Health and Wellbeing Board Thursday 28 May 2015	Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	**Classification:** [Unrestricted]
CCG Quality Premium – chairs action approved on 8 June 2015 *(paper for information)*	

Lead Officer	Dr Somen Banerjee, Director of Public Health
Contact Officers	Dr Somen Banerjee
Executive Key Decision?	No

1. INTRODUCTION/SUMMARY

This paper summarises the decisions taken by the Clinical Commissioning Group (CCG), in consultation with Local Authority public health colleagues, about which metrics will be included in their quality premium for 2015/16.

NHS England guidance on quality premium metrics recommends that the Health and Wellbeing Board approves the decision on the two local measures, but this is not a policy requirement.

2. RECOMMENDATIONS

The Chair is requested to note the recommended metrics for the CCG's quality premium in 2015/16, on behalf of the Health and Wellbeing Board.

These metrics were submitted to NHS England on 15th May 2015 as part of the CCG's Operating Plan, and as such Health and Wellbeing Board sign off is overdue. For this reason the a Chair's action is sought in advance of the next Health and Wellbeing Board on 7th July for discussion.

3. BACKGROUND

The quality premium is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities. NHS England is responsible for the management of the reward. The maximum financial reward equates to £5 per head of population.

Some of the metrics against which this payment will be made are fixed, and others can be determined locally. These metrics have been selected from a pre-determined list compiled by NHS England. These choices are set out in appendix A with rationale for decision making.

These metrics have been arrived at in consultation with the public health department, and have been discussed and agreed at the CCG's Senior Management Team 11th May 2015. These were reviewed with reference to the JSNA, the priorities set out in the Health and Wellbeing Strategy, and health inequalities.

4. RECOMMENDATIONS AND NEXT STEPS

We request a Chair's action to note the following list of metrics to constitute the CCG's quality premium in 2015/16:

- Reduction in potential years of life lost through the causes considered amenable to healthcare
- Reduction in delayed transfers of care which are an NHS responsibility
- Reduction in the number of people with severe mental illness who are currently smokers
- Improvements to antibiotic prescribing in primary and secondary care
- Increase in the number of people who are still at home 91 days after discharge from hospital into rehabilitation/reablement services
- Increase in the number of people who are streamed to urgent care or primary care from A&E

As part of developing implementation plans in relation to each of these metrics, it is recommended that the CCG pay due consideration to equalities dimensions and health inequalities.

5. REASONS FOR THE DECISIONS

5.1 The HWB is required to encourage integration between health and social care partners and be involved in any CCG commissioning plan. The levels of improvement needed to trigger the reward for the two local priorities should be agreed between the CCG, the HWB and the local NHS England team.

6. ALTERNATIVE OPTIONS

6.1 None

7. COMMENTS OF THE CHIEF FINANCE OFFICER

7.1 There are no direct financial implications to the Council as a result of the recommendations in this report.

8. LEGAL COMMENTS

8.1 The Health and Social Care Act 2012 ("the 2012 Act") makes it a requirement for the Council to establish a Health and Wellbeing Board ("HWB"). S.195 of the 2012 Act requires the HWB to encourage persons who arrange for the provision of any health or social care services in their area to work in an integrated manner.

8.2 This duty is reflected in the Council's constitutional arrangements for the HWB which states one of the functions of the HWB as "to be involved in the development of any CCG Commissioning Plan that applies to Tower Hamlets and to give its opinion to the CCG on any such proposed plan."

8.3 Additionally, under the Care Act 2014 ("the 2014 Act") the Council has a general duty to co-operate with the CCG and also to promote the integration of care support with health services.

8.4 The Council's general duty meets with the aim of aiming for higher quality health, care and support to individuals in order to have a positive impact on their wellbeing.

8.5 In ensuring the Council meets with its general duty it is important that consideration is given to how the metrics sought to be included by the CCG commissioning criteria impact on the wellbeing of individuals. Similarly, the impact of the metrics on the integration aims of the 2014 Act should be taken into account.

8.6 The Council, HWB and CCG must take into account the Joint Strategic Needs Assessment for consideration of the two local measures allowed for by NHS Enlgand.

8.7 S.22 of the 2014 Act retains the boundary between the legal responsibilities of the NHS, including the CCG, and the Council.

8.8 In light of the above, there is no decision making function of the HWB in relation to the choice of local measures by the CCG but rather its role is to encourage integration and be involved in decision making.

