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NHS Commissioning Assembly

NHS England

Setting 5-year ambitions for improving outcomes

A how-to guide for commissioners

December 2013

Note: This guide is part of a suite of documents, that will be continually updated, to support local commissioners with their strategic planning

Introduction

Everyone Counts: Planning for Patients 2014/15 to 2018/19, published on 19 December 2013, sets out the parameters within which we as NHS commissioners should be planning. For the first time, commissioners are being asked to plan on a five year trajectory, to enable the NHS to capitalise on opportunities for transformational change and improvement. We recognise that this is in part driven by the significant financial challenge faced by the NHS over the coming five years.

But we also understand that thinking strategically about how we use our resources and commission services over a five year period presents us with an opportunity to truly put outcomes at the heart of our commissioning plans.

As clinical leaders, improving outcomes for our communities is what drives us. We must lead our local health economies to use the challenges we face, financial and otherwise, as a platform to make real and transformational change which will make significant improvement to the quality of care provided to our patients and the outcomes we achieve.

This means that we need to be able to communicate to the people we serve and our partners a clear offer in terms of outcomes (i.e. additional years of life , improved quality of life) rather than outputs (i.e. number of acute beds, number of operations), for the money they invest.

Many areas have been pioneering outcomes-based commissioning for a number of years. Now, all CCGs, together with their NHS England Area teams are being asked to jointly set levels of ambition against seven overarching outcomes. The seven outcomes are deliberately broad so as to drive improvement for all your local population. These are rooted in the NHS Outcomes Framework

As a new clinical commissioning system this will be our first attempt at defining our ambitions in a consistent way, which allows us to articulate locally and nationally what we want to achieve. This is challenging and there will be huge learning for all of us along the way.

To support all commissioners in setting their ambitions for improving outcomes, the NHS Commissioning Assembly's Quality Working Group, and NHS England's national team have worked with four local areas to generate this 'how-to' guide. This guide seeks to help commissioners put patients and service users at the heart of planning, both in terms of co-producing plans and in securing better outcomes.

This 'how to' guide suggests one approach which is intended to be helpful; it is not intended to be exhaustive or prescriptive. We will aim over the coming months to build on this further, adding further insight and resources as they are available.

7 Outcome ambitions covers all the NHS Outcome Framework domains:

NHS Outcome Framework 5 Domains	7 Outcome ambitions
Domain 1: Preventing people from dying prematurely	1: Securing additional years of life for the people of England with treatable mental and physical health conditions
Domain 2: Enhancing quality of life for people with long-term conditions	2: Improving the health related quality of life of the 15 million+ people with one or more long-term condition, including mental health conditions
	3: Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital.
Domain 3: Helping people to recover from episodes of ill health or following injury	4: Increasing the proportion of older people living independently at home following discharge from hospital.
Domain 4: Ensuring that people have a positive experience of care	5: Increasing the number of people having a positive experience of hospital care
	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
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	7: Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care

The co-chairs of the NHS Commissioning Assembly's Quality Working Group (QWG) would like to thank everyone who has helped pull this guide together, from the members of the Quality Working Group through to all the local stakeholders and participants at the workshops and meetings. Special thanks go to the people within the area teams and CCGs who helped organise the workshops: Vale of York CCG, North Yorkshire & Humber area team, Peterborough and Cambridgeshire CCG, East Anglia area team, Southend CCG and Essex area team

QWG Co-chairs: Dr. Paul Husselbee and John Stewart

Context: how did we get here and what does the planning guidance require?

How did we get here?

Improving outcomes and securing high quality care is the primary purpose of the NHS in England. *Everyone Counts: Planning for Patients 2014/15 to 2018/19* asks that commissioners develop 5-year strategic plans, which are centred on a set of ambitions for improving outcomes for the communities we serve.

The outcomes on which plans and ambitions will be developed have been selected, working with local commissioners, based on four key principles:

•Firstly; **drive improvement across as broad a front as possible** and span all five domains of the *NHS Outcomes Framework* – consistent with our duty to continuously improve outcomes across the 'comprehensive service'.

•Secondly; **ensure flexibility around the setting of local priorities** (i.e. CCGs and area teams have the autonomy to work out where they need to focus their effort).

- Thirdly; be about **'driving improvement' rather than 'holding to account'** – NHS England should be doing this with CCGs not to CCGs.

- Finally; **be as simple as possible to do and described in plain English** so they connect with patients and the public.

These principles are vital as they ensure that the autonomy of local commissioners to determine their local priorities for improvements and decide how they want to deliver those priorities is respected.

The scale of the outcomes ambitions commissioners set will be determined by how bold we, and the communities we serve, are prepared to be and by how well we collaborate with partner organisations, particularly local government.

Commissioning for outcomes is a new and challenging approach for many of us, and it will be a journey. Recognising this, there will be opportunities to refresh local areas ' plans and ambitions for improving outcomes so that they can be as ambitious as possible over 5 years and reflect the realities of local health

What the planning guidance requires?

Each CCG has been asked to commit itself to a "Unit of Planning", which may see it working together with other CCGs locally.

Strategic plans are to be developed at unit of planning level. They should include plans for improving each of the seven overarching outcomes, and where possible quantify the level of ambition commissioners are aiming to deliver for their community. However, it will also be important, for the purposes of transparency and accountability, that these ambitions can be disaggregated at individual CCG level i.e. where a unit of planning includes more than one CCG.

Strategic plans are to be submitted using the **strategic plan template**. Plans at unit of planning level for improving the seven outcomes, and quantifiable levels of ambition, should be included as part of the 'Improving quality and outcomes' component.

