

<b>MEETING DATE:</b>	13 February 2014	 <b>North Lincolnshire Clinical Commissioning Group</b>  <b>REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY</b>
<b>AGENDA ITEM NUMBER:</b>	Item 6.1.1	
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<b>JOB TITLE:</b>	Senior Manager: Commissioning	
<b>DEPARTMENT:</b>	NL CCG	

## COMMISSIONING PLAN; AMBITIONS FOR IMPROVING OUTCOMES

<b>PURPOSE/ACTION REQUIRED:</b>	For Approval
<b>CONSULTATION AND/OR INVOLVEMENT PROCESS:</b>	To date, engagement has taken place with Council of Members and stakeholders via an engagement event held on 31 <sup>st</sup> January
<b>FREEDOM OF INFORMATION:</b>	<i>Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)</i>  <b>Public</b>

### 1. PURPOSE OF THE REPORT:

To receive and approve the initial planning submission for ambitions and quality premiums.

NL CCG is required to lead the production of a 5 year strategic plan for North Lincolnshire to bring together the plans for CCG, Northern Lincolnshire and Goole Foundation Trust, Rotherham, Doncaster and South Humber and North Lincolnshire Council. In addition, it must (2014/15 and 15/16) set out a detailed two year Operational plan including finance and activity plans.

NL CCG is also required to develop, with North Lincolnshire Council a plan for the Better Care Fund, signed off by the Health and Wellbeing Board.

Initial upload of finance, activity and plans for ambitions is required by 14<sup>th</sup> February. The final submission of the finance, activity and a narrative plan is required to be submitted to NHS England by 4<sup>th</sup> April. Dialogue between the CCG and the area team will refine these plans and provide assurance to NHS England that the plan is robust, fits with the NHS England Primary Care Plan and triangulates with provider plans. It is therefore proposed that CCG Governing Body approve the attached initial submission of ambitions. There will be a further period of reconciliation of plans following contract sign off, with finance and operational plans for 2014/15 and 2015/16 fixed at the submission on 4<sup>th</sup> April.

A final version of the plan will be published on the CCG website following submission in June.

<b>2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:</b>			
Continue to improve the quality of services			X
Reduce unwarranted variations in services			X
Deliver the best outcomes for every patient			X
Improve patient experience			X
Reduce the inequalities gap in North Lincolnshire			X
<b>3. IMPACT ON RISK ASSURANCE FRAMEWORK:</b>			
	Yes	X	No
The risk framework for 2014/15 will include delivery of the commissioning plan, priorities, CCG outcome indicators and financial plan			
<b>4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:</b>			
	Yes	X	No
The plan and delivery of the priorities and actions contained are aimed at reducing unnecessary travel			
<b>5. LEGAL IMPLICATIONS:</b>			
	Yes		No X
<b>6. RESOURCE IMPLICATIONS:</b>			
	Yes	X	No
The overall plan contains the Financial plan for 2014/15 and 15/16			
<b>7. EQUALITY IMPACT ASSESSMENT:</b>			
	Yes		No X
An equality impact assessment on the overall plan will be included in the final document. Individual elements of the plan remain subject to individual assessments			
<b>8. PROPOSED PUBLIC &amp; PATIENT INVOLVEMENT AND COMMUNICATIONS:</b>			
	Yes	X	No
Engagement of a stakeholder group regarding proposals for 2014/15 and 2015/16 has been completed to feed into this plan. Further public and patient involvement will continue in the delivery of the plan. The five year strategic plan is informed by the on-going Healthy Lives, Healthy Futures engagement programme and the longer term plans will be regularly reviewed in light of the emerging Healthy Lives, Healthy Futures plan.			
<b>9. RECOMMENDATIONS:</b>			
The CCG is asked to: -			
<ul style="list-style-type: none"> <li>To receive and approve the draft version of the North Lincolnshire Clinical Commissioning Group Commissioning Plan ambitions and quality premium for 2014/15 and 2015/16.</li> </ul>			

## Outcome measures

Appendix 1 sets out the ambitions for improving outcomes across the 6 ambitions and should be read in conjunction with this section.

### Outcome 1

#### (E.A.1) Potential Years Life Lost (PYLL)

Current baseline data taken from Levels of Ambition Atlas (CCG). 3.2% reduction applied to 14/15 position as set out in national Quality Premium guidance. Additional 1% year on year reduction applied to 2018/19.

