

**REPORT TO:** Health and Wellbeing Board

**DATE:** 8<sup>th</sup> July 2015

**REPORTING OFFICER:** Simon Banks

**PORTFOLIO:** Health and Wellbeing

**SUBJECT:** CCG Quality Premium – Measures for inclusion in 2015/16

**WARD(S)** Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To inform the HWBB of the 2015/16 CCG Quality Premium measure selection

2.0 **RECOMMENDATION: That the Board note the measures selected and approve the list for 2015/16**

3.0 **SUPPORTING INFORMATION**

3.1 NHS E Quality Premium template

4.0 **POLICY IMPLICATIONS**

4.1 No policies are affected by the selection of the quality premium measures

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 The maximum quality premium award available to the CCG for 2015/16 is approximately £640,000

5.2 Any payment due in relation to the 2015/16 quality premium will not be made until September / October 2016 (i.e. 2016/17 financial year)

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton** - Two measures relating to the health and wellbeing of young people in Halton form part of the CCG's 2015/16 Quality premium, these are;

- Maintaining or reducing the number of unplanned hospitalisation for asthma, diabetes and epilepsy in children
- Maintaining or reducing emergency admissions for children with lower respiratory tract infections

6.2 **Employment, Learning & Skills in Halton** – One measure has been selected that relate to this priority;

- Increase the proportion of adults in contact with secondary mental health services who are in paid employment

6.3 **A Healthy Halton** – Most measures selected for the CCG's quality premium are designed to improve the health of the residents of Halton, including;

- Reducing the potential years of life lost through causes amenable to healthcare
- Maintaining or reducing the number of avoidable emergency admissions
- Reducing the number of delayed transfers of care
- Improving the waiting time in A&E for people with mental health related needs
- Improving the health related quality of life for people with a long term mental health condition
- Reducing the number of antibiotics prescribed in primary care
- Reducing the proportion of broad spectrum antibiotics prescribed
- Increasing the diagnosis rates for people with dementia
- Increasing the proportion of people on appropriate treatment for stroke risk management

6.4 **A Safer Halton** - None

6.5 **Halton's Urban Renewal** - None

## 7.0 **RISK ANALYSIS**

7.1 *The is no financial risk attached to 2015/16 budget, however an estimate of the likely 2015/16 award will need to be made when setting the 2016/17 budget, an incorrect forecast or late adverse changes to performance could result in a potential shortfall in the income estimate and result in savings required to be made elsewhere in the 2016/17 budget.*

7.2 *The measures chosen for 2015/16 represent areas where NHS Halton CCG with partners in the Local Authority and wider Health economy have planned to make investments during the financial year and although the targets are challenging performance will be monitored throughout the year and reported at CCG Quality and Performance and Finance committees and the CCG Governing Body on a monthly basis and any variance from target will be investigated and acted upon.*

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 *Any Equality and Diversity implications arising as a result of the proposed action should be included – None identified*

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None within the meaning of the Act.



## ***Halton Clinical Commissioning Group***

### **2015/16 Quality Premium Measures**

HWBB 08/07/2015

1. The 2015/16 CCG Quality premium selection was split into 5 sections by NHS England
  - a. Nationally mandated measures with nationally mandated targets
  - b. A menu of nationally mandated urgent and emergency care measures and targets from which the CCG could choose the measure and the proportion of the Quality Premium award to assign to success
  - c. A menu of nationally mandated mental health measures and targets from which the CCG could choose the measure and proportion of the quality premium to assign to success
  - d. Locally chosen measures and targets which require both HWBB sign off and NHS E approval.
  - e. NHS constitution measures for which no award is made of the achievement of the target however the value of any award would be reduced should the constitution standard not be met.
2. Where the CCG had an element of choice, this was done through consultation with commissioners, clinicians and individuals from the Local Authority and Public Health with CCG approval done through the Executive Management Team.
3. Table 1 below shows the indicator, amount of quality premium award attached to success and target. Table 2 shows the NHS template with accompanying rationale for measure and target selection.
4. The Health and Wellbeing Board is asked to approve the measures and targets listed below in Table 1

