OUTCOMES

JANUARY 2013

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CONTEXT

Public Health Outcomes Framework	NHS Outcomes Framework	Adult Social Care Outcomes Framework
1. Improving the wider determinants of health		
2. Health improvement		
3. Health protection		
4. Healthcare public health and preventing premature mortality	1. Preventing people from dying prematurely	
	2. Enhancing quality of life for people with long term conditions	1. Enhancing the quality of life for people with care and support needs
		2. Delaying and reducing the need for care and support
	3. Helping people to recover from episodes of ill health or following injury	
	4. Ensuring that people have a positive experience of care	3. Ensuring that people have a positive experience of care and support
	5. Treating and caring for people in a safe environment and protecting them from avoidable harm	4. Safeguarding adults who are vulnerable and protecting them from avoidable harm

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- Work is ongoing to identify current areas of poor performance in
  - Adult Social Care outcomes
  - Public Health outcomes
  - CCG outcomes
  - Shared outcomes
- We expect to complete this by the end of January
  - We are currently awaiting from CSU some more detailed analysis of the CCG outcomes performance (the definitions for each outcome are mandated) and for some outcomes there is not yet any data
  - In many cases it is not possible to split the outcomes between Hackney and the City
  - The different outcomes framework use different benchmark groups which impact on how good/weak relative performance is
- It is unclear whether the anticipated childrens and young peoples outcome framework will have the same status as the 3 already published

- We expect the HWBBs will increasingly want to focus on outcomes for their populations given the links to the JSNA and Joint Health and Wellbeing strategies
  - Most of the outcomes require action plans across the new commissioning landscape
    - For example improving life expectancy is about what the Local Authority Public health function commissions for health and wellbeing and prevention and what the NCB commissions from primary care providers and under specialist commissioning as much as what the CCG commissions
  - One of our first tasks is to ensure that there are joined up plans across the commissioners to improve these
  - The CCG is appointing an Outcomes Manager to support the development of these project plans – interviews in January
- The HWBBs are also likely to take a role in monitoring progress on the action plans given their link to Joint HWB strategies
- We expect the HWBBs to discuss their priorities by the end of March

NHS PLANNING GUIDANCE

- The NHS planning guidance for 2013/14 requires CCGs to focus on outcome improvement
- There are proposals for a “quality premium” – an additional reward which each CCG can earn if it makes progress in improving outcomes
- The reward will be based on a £per patient but no further details are available. A sum of £5 per patient would be worth £1.4m
- The premium is linked to 7 outcomes
  - 4 nationally mandated
  - 3 defined locally

Mandated outcomes

Homerton

Reduce potential years of life lost by 3.2

- Deaths between 28 days and 74 years of age inclusive

Reduction or 0% change in emergency admissions for certain conditions – adults and children

- Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)
- Unplanned hospitalisation for asthma, diabetes and epilepsy in children
- Emergency admissions for acute conditions that should not usually require hospital admission (adults)
- Emergency admissions for children with lower respiratory tract infection

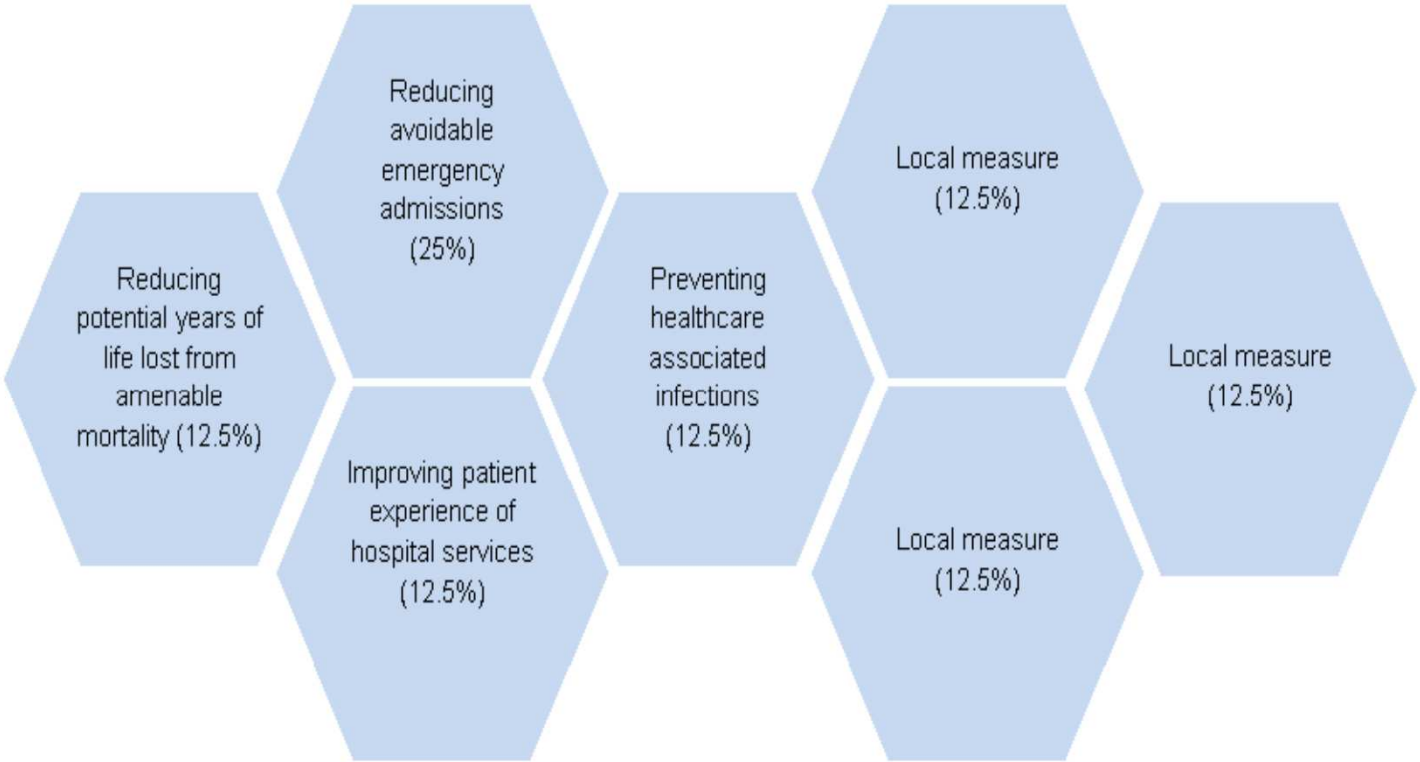
Improvement in Friends & Family Test scores of acute in patients and A&E