### Outcome 2

#### (E.A.2) Health-related quality of life for people with long-term conditions (LTC)

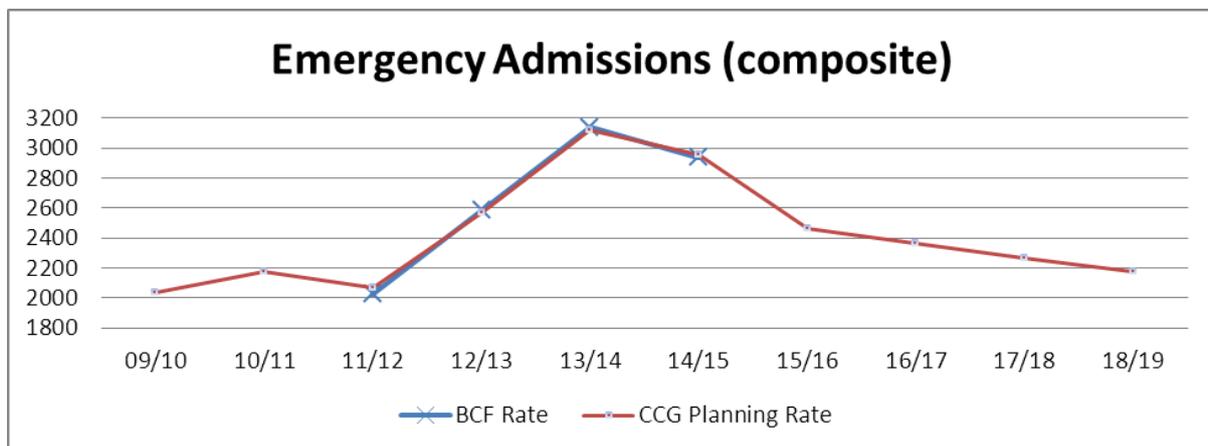
Current baseline data is taken from Levels of Ambition Atlas (CCG). North Lincolnshire currently at same level as NHS England therefore 1.5% increase applied year on year to achieve upper quartile position by March 2016. Beyond 2016, a fairly static position is expected until 2018/19.

### Outcome 3

#### (E.A.4) Avoidable emergency admissions (composite measure)

Baseline data uses the 12/13 published ISR (indirectly standardised rate) and uses this to forecast the 13/14 position based on local intelligence (21.8%). This represents a significant increase in activity for these indicators in 13/14.

As this indicator also forms part of the Better Care Fund (BCF) metrics, the same trend has been applied to this indicator as that in the BCF. The BCF indicator is based on a statistically significant decrease (5.39%) in 14/15. This can be seen in the graph below.



14/15 has been assumed at 539% and 15/16 at 16.61% in line with the BCF 22% reduction requirement to deliver the reduction in acute provider spend. All subsequent years are assumed at 4% reduction.

## **Outcome 5**

### **(E.A.5) Increasing proportion of people having a positive experience of hospital care**

Current baseline data taken from Levels of Ambition Atlas (CCG). 1% decrease in proportion in people reporting a poor experience applied year on year to 2018/19. Already above England position (142.0). Aim to achieve next quartile by 2018/19. Range 108.6 - 208.8.

## **Outcome 6**

### **(E.A.7) Increasing proportion of people having a positive experience of care outside hospital, in general practice and the community**

Current baseline data taken from Levels of Ambition Atlas (CCG). 0.5% decrease applied year on year to 2018/19. 0.5% decrease applied to take into next quintile (6.3 – 7.4). Range 2.6 - 13.0.

## **Quality Premium Measures**

### **E.A.1 PYLL**

This is a pre-set cell that pulls the 14/15 position through from PYLL within the Ambitions for Improving Outcomes (detailed above).

### **E.A.4 Avoidable emergency admissions (composite measure)**

14/15 position taken from Ambitions for Improving Outcomes (detailed above) and seasonally profiled based on seasonality of baseline data provided for BCF.

### **E.A.3 IAPT – proportion entering treatment against level of need**

Baseline taken from April to December 2013 forecast outturn. Target requirement is 15% or, if already achieving then to show further improvement.

As North Lincolnshire is already one of the best performing services increase kept at a conservative level (1% of applicable population each year) and profiled as per outturn.

## **Quality Premium Local Priority**

There is a requirement to agree a local quality premium. The quality premium is paid to CCG in 2015/16 for performance in 2014/15. The guidance sets out the process for calculation of the premium payment. The percentage payment aligned to the local measure is set by NHS England at 15% of the total quality premium payment.

### **Proposed measure; C3.12 Hip fracture: timely surgery**

Patients with a fractured hip should receive surgery on the day of admission or the day after. This indicator forms part of Domain 3 and aims to improve outcomes associated with timely surgery. There is no current local performance data available. The position for Yorkshire and Humber as at February 2014 for Time to Theatre (hrs) is as follows; Y&H 16.2, National 22.4. This suggests good performance across Yorkshire and the Humber and therefore the proposed KPI for acute Trusts is 95% of patients with a hip fracture receive surgery on the day of admission or the day after.

## **Other Measures**

### **E.A S1 Dementia diagnosis rate**

Baseline taken from QOF 12/13. Prevalence predicted using dementia calculator tool. National guidance indicates that rate must be 67% by March 2015. 15/16 assumes performance sustained at this level offsetting increase in prevalence.

### **E.A.2 IAPT Recovery rate**

Baseline taken from 13/14 forecast outturn and set at required 50% rate as per national guidance. Current recovery at 54.8% YTD but November and December 2013 dropped below 50%. RDaSH confirm performance will return to plan in 13/14.

### **E.A S 5 Number of C. difficile infections in 2014/15**

Trajectory for this indicator will be set by NHS England – expected early February 2014 (still awaiting).

