



## HEALTH AND WELLBEING BOARD

### REPORT OF WEST LEICESTERSHIRE & EAST LEICESTERSHIRE & RUTLAND CCGS

#### NHS QUALITY PREMIUM 2016/17

#### Purpose of Report

- The purpose of this report is to provide the H&WBB with information on specific indicators that relate to the Quality Premium 2016/17 and confirm specific indicators, where choices have been made in agreement with NHS England.

#### Link to Better Care Together

<b>Workstream</b>	<b>Relevance</b>	<b>Workstream</b>	<b>Relevance</b>
Maternity, neonates, children and young people		Mental health	✓
Long term conditions	✓	Frail and older people	✓
Urgent care	✓	Planned care	✓
Learning disabilities		End of life	

#### Policy Framework and Previous Decisions

- West Leicestershire CCG & East Leicestershire & Rutland CCG Operational Plans 2016/17.  
West Leicestershire CCG & East Leicestershire & Rutland CCG Commissioning for Value Packs

#### Background

- The Quality Premium for 2016/17 has been published, and is intended to reward CCGs for improvements in the quality of the services that they commission and for associated improvement in health outcomes. This premium will be paid to CCGs in 2017/18, and covers a number of national and local priorities. Monies will be awarded for the achievement of the following:
  - Improving anti-biotic prescribing in primary care 10%
  - Cancer diagnosed at early stage 20%
  - Increase in the proportion of GP referrals made by e-referrals 20%

- GP Patient Survey 20%
- Three local measures 30%

There are also a number of NHS Constitution indicators that will also impact on the Quality Premium. Monies will be deducted for non-achievement. These are:

- Referral To Treatment incomplete - 92% standard
- Maximum four hour waits for A&E departments – 95% standard
- Cancer 62 Day Wait – 85% standard
- Maximum 8 minutes responses for Category A (Red 1) ambulance calls – 75% standard

There are choices and decisions that Health and Wellbeing Boards should be made aware of. The choice of these indicators will be submitted, with the agreement of NHS England, on 29<sup>th</sup> April 2016. Given the timeframe of information being supplied by NHS England this is the first opportunity the CCGs have had to submit to H&WBB.

### **Proposals/Options**

4. There are a number of indicators that CCGs are able to choose as part of their Quality Premium. It should be noted that at the time of writing this paper (15<sup>th</sup> April 2016) these are subject to confirmation by NHS England.

The H&WBB members are asked to support the following:

### **3 Local Priorities:**

#### **WLCCG:**

- Mental Health - The number of people on Care Programme Approach per 100,000 population aged 18+
- Respiratory - Emergency COPD admissions relative to patients on disease register
- Delayed transfers of care from hospital per 100,000 population aged 18+

These priorities will contribute and help with reducing the current health and social care issues in these areas and are areas where West Leicestershire is deemed to be an outlier when comparing similar CCGs in the latest Commissioning for Value packs. They are also areas where there is scope to improve, and data can be reported either monthly or quarterly. As in previous years, the three local priorities will be reported to the WLCCG Quality & Performance sub group as part of the monthly Performance report.

Discussion has taken place on these and other potential indicators at WL's Planning and Delivery Sub-Group Meeting on 22nd March, with further discussion and agreement reached on the 3 priorities at the Extraordinary Board Meeting on 29th March.

#### **ELRCCG:**

- Cancer - % of lung cancers detected at an early stage (1 or 2)
- Mental Health - Access to IAPT services: People entering IAPT services as a % of those estimated to have anxiety/depression
- To be confirmed and with agreement from NHS England

Improving the early detection of Lung cancer will have an impact on improving outcomes for Potential Years Life Lost (PYLL).

ELR recognise the need to focus on Parity of Esteem. Increasing IAPT referrals is critical to maintaining people accessing the service and serving the population of ELR, and the service has been proactive in disseminating information to the public, community groups and voluntary organisations.

At the time of writing this paper (21<sup>st</sup> April) the third indicator is yet to be confirmed with the CCG and NHS England.

As in previous years, the three local priorities will be reported to the ELRCCG Quality & Performance sub group as part of the monthly Performance report.

### **Consultation/Patient and Public Involvement**

5. N/A

### **Resource Implications**

6. N/A

### **Timetable for Decisions**

7. N/A

### **Conclusions/Recommendations**

8. H&WBB are asked to support the options made by ELR & WL CCG in Section 4.

### **Background papers**

<https://www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/ccg-ois/qual-prem/>

### **Officers to Contact**

Yasmin Sidyot  
Head of Planning & Strategic  
Commissioning  
East Leicestershire & Rutland CCG  
0116 295 6768  
[yasmin.sidyot@eastleicestershireandrutlandccg.nhs.uk](mailto:yasmin.sidyot@eastleicestershireandrutlandccg.nhs.uk)

Ket Chudasama  
Assistant Director – Corporate Affairs  
West Leicestershire CCG  
01509 567739  
[Ket.Chudasama@WestLeicestershireCCG.nhs.uk](mailto:Ket.Chudasama@WestLeicestershireCCG.nhs.uk)

### **Appendix**

UNIFY submission for ELRCCG & WLCCG

### **Equality and Human Rights Implications**

9. N/A.

### **Partnership Working and associated issues**

10. ELR & WL CCGs, UHL, EMAS, LPT & Leicestershire County Council

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