Public Health England

NHS England

NHS RightCare Commissioning for Value Focus Pack

Maternity and early years

May 2016

RightCare

NHS Redbridge CCG

OFFICIAL

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Introduction: Welcome to your focus pack

Welcome to your focus pack on maternity and early years. The information contained in this pack is personalised for your CCG and should be used to support local discussions and inform a more in-depth analysis around maternity services. There is a page of useful links at the end and there is a video guide to the pack too.

Each of these focus packs provides detailed information on the opportunities to improve in the highest spending programmes previously covered by Commissioning for Value packs. They include a wider range of outcomes measures and information on the most common procedures and diagnoses for the condition in question.

By using this information, together with local intelligence and reports such as your Joint Strategic Needs Assessment, your CCG will be able to ensure its plans focus on those opportunities which have the potential to provide the biggest improvements in health outcomes, resource allocation and reducing inequalities.

One of the main focuses for the Commissioning for Value series has always been reducing unwarranted variation in outcomes. NHS England, Public Health England and CCGs have legal duties under the Health and Social Care Act 2012 with regard to reducing health inequalities. Commissioners should continue to use these packs and supporting tools to drive local action to reduce inequalities in access to services and in the health outcomes achieved.

NHS RightCare

The primary objective for NHS RightCare is to maximise value:

- the value that the patient derives from their own care and treatment
- the value the whole population derives from the investment in their healthcare

The approach has been tested and proven successful in recent years in a number of different health economies. The programme focusses on improving population value including improving outcomes, quality, and releasing capacity and resources for future investment.

To build on the success and value of the RightCare programme, NHS England and Public Health England are taking forward the RightCare approach to ensure it becomes embedded in the new commissioning and public health agendas for the NHS. It is now referenced in the Mandate to NHS England, the NHS Planning Guidance, the CCG Improvement and Assessment Framework and the Quality Premium for 2016/17.

The RightCare programme includes the Commissioning for Value packs and tools, the NHS Atlas series and a number of casebooks. NHS England has committed significant funding to rolling out the RightCare approach to all CCGs over the next two years. Wave 1 has 65 CCGs and these are now receiving early support from one of ten RightCare Delivery Partners. The remaining CCGs are in Wave 2 and will receive support from an expanded team of Delivery Partners later in 2016.

Why act?