In addition, where quantifiable levels of ambition against the outcomes can be calculated, these should also be submitted at individual CCG level as part of the **operational planning Unify collection**. Key dates for submission of plans is below:

Key dates for submission of plans:

Activity	Deadline
Submission of draft 5 year strategic plans: •Strategic plan – word document template •Quantifiable outcomes ambitions also to be submitted through operational plan *Unify* collection	4 April 2014
Submission of final 5 year strategic plans •Strategic plan – word document template •Quantifiable outcomes ambitions also to be submitted through operational plan *Unify* collection	20 June 2014
5-year strategic plans assured and signed off by NHS England	Beginning of September 2014

Context: The 7 ambitions and the baseline measures

The 7 ambitions	Do I have to submit a 5-year 'quantifiable' ambition figure?	What is the baseline measure to set the quantifiable ambition against?
1. Securing additional years of life for your local population with treatable conditions.	✓	Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare (Adults, children and young people)
2. Improving the health related quality of life of people with one or more long-term conditions	✓	Health-related quality of life for people with long-term conditions
3. Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital	✓	Quality Premium Composite Indicator
4. Increasing the proportion of older people living independently at home following discharge from hospital	*No indicator available at CCG level to set quantifiable level of ambition against. However CCG plans on this ambition should be making explicit links to the related ambition as part the Better Care Fund, set for 2 years at Health & Wellbeing Board level.*	
5. Increasing the number of people having a positive experience of hospital care	✓	Patient experience of hospital care
6. Increasing the number of people having a positive experience of care outside hospital, in general practice and in the community	✓	Patient experience of GP services and GP Out of Hours services
7. Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care	*Baseline data not yet available at CCG level to set quantifiable level of ambition against. However 'case note review' data will be available to measure progress on local plans in the next few years.*	

*To complement this guide we have produced an **annex with further information on the outcome ambition indicators** (including the source of the base data, how the indicator has been generated, and in what format commissioners will need to generate their local ambition figures) – see page 13*

✓ This means baseline data is available at CCG level and you will need to set a 5-yr level of ambition against that indicator.

Currently an outcome indicator with baseline data for this ambition is not available at CCG level. You will not be expected to set a quantifiable level of ambition at unit of planning / CCG level. However, you will still be expected to set out how you plan to improve outcomes on this ambition over the next 5 years in your strategic plan. This should be done in partnership with key stakeholders at the *Health and Wellbeing Board level*, and aligned with the need to set a quantifiable 2-year level of ambition as part of the Better Care Fund on the indicator: *Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services*

The baseline data for the outcome indicator underlying this ambition is not yet available. You will not be expected to set a quantifiable level of ambition at this stage. However you will be expected to set out how you plan to improve outcomes in this area, on the journey towards eliminating avoidable deaths in our hospitals. We expect baseline data at CCG level, enabling quantifiable ambitions to be set, to be available in the next few years

Stakeholders: **identify and collaborate**

Successfully establishing and then delivering 5 year ambitions to improve outcomes will require the involvement of a whole range of stakeholders within and beyond the local health economy. Both the CCG and area team will wish to jointly map out who the stakeholders are in the locality for all seven of the ambitions for improving outcomes, and ensure that they are involved in the process of setting out what is achievable over the next 5 years.

Stakeholder identification

Participants at our workshops generated their own lists of stakeholders as to who they thought would need to be actively involved in the process of setting 5 year ambitions for improving outcomes.

However, it was noted that many local commissioners will have already generated similar stakeholder lists as part of other projects / planning processes. So, if there are existing stakeholder lists to use and build on, local commissioners should look to those first.

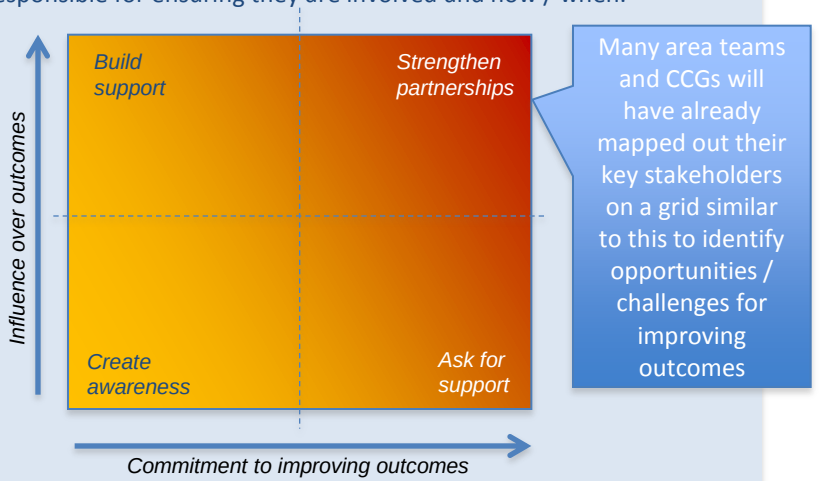
Any stakeholder list should include representatives and linkages to the following groups of stakeholders as they will be core to setting ambitions that are credible and achievable:

External stakeholder groupings (from workshops with local commissioners)	
Patients and Public	Neighbouring CCGs
Local Authority (whole portfolio) / Health & Wellbeing board	Key healthcare providers (public and private)
Other Care providers	Commissioning Support Units
Voluntary sector	Clinical and non clinical staff in health economy

Local commissioners are also encouraged to involve local stakeholders from different sectors or different backgrounds and to utilise their skill set / experiences in establishing the 5-year ambitions. Participants at the workshops emphasised the importance of bringing in fresh thinking when planning for the long term and believed this approach could challenge existing processes

Working with stakeholders – 3 key pointers from local commissioners

1. *Agree stakeholder engagement responsibilities:* the CCG and their area team should be clear about who the key stakeholders are, who is responsible for ensuring they are involved and how / when.