**Table 1: NHS Halton CCG 2015/16 Quality Premium Measures, Targets and Awards**

Measure	Target	Potential Award
Potential Years of Life lost	Log-linear trend reduction of at least 1.2% between 2012 and 2015	£64,000
<b>Urgent Care Menu Measures</b>		<b>£192,000</b>
<i>Avoidable emergency admissions Composite measure of: a) unplanned hospitalisation for chronic ambulatory care sensitive conditions (all ages); b) unplanned hospitalisation for asthma, diabetes and epilepsy in children; c) emergency admissions for acute conditions that should not usually require hospital admission (all ages); d) Emergency admissions for children with lower respiratory tract infection.</i>	Overall <=3076	£76,800
<i>The total number of delayed days caused by delayed transfers of care in 2015/16 should be less than the number in 2014/15</i>	<2931	£76,800
<i>Increase in the number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays.</i>	>=15.5%	£19,200
<b>Mental Health Menu Measures</b>		<b>£192,000</b>
<i>Reduction in the number of patients attending an A&amp;E department for a mental health-related needs 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&amp;E.</i>	>= average 4 hour wait target OR >=95% PLUS >=90% primary diagnosis code field compete in A&E	£76,800
<i>Increase in the proportion of adults in contact with secondary mental health services who are in paid employment.</i>	Q4 2014/15 baseline not yet available, however 2013/14 Halton was 6.3% >6.3%	£96,000
<i>Improvement in the health related quality of life for people with a long term mental health condition</i>	<0.179. Although 2014/15 baseline is not available ambition is for the gap to be reduced the gap for 2013/14 was 0.179	£19,200
<b>Improved antibiotic prescribing</b>	Composite indicator - 3 parts	Can be achieved independently
a) Antibiotic prescribing Primary Care	Reduction of 1% or more on 2013/14 value in	£32,000

	2015/16	
b) Broad Spectrum antibiotic prescribing in primary care	A 10% reduction in the proportion of these prescribed as a percentage of selected antibiotics of from 2013/14 OR below 11.3%	£19,200
c) Antibiotic prescribing data Secondary care	Secondary care (St Helens and Warrington) antibiotic prescribing data certified by PHE	£12,800
<b>Local Measures</b>		
<i>Estimated diagnosis rate for people with dementia</i>	75%	£64,000
<i>The number of people on appropriate Treatment for Atrial Fibrillation</i>	>=90%	£64,000
The measures below don't attract an award if the target is met, however if the target is missed then the amount of potential award is reduced.		
RTT (Admitted)	>=90%	-£64,000
RTT (Non admitted)	>=95%	-£64,000
RTT (Incomplete)	>=92%	-£64,000
4 hour wait A&E	>=95%	-£192,000
14 day suspected cancer GP referral	>=93%	-£128,000
8 minute Red 1 ambulance calls	>=75%	-£128,000
Adverse variance to planned surplus	<Plan	-£640,000

**TABLE 2**

**Quality Premium 2015/16**

**NHS Halton CCG**

CCGs are required to include their choice of urgent and emergency care indicators (plus targets), choice of mental health indicators and target for reducing potential years of lives lost through causes considered amenable to healthcare.

**Reducing Potential years of lives lost through causes considered amendable to healthcare**

Level of Ambition	Rationale	HWB sign off
2767.4	<p>The calculation method for this is the average trend percentage reduction achieved between the years 2012 and 2015. In 2012 the CCG's baseline was 2801.1 (<a href="https://indicators.ic.nhs.uk/webview/">https://indicators.ic.nhs.uk/webview/</a>) <math>(2801.1 / 100) * 1.2 = 33.61</math>  <math>2801.1 - 33.61 = 2767.49</math></p> <p>NB Percentage reduction should be no less than 1.2%</p>	

