in the absence of a HWBB has therefore worked with both Local Authority Public Health teams to sight them on the requirement of the quality premium guidance and submission and agreed relevant indicators to be selected as local measures from the CCG Outcome Indicator set and those that linked with the JSNA.

9. The **two local measures** discussed and selected for submission for the plans are:
   - Improving estimated diagnosis rate for people with dementia stretching our planning target from 69% to 72%
   - A reduction in maternal smoking at delivery from 14/15 to 15/16

10. It was agreed as both indicators were selected by the HWBB and CCG in previous years that these should continue to be an area of focus. Members will be minded that the dementia indicator is a performance measure of BCF plans therefore stretching this target will help achieve not only BCF but the quality premium measure.

BACKGROUND PAPERS

http://www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf
http://www.england.nhs.uk/ccg-ois/qual-prem

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