Committee and Date	Item
Shadow Health & Wellbeing Board 22 February 2013 9.30 am	**5** Public

AGREEING LOCAL OUTCOME MEASURES FOR THE NHS OUTCOMES FRAMEWORK AND QUALITY PREMIUM

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1. Summary

1.1 As part of the planning for health for 2013/14, the National Commissioning Board are asking CCGs across the country to identify 3 local outcome indicators that they wish to use as part of improving quality.

1.2 The outcome indicators should be discussed with the local Health and Well Being Board and will form part of a set of indicators that will be monitored against a Quality Premium payment for 2014/15.

1.3 The indicators should focus on local issues and priorities, especially where the outcomes are poor compared to others and where improvement in these areas will contribute to reducing health inequalities. Each measure should be based on robust data and the improvement needed expressly agreed.

1.4 The paper outlines six proposed indicators for the board to assess and requests consideration of these to support the decision making on which three should be put forward to the Local Area Team and National Commissioning board to be used for assessment against the Quality Premium payment.

2. Recommendations

A. The board are asked to consider the six outcome indicators set out in the paper and offer comments to support the CCG board in its final decision making.

B. Note that the indicators form part of a wider outcomes framework

REPORT

3. Risk Assessment and Opportunities Appraisal

3.1 The selection of an indicator will present the opportunity to address an issue of local significance. Indictors selected will need to be supported by resource (financial or other) to ensure that improvements can be made.

4. Financial Implications

4.1 Subject to regulations, a Quality Premium will be paid in 2014/15 to CCGs that:-

- in 2013/14 improve or achieve high standards of quality in 4 of the NHS Outcomes Framework
- improve or achieve high standards of quality in three local outcome measures
- have no significant quality failures in-year
- maintain its Resource limit and
- achieve NHS constitutional rights and pledges

4.2 The inclusion of an indicator will support decision making for financial investment in health in a particular area and may have implications for finance in social care and preventative interventions and services. Partnership working in these particular areas of work will be essential in enabling partners to remove duplication and make better use of resources.

5. The Quality Premium and Outcomes measures

5.1 In November 2012 the Department of Health published the NHS Mandate which sets out the strategic direction for the NHS Commissioning Board to oversee the delivery of NHS services and ensure that it is democratically accountable. Included within the NHS Mandate is the NHS Outcomes Framework, which identifies five areas that are identified as being most important:

- Preventing people from dying prematurely
- Improving quality of life for people with long-term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

5.2 There are a number of indicators that sit under these five areas which will be used to measure improvements in quality for patients and changes in outcomes for patients and the wider population.

5.3 Following on from the Mandate the NHS Commissioning Board has published a number of documents to support planning for 2013/14 and beyond. These are

- "Everyone Counts: Planning for patients 2013/14;
- Outcomes benchmarking support packs: CCG level;
- Outcomes benchmarking support packs: Local Authority level;
- Better data, Informed Commissioning, Driving Improved Outcomes: Clinical data sets;
- The CCG outcomes indicator set 2013/14: Fact Sheet

5.4 The main planning document is 'Everyone counts: planning for patients 2013-14'. This document sets out a planning framework for CCG's to deliver on the objectives identified in the NHS Mandate. The document includes areas that CCG's will focus on in order to support their local planning such as empowering local clinicians deliver better outcomes; increasing information for patients to make choices; and greater accountability to the communities the NHS serves.

5.5 The NHS Commissioning Board planning document includes a CCG Outcomes Indicator set for 2013-14. This includes a list of indicators that the CCG will be benchmarked against and compared how they are performing with the national position and whether they are significantly higher, significantly lower or similar to other areas. Indicators are measured on a CCG basis and on a Local Authority basis. Although the same indicators are used for both CCG's and LA's, some indicator definitions differ between the two sets. Also the national averages differ between the two sets as the number of CCG's nationally is different from the number of Local Authorities which affects the averages.

