HILLINGDON CCG 5 YEAR STRATEGIC PLAN AND 2 YEAR OPERATING PLAN

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Organisation	Hillingdon Clinical Commissioning Group
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Papers with report	Appendix 1 – Outcomes Measures Appendix 2 – PART 2 - Draft North West London 5 Year Strategic Plan

1. HEADLINE INFORMATION

Summary	The NHS planning guidance 2014-2018 “Everyone Counts” requires Clinical Commissioning Groups to develop and agree with the local Health and Wellbeing Board (HWBB) and NHS England (NHSE) a five year strategic plan with the first two years at operating plan level.
Contribution to plans and strategies	• JSNA • Hillingdon Health and Wellbeing Strategy • Hillingdon CCG Out of Hospital Strategy.
Financial Cost	N/A
Relevant Policy Overview & Scrutiny Committee	External Services Scrutiny Committee
Ward(s) affected	All

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

1. **notes and comments on the 5 year strategic plan noting the final submission date of 20 June 2014; and**
2. **agrees local priority set out in the 2 year planning documents.**

3. INFORMATION

NHS England (NHSE) required CCGs to submit 5 year plans across a wider geographical footprint than individual borough level, in recognition of the fact that patients access services from across London and not just within their own borough. Hillingdon CCG’s 5 year plan is written at a North West London (NWL) level reflecting existing shared work at a NWL level across key strategic programmes such as the Shaping a Healthier Future acute reconfiguration

programme. A first draft of the five year plan will be submitted on 4 April 2014 and is attached here for comment. A final draft will be submitted by 20 June 2014.

The two year element of the planning submission is at a local Hillingdon CCG level. CCGs has been required to submit information on anticipated activity levels and targets against national and local quality premium measures. National targets relate to:

- Potential years life lost (PYLL) from amenable causes
  Target set locally = 1% reduction
- Avoidable emergency admissions
  Target set locally = 1% reduction
- Proportion of people that enter IAPT treatment against the level of need in the population
  Target set nationally = 15%. HCCG does not expect to meet this target in 2014/15
- Meeting Friends and Family Test targets
  HCCG expect to meet targets
- Agreeing, in conjunction with the HWBB, a specified increased level in reporting of medication errors from specified providers

The Hillingdon Medicines Management Team is currently reviewing the quality premium in relation to medication errors and the submission on 4 April 2014 will not include a figure. A proposed measure will be presented to the Health and Wellbeing Board (HWBB) in June.

The proposed local quality premium in Hillingdon is:

- To reduce the number of admissions and readmissions to acute care for people aged 65 years and over as a result of a fall
  Target set locally =5%

The rationale for this target is that falls and associated fractures can be avoided in many cases and are associated with increased health and social care costs. It aligns with the JSNA priority:

- Community-based Resident-focussed services

Other key measures include:

- A diagnosis rate of 67% of expected dementia prevalence
- An IAPT recovery rate of 50%

Achievement against national and local priorities is monitored at least quarterly by NHS England.

4. FINANCIAL IMPLICATIONS

Failure to achieve all elements of the quality premium will reduce allocation of funds to the CCG in 2015/16.

5. LEGAL IMPLICATIONS

N/A.

6. BACKGROUND PAPERS

NHS planning guidance 2014-2018 “Everyone Counts”

Appendix 1: Outcomes Measures

Outcome ambition	Measure to be used	Quality Premium measure	Support measure(s)
1. Securing additional years of life for the people of England with treatable mental and physical health conditions.	Potential years of life lost from conditions considered amenable to healthcare – a rate generated by number of amenable deaths divided by the population of the area.	Improvement to be locally set and no less than 3.2%. CCGs should focus on improving in areas of deprivation in developing their plans for reducing mortality.	None
2. Improving the health related quality of life of the 15 million+ people with one or more long-term condition, including mental health conditions.	Health related quality of life for people with long-term conditions (measured using the EQ5D tool in the GP Patient Survey).	IAPT roll-out: i. achieve 15% for CCGs below that level ii Additional locally set improvement for those over 15% or near 15%.	• Increase dementia diagnosis rate to 67 per cent by March 2015. • Achieve the IAPT recovery rate of 50%.
3. Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital.	A rate comprised of: • Unplanned hospitalisation for chronic ambulatory care sensitive conditions. • Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s. • Emergency admissions for acute conditions that should not usually require hospital admission. • Emergency admissions for children with lower respiratory tract infections.	As per outcome measure	None

Outcome ambition	Measure to be used	Quality Premium measure	Support measure(s)
4. Increasing the proportion of older people living independently at home following discharge from hospital.	No indicator available at CCG level. CCGs and Area Teams will not be expected to set a quantitative level of ambition for this outcome. However, they will be expected to set out how they will improve outcomes on this ambition in their five year strategic plans.	None	A level of ambition needs to be established at Health and Wellbeing Board level on the *Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement/rehabilitation services.*
5. Increasing the number of people having a positive experience of hospital care.	Patient experience of inpatient care.	Friends and Family Test: specific actions to improve low scores.	None
6. Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community.	Composite indicator comprised of (i) GP services, (ii) GP Out of Hours.	None	None
7. Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.	Hospital deaths attributable to problems in care. This indicator is in development.	Improving the reporting of medication errors.	• MRSA zero tolerance • *Clostridium difficile* reduction