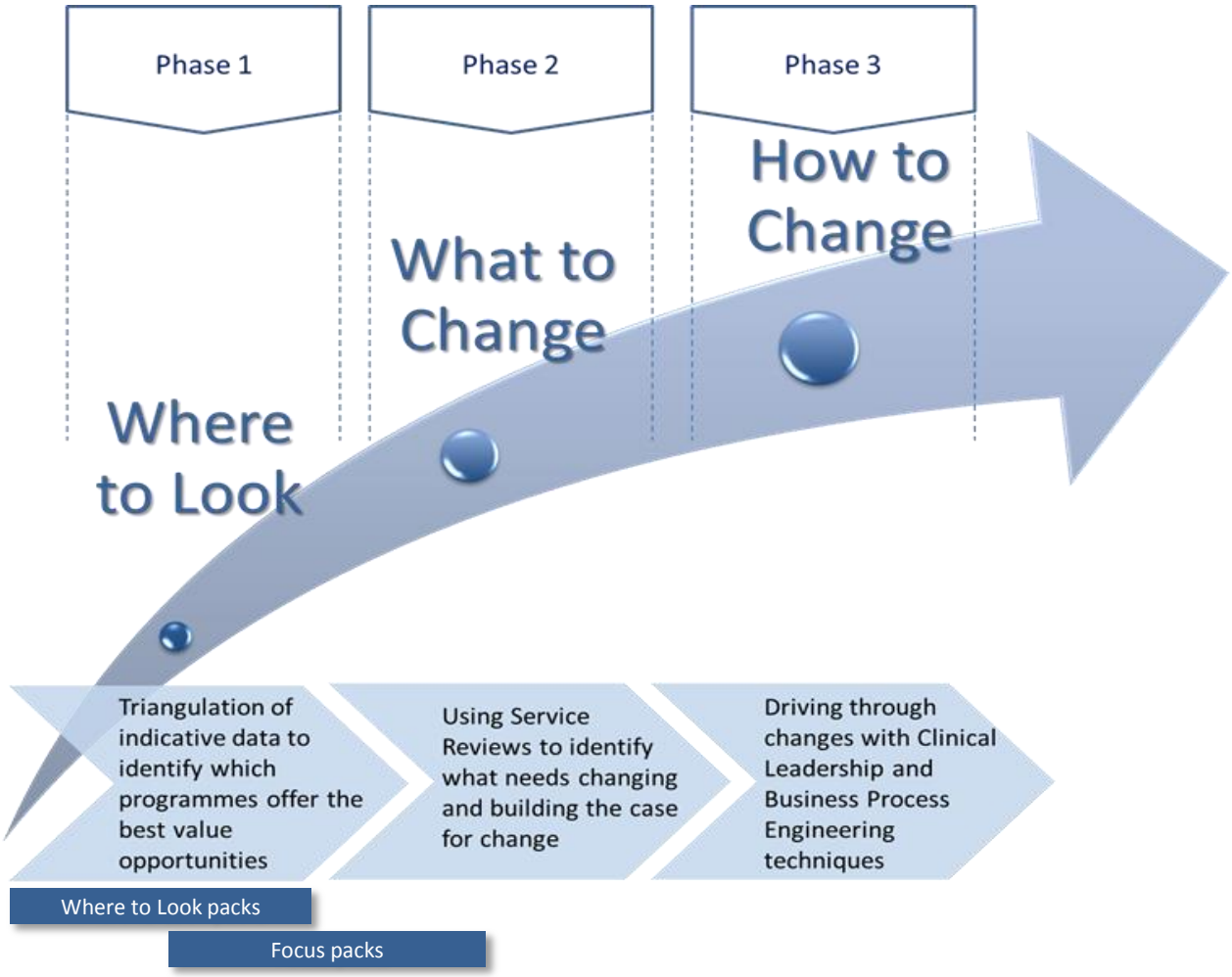
“ What Commissioning for Value does is shine an honest light on what we are doing. The RightCare approach then gives us a methodology for quality improvement, led by clinicians. It not only improves quality but also makes best use of the taxpayers’ pound ensuring the NHS continues to be one of the best value health and care systems in the world. ”

Professor Sir Bruce Keogh
National Medical Director, NHS England

“ The data and evidence available through tools such as Commissioning for Value will help commissioners make the most important decisions in delivering concrete and sustainable clinical and financial benefits across the NHS. We expect that the roll-out of the RightCare programme will drive up the quality of care while contributing significantly to meeting the efficiency challenge set out in the Five Year Forward View. ”

Paul Baumann
Chief Financial Officer, NHS England

Commissioning for Value



Commissioning for Value is a partnership between NHS England and Public Health England. The *Where to Look* packs produced in January 2016 support the first phase of the NHS RightCare approach.

The *Where to Look* packs begin with a review of indicative data to highlight the top priorities or opportunities for transformation and improvement for your CCG.

These focus packs help CCGs to begin work on phase two *What to Change* by using indicative data along a pathway to identify improvement opportunities.

Your most similar CCGs

Your CCG is compared to the 10 most demographically similar CCGs. This is used to identify realistic opportunities to improve health and healthcare for your population. The analysis in this pack is based on a comparison with your most similar CCGs which are:

- Slough
- Harrow
- Luton
- Hillingdon
- Hounslow
- Ealing
- Barnet
- Birmingham South and Central
- Sandwell and West Birmingham
- North Kirklees

To help you understand more about how your most similar 10 CCGs are calculated, the Similar 10 Explorer Tool is available on the NHS England website. This tool allows you to view similarity across all the individual demographics used to calculate your most similar 10 CCGs. You can also customise your similar 10 cluster group by weighting towards a desired demographic factor.