5.6 As part of the "Rewarding Excellence" provision within the planning framework, reference is made to a quality premium which is a financial incentive awarded to CCGs who secure quality improvements against certain measures in the NHS Outcomes Framework. In order to meet the criteria for the quality premium CCG's must ensure improvements in four of the measures from the NHS Outcomes Framework:

- Potential years of life lost from causes considered amenable to healthcare
- Avoidable emergency admissions (composite of four NHS Outcomes Framework indicators)
- Friends and family test
- Incidence of healthcare associated infections (MRSA and Clostridium difficile)

Plus they must

- have no significant quality failures in-year
- maintain its Resource limit
- achieve NHS constitutional rights and pledges and

- improve or achieve high standards of quality in three local outcome measures

5.7 The quality premium will also include three measures that will be determined locally and agreed by the NHS Commissioning Board. The measures should reflect local priorities and in particular aim to improve outcomes and reduce health inequalities. The measures that are chosen locally need to be agreed between the CCG and NHS Commissioning Board Local Area Team. They also need to be considered by the local Health and Well Being Board and key stakeholders, especially patients and local community representatives

5.8 This paper sets out six indicators which could be used as local measures for the CCG quality premium. They have been assessed to put forward based on discussions within the CCG and farther afield and are based on the following criteria

- linkages with the Health and Well Being Strategy,
- areas identified as requiring quality improvement following local reviews
- areas where work is on going to improve quality
- areas where information is robust and improvements are easily measurable.

5.9 Most of the indicators have been selected from either the NHS Outcomes Framework or the CCG Outcome Indicator Set. Some of the indicators also feature in the Public Health Outcomes Framework and the Adult Social Care Outcomes Framework.

5.10 The indicators identified and a rational for possible selection is included in the templates below.

Indicator 1	**Proportion of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement / rehabilitation services**
Indicator definition	The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting) who are at home or in extra care housing or an adult placement scheme setting three months after the date of their discharge from hospital.
Source	*Adult Social Care Combined Activity Return (ASC-CAR), Hospital Episode Statistics*
Outcomes frameworks	• NHS Outcomes Framework • Adult Social Care Outcomes Framework
Frequency	Annual (financial year)
Baseline	**Shropshire: 89.2%**, National 82.7%, Other Unitary Authorities 82.7%. Based on 2011-12 provisional data *published on NHS IC*
Latest figure	**Shropshire: 89.2% 2011-12 provisional data**

Rational for choice	• Supports local HWB priority on enabling older people and those with LTC to remain independent for longer • Contributes to reducing health inequalities as a higher proportion of people admitted to hospital and those with LTC are from the most deprived areas compared to those from more affluent areas • Contributes to avoiding readmissions • Work programmes in place to support delivery
Pro's	• Although currently Shropshire has a higher than national percentage for this indicator, it is thought that further improvement could be made • Indicator not only supports CCG objectives but also that of wider partners, there is scope for greater partnership work and involvement from different agencies • The indicator is not a 'true' outcomes indicator, however would contribute to better outcomes for individual patients involved and support wider more strategic outcomes • It is a well-established and measurable indicator, recognised across organisations
Con's	• Concerns about data collection, recording and submission – are we getting an accurate picture of what is really going on? • Is delivery on this indicator likely to be attributed by organisations recording information in a timely and accurate way as opposed to any interventions in place? • Currently the indicator is not available at CCG level, however it is available at LA level which in Shropshire is coterminous with the CCG boundary
Work to support achievement	• Further development of collaborative commissioning • Use of reablement funding to deliver improvements – such as START, dementia support, stroke rehabilitation and early supported discharge • Assistive technology

Indicator 2	**Estimated Diagnosis Rate for People with Dementia**
Indicator definition	This indicator is calculated as a percentage and is based on the following: ***Numerator*** **Numbers of people diagnosed** – The number of people on the dementia register for England in the Quality and Outcomes Framework (QOF). This figure is published by the Health and Social Care Information Centre as the QOF DEM1 indicator. ***Denominator*** **Prevalence** – The Dementia UK report (2007) contains estimates of late onset dementia prevalence rates (i.e. how many people have dementia as a proportion of the population in that age band) by five year age bands from age 30 to 95+. These rates are available by gender and as a weighted average for all persons
Source	*Quality and Outcomes Framework (QOF), Health and Social Care Information Centre and Dementia UK Report (2007)*
Outcomes frameworks	• NHS Outcomes Framework • CCG Outcomes Framework