**Urgent and emergency care**

Indicator	Chosen as QP indicator	Proportion of 30%	Level of ambition	Rationale	HWB sign off
<p>Avoidable emergency admissions                      Composite measure of:                      a) unplanned hospitalisation for chronic ambulatory care sensitive conditions (all ages);                      b) unplanned hospitalisation for asthma, diabetes and epilepsy in children;                      c) emergency admissions for acute conditions that should not usually require hospital admission (all ages);                      d) Emergency admissions for children with lower respiratory tract infection.</p>	Yes	40%	<=3076.0	<p>To qualify for the quality premium the annualised trended change over four years from 2012/13 to 2015/16 should be &lt;=0. In Halton the 2012/13 baseline was 3076.0  <a href="http://ccgtools.england.nhs.uk/loa/flash/atlas.html">http://ccgtools.england.nhs.uk/loa/flash/atlas.html</a></p> <p>Halton's focus on out of hospital care, with schemes such as the Urgent Care Centres will reduce the number of avoidable emergency admissions.</p>	

The total number of delayed days caused by delayed transfers of care in 2015/16 should be less than the number in 2014/15	Yes	50%	<2931 (2014/15)	The baseline for this quality premium is the 2014/15 Actual This has been calculated as 2,931 per 100,000 pop (18+) NHS Halton CCG along with Halton Borough Council have been working together to reduce the number of delays both Community Mental Health Providers and Acute providers. This effort will continue through 2015/16 to minimise delayed transfers of care	
Increase in the number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays.	Yes	10%	>=15.5%	NHS Halton have calculated that during 2014/15 (to Feb 15) 15% of non-elective admissions were discharged on a weekend or bank holiday 15% + 0.5% = 15.5%  NHS Halton CCG recognises that there is further scope for improvement and the continued effort to improve the efficient discharge within the trusts should improve this.	

### Mental Health

Indicator	Chosen as QP indicator	Proportion of 30%	Level of ambition	Rationale	HWB sign off
Reduction in the number of patients attending an A&E department for a mental health-related needs 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.	Yes	40%	>= average 4 hour wait target OR >=95%  PLUS  >=90% primary diagnosis code field compete in A&E	NHS Halton CCG has analysed the average 4 hours wait for patients coded with either 14 or 35 and for the period 2014/15 (to Feb 15) this was 90% against an average of 95.7%, therefore this is an area which NHS Halton CCG will work to improve through the psychiatric liaison within A&E to ensure that parity is established in A&E  NHS Halton has analysed the A&E data sets and 98% of primary diagnosis fields are complete, therefore NHS Halton CCG will continue to monitor this situation through 2015/16 to ensure this high level of data	



				completeness continues. "A&E Quality Premium work - Log 309 - Mar 14 to Feb 15"	
Reduction in the number of people with severe mental illness who are currently smokers	No	0%		NHS Halton CCG does not believe that the data quality underpinning this measure is sufficiently robust to choose as a quality premium, in addition although NHS Halton CCG supports colleagues in Public Health around general smoking cessation services there are no specific schemes targeting patients with Severe Mental Illness.	
Increase in the proportion of adults in contact with secondary mental health services who are in paid employment.	Yes	50%	Q4 2014/15 baseline not yet available, however 2013/14 Halton was 6.3%  >6.3%	Although the 2014/15 baseline is not yet available NHS Halton CCG has used the most recent 2013/14 baseline <a href="https://indicators.ic.nhs.uk/webview/">https://indicators.ic.nhs.uk/webview/</a>  NHS Halton CCG has specific commissioning intentions during 2015/16 which target unemployment in adults with mental health problems, it is anticipated that these schemes and the planned increase IAPT access and recovery rates will lead to greater rates of sustained long term employment in people with mental health problems	
Improvement in the health related quality of life for people with a long term mental health condition	Yes	10%	<0.179.  Although 2014/15 baseline is not available ambition is for the gap to be reduced the gap for 2013/14 was 0.179	In the 2013/14 data <a href="https://indicators.ic.nhs.uk/webview/">https://indicators.ic.nhs.uk/webview/</a> NHS Halton CCG is below the England average in the EQ5D score for both MH LTC patients and all LTC patients. However the EQ5D score for MH patients is still below that for all LTC patients. The investment NHS Halton is making in MH services such as increasing access to IAPT will reduce the size of the gap between MH LTC and all LTC EQ5D scores	