In addition to the similar 10, there are CCG cluster groups which have been constructed using the same variables (eg deprivation) as the similar 10. This larger cluster group is used in the opportunity tables, represented by a green triangle. Your CCG is in the following cluster group:

- Deprived urban areas with younger people and ethnic diversity, particularly Asian

Maternity and early years data and interpretation

Better Births, the report of the National Maternity Review, noted the variation across the country in outcomes for women and babies and the quality of services that they received. The review also noted that although a large amount of data was routinely collected across the pathway (care during pregnancy, care during labour and birth and care following birth), there were issues with interpretation and data quality.

Work is underway to identify a recommended set of quality indicators and to review the data collected and the maternity and early years pack is likely to be developed in future years in light of this work. In the meantime, this pack includes a limited number of indicators to identify potential opportunities to improve quality and outcomes in maternity as well as the key indicators for early years. The indicators focus on prevention and public health. Smoking in pregnancy is still the biggest identifiable risk factor for poor birth outcomes – recognised in the Saving Babies' Lives care bundle, which recommends specific actions to reduce maternal smoking rates.

In interpreting this pack CCGs should take into account the limited scope of the indicators included and consider whether in their work with providers further opportunities to improve quality, outcomes and value in maternity can be identified. *Better Births* is available at: https://www.england.nhs.uk/ourwork/futurenhs/mat-review/ and sets out the vision for improving maternity services and recommendations for action.

Your data

This focus pack presents analysis of the limited range of indicators available for maternity and early years. The indicators have been chosen with advice from key stakeholders including the National Child and Maternal Health Intelligence Network.

The data in this pack are the latest available. The charts identify the metadata for each indicator and the full metadata set will be available on the Commissioning for Value pages of the NHS England website shortly. Data quality has been assessed and only indicators which are sufficiently robust have been included in the pack.

The opportunity tables, starting on page 15, identify the best CCG in your similar 10, who you may wish to contact – either directly, or through your Delivery Partner if you are in a Wave 1 CCG.

For some indicators, the difference between the value for your CCG and the Best 5 is marked as Not Statistically Significant (NSS). This means that we cannot say with confidence (statistically defined as >95% confidence) that any difference between your CCG and the Best 5 is not simply due to chance. Values for these cases have been included in order to provide detailed information for use in considering whether to explore an area further.

Should you have any queries about the indicators or the data, please refer to the contact details on the ‘further information and support’ page at the end of this pack.