8.9 In relation to the two local quality measures NHS England Guidance states:

These should reflect local priorities identified in joint health and wellbeing strategies. They should be based on indicators from the CCG Outcomes Indicator Set unless the CCG and the relevant Health and Wellbeing Board and local NHS England team mutually agree that no indicators on this list are appropriate for measuring improvement in the identified local priorities. The levels of improvement needed to trigger the reward should be agreed between the CCG, the Health and Wellbeing Board and the local NHS England team. Para 11, Quality Premium: 2015/16 guidance for CCGs; April 2015.

8.10 The proposed measures in Annex A appear to lack sufficient detail to be specific and measurable. Further, the details of the proposed metrics appear to not reflect the level of detail recommended in the NHS England guidance, Quality Premium: 2015/16 guidance for CCGs; April 2015. It is acknowledged that this information has been submitted to NHS England prior to the preparation of this report.

8.11 The NHS England Guidance stipulates that when considering the two local quality premiums the level of improvement needed to trigger the reward should be agreed between the CCG, the HWB and the local NHS England team. Any failure to fully demonstrate this has occurred to NHS England risks the CCG failing to receive any payments under this scheme, regulation 4(1)(h) of the National Health Service (Clinical Commissioning Groups-Payments in Respect of Quality) Regulations 2013 (S.I. 2013/474).

8.12 In noting the proposed metrics and measures consideration must be given to the public sector equalities duty to eliminate unlawful conduct under the Equalities Act 2010. The duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

8.13 The 2015 NHS England guidance recommends that as part of developing its local improvement plan for each Quality Premium measure, CCGs would benefit from completing an equality and health inequalities analysis. There is no evidence that this analysis has been undertaken and shared with the HWB or Council.

9. ONE TOWER HAMLETS CONSIDERATIONS

9.1 These metrics will impact on health and health inequalities in the borough

10. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

10.1 Not applicable

11. RISK MANAGEMENT IMPLICATIONS

11.1 The risks of this proposal relate to the CCG and not the local authority

12. CRIME AND DISORDER REDUCTION IMPLICATIONS

12.1 Not relevant

13. EFFICIENCY STATEMENT

13.1 There is no council expenditure involved

Appendices

- **Proposed measures for THCCG Quality Premium 2015/16 (Appendix A)**

Appendix A: Proposed measures for THCCG Quality Premium 2015/16

Theme	Options for metrics	Proposed metric	Rationale	Weight
Potential Years of Life Lost	Fixed measure: Reduction in potential years of life lost through causes considered amenable to healthcare	Reduction in potential years of life lost through causes considered amenable to healthcare	Required measure	10%
Urgent and Emergency Care	Can decide on one or several of the following: • Avoidable emergency admissions • Delayed transfers of care which are an NHS responsibility • Increase in the number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays	Reduction in delayed transfers of care which are an NHS responsibility	• Reducing delayed transfers of care is a significant challenge and a national priority • Reduction in numbers will support patient flow • Improve referral to treatment times • Support system wide collaborative working and resilience • Can be used to offset the Better Care Fund metric on all delayed transfers of care (both within and without NHS responsibility)	30%
Mental Health	Can decide on one or several of the following: • Reduction in the number of patients attending an A&E department for mental health-related needs who wait more	Reduction in the number of people with severe mental illness who are currently smokers	• This is a considerable health inequality faced by this population group • Public health supportive of this measure • Evidence that smoking	30%

	than four hours to be treated and discharged, or admitted • Reduction in the number of people with severe mental illness who are currently smokers • Increase in the proportion of adults in contact with secondary mental health services who are in paid employment. • Improvement in the health related quality of life for people with a long term mental health condition		cessation should be part of clinical pathways • Supports priorities within the Health and Wellbeing Strategy • Part of the NHS 5 year forward view	
Prescribing	Fixed measure: Improvements to antibiotic prescribing in primary and secondary care	Improvements to antibiotic prescribing in primary and secondary care	Required measure	10%
2 local measures	Locally determined metrics which should be based on local priorities such as those identified in the Health and Wellbeing Strategy	Increase in the number of people who are still at home 91 days after discharge from hospital into rehabilitation / reablement services	• Links to outcome measures for Better Care Fund, and improvement to integrated care • Prevents admissions to hospital • Addressing inequalities by focusing on the most vulnerable • Improved partnership working	10%

		Increase in the number of people who are streamed to urgent care or primary care from A&E	• This is part of a 2 year programme that aims to prevent hospital admission via A&E. • Reduce pressure on A&E • Improving flow through hospital • Reduced waiting times in A&E • Encourages correct use of health services • Better educated population • Improved access to appropriate services, which will help address access inequalities	10%