2. *Use existing infrastructure:* Most local health economies already have joint-groups (i.e. partnership boards) and reference-groups (i.e. patient forums) established – use these rather than duplicate or set up new groups

3. *Proactively involve your providers:* Local commissioners are actively encouraged to work with their providers to identify opportunities for improvement and innovation on the outcome ambitions over a 5 year period. Health economies will be most ambitious and most likely to succeed where they work together

Stakeholders: **public participation & co-creating**

The 5-year ambitions on improving outcomes should be actively designed with the local population and the users of local services themselves. Local service users buy-in to what their NHS and local health economy are trying to achieve is vital if the necessary transformational changes configuration to secure improved outcomes and *high quality care for all*. Participants at the workshops flagged up a number of interactive tools and publications that could support commissioners in active co-design

Transforming participation in health and care

The Health and Social Care Act 2012 introduced two legal duties, requiring clinical commissioning groups and commissioners in NHS England to enable:

•patients and carers to participate in planning, managing and making decisions about their care and treatment through the services they commission

•the effective participation of the public in the commissioning process itself, so that services reflect the needs of local people

Transforming Participation in Health and Care has been developed by NHS England with a wide range of stakeholders and partners and its purpose is to support commissioners to improve individual and public participation and to better understand and respond to the needs of the communities they serve.

It highlights a range of ways in which NHS commissioners can fulfil their statutory responsibilities and seize the opportunity to deliver personalised and responsive care to all. It includes a wide range of tools, resources and case studies that commissioners will find useful when developing their own responses

Co-creating, and changing behaviour by design – further ideas

The Design Council published a paper titled *Health: co-creating services*. This paper contains a number of insights, case studies and tools that local commissioners may find useful when establishing their approach to generating their 5 year plans and the outcome ambitions

*"Co-creation should be the foundation for services, configured and organised in new ways, in which **users are participants in the design, creation and delivery of services**, investing their time, effort and labour into the process, sharing some of the risks and responsibilities for outcomes with the professionals"*

More recently the Design Council have published a guide – *Changing behaviour by design* - outlining the potential to improve outcomes through a *behavioural design* approach.

Behavioural science is broadly the study of behaviours, seeking to understand human choices and wellbeing drawing on insights and method from psychology, economics and neuroscience.

The design approach starts by isolating **key drivers of behaviour in controlled settings**, from which recommendations can be made about real-world changes. Local experiments can reveal the 'basic principles' from which a service (or product) can be better designed and then tested in the field.

Framework: **Overview**

At the design workshops we discussed in detail how could local commissioners could get from where they are now to being able to set initial 5 year ambitions for each of the 7 key outcome areas by March (initial) and June (final). Participants discussed 3 main steps and identified a number of components under each that local commissioners could consider when establishing 5-year ambitions – these processes are not 'clean-cut' as many overlap with each other and will need to be done in parallel:

1 BASELINE

- 1. SCOPE & ENGAGE
- 2. DATA ANALYSIS
- 3. IDENTIFY OPPORTUNTIES & CHALLENGES (ANALYSIS)

2 DESIGN

- 4. HORIZON SCANNING THE FUTURE
- 5. GENERATING SOLUTIONS
- 6.EXPLORING THE DETAIL

3 CONSTRUCT*

- 7. MODELLING & PROJECTING
- 8.SENSE CHECKING & PACING
- 9. PEER REVIEW & STRETCH

The following three slides set out more detail for local commissioners on how each of the 3 main steps can be completed

*Adapted from codesign methodology

Framework: **step 1 – outcome ambition baseline**

Participants at the workshop identified, as a first step, the importance of identifying where you currently are on quality and outcome measures, and where there might be opportunities within the local health and care economy

1. SCOPE & ENGAGE

- **Appoint leads in both the CCG and the area team** to be responsible for overseeing the process to establish 5 year outcome ambitions over next 6 months, as part of your strategic planning. Establish internal milestones for the process (*see suggested milestone chart on page 11*)
- **Identify what has already been done in the locality** (i.e. Pre-existing plans, Joint Strategic Needs Assessment, S75 pooled budgets arrangements, Partnership Boards, Patient forums and Lead Provider contracts) that could be used and built upon
- Carry out a **stakeholder mapping exercise** (*see page 5*) – identify who the key stakeholders are and in particular try to identify potential 'champions' locally (i.e. HWB leads on the Integration Transformation Fund) who can support the CCG and area team leads with the running of this process. Discussions with neighbouring CCGs should also be had at this stage

2. DATA ANALYSIS

- **Use the CCG outcomes tool** *(see page 12)* to benchmark your local baseline data against other areas (both neighbouring and like areas) – use this to identify the outcome measures where you have been performing either above or below that of your like areas. The Commissioning for Value packs specific to your local area should complement this work *(see page 12)*
- Identify **local sources of data and analysis** that enables you to drill down into specific issues / population groups to understand why your CCG may be performing above or below the performance of neighbouring and / or like areas. (Note the national CCG outcomes tool is also being upgraded to enable local analysts to access additional data – such as practice level data on the patient experience indicator, and disease prevalence rates for the potential years of life lost indicator)

3. IDENTIFY OPPORTUNTIES & CHALLENGES FROM ANALYSIS

- **Use the analysis** to try and identify specific areas where you think (over the next 5 years) locally you could improve performance to reach that of the best performing 'like area' if services were designed differently or, where you are already performing highly, to challenge yourself to think how you could pioneer new ideas to further improve that the rest of the commissioning system nationwide could learn from you
- **Learning from areas with the best outcomes** – you could visit and meet with people in other areas to understand what their key drivers of success are and the key factors that they think have driven improved outcomes in their locality.