Pathways on a page

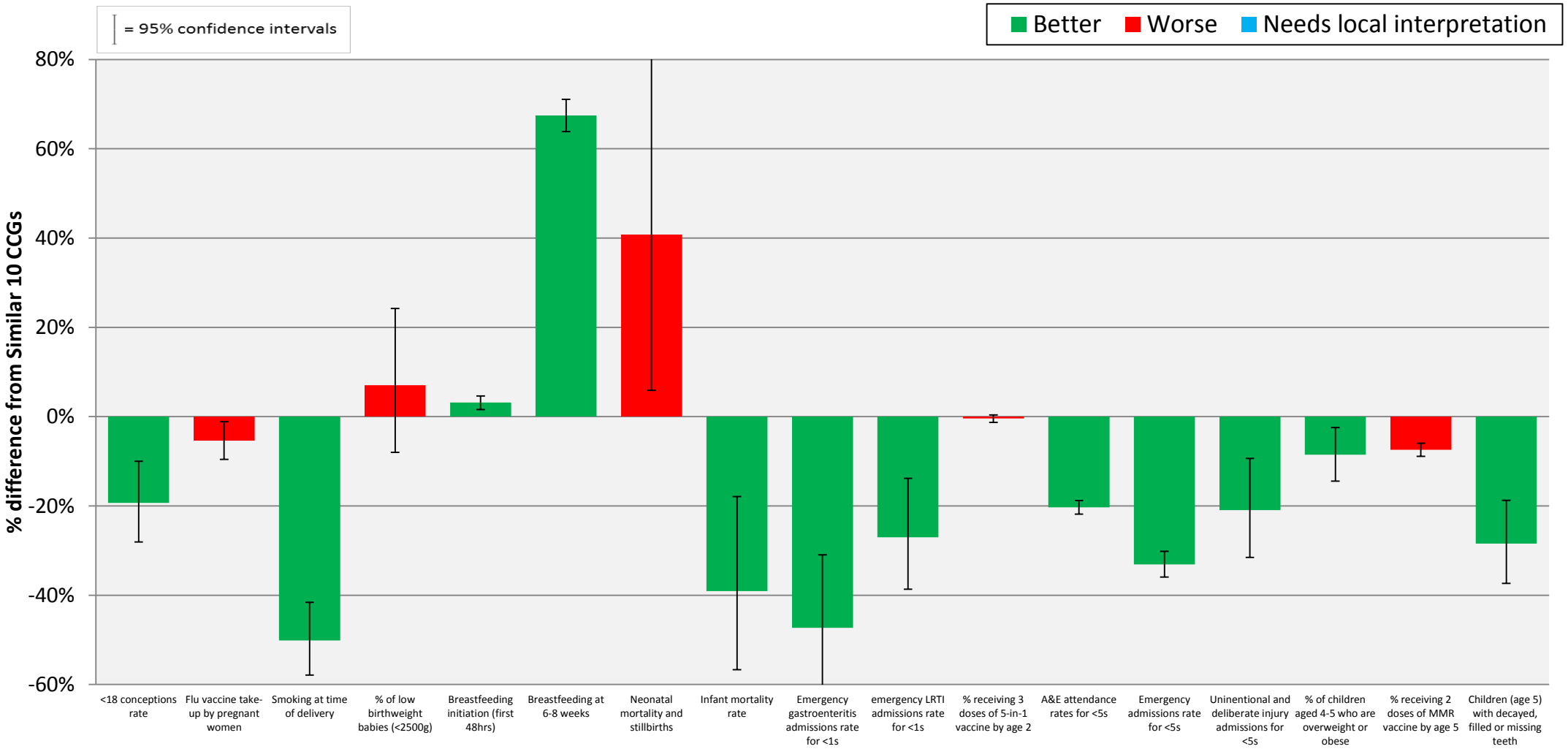
The indicators on the following page are identical to the maternity related ‘pathway on a page’ from the previous Commissioning for Value packs, with the addition of the neonatal mortality and stillbirths indicator.

The intention of this pathway is not to provide a definitive view on priorities but to help commissioners explore potential opportunities. These help commissioners to understand how performance in one part of the pathway may affect outcomes further along the pathway. Each indicator is shown as the percentage difference from the average of your 10 most similar CCGs.

The indicators are colour coded to help you see if your CCG has ‘better’ (green) or ‘worse’ (red) values than your peers. This is not always clear-cut, so (blue) is used where it is not possible to make this judgement without understanding the local context. For example low prevalence may reflect that a CCG truly does have fewer patients with a certain condition, but it may reflect that other CCGs have better processes in place to identify and record prevalence in primary care. **Blue indicators could show significant opportunities for improvement.**

Even where an indicator is green there may still be an opportunity to improve. The programme opportunity tables, starting on page 15, identify the opportunities that exist for your CCG to improve to a level which matches the average of the best five of your similar 10 CCG group. Please note: The variation from the average of the similar 10 CCGs is statistically significant for those indicators where the confidence intervals do not cross the 0% axis.

