

<b>HEALTH AND WELLBEING BOARD</b>		AGENDA ITEM No. 5(d)
<b>18 JUNE 2015</b>		<b>PUBLIC REPORT</b>
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## **OPERATIONAL PLAN AND QUALITY PREMIUM 2015/16**

<b>RECOMMENDATIONS</b>	
<b>FROM :</b> Sarah Shuttlewood, Director of Contracting, Performance and Delivery; NHS Cambridgeshire and Peterborough Clinical Commissioning Group	<b>Deadline date :</b> 24 June 2015
For the Board to:	
<ol style="list-style-type: none"> <li>1. Note the current status of the NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) Operational Plan 2015/16.</li> <li>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.</li> </ol>	

### **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 14<sup>th</sup> 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
<b>Reducing Potential Years of Life lost through causes amenable to healthcare</b>	<b>10%</b>
<b>Urgent and Emergency Care</b> – composite indicator comprising:	<b>30%</b>
<ul style="list-style-type: none"> <li>a) Delayed transfers of care which are an NHS responsibility</li> <li>b) Increase in the number of patients admitted for non-elective reasons who are discharged at weekends or bank holidays</li> </ul>	
<b>Mental Health</b> – composite indicator comprising:	<b>30%</b>
<ul style="list-style-type: none"> <li>a) Reduction in the number of patients attending an A&amp;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&amp;E</li> <li>b) Increase in the proportion of adults in contact with secondary mental health services who are in paid employment</li> <li>c) Improvement in the health related quality of life for people with a long term mental health condition</li> </ul>	
<b>Improving antibiotic prescribing in primary and secondary care</b> – composite indicator comprising:	<b>10%</b>
<ul style="list-style-type: none"> <li>a) Reduction in number of antibiotics prescribed in primary care (worth 50% of the total quality premium payment)</li> <li>b) Reduction in the proportion of broad spectrum antibiotics prescribed</li> </ul>	



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	<a href="http://www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf">http://www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf</a>
Peterborough Health and Wellbeing Strategy	<a href="http://www.peterborough.gov.uk/healthcare/public-health/health-and-wellbeing-strategy">http://www.peterborough.gov.uk/healthcare/public-health/health-and-wellbeing-strategy</a>