Frequency	Annual
Baseline	N/A
Latest figure	N/A
Rational for choice	• Supports local HWB priority on better emotional and mental health and well-being for all, particularly around making Shropshire a dementia friendly county • Identified in the JSNA as a priority area for Shropshire • Good evidence of health benefits of early intervention • Supports reducing health inequalities; vascular dementia can be caused by lifestyle risk factors such as smoking and poor diet. These behaviours are significantly more prevalent in the most deprived parts of Shropshire.
Pro's	• Nationally developed indicator which is measurable • Available at CCG level • Indicator not only supports CCG objectives but also that of wider partners, there is scope for greater partnership work and involvement from different agencies • The indicator is not a 'true' outcomes indicator, however would contribute to better outcomes for individual patients involved and support wider more strategic outcomes
Con's	• Currently no data available at CCG level, although should be available soon • This indicator relies on having good and accurate recording of data at practice level
Work to support achievement	• Joint implementation of dementia strategy • Dementia awareness amongst member practices • Dementia awareness amongst the general public • Admiral nursing • Increased NHS health check should identify people with risk factors

Indicator 3	**Admitted to an acute stroke unit within 4 hours of arrival at hospital**
Indicator definition	This indicator is calculated as a percentage based on the information below ***Numerator*** - the number of acute stroke patients whose first ward of admission is a stroke unit AND who arrive on the stroke unit within four hours of arrival at hospital, except for those patients who were already in hospital at the time of new stroke occurrence, who should instead be admitted to a stroke unit within four hours of onset of stroke symptoms ***Denominator*** - all patients admitted to hospital with a primary diagnosis of stroke (within the relevant time period) except for those whose first ward of admission was ITU, CCU or HD
Source	*The Royal College of Physicians Sentinel Stroke National Audit Programme (SSNAP)*
Outcomes frameworks	• CCG Outcomes Indicator Set
Frequency	Annual snapshot
Baseline	N/A

Latest figure	N/A
Rational for choice	• Supports local HWB priority on enabling older people and those with LTC to remain independent for longer • Good evidence of health benefits of early intervention • CVD has been identified in the JSNA as an area of priority locally • Supports reducing health inequalities as stroke is linked to lifestyle risk factors such as smoking and poor diet, which are more prevalent in deprived areas
Pro's	• Nationally reported indicator which is robust and measurable • Available at CCG level • Indicator not only supports CCG objectives but also that of wider partners, there is scope for greater partnership work and involvement from different agencies • The indicator is not a 'true' outcomes indicator, however would contribute to better outcomes for individual patients involved and support wider more strategic outcomes
Con's	• Currently no data available at CCG level nationally, but local reporting system in place • Data is based on a snapshot, so performance may vary depending on when the snapshots was taken which may not necessarily reflect service improvements
Work to support achievement	• Stroke pathways • Revised specification for stroke services • Re-configuration of stroke services to meet revised specification • Continued public awareness campaigns (FAST)

Indicator 4	**Number of patients using assistive technology in their care pathway**
Indicator definition	N/A
Source	*Locally defined and determined indicator, not yet available*
Outcomes frameworks	• Locally developed indicator not in any outcomes framework
Frequency	N/A
Baseline	N/A
Latest figure	N/A
Rational for choice	• Supports local HWB priority on enabling older people and those with LTC to remain independent for longer • Good evidence of health benefits of early intervention • Help to reduce health inequalities as it supports people with LTC who are often from the most deprived areas in Shropshire • QIPP target • 3MillionLives implementation
Pro's	• Indicator not only supports CCG objectives but also that of wider partners, there is scope for greater partnership work and involvement from different agencies • The indicator is not a 'true' outcomes indicator, however would contribute to better outcomes for individual patients involved and support wider more strategic outcomes