Maternity Pathway



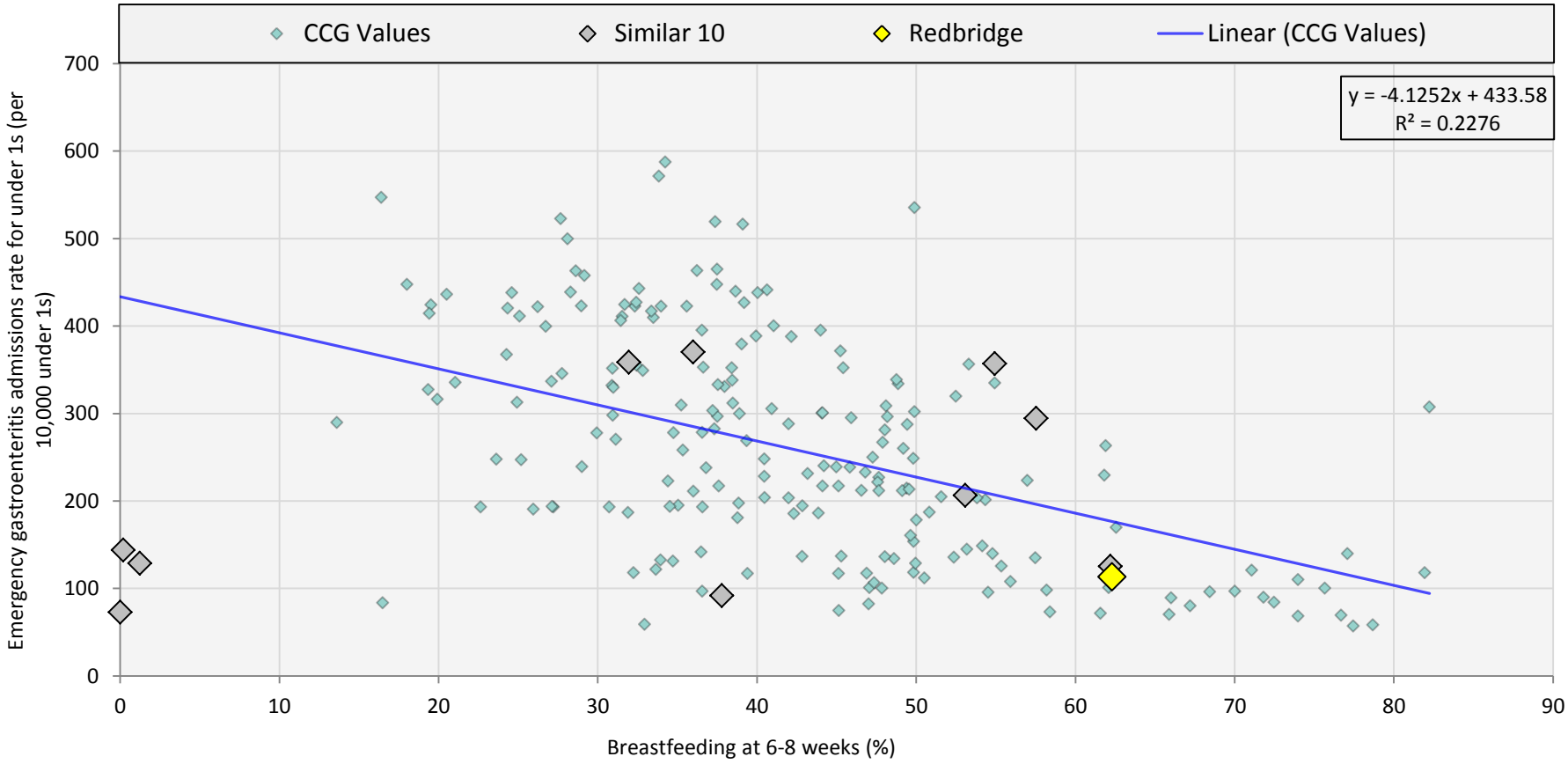
NICE Guidance:

http://pathways.nice.org.uk/pathways/antenatal-care
http://pathways.nice.org.uk/pathways/postnatal-care
http://pathways.nice.org.uk/ and then select population groups, children and young people

Scatter Plot Analysis

The Commissioning for Value Explorer Tool allows the comparison of two indicators, the diagram below is an example. This is an invaluable tool to enable users to assess how one indicator relates to another. The similar 10 can be highlighted too. It is important to remember that correlations do not imply causation but the relationships can help target where to look. The explorer tool is available here:

http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/



Opportunity table: Methodology

The opportunity tables present all focus pack indicators for five aspects of the pathway.