Framework: **step 2 - design**

Participants at the workshop identified, as a second step, the importance of identifying opportunities to introduce new (transformational) interventions over the next 5 year period, both specific to the task of setting of the 5-year outcomes ambitions and the strategic planning that will inform the outcome ambitions

4. HORIZON SCANNING THE FUTURE

- **Co-design with the public and other key stakeholders 'what good looks like' in 5-years** – as part of your strategic planning have a process in place to enable you to articulate what high quality care and local health services should look like by 2020 for your communities. This could build on call-to-action events that many local commissioners have already run
- **Develop 'scenarios'** of the impact of local changes over the next five years (i.e. demographic changes, changing attitudes and expectations, new technologies) on current service design
- **Consider whether some ambitions are more important locally than others over the next 5 years** –you may decide collectively with your local community and health economy partners to set greater ambitions for certain outcomes according to the needs of your population

5. GENERATING SOLUTIONS

- **Review identified high-impact interventions (HII) and best practice case studies –** A web tool *(see page 12)* will soon contain a list of HIIs and case studies identified by national clinical directors and local area teams that you will be able to review and use to identify potential new interventions that could deliver better for less
- **Challenge the public, providers, and other local stakeholders to design new interventions to improve outcomes** – use co-design principles to challenge existing models and generate ideas that point to potential new and more integrated design of local services.
- **Explore the strategic changes required over the next 5-years** – alongside wider conversations about what things you could do, you should also be identifying what you could stop doing, especially if you need to release savings

6. EXPLORING THE DETAIL

- **Assess and filter down the conceptual ideas and designs** – specific to the task of setting 5 year outcome ambitions, identify the interventions and new models of service delivery that you believe could be implemented over the medium to longer term, and would impact positively on the outcome indicators you have been asked to set ambitions against
- **Ensure interventions and new models promote fairness** in their design and your plans to improve outcomes promote equality and reduce inequality across the locality (*see: NHS equality & diversity council*)
- **Start to plan the actions / changes** that would have to take place between now and 2020 in order to implement new interventions and service re-design. Most local commissioners would want to develop a high level plan with annual milestones.

Framework: **step 3 - construct**

Participants at the workshop identified, as a third step, the need to model the potential impact of your new interventions on the outcomes measures to quantify the improvement expected over the next 5 years

7. MODELLING & PROJECTING

- **Estimate what you think will be the impact of new interventions / models of service design -** using existing or newly generated evidence (local, national and international) on the benefits of your proposed new interventions, quantify what you think will be the impact on the key outcome measures you have been asked to submit quantifiable ambitions against (*see page 3*) over the next 5 years
- **Use the 'Anytown CCG' resources *(see page 12)* to estimate the impact of your interventions over the next 5 years** – NHS England have developed a resource that you will be able to use as a guide for calculating the impact of the interventions you have identified against both the outcome measures and available resources

8.SENSE CHECKING & PACING

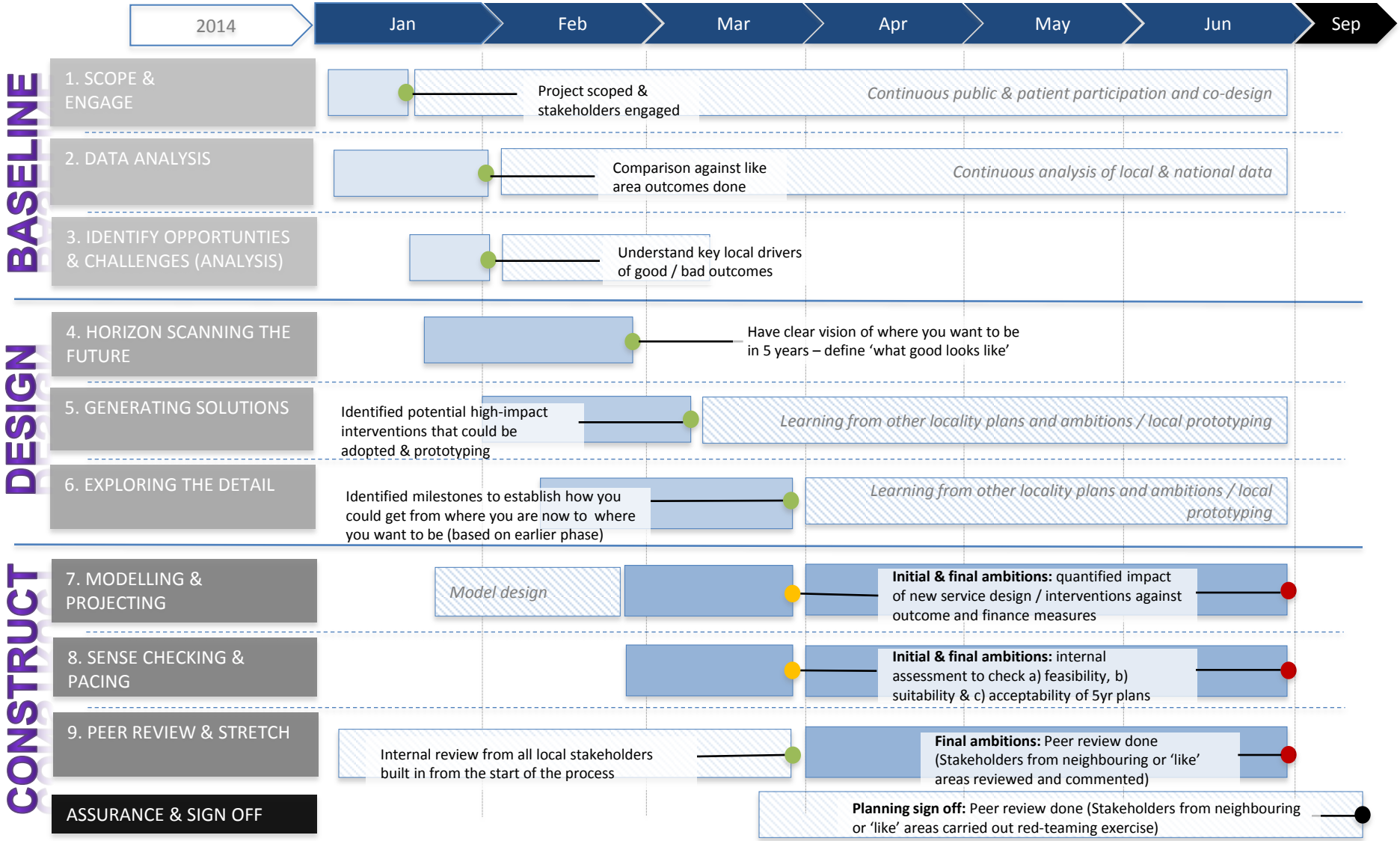
- **Put in place an internal 'STOP' to assess / mitigate risks** - Any transformational changes you are now proposing locally over the next 5 years should be assessed to assure local commissioners of their *a) feasibility* (is it doable?), *b) suitability* (is the change proportional to the issue to be tackled and the gains to be made?) and *c) acceptability* (will it have buy-in from those it will affect?)
- **Using the annual milestones developed for the initial ambitions consider the scheduling of your proposed changes over the next 5 years** – take into account your current contractual programme and local capacity to deliver change over the 5 year period. Identify whether you want to stagger introduction of new interventions over the 5-year period to reflect this. Referring specifically to your own commissioning cycle process will support this scheduling process.

