Agenda Item No: 15

NHS CAMBRIDGESHIRE AND PETERBOROUGH CCG – CHOICE OF LOCAL QUALITY PREMIUM INDICATORS FOR 2015/16

To: Cambridgeshire Health and Wellbeing Board

Date: 2 July 2015

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

1.0 PURPOSE

1.1 National planning guidancerequires CCGs to submit two local Quality Premium Indicators which, when combined with the national set of Quality Premium Indicators, will form the basis of payment of the 2015/16 Quality Premium.

This paper sets out briefly the background, requests the Cambridgeshire Health and Wellbeing Board's views on the content of this report and, in particular, to signal agreement to two of the proposed local indicators which will form part of the Quality Premium for 2015/16.

2.0 BACKGROUND

2.1 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. As in previous years, there is a combination of nationally mandated priorities and the opportunity for CCGs to select some local priorities. For 2015/16, the guidance makes provision for two local indicators to be selected. The maximum quality premium payment for a CCG equates to £5 per head of population.

2.2 For ease of reference, the table below provides an overview of all of the Quality Premium measures which will be used to measure the CCG's performance in 2015/16:

Indicator	% Weighting
Reducing Potential Years of Life lost through causes amenable to healthcare	**10%**
Urgent and Emergency Care – composite indicator comprising: a) Delayed transfers of care which are an NHS responsibility b) Increase in the number of patients admitted for non-elective reasons who are discharged at weekends or bank holidays	**30%**
Mental Health – composite indicator comprising: a) Reduction in the number of patients attending an A&E department for 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 b) Increase in the proportion of adults in contact with secondary mental health services who are in paid employment c) Improvement in the health related quality of life for people with a long term mental health condition	**30%**

Improving antibiotic prescribing in primary and secondary care – composite indicator comprising: a) Reduction in number of antibiotics prescribed in primary care (worth 50% of the total quality premium payment) b) Reduction in the proportion of broad spectrum antibiotics prescribed in primary care (worth 30% of the total quality premium payment) c) Secondary care providers validating their total antibiotic prescription data (worth 20% of the total quality premium payment)	**10%**
Local Indicators (two indicators required): To be agreed. Proposed range of local indicators for discussion comprise: a) Prevalence of breast feeding at 6-8 weeks from birth b) Stroke patients admitted to stroke unit within 4 hours c) Antenatal assessment <13 weeks	**20%**
Total weighting	**100%**

3.0 LOCAL CHOICE OF TWO INDICATORS

3.1 In considering the range of possible local indicators, the CCG wished to ensure that they:

a) Were in alignment with the Cambridgeshire Health and Wellbeing Strategy
b) Would result in a health gain for our population
c) Had the potential to consolidate and improve partnership working
d) Build on what we have in place

3.2 Three local indicators are proposed for discussion, two of which need to be selected for implementation in 2015/16. The proposed indicators appear to have good alignment with the Cambridgeshire health and wellbeing strategic priorities and, where relevant, with the Annual Public Health Report 2014-2015:

- Antenatal assessment <13 weeks
- Prevalence of breast feeding at 6-8 weeks from birth
- Stroke patients admitted to stroke unit within 4 hours

3.3 <u>Antenatal Assessment <13 weeks and Prevalence of breast feeding at 6-8 weeks from birth</u>

The Annual Public Health Report 2014-2015 underlines the need to ensure a good start in lifeand notes its impact on health and wellbeing throughout life. For example, the report highlights the importance of promoting a smoke-free pregnancy andbreastfeeding where possible– both of which are factors in determining the impact on health and wellbeing throughout life. Each of the above proposed local indicators is aligned to the Cambridgeshire Health and Wellbeing Strategy priority “Ensure a positive start to life for children, young people and their families” and they would encourage joint working across primary care, secondary care and the local authority.

3.3.1 <u>Antenatal Assessment <13 weeks</u>

Pregnant women should be offered information based on the current availableevidence together with support to enable them to make informed decisions about their care. The antenatal assessment <13 weeks is not only vital to check how the baby develops during

pregnancy but it is also an important opportunity to help women make informed decisions about their care by sharing information on healthy lifestyle choices, explaining the pregnancy care pathway and discussing any emerging issues which could require ongoing support.

The indicator is part of the CCG Outcomes Indicator Set Domain 1 – preventing people from dying prematurely:

Denominator: The number of maternities

Numerator: The number of women who have seen a midwife or a maternity health care professional for health and social care assessment of needs, risks and choices by 12 weeks and 6 days of pregnancy.

Data are produced on a quarterly basis.It is recommended that the target would be to show an improvement.