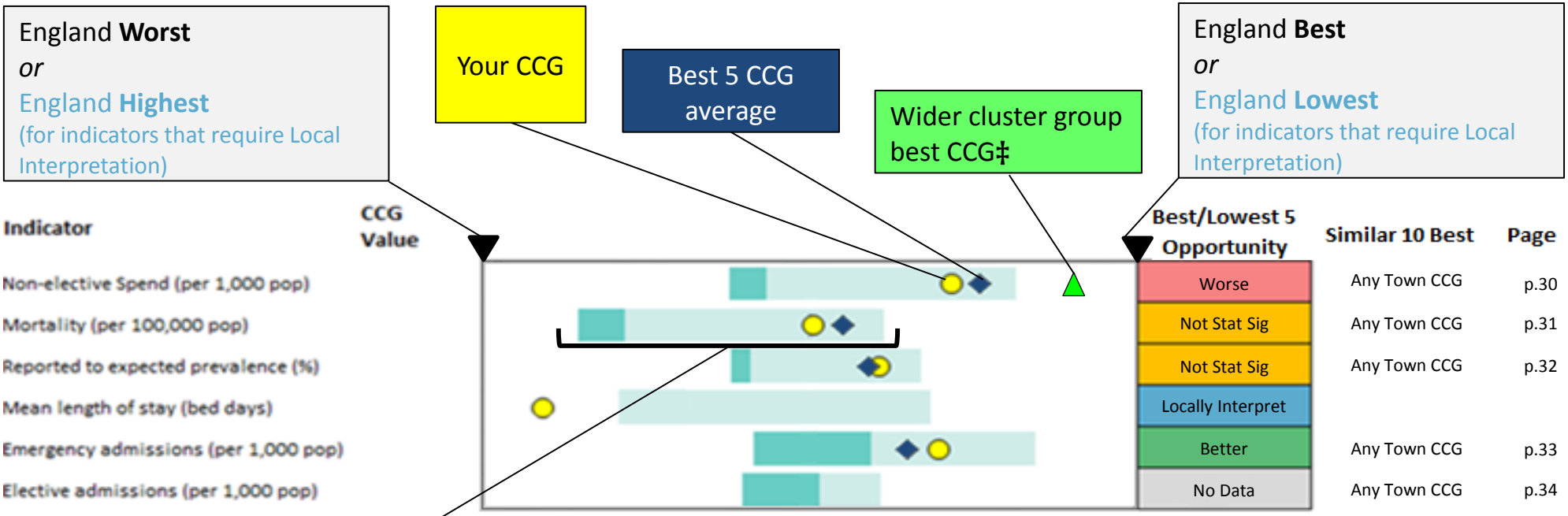
- **Risk**
- **Prevalence and detection**
- **Service and quality**
- **Spend**
- **Outcomes**

The width of the spine chart shows the England range. Your CCG is benchmarked against its similar 10 group. The shaded area of the spine chart within the table shows the range for the similar 10 group. Where the CCG is highest or lowest compared with its similar 10 group it is shown as outside that group range. This has been done to clearly show where the CCG is in relation to the similar 10 and the England worst/highest and best/lowest values.

Opportunities have been calculated for all indicators apart from those that relate to recorded prevalence and some risk factors. Where an indicator can be clearly interpreted as worse or better the spine charts show the position of the CCG, the best five average, and the wider cluster best CCG. The opportunity is quantified where the CCG is worse in relation to the Best 5 average.

Where an indicator needs to be locally interpreted (for example elective spend) and the CCG is higher than the average of the 5 CCGs with the lowest values, the opportunity table shows the potential opportunity. By calculating the potential opportunity it is possible to answer the question “Is it worth investigating this further?” The Best 5 average and the cluster best are not shown on the spine chart for these indicators.

Opportunity table: Interpretation



The shaded area is the range for your similar 10 group. Your CCG is the yellow circle and, as it is not part of the similar 10, it could appear anywhere from England worst/highest to the England best/lowest

The darker green shading shows the worst quintile in the similar 10.

Red = Statistically significantly worse than best 5 & quantified CCG opportunity

Amber & 'amount (NSS)' = Not statistically significant – *worse* than best 5

Amber & 'blank' = Not statistically significant – *better* than best 5

Blue = Indicator is to be locally interpreted and requires contextual information. Potential opportunities are **only** shown where the CCG is **higher** than the best 5. No potential opportunities are calculated for prevalence and some risk factors.

