

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP (SCCCG) QUALITY PREMIUM		
DATE OF DECISION:	29 JULY 2015		
REPORT OF:	SCCCG GP BOARD REPRESENTATIVE		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY

None.

BRIEF SUMMARY

As part of the planning process for 2015/16, Clinical Commissioning Groups (CCGs) need the approval of local Health and Wellbeing Boards and NHS England for a number of measures that they will be held accountable for in the coming year. The deadline for submission was 14th May 2015 and therefore did not tie in with the last formal meeting. Approval was given by the chair and vice chair outside of the meeting and the Board is now asked to formally ratify the Southampton City CCGs Quality Premium.

RECOMMENDATIONS:

- (i) To consider the Southampton City CCGs Quality Premium and approve proposals for 2015/16, particularly in relation to:
- Urgent and Emergency Care – overall worth 30% of quality premium
 - Mental Health – overall worth 30% of quality premium
 - Local priority measures – 10% each of quality premium
 - Maternal smoking at delivery
 - Total health gain as assessed by patients for elective groin hernia procedures.

REASONS FOR REPORT RECOMMENDATIONS

1. As part of the planning process for 2015/16, Clinical Commissioning Groups (CCGs) need the approval of local Health and Wellbeing Boards and NHS England for a number of measures that CCGs will be held accountable for in the coming year.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None.

DETAIL (Including consultation carried out)

3. As part of the planning process for 2015/16, Clinical Commissioning Groups need the approval of local Health and Wellbeing Boards and NHS England for a number of measures that CCGs will be held accountable for in the coming year. This

paper sets out the measures and justification for Southampton CCG's submission. These have been approved by the CCG Senior Management Team.

4. The 2015/16 Quality Premium (QP) guidance asks CCGs to choose from a menu of Urgent and Emergency Care and Mental Health measures and identify two local measures; approval is being sought via the HWBB Chairman's delegated authority.

Urgent and Emergency Care

5. **Avoidable emergency admissions composite measure - a reduction or zero % change over 4 years 2012/13 to 2015/16 – total 30% of QP**

- 6 **Rationale for submission:**

There has been a 4.86% reduction since 2012/13 to 2014/15 and it is felt that the % change target for 2015/16 can be achieved.

7. The remaining two measures and rationale for not selecting these is detailed below:

1. Delayed Transfers of Care which are an NHS Responsibility – Local authority performance in 2014/15 is below target by 12%. NHS England threshold requests a reduction but have not yet stipulated level and we cannot be confident of making an unspecified level of reduction on 2014/15 outturn.
2. Increase in the number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays - Current data indicates that CCG has good performance and it may be difficult to achieve further improvement.

Mental Health

8. **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 – total 30% of QP**

9. **Rationale for submission:**

This measure relates to National CQUIN 8a - valid diagnosis code target 85% and collaboration to reduce re-attendance rates. The University Hospital Southampton (UHS) agree in principle to national CQUIN 8a and 8b and discussions in progress to achieve final agreement. The UHS will need to sign up to both CQUIN and stretch target of 90%. UHS improved Psychiatric Liaison service for A&E to 7 days per week 09:00 - 24:00 is in place. Both CQUIN and Liaison service will support delivery of the targets.

10. The remaining three measures and rationale for not selecting these is detailed below:

1. Reduction in the number of people with serious mental illness who are currently smokers - Delays in General Practice Extraction Service (GPES) reporting have resulted in delay in this data being available.
2. Increase in the proportion of adults in contact with secondary mental health services who are in paid employment - Data collection and data quality issues make setting baseline and monitoring difficult and unreliable.
3. Health related quality of life for long term mental health condition - Relevant information is not available on the GP Survey.

Local Priority Measures

11. As part of the planning process, two local priorities can be agreed by each CCG with their local Health and Wellbeing Board and NHS England. The following are

proposed as the local priorities for Southampton City CCG:

Maternal smoking at delivery

12. This measure is in the worst quintile in 2013/14 in national rankings. It is a key contributor to public health poor outcomes in Southampton. The 2014/15 outturn is estimated to be 14.7%. This is based on national reporting from Q1-Q3 and UHS reporting for Q4.
14. The 2015/16 proposed trajectory is 14%. The reduction is based upon reversing the upward trajectory, with associated work programmes with midwifery services and the wider Public Health England.

Total health gain as assessed by patients for elective groin hernia procedures.

15. This measure is in the second worst quintile in 2013/14 in National rankings. The latest total health gain as at September 2014 is reported at 0.026.
16. The proposed trajectory to March 2016 is to make improvement to 0.030 (15%). This is based upon continuation of the change in technique at the Independent Sector Treatment Centre (ISTC) at the Royal South Hants Hospital and ensuring that maximum number of records are reported nationally.
17. The SCCCG is seeking agreement to the choices and distribution of the total % premium for the following measures:
 - Urgent and Emergency Care – overall worth 30% of quality premium
 - Mental Health – overall worth 30% of quality premium
 - 2 local priority measures – 10% each of quality premium
18. It should be noted that there are 2 further mandatory measures which make up the remaining element of the quality premium:
 - Reducing potential lives lost through causes amenable to healthcare - 10% of quality premium
 - Improving antibiotic prescribing in primary and acute care - 10% of quality premium

RESOURCE IMPLICATIONS

Capital/Revenue

19. Achievement of these targets will be achieved within existing commissioning budgets.

Property/Other

20. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

21. The duty to undertake health overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000. The Health and Social Care Act 2012 required Health and Being Boards to act in the best interest of improving the health of an area.

Other Legal Implications:

12. None.

POLICY FRAMEWORK IMPLICATIONS

13. None.

KEY DECISION?		No
WARDS/COMMUNITIES AFFECTED:		All
<u>SUPPORTING DOCUMENTATION</u>		
Appendices		
1.	None	
2.		
Documents In Members' Rooms		
1.	None	
2.		
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out?		No
Other Background Documents		
Equality Impact Assessment and Other Background documents available for inspection at:		
Title of Background Paper(s)		Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.		
2.		