3.3.2 Prevalence of breast feeding at 6-8 weeks from birth

The Annual Public Health Report 2014-15 underlines the importance of starting and continuing the breast feeding of infants in giving children a healthy start in life. The report notes that the percentage of mothers still breast feeding at 6-8 weeks after birth falls to around 56% (though higher than the England average) with the percentage lower in Fenland at 37%.

This indicator would give a good opportunity to:

- Strengthen joint working with practices to ensure use of the 6 week check as a trigger to ask about breast feeding and to signpost mothers to supporting information
- Work with midwives and maternity units to ensure that breast feeding is promoted and that mothers have established breast feeding post-discharge. In addition, ensure that the clinical and physical environment are conducive to breast feeding e.g. commitment to the Baby Safety Initiative, supportive culture etc.
- Utilise the support and networking capabilities of Maternity Services Liaison Committee(s)

This indicator calculates the percentage of infants who are breast fed at 6-8 weeks of age from the number of infants due a 6-8 week check. It is part of the CCG Outcomes Indicator Set Domain 1 – preventing people from dying prematurely:

Denominator: Number of infants due a 6-8 week check

Numerator: Number of infants totally or partially breast fed

Data are produced on a quarterly basis.It is recommended that the target would be to show an improvement.

3.4 Stroke patients admitted to stroke unit within 4 hours

Getting patients to a stroke unit within 4 hours of arrival is a strong indicator of eventual outcomes and it is closely linked to improved quality of care across other stroke care

markers. The Health and Social Care Information Centre points to wide variation nationally noting that in just over a third of CCGs admitted less than 55% of patients to a stroke unit within 4 hours of admission to hospital.

The prime purpose of this proposed local indicator would be to improve the management of stroke by ensuring that patients receive the most clinically appropriate treatment at the right time. This work links into service development being undertaken in partnership with others, for example, the work led by UnitingCare on improving services for older people and adult community services and the development of better integrated services through implementation of the Better Care Fund.

The focus would be on the identification and reclamation of stroke patients from A&E which would involve conducting a stocktake and considering using / building Stroke Nurse capacity for this. In addition, more focus on contract management would be applied to ensure that this indicator is given the priority it requires. We would work closely with UnitingCare and others to explore the implications for early supported discharge and agree an action plan to make the required improvements.

This indicator calculates the percentage of people admitted with stroke who were subsequently admitted to an acute stroke unit within 4 hours of arrival at hospital. A data period of 12 months is used to produce an annual output.It is recommended that the target would be to show an improvement.

Denominator:	All patients admitted to hospital with a primary diagnosis of stroke, except for those whose first ward of admission was ITU, CCU or HDU
Numerator:	The number of acute stroke patients whose first ward of admission is a stroke unit and who arrive on the stroke unit within 4 hours of arrival at hospital, except for those patients who were already in hospital at the time of a new stroke occurrence who should instead be admitted to a stroke unit within 4 hours of onset of stroke symptoms.

3.5 Cambridgeshire Health and Wellbeing Board is requested to comment on the full range of indicators and, in particular, to agree two of the proposed local indicators which could be taken forward in 2015/16.

4.0 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 Alignment of each proposed local indicator with the Cambridgeshire Health and Wellbeing Strategy is confirmed in paragraph 3.2 above.

5.0 IMPLICATIONS

5.1 Implementation of the Quality Premium indicators will require strong partnership working and input from the Board as needed throughout the year.

6.0 RECOMMENDATION/DECISION REQUIRED

6.1 Cambridgeshire Health and Wellbeing Board are requested to give their views on the content of this report and, in particular, to signal agreement to two of the proposed local indicators which will form part of the Quality Premium for 2015/16.

Source Documents	Location
Quality Premium: 2015/16 Guidance for CCGs; Gateway Reference 03394; NHS England; published 27 April 2015	http://www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf
Cambridgeshire Health and Wellbeing Strategy	http://www.cambridgeshire.gov.uk/info/20004/health_and_keeping_well/548/cambridgeshire_health_and_wellbeing_board
Cambridgeshire County Council – Annual Public Health Report 2014-2015	http://www.cambridgeshire.gov.uk/downloads/file/2944/annual_public_health_report
Health and Social Care Information Centre documents: a) CCG Outcomes Indicator Data Set December 2014 publication b) CCG OIS 3.5 Indicator Specification c) CCG OIS 1.15 Indicator Specification d) CCG OIS 1.13 Indicator Specification	www.hscic.gov.uk
Royal College of Physicians: Sentinel Stroke National Audit Programme; first Annual Report	https://www.strokeaudit.org/