9. PEER REVIEW & STRETCH

- **NHS England challenge of initial ambitions** – there will be processes established from March 2014 where NHS England will be reviewing plans and quantifiable ambitions for improving outcomes and feeding back comparisons against ambitions set by neighbouring and like areas.
- **Arrange for either a neighbouring area or like area CCG to peer-review your ambitions and plans** - you could arrange a 'red teaming' session where a group of key stakeholders in a neighbouring or like area reviews and shares their ideas on your 5 year ambitions and plans
- **Continuous engagement** - use local and social media to hold a continuous conversation on the 5-year ambitions with service users, clinical and non-clinical professionals, and the wider local population

Framework: **Timeline**

Given the tight timescales, during our workshops participants identified a number of key deliverables over the next 9 months. These are set out below as a suggested project plan / high level milestone chart which local areas could use to plan their work to develop plans and ambitions for improving outcomes.



Tools & resources: **support for commissioners**

What is it?	How does it help you?	Where can I find?
CCG Outcomes Tool	An interactive analytical outcomes tool that enables local commissioners to: •View their outcomes baseline data and access the source data •Compare to other similar CCGs (either individually or clustered together to generate aggregated unit of planning level data) •Drill down into some more granular level data (e.g. disease prevalence rates for PYLL and practice level data for patient experience)	http://www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/
Levels of Ambition atlas*	*(* The Atlas is in the same format as the CCG outcomes Tool, but the data included is exclusively for the purposes of developing quantifiable outcomes ambitions)*	http://ccgtools.england.nhs.uk/loa/flash/atlas.html
Commissioning for Value packs	Commissioning for Value packs provide a bespoke package of practical support to CCGs. The aim is to help CCGs prioritise improvements to influence their strategic planning. All CGG packs, further information and detailed case studies showing the impact of this work are available on the right care website	http://www.networks.nhs.uk/nhs-networks/health-investment-network/commissioning-for-value-1
NHS Outcomes Framework – 5 domains resources	Webpages to support local commissioners design new service models to improve outcomes. These pages include key 'areas of action' local commissioners may wish to consider and best practice case studies shared by Area Teams & CCGs (which will be continually updated). In early 2014 there will also be lists of high impact interventions for each domain (signposted to supporting material) made available	http://www.england.nhs.uk/resources/resources-for-ccgs/out-frwrk/
Preventing Premature mortality resource tool	A resource to support NHS commissioners in setting their ambition on: *reducing potential years of life lost (PYLL) from causes amenable to healthcare*. It provides advice on the comparative benefits (and costs where known) of implementing a range of clinical interventions that would have a high impact on reducing premature morality. The content and functionality (as a browseable web tool) will continue to evolve.	[PDF version] Signposted from the *Everyone counts* planning guidance NHS England webpage
Better Care Fund support pack	A resource to support local clinical commissioners and local authorities to act together to develop their Better Care Fund plans. This information will be useful in the context of developing a 5 year plan for improving the outcome on: *Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services*	[PDF version] Signposted from the *Everyone counts* planning guidance NHS England webpage
NHS Evidence	NICE Evidence Services are a suite of services that provide internet access to high quality authoritative evidence and best practice. The services cover health, social care and public health evidence. Evidence Services aim to help professionals make better and quicker evidence based decisions.	https://www.evidence.nhs.uk/
Anytown CCG resources	NHS England have developed a number of resources for both identifying and assessing the impact of exemplar high impact interventions. You will be able to use these resources as guides for how you might go about identifying and modelling the impact of the high impact interventions against both the outcome ambition measures and your financial resource allocation	[PDF version] Signposted from the *Everyone counts* planning guidance NHS England webpage

*Note: A **task and finish group** (established by the NHS Commissioning Assembly CCG Development working group) will be working with local commissioners to identify the practical support needs local commissioners may have in implementing transformational changes within their locality, and how barriers to transformational change that would improve patient outcomes can be addressed locally*

NHS Commissioning Assembly

NHS England

5-year ambitions for improving outcomes:

A how-to guide for commissioners

ANNEX: Information on indicators

December 2013

Information on indicators: **overview**

This annex sets out summary information on the indicators being used to measure each of the ambitions, including:

- the source of the base data and baseline year being used
- how the indicator has been generated
- the format commissioners will need to generate their local ambition figures
- links to more detailed technical specifications for each of the indicators used

Note:

Five of the seven outcome ambitions currently have an available indicator and baseline data at CCG level.