## **Recommendations**

CCG Governing Body is recommended to approve the draft ambitions and quality measures.

03K

Name: NHS NORTH LINCOLNSHIRE CCG

**2. Ambitions for Improving Outcomes*****Outcome Ambition 1***

E.A.1

i) What is your ambition for securing additional years of life from conditions considered amenable to healthcare?

E.A.1	PYLL (Rate per 100,000 population)	
Baseline	2151.9	Please insert baseline - these are provided in the Levels of Ambition Atlas
2014/15	2083.0	
2015/16	2062.2	
2016/17	2041.6	
2017/18	2021.2	
2018/19	2001.0	

Note: PYLL forms part of the 2014/15 Quality Premium.

***Outcome Ambition 2***

E.A.2

ii) What is your ambition for improving the health-related quality of life for people with long-term conditions?

E.A.2	Average EQ-5D score for people reporting having one or more long-term condition	
Baseline	73.10	Please insert baseline - these are provided in the Levels of Ambition Atlas
2014/15	75.31	
2015/16	76.44	
2016/17	76.82	
2017/18	76.82	
2018/19	76.82	

**Outcome Ambition 3**

E.A.4

iii) What is your ambition for reducing emergency admissions?

<b>E.A.4</b>	<b>Emergency admissions composite indicator</b>	
<b>Baseline</b>	<b>2565.4</b>	<b>Please insert baseline - these are provided in the Levels of Ambition Atlas</b>
<b>2014/15</b>	<b>2951.1</b>	
<b>2015/16</b>	<b>2461.0</b>	
<b>2016/17</b>	<b>2362.5</b>	
<b>2017/18</b>	<b>2268.0</b>	
<b>2018/19</b>	<b>2177.3</b>	

Note: the composite avoidable emergency admissions indicator forms part of the 2014/15 Quality Premium and is a measure in the Better Care Fund.

**Outcome Ambition 5**

E.A.5

iv) What is your ambition for increasing the proportion of people having a positive experience of hospital care?

<b>E.A.5</b>	<b>The proportion of people reporting poor patient experience of inpatient care</b>	
<b>Baseline</b>	<b>144.7</b>	<b>Please insert baseline - these are provided in the Levels of Ambition Atlas</b>
<b>2014/15</b>	<b>141.8</b>	
<b>2015/16</b>	<b>140.4</b>	
<b>2016/17</b>	<b>139.0</b>	
<b>2017/18</b>	<b>137.6</b>	
<b>2018/19</b>	<b>136.2</b>	

**Outcome Ambition 6**

E.A.7

v) What is your ambition for increasing the proportion of people having a positive experience of care outside hospital, in general practice and the community?

E.A.7	The proportion of people reporting poor experience of General Practice and Out-of-Ours Services	
Baseline	7.60	Please insert baseline - these are provided in the Levels of Ambition Atlas
2014/15	7.56	
2015/16	7.52	
2016/17	7.48	
2017/18	7.44	
2018/19	7.40	

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Read the definitions in the Everyone Counts: Planning for Patients 2014/15 - 2018/19 Technical Definitions for CCGs and Area Teams before completing the template  
 Read the Quality Premium Guidance before completing the template

4. Quality Premium Local Priorities

Trajectories for Locally Selected priorities

i) Select either One measure from any of the domains of the CCG - OIS

Domain 1 (Click below) Domain 2 (Click below) Domain 3 (Click below) Domain 4 (Click below) Domain 5 (Click below)

CCG OIS Measure: C3.12 Hip fracture: timely surgery

▼ ▼ ▼ ▼ ▼

Or enter a locally defined measure into the box below:

Please now enter the numerator and denominator (if applicable) below.

	Indicator Definition (please specify the local measures chosen) max 4000 characters	2014/15		
		Numerator	Denominator	Measure
Local Priority 1	C3.12 Hip fracture: timely surgery			0.00

N.B. If you wish to change your measure, please delete the measure previously selected before entering the next measure.

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5. Other Measures

E.A.S.5

E.A.S.5 i) Number of C. Difficile infections in 2014/15													
E.A.S.5 Number of C. Difficile infections	2014												2014/15 Total
	April	May	June	July	August	September	October	November	December	January	February	March	
													0

E.A.S.1

ii) What dementia diagnosis rate are you aiming for in 2014/15 and 2015/16:

E.A.S.1	Number of people diagnosed	Prevalence of dementia	% diagnosis rate
2014/15	1992	2376	0.67993367
2015/16	1823	2422	0.670107349

E.A.S.2

iii) What level of IAPT recovery are you aiming for in 2014/15 and 2015/16?

E.A.S.2	The number of people who have completed treatment having attended at least two treatment contacts and are moving to recovery (those who at initial assessment achieved "caseness" and at final session did not)	(The number of people who have completed treatment within the reporting quarter, having attended at least two treatment contacts) minus (The number of people who have completed treatment not at clinical caseness at initial assessment)	% recovery rate
2014/15	808	1615	50.0%
2015/16	851	1702	50.0%