	• Will help with local evaluation of new developments that are being implemented
Con's	• Not a nationally developed or supported indicator • Nothing to benchmark against nationally • Have to ensure robust measurement and criteria for the indicator
Work to support achievement	• Local authority contract set for assistive technology for 12 months • Local health and social care economy group to progress further tele-health initiatives and challenge all pathway redesign to implement technology in all redesigns • Prioritisation proposal to test limited managed solution for increasing tele-health

Indicator 5	**Maternal smoking at delivery**
Indicator definition	Percentage of mothers smoking at the time of delivery ***Numerator*** - number of maternities where mother recorded as smoking at delivery ***Denominator*** - number of maternities in the relevant CCG
Source	*Maternity, Shrewsbury and Telford Hospitals NHS Trust*
Outcomes frameworks	• CCG Outcomes Indicator Set • Public Health Outcomes Framework
Frequency	Quarterly
Baseline	**Shropshire 15.1%** (2011-12)
Latest figure	**Shropshire 14.8%** (Quarter 2 2012-13)
Rational for choice	• Supports local HWB priority on reducing health inequalities • Identified in JSNA as being a local priority as current performance is worse than the national figure • Good evidence of health benefits of early intervention • Help to reduce health inequalities as it prevents smoking which is the largest cause of premature death and disease and also prevents deaths and poor outcomes for babies and children and a significantly higher proportion of women who smoke during pregnancy are younger mothers and come from the most deprived backgrounds
Pro's	• Nationally measured, well established and robust indicator • Frequent data enables tracking throughout the year • Indicator not only supports CCG objectives but also that of wider partners, there is scope for greater partnership work and involvement from different agencies • Well supported locally by commissioner with specially developed plans to address smoking prevalence in this section of the population
Con's	• Achieving outcomes in smoking in pregnancy has historically been challenging, due to the nature of the population involved
Work to support achievement	• The Public Health Department Smoking Cessation Lead currently has a tender out which focuses specifically on smoking in pregnancy; this should be in place to begin on 1st April 2013.

Indicator 6	**The Uptake of Health Checks for Adults with Learning Disabilities**
Indicator definition	Percentage of adults with learning disabilities receiving a health check ***Numerator*** - number of health checks meeting the requirement of the DES specification ***Denominator*** - number of adults with learning disabilities eligible for a health check (known to both GP and social services with LD)
Source	*Improving Health and Lives: Learning Disabilities Observatory, 2011-12*
Outcomes frameworks	• Not currently in an outcomes framework but is recorded as part of a Directed Enhanced Service (DES)
Frequency	Annual
Baseline	**Shropshire: 53.9%**, West Midlands 45.7%, National 52.8%, 2011-12
Latest figure	**Shropshire: 53.9%**
Rational for choice	• Supports local HWB priority on reducing health inequalities • Good evidence of health benefits • Helps to reduce health inequalities as a people with learning disabilities are at a higher risk of certain lifestyle issues, e.g. obesity • Identified as a priority through self-assessment
Pro's	• Indicator not only supports CCG objectives but also that of wider partners, there is scope for greater partnership work and involvement from different agencies • The indicator is not a 'true' outcomes indicator, however would contribute to better outcomes for individual patients involved and support wider more strategic outcomes • Measured through QOF so should be robust and accepted measurement • Can compare local QOF indicators with national figures for benchmarking
Con's	• Uptake has varied considerably in the last 4 years of recording and has not shown consistency year on year • May be a challenge to increase uptake which is already higher than both national and regional comparators
Work to support achievement	• Self-assessment of learning disability commissioning and provision completed • Local health inequalities strategy developed in draft • Presentations with locally groups to raise awareness of position and share best practice • Appointment of mental health and learning Disability commissioning lead imminent

6. Stakeholder Engagement

6.1 The six indicators were presented at the Health and Well Being Board stakeholder event on 31st January 2013. They have since been posted on the Alliance website for further comment.

6.2 Feedback from the groups is still being assessed and a verbal report on any relevant feedback will be given to the board at its meeting.

7. Next steps

7.1 Once the Health and Well Being Board has given their view on the appropriateness of the indicators the CCG will discuss the proposal with the Local Area Team, make proposals to the CCG board and then sign off the final indicators as part of the 2013/14 planning round.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Councillor Ann Hartley
Local Member All
Appendices None