Local commissioners are required to set quantifiable ambitions for the five with available baseline data, and to plan for improving outcomes for all seven outcome ambitions.

Information on indicators: **Outcome ambition 1**

OUTCOME AMBTION 1 *(links to Domain 1 of the NHS Outcomes Framework)*	**Securing additional years of life for your local population with treatable conditions.**
NHS Outcomes Framework Indicator:	Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare (adults and children)
Numerator:	Annual ONS avoidable mortality for England
Denominator	ONS mid-year population estimates of the relevant age group and gender
Metric to set ambition against	PYLL rate per 100,000 population
Baseline year	2012
National baseline projections (based on current practice)* *[*see slide 23]*	• 2014/15: Baseline – To be available via the levels of ambition atlas in January 2014 • 2015/16: Baseline - To be available via the levels of ambition atlas in January 2014 • 2016/17: Baseline - To be available via the levels of ambition atlas in January 2014 • 2017/18: Baseline - To be available via the levels of ambition atlas in January 2014 • 2018/19: Baseline - To be available via the levels of ambition atlas in January 2014
Data availability	Baseline and trend data available from the levels of ambition atlas The levels of ambition atlas will be updated annually to allow progress to be assessed
Detailed HSCIC indicator specification:	https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_1a_I00654_S_V3.pdf

Information on indicators: **Outcome ambition 2**

OUTCOME AMBTION 2 *(links to Domain 2 of the NHS Outcomes Framework)*	**Improving the quality of life for people with one or more long term condition**
NHS Outcomes Framework Indicator:	Health related quality of life for people with long term conditions
Numerator:	The sum of the weighted EQ-5D values for all responses from people identified as having a long term condition
Denominator	The weighted count of all responses from people identified as having a long term condition
Metric to set ambition against	(Crude rates) - Average health status (EQ-5D) score for individuals who identify themselves as having a long-term condition
Baseline year	2012
National baseline projections (based on current practice)	N/A – *(see slide 23)*
Data availability	Baseline and trend data available from the levels of ambition atlas The levels of ambition atlas will be updated annually to allow progress to be assessed
Detailed indicator specification:	This specification is available via the levels of ambition atlas

Information on indicators: **Outcome ambition 3**

OUTCOME AMBTION 3 *(links to Domains 2 & 3 of the NHS Outcomes Framework)*	**Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside hospital**
NHS Outcomes Framework Indicators:	• 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 (LRTI)
Numerator:	Includes any admission matching the criteria in any of the 4 individual indicator published by the HSCIC (links below) and is the same as those used in the Quality Premium (see http://www.commissioningboard.nhs.uk/wp-content/uploads/2013/03/qual-premium.pdf, page 23)
Denominator	The sum of the population registered with each CCGs' practices, October 2013
Metric to set ambition against	Rate per 100,000 population, indirectly age-sex standardised to the England population
Baseline year	2012/13
National baseline projections (based on current practice)	N/A – (see slide 23)
Data availability	Baseline and trend data available from the levels of ambition atlas The levels of ambition atlas will be updated annually to allow progress to be assessed
Detailed HSCIC indicator specifications:	https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_2.3.i_I00708_S_V8.pdf https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_2.3.ii_I00671_S_V8.pdf https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_3a_I00711_S_V8.pdf https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_3.2_I00714_S_V7.pdf Aggregation methodology available from the levels of ambition atlas

Information on indicators: **Outcome ambition 4**

OUTCOME AMBTION 4 *(links to Domain 3 of the NHS Outcomes Framework)*	**NO BASELINE DATA AT CCG LEVEL CURRENTLY AVAILABLE FOR THIS AMBITION – YOU WILL NOT BE REQUIRED TO SUBMIT A QUANTIFIABLE AMBITION IN YOUR RETURNS AT CCG LEVEL**
Notes	Currently an outcome indicator with baseline data for this ambition is not available at CCG level. You will not be expected to set a quantifiable level of ambition at CCG level. However, you will still be expected to set out how you plan to improve outcomes on this ambition over the next 5 years. This should be done in partnership with key stakeholders at the Health and Wellbeing board level, as to access the Better Care Fund a 2-yr level of ambition needs to be established at HWB level on the *Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services*
Further information	The £3.8bn Better Care Fund (BCF, previously known as the Integration Transformation Fund) was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care. The Better Care Fund is a single pooled budget to support health and social care services to work more closely together in local areas. The BCF not only brings together NHS and Local Government resources that are already committed to existing core activity, but also provides a real opportunity to improve services and value for money. Timing for the BCF is aligned with the CCG 2-year operational plan submission timelines • Draft BCF plan due 14 February 2014 • Final BCF plan due 4 April 2014 The BCF is, however, required at a Health and Wellbeing Board level Whilst the fund itself does not address the medium term pressures faced by local authorities and CCGs, it can act as a catalyst for developing a new shared, and more strategic, approach to delivering new service models and setting priorities over a longer 5-year planning period 14 localities were announced as integration health and care pioneers in November 2013. The pioneers will test local and national barriers that need to be addressed and act as exemplars from which lessons and experiences may be drawn for rapid dissemination, promotion and uptake across the country.

