

QUALITY PREMIUM 2016-17 – CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP CHOICE OF LOCAL INDICATORS

To: Health and Wellbeing Board

Date: 26 May 2016

From: Sarah Shuttlewood, Director of Contracting, Performance and Delivery

1.0 PURPOSE

1.1 This report sets out for information the local Quality Premium indicators which have been selected by the Clinical Commissioning Group for implementation in 2016/17.

2.0 BACKGROUND

2.1 National planning guidance on the Quality Premium for the financial year 2016/17 was published by NHS England on 9 March 2016. Clinical Commissioning Groups (CCGs) are required to submit their local Quality Indicators which, when combined with the national set of Quality Indicators will form the basis of payment of the 2016/17 Quality Premium.

2.2 The purpose of the Quality Premium is to reward CCGs who improve the quality of services they commission and for any associated improvements in health outcomes and reductions in inequalities. Subject to achievement of all of the conditions, the maximum Quality Premium payment for the CCG is just over £4m.

2.3 The 2016/17 scheme has been designed to support delivery of the major priorities set out for the NHS in the Five Year Forward View and the NHS Constitution. The national indicator set has been designed with that in mind and it focuses on the following priorities which are worth 70% of the full Quality Premium payment:

- Cancer (20% of the quality premium)
- GP Patient Survey (20% of the quality premium)
- Electronic Referrals (20% of the quality premium)
- Improved antibiotic prescribing in primary care (10% of the quality premium)

2.4 CCGs can also select three local indicators through which they can drive improvements together with their local partner organisations; each measure is worth 10% of the Quality Premium. The approach to identifying local indicators for 2016/17 differs from that adopted in previous years, in that they must be based on the outputs of the Right Care Programme. The national Right Care Programme has been established to address the funding challenges in the NHS and tackle unwarranted variation through a strong focus on value.

2.5 Local indicators must be agreed with the NHS England local team and, for the 2016/17 Quality Premium, there are two submission deadlines comprising 11 April 2016 (initial submission) and 29 April 2016 (final submission).

3.0 LOCAL INDICATORS

3.1 The national guidance sets out a process to be adopted based on the ‘Where to look’ phase of the Right Care Programme, which identifies areas of unwarranted local variation and a potential list of improvement programmes. The guidance document contains an assessment nationally of data availability and the extent of variation to assist CCGs in selecting the metrics.

3.2 We have conducted a local check of data availability and we have taken account of the following:

- a) Mapping to one or more of the Sustainability and Transformation Programme Clinical Working Groups to ensure strategic alignment
- b) Likelihood of being able to make a change in one year
- c) Availability of local data for performance monitoring purposes
- d) Alignment with the Cambridgeshire and the Peterborough Health and Wellbeing strategic priorities

3.3 The local indicators selected comprise:

3.3.1 **Mental health admissions to hospital: rate per 100k population**

This indicator is relevant to the work of the Proactive Care and Prevention Clinical Working Group, with mental health being one of the key national and local service transformation priorities. It is also relevant to the work of the Urgent and Emergency Care Vanguard programme which has a discrete mental health work stream focusing on ensuring a consistent, safe, high quality mental health crisis response service 24/7. We are seeking a 1.0% reduction in the rate, giving a rate of 269 per 100k population (as calculated locally) which is intended to reverse the trend.

3.3.2 **Mental Health: Improving Access to Psychological Therapy (IAPT) reliable recovery: percentage of people who have completed IAPT treatment who achieved "reliable improvement"**

This indicator will become a national standard in 2017/18 and its inclusion in the Quality Premium for 2016/17 is a good opportunity to prepare for its introduction. We are aiming for a target of 60% in 2016/17 which will be challenging, given increased complexity in caseload. However, in the light of best practice adopted at Cambridgeshire and Peterborough Foundation Trust, there is greater likelihood of the target being achieved.

3.3.3 **Cross cutting indicator: Percentage of the eligible population aged 40 – 74 years who have received an NHS Health Check since 1 April 2013**

As stated in the Health System Prevention Strategy for Cambridgeshire and Peterborough, the NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. People between the ages of 40 and 74, who have not already been diagnosed with one of these conditions or have certain risk factors, are invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and are given support and advice to help them reduce or manage that risk.

The service is commissioned by Cambridgeshire County Council as part of the drive to improve health. The health check quality premium indicator is relevant also to the work of the Proactive Care and Prevention Clinical Working Group who are setting the strategic direction for the range of services within their remit. The CCG wishes to work in partnership with the Local Authority commissioning team with the aim of achieving a cumulative percentage target of 28% by the end of 2016/17. Achievement of this aim will require careful joint planning between the CCG and the Local Authority commissioning team resulting in the creation of an agreed project plan. The targeting of the health checks programme will also be important to ensure that known health inequalities are taken into account as part of joint planning. Any associated resource implications will be identified and addressed to ensure a successful outcome.

3.3.4 The final submission of the local indicators was made with their agreement to NHS England on 29 April 2016.

4.0 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

Number	Health and Wellbeing Strategy Priority
3.	Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.
4.	Create a safe environment and help to build strong communities, wellbeing and mental health.
6.	Work together effectively.

5.0 IMPLICATIONS

5.1 None identified.

6.0 RECOMMENDATION/DECISION REQUIRED

6.1 The Cambridgeshire Health and Wellbeing Board is requested to comment upon and note the CCG's selection of local Quality Premium indicators for the financial year 2016/17.

Source Documents	Location
Quality Premium: Guidance for 2016/17; Gateway Reference 04798; NHS England; published 9 March 2016	https://www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/ccg-ois/qual-prem/
NHS Right Care Programme	http://www.rightcare.nhs.uk/
Health System Prevention Strategy for Cambridgeshire and Peterborough [pdf]	http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/CCG/GB%20Meetings/2015-16/20160209/Agenda%20Item%2003.4a%20-%20Health%20Prevention%20Strategy.pdf
Health System Prevention Strategy for Cambridgeshire and Peterborough [alternative route to same document]	Agenda Item 03.4a for 9 February 2016 at http://www.cambridgeshireandpeterboroughccg.nhs.uk/governing-body-meetings-2015-16.htm