## Improved antibiotic prescribing in primary and secondary care

Indicator	Level of ambition	Rationale
Reduction in the number of antibiotic prescribed in primary care	<=1.401 antibacterial items / STAR PU	<p>Baseline NHS Halton CCG (FY 2013/14) = 1.415 antibacterial items/STAR PU</p> <p>Target for NHS Halton CCG 2015/16 = 1.401 (or less) antibacterial items/STAR PU</p> <p>There is considerable work to achieve the 1% reduction and this will be built into the quality prescribing initiative scheme for GP practices for 2015/16 with individual practice reduction targets being set. Bridgewater are required to audit antibacterial prescribing by their non-medical prescribers via the quality schedule but further work is needed to assure the CCG that appropriate prescribing in line with the local formulary is being driven by the trust at all levels. Similarly UC24 will need to be engaged to ensure appropriate prescribing in line with local formulary in order to achieve this target.</p>
Reduction in the proportion of broad spectrum antibiotics prescribed in primary care	<11.3%	<p>Baseline NHS Halton CCG (FY 2013/14) = 10.9%</p> <p>Target for NHS Halton CCG 2015/16 = below 11.3% (England median)</p> <p>The CCG currently sits below this target and as such the main drive will be to stay at our current level and not increase prescribing of these high risk drugs.</p> <p>Again all Halton community prescribing will affect this target and as such engagement with providers is needed to ensure this is maintained.</p>
Secondary care providers validating their total antibiotic prescription data	Y	<p>Currently secondary care use of antibiotics is difficult to benchmark due to the lack of any validated data, this part of the premium will ensure robust validated data is in place for acute trusts and as such they can then be benchmarked and a reduction target applied for future financial years.</p> <p>This will be driven by Public Health England in terms of provision of validation tool to trusts and validating the submitted data. NHS Halton CCG will work with St Helens And Warrington Trusts to take part in the process - The validated data will be available for each trust at the end of the financial year on the PHE gov.uk website.</p>

## Local measures

A shortlist of four measures have been identified as areas where the CCG should be able to show improvements in 2015/16, two of these measures will be selected as the quality premiums for NHS Halton CCG for 2015/16 following final decision at the Executive Management Team meeting on 1<sup>st</sup> May 2015 and ratification with the HWBB and NHS-E

QP No.	Name of QP	Rationale	Has this QP been chosen before? If yes, what is the latest position?	Data source / quality?	Is this QP from the CCG Outcomes Framework or an area that has been highlighted as a priority area for the CCG?	Proposed numerator	Proposed denominator	Target	Any additional comments
2	CCG C2.13 Estimated diagnosis rate for people with dementia	NHS Halton has made great improvements in dementia diagnosis rates to reach 70% however the Alzheimer's Society report suggests 75% would be a more reasonable figure and St Helens CCG has already achieved this benchmark. NHS Halton CCG believes that further work in this area with practices would enable the 75% target to be achieved.	This has not been chosen before but this is a CCG OIS 2.13 (the latest figure (March 2015) shows NHS Halton CCG on 70.4%	<a href="https://www.primarycare.nhs.uk/default.aspx">https://www.primarycare.nhs.uk/default.aspx</a>	YES CCG OIS 2.13	924	1232	75%	<a href="https://www.primarycare.nhs.uk/default.aspx">https://www.primarycare.nhs.uk/default.aspx</a>
5	The number of people on appropriate Treatment for Atrial Fibrillation	NHS Halton CCG performs well of most stroke measures however it is believed that not all patients are on the most appropriate treatment based on a CHA2DS2-VASc score (or have even had a CHA2DS2-VASc score) as per NICE guidance. Discovering and amending treatment will reduce the likelihood of stroke.	A baseline figure of approximately 80% was found in 2013/14.	Local GP registers	NO	Of the people in the denominator those with a CHA2DS2-VASc score AND who are on appropriate treatment (such as anticoagulation)	Number of people on AF register in Halton – excluding those who have refused appropriate treatment or where appropriate treatment is contra-indicated	>=90%	Figures for 2014/15 have not yet been calculated, however the AF register as at 31/03/2014 was 1,794 (65+)