Information on indicators: **Outcome ambition 5**

OUTCOME AMBTION 5 *(links to Domain 4 of the NHS Outcomes Framework)*	**Increase the proportion of people having a positive experience of hospital care**
NHS Outcomes Framework Indicator:	'Poor' patient experience of inpatient care *(*see next slide)*
Numerator:	Total number of 'poor' responses *(**see next slide)*
Denominator	Total number of respondents to the survey questions
Metric to set ambition against	Rate of responses of a 'poor' experience of inpatient care per 100 patients *(***see next slide)*
Baseline year	2012
National baseline projections (based on current practice)	N/A – (see slide 23)
Data availability	Baseline and trend data available from the levels of ambition atlas The levels of ambition atlas will be updated annually to allow progress to be assessed
Detailed indicator specification:	This specification is available via the levels of ambition atlas

Information on indicators: **Outcome ambition 5 (continued)**

Supporting notes on Outcome ambition 5:

* Amended from the NHS OF measure – measure designed to cover all 'poor' care

** The table to the right lists the 15 experience of inpatient care questions, from the national inpatient survey, on which the indicator is constructed from. The right hand column lists the associated responses that have been selected as representing 'poor' experience of care

*** The national inpatient survey is collected at provider-level. The algorithm from the Quality Premium has been used to attribute provider-level data on patient experience to a geographical CCG footprint. Currently the algorithm assigns trust-level outcome data to a CCG footprint (per annum) where a CCG sends more 10% of admitted patients to each providers. Each year the 'attribution' will be refreshed using this algorithm to reflect any shift in patient flows where CCGs changes its referral pattern between providers.

Note: Commissioners will wish to think about how they use the **Friends and Family Test** to drive and monitor on a more frequent basis improvement against this ambition

Domain	Question	Response options	Selected responses to represent poor experience of care
Access and Waiting	Q6. How do you feel about the length of time you were on the waiting list before your admission to hospital?	"I was admitted as soon as I thought was necessary"; "I should have been admitted a bit sooner"; "I should have been admitted a lot sooner"	"I should have been admitted a lot sooner"
	Q7. Was your admission date changed by the hospital?	"No"; "Yes, once"; "Yes, 2 or 3 times"; "Yes, 4 times or more"	"Yes, 2 or 3 times", OR "Yes, 4 times or more"
Safe, high quality co-ordinated care	Q31. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?	"No"; "Yes, sometimes"; "Yes, often"	Yes, often
	Q51. On the day you left hospital, was your discharge delayed for any reason?	"No"; "Yes". Exception: Records excluded where: i) the answer to "What was the main reason for the delay?" is "Something else" AND ii) the answer to Q61, "How long was the delay?" is NOT "longer than 4 hours"	"Yes" (not including exceptions)
Better information, more choice	Q32. Were you involved as much as you wanted to be in decisions about your care and treatment?	"Yes, definitely"; "Yes, to some extent"; "No"	"No"
Building closer relationships	Q24. When you had important questions to ask a doctor, did you get answers that you could understand?	"Yes, always"; "Yes, sometimes"; "No"; "I had no need to ask"	"No"
	Q26. Did doctors talk in front of you as if you weren't there?	"No"; "Yes, sometimes"; "Yes, often"	"Yes, often"
	Q27. When you had important questions to ask a nurse, did you get answers that you could understand?	"Yes, always"; "Yes, sometimes"; "No"; "I had no need to ask"	"No"
	Q29. Did nurses talk in front of you as if you weren't there?	"No"; "Yes, sometimes"; "Yes, often"	"Yes, often"
Clean, friendly, comfortable place to be	Q16. "Were you ever bothered by noise at night from hospital staff?"	"No"; "Yes"	Yes
	Q17. In your opinion, how clean was the hospital room or ward that you were in?	"Very clean"; "Fairly clean"; "Not very clean"; "Not at all clean"	"Not very clean" OR "Not at all clean"
	Q21. How would you rate the hospital food?	"Very good"; "Good"; "Fair"; "Poor"	Poor
	Q37. Were you given enough privacy when being examined or treated?	"Yes, always"; "Yes, sometimes"; "No"	Yes, sometimes OR No
	Q39. Do you think the hospital staff did everything they could to help control your pain?	"Yes, definitely"; "Yes, to some extent"; "No"	No
	Q67. Overall, did you feel you were treated with respect and dignity while you were in the hospital?	"Yes, always"; "Yes, sometimes"; "No"	Yes, sometimes OR No

Information on indicators: **Outcome ambition 6**

OUTCOME AMBTION 6 *(links to Domain 4 of the NHS Outcomes Framework)*	**Increase the number of people having a positive experience of care outside hospital, in general practice and the community**
NHS Outcomes Framework Indicator:	Poor patient experience of primary care* i.GP services ii.GP out-of-ours services *Amended from the NHS OF measure – measure now covers <u>all</u> poor care: patients experiencing *very poor* or *fairly poor* care
Numerator:	Total number of responses of either 'fairly poor' or 'very poor' experience across the two questions: -Overall, how would you describe your experience of your GP Surgery -Overall, how would you describe your experience of Out of Hours GP services
Denominator	Total number of respondents to the survey questions
Metric to set ambition against	Rate of responses of a 'fairly poor' or 'very poor' experience across General Practice (GP) and Out-of-hours services per 100 patients
Baseline year	2012
National baseline projections (based on current practice)	N/A – (see slide 23)
Data availability	Baseline and trend data available from the levels of ambition atlas The levels of ambition atlas will be updated annually to allow progress to be assessed
Detailed indicator specification:	This specification is available via the levels of ambition atlas

