

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 5(d)
18 JUNE 2015		PUBLIC REPORT
Contact Officer(s):	Cathy Mitchell, Local Chief Officer, Borderline and Peterborough System, NHS Cambridgeshire and Peterborough Clinical Commissioning Group	Tel. 01733 758505

OPERATIONAL PLAN AND QUALITY PREMIUM 2015/16

R E C O M M E N D A T I O N S	
FROM : Sarah Shuttlewood, Director of Contracting, Performance and Delivery; NHS Cambridgeshire and Peterborough Clinical Commissioning Group	Deadline date : 24 June 2015
For the Board to:	
<ol style="list-style-type: none"> 1. Note the current status of the NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) Operational Plan 2015/16. 2. Note and consider the content of the CCG Quality Premium 2015/16 and, in particular, to signal agreement to two of the proposed local indicators. 	

1. ORIGIN OF REPORT

- 1.1 This report is submitted to the Board following discussion held by the Board on 26 March 2015 on the draft CCG Operational Plan. Since that meeting, the draft Operational Plan has been refined further and the national and local Quality Premium indicators for 2015/16 which form part of the overall CCG plans have been developed.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to:

a) brief the Board on the current position relating to the draft CCG Operational Plan and the range of indicators identified for the Quality Premium for 2015/16

b) seek the 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

3. CURRENT POSITION

3.1 DRAFT OPERATIONAL PLAN 2015/16

- 3.1.1 CCGs are required by NHS England to refresh their operational plans and set out how, in the financial year 2015/16, they will deliver the Government's key service priorities for the NHS within their financial allocation.

- 3.1.2 A final draft of the Cambridgeshire and Peterborough CCG Operational Plan was submitted to NHS England on 14th May 2015. Over the next month or so, the draft plan will undergo an external assurance process to ensure that it is fully compliant with national and local planning guidance.

- 3.1.3 Members of the Board are aware from discussion at their last meeting that the scope of the draft operational plan is wide-ranging, for example:

- a) Confirming the CCG's commitment and the actions needed to meet the NHS Constitution performance standards
- b) Setting out an improved framework for commissioning through the establishment of seven clinical transformation programmes
- c) Developing more integrated care through the implementation of the Older People's and Adult Community Services Contract and, in partnership with Local Authorities, the Better Care Fund
- d) Re-affirming the CCG's strong commitment to high quality, safe clinical services and improved patient experience through implementing a comprehensive and focussed programme of work

3.1.4 Local health systems are finalising their local plans which are aligned with the CCG Operational Plan and which set out their local priorities and initiatives.

3.2 QUALITY PREMIUM 2015/16

3.2.1 National planning guidance requires 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.

3.2.2 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. 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.

3.2.3 For ease of reference, the table below provides an overview of the national Quality Premium measures which will be used to measure the CCG's performance in 2015/16 and several proposed local indicators for discussion and agreement by the Board:

Indicator	% Weighting
Reducing Potential Years of Life lost through causes amenable to healthcare	10%
Urgent and Emergency Care – composite indicator comprising:	30%
<ul style="list-style-type: none"> 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 	
Mental Health – composite indicator comprising:	30%
<ul style="list-style-type: none"> 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 	
Improving antibiotic prescribing in primary and secondary care – composite indicator comprising:	10%
<ul style="list-style-type: none"> 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)	20%
Local Indicators: To be agreed. Proposed local indicators 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	
Total weighting	100%

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

- a) Were in alignment with the Joint Health and Wellbeing Strategy
- b) Would result in health gain for our population
- c) Had the potential to consolidate and improve partnership working

3.2.5 Accordingly, the table below sets out for discussion several local indicators which appear to have good alignment with the Board's health and wellbeing strategic priorities whilst being feasible for implementation in 2015/16:

Potential Local Indicator	Aligns with HWBB Strategy?	Notes
Antenatal assessment <13 weeks	Yes. "Securing the Foundations of Good Health"	Both proposed indicators would encourage joint working across primary care, secondary care and the local authority. They would contribute to ensuring the a good start to early years.
Prevalence of breast feeding at 6-8 weeks from birth	Yes. "Securing the Foundations of Good Health"	
Stroke patients admitted to stroke unit within 4 hours	Yes. "Healthier Older People who maintain their Independence for longer".	The prime purpose of this proposed measure would be to improve the management of stroke and to ensure 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 Uniting Care on improving services for older people and adult community services and the development of better integrated services through implementation of the Better Care Fund.

3.2.6 The Board are requested to comment on the full range of indicators and, in particular, to discuss and agree two of the proposed local indicators which could be taken forward in 2015/16 in support of the Board's health and wellbeing strategy.

4. CONSULTATION

4.1 In drawing up the draft Operational Plan, discussions were held with Peterborough and Cambridgeshire Health and Wellbeing Boards and taken into account where possible during the drafting of the plan.

4.2 In addition, the CCG Governing Body has discussed the Operational Plan at their meetings in public.

4.3 As soon as approval of the plan has been received from NHS England, the CCG will update the status of the draft plan to final and it will be published on the CCG website and shared with key stakeholders.

5. ANTICIPATED OUTCOMES

5.1 The Board is requested to:

a) Note the current status of the NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) Operational Plan 2015/16

b) Note and consider the content of the CCG Quality Premium 2015/16 and, in particular, to signal agreement to the two local indicators

6. REASONS FOR RECOMMENDATIONS

6.1 NHS planning guidance for 2015/16 has placed even greater emphasis on ensuring that plans are aligned and are not drawn up in isolation. In particular, there should be alignment between plans and the local health and wellbeing strategy. The views of the Board are sought, in order to ensure consistent development and implementation of operational plans for 2015/16.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 The production of a CCG Operational Plan and agreement of the Quality Premium indicators is required by NHS England through the national planning guidance. There is no alternative option available.

8. IMPLICATIONS

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

9. BACKGROUND DOCUMENTS

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
Peterborough Health and Wellbeing Strategy	http://www.peterborough.gov.uk/healthcare/public-health/health-and-wellbeing-strategy