- Between Q1 13/14 and Q1 14/15

No cases of MRSA for the CCG's population AND C. difficile cases are at or below defined thresholds for CCGs.

- Reduce C Diff by 2

CCG QUALITY PREMIUM



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REDUCTIONS & PENALTIES

SERIOUS QUALITY FAILURE

- Quality premium withheld if
  - CQC judges a provider in breach of its registration
  - CCG has failed to manage within its financial resource

Premium can also be reduced by 25% if each of following not met:-

- 92% of patients should wait no more than 18 weeks for treatment from referral
  - Currently 95%
- 95% of patients should be admitted, transferred or discharged within four hours of their arrival at an A&E department
  - Currently 96%
- 85% of patients to have a maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer
  - Currently 87%
- 75% of Category A Red 1 ambulance calls resulting in an emergency response should arrive within 8 minutes
  - Currently 75%

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SO WHERE ARE WE LOCALLY

- We will need ensure that we focus on those areas where we currently perform well
  - We will be allocating responsibility for oversight of outcomes to Programme Boards during January
- We will need to review and develop joined up action plans with fellow commissioners by end of March
- Performance at Homerton is currently good but their performance directly impacts on CCG outcomes
- We now need to decide on our 3 local priorities
  - Where outcomes are poor compared to others
  - Where improvement will reduce health inequalities
  - Improvement target and measurement to be agreed with NCB

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CURRENT AREAS OF POOR PERFORMANCE

- Potential years of life lost from causes considered amenable to health care
  - Under 75 mortality from CVD and from respiratory disease
- Proportion of people feeling supported to manage their condition
- Patient reported outcomes for elective knee replacements
- Patient experience of GP services
- Patient experience of dental services

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Outcome Indicator	CCG and cluster distribution
1a Potential years of life lost (PYLL) from causes considered amenable to healthcare	
1.1 Under 75 mortality rate from cardiovascular disease	
1.2 Under 75 mortality rate from respiratory disease	
1.3 (proxy indicator) Emergency admissions for alcohol related liver disease	
1.4 Under 75 mortality rate from cancer	
2 Health related quality of life for people with long term conditions	
2.1 Proportion of people feeling supported to manage their condition	
2.3i Unplanned hospitalisation for chronic ambulatory sensitive conditions (adults)	
2.3ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	
3a Emergency admissions for acute conditions that should not usually require hospital admission	

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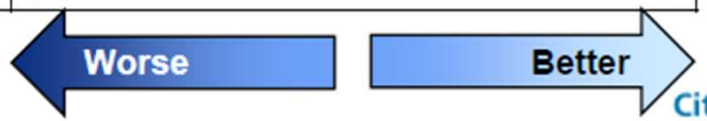
Outcome Indicator	CCG and cluster distribution
3b Emergency readmissions within 30 days of discharge from hospital	
3.1i Patient reported outcome measures for elective procedures – hip replacement	
3.1ii Patient reported outcome measures for elective procedures – knee replacement	
3.1iii Patient reported outcome measures for elective procedures – groin hernia	
3.2 Emergency admissions for children with lower respiratory tract infections	
4ai Patient experience of GP services	
4aii Patient experience of GP out of hours services	
4aiii Patient experience of NHS dental services	
5.2i Incidence of Healthcare associated infection (HCAI): MRSA	
5.2il Incidence of Healthcare associated infection (HCAI): C Difficile	



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LOCAL PRIORITIES

- The CCG Clinical Executive discussed the areas on January 9 and agreed the following 3 local priorities:
  - Proportion of people feeling supported to manage their condition
  - Patient reported outcomes for elective knee replacements
  - Improving dementia diagnosis rate
- Work will now commence on setting targets and agreeing action plans

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