Information on indicators: **Outcome ambition 7**

OUTCOME AMBTION 7 *(links to Domain 5 of the NHS Outcomes Framework)*	**NO BASELINE DATA AT CCG LEVEL CURRENTLY AVAILABLE FOR THIS AMBITION – YOU WILL NOT BE REQUIRED TO SUBMIT A QUANTIFIABLE AMBITION IN YOUR RETURNS AT CCG LEVEL**
Notes:	The baseline data for the outcome indicator underlying this ambition is not yet available. You will not be expected to set a quantifiable level of ambition at this stage. However, in your strategic plans, you will be expected to set out how you plan to improve outcomes in this area, on the journey towards eliminating avoidable deaths in our hospitals. We expect baseline data at CCG level, enabling quantifiable ambitions to be set, to be available in the next few years
Further information	*In July 2013 Sir Bruce Keogh announced professors Lord Ara Darzi and Nick Black would conduct a study into the relationship between "excess mortality rates" and "actual avoidable deaths". This study is now paving the way for the introduction of a new national indicator on avoidable deaths in hospitals, measured through the introduction of systematic and externally audited case note reviews.* See: http://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf

Information on indicators: **baseline practice projections – rationale & explanation**

Context

Outcome ambition 1 (preventing premature mortality) are greatly affected by health behaviours throughout life (e.g. smoking). As there is a strong positive trend reduction in mortality and potential years of life lost, because the cohorts of people entering the highest-risk age-range are progressively healthier, it seems sensible to make an adjustment for that trend before setting levels of ambition.

For the other ambitions we do not propose making such an adjustment because their corresponding indicators are intrinsically amenable to NHS (and partner organisations) activity.

'Base-line practice' projections for Ambition 1

The 'Anytown CCG' project contains projections for ambition 1 under a 'do nothing' scenario. These projections assume that the quality of NHS (and partner organisations) services remains constant at the level of the base-line year.

For the purposes of setting quantified ambitions for ambition 1, we advise that CCGs apply their quantified ambitions to their own baseline adjusted for these projections in each year.

The base-line practice projections for ambition 1, by year, will be available on the levels of ambition atlas in January 2014

The national support center will continue to refine this methodology over the coming months, including making an assessment as to whether this national projection can be disaggregated to sub-national level.

We will then subject this methodology to peer-review. If that results in significantly different projections, we will propose refreshing ambition 1 figures to reflect this.

Information on indicators: **standardisation – issues & data provision**

1. How has data in the levels of ambition atlas been standardised?

The version of the levels of ambition atlas published alongside this How-to-do-Guide in December 2013 provides baseline data (where available) against each of the ambitions, for each CCG, standardised as follows:

•*Ambition 1* – Potential Years of Life Lost: **Directly standardised**

•*Ambition 2* – EQ-5D for people with long-term conditions: **Crude rates**

•*Ambition 3* – Emergency admissions composite indicator: **Indirectly standardised**

•*Ambition 5* – Patient experience of inpatient care: **Crude rates**

•*Ambition 6* – Patient experience of GP and Out-of-Hours: **Crude rates**

2. What approach to standardisation should you use in setting your ambitions?

CCGs can use a different approaches to establishing their quantifiable ambitions according to the method of standardisation they take. Approaches vary according to the method of standardisation:

•Crude figures
•Directly standardised figures
•Indirectly standardised figures

Your baseline will therefore be different depending on which approach you take for each indicator (see right)

For example: to set a quantified ambition by benchmarking to another CCG, use a directly standardised baseline. However, to set a quantified ambition based on the implementation of a specific intervention, use an unstandardised baseline.

CCGs are advised to consider which baseline – in terms of how it has been standardised – is most appropriate. CCGs must indicate which baseline is used in the CCG planning template

3. The three methods of standardisation

•*Crude figures* – Indicator values applied the CCG population i.e. that hasn't been adjusted to account for differences (between CCGs) in population structures such as age and sex

•*Directly standardised figures* – Indicator values are standardised to represent what would occur in a standard population (rather than the CCG-specific population)

•*Indirectly standardised figures* - Indicator values for each CCG are standardised to a CCG-specific standard population (e.g. the CCG population in the base-line year) to make its indicator values comparable over time, but not to other CCGs

In the January 2014 we plan to refresh the levels of ambition atlas to present CCG baselines against each ambition in all of the above approaches.

Information on indicators: **Technical FAQs**

FAQ	Answer
Where do we obtain our baseline against each ambition?	The levels of ambition atlas provides the baseline data for each CCG against each ambition.
Where do we obtain data on our trends against each indicator	The levels of ambition atlas provides trend data, where available, for each CCG against each ambition.
Can we compare our ambition outcomes to those of other CCGs?	The levels of ambition atlas allows CCGs to compare both their baseline and trend data to that of other CCGs (including a range of filters e.g. Area Team) against each ambition.
The base-line data provided in the levels of ambition atlas are not standardised in a consistent manner. What is the implication for setting quantified ambitions?	See the *'**Standardisation – Issues & Data provision**' slide* of this How-to-Guide.
Should we make projections to estimate what will happen to ambition indicators under a 'do nothing' scenario.	For ambition 1 - Securing additional years of life for your local population with treatable conditions, we recognise that there are significant external drivers of this outcome that are likely to occur under a 'do nothing' scenario. Therefore, for this ambition we have provided an estimated national projection for the 'do nothing' scenario. **For outcome ambition 1 you should apply this projection before setting your quantifiable ambition** For the other ambition indicators - we do not consider such a projection appropriate given that these are predominantly amenable to the NHS (and partner organisations).
Will we be able to assess progress against our ambitions over time	The levels of ambition atlas will be updated annually with the latest data to allow progress to be assessed over time.

Note: We will update these FAQs periodically