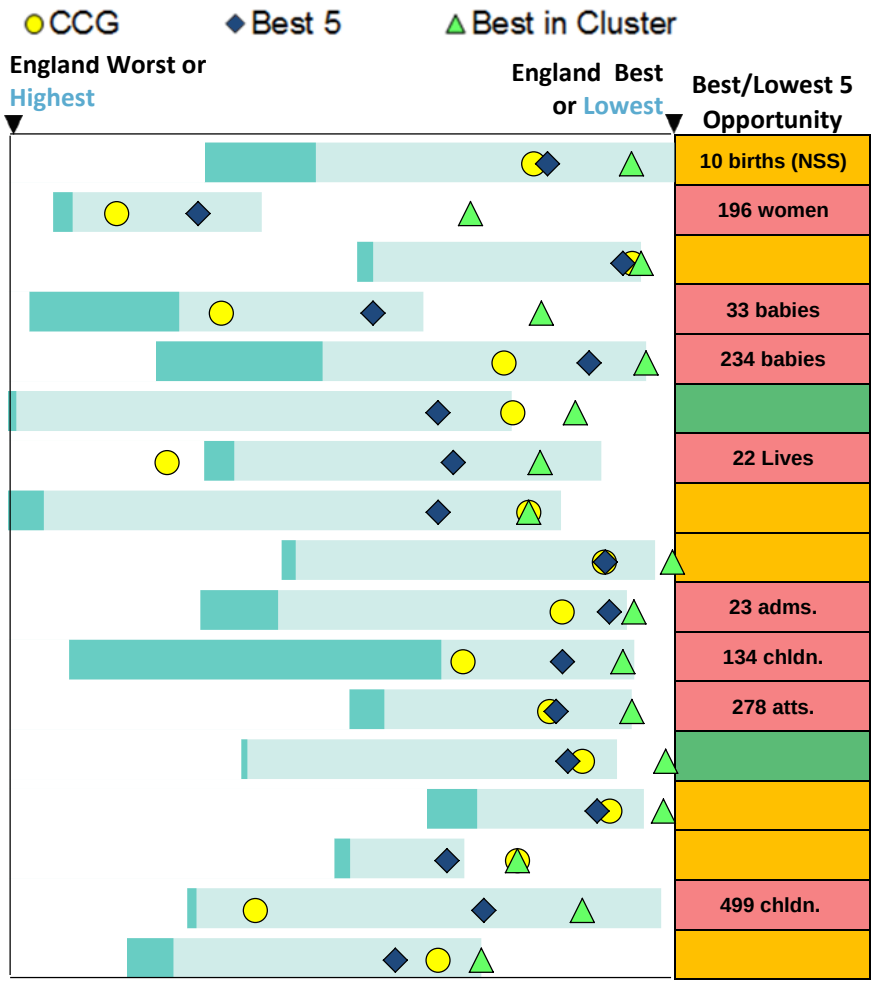
Green = Statistically significantly better than best 5

No Data = No CCG data or data has been supressed due to small numbers

‡ The wider cluster group best CCG is not always in the similar 10. It is included to indicate a 'stretch' target. Your wider CCG cluster group is identified on page 7.

Maternity and Early Years - Opportunity table

* per 1,000 age/sex weighted population
** per 100,000 age/sex weighted population
*** per 1,000 ASTRO-PU weighted population



Indicator	CCG Value	Similar 10 Best	Page
<18 conceptions rate (per 1,000 females 15-17)	20.2	Barnet	p.17
Flu vaccine take-up by pregnant women (%)	33.7	Luton	p.18
Smoking at time of delivery (per 100 maternities)	3.7	Hounslow	p.19
Low birthweight babies <2500g (%)	3.9	Hillingdon	p.20
Breastfeeding initiation (first 48hrs) (%)	81.2	Hounslow	p.21
Breastfeeding at 6-8 weeks (%)	62.3	Redbridge	p.22
Neonatal mortality and stillbirths (rate per 1,000 pop)	11.7	Barnet	p.23
Infant mortality rate <1 (per 1,000 live births)	3.1	Barnet	p.24
Emergency gastroenteritis admissions rate for <1s (per 10,000 <1s)	113.0	Barnet	p.25
Emergency LRTI admissions rate for <1s (per 10,000 <1s)	309.0	Ealing	p.26
Children receiving 3 doses of 5-in-1 vaccine by age 2 (%)	92.2	North Kirklees	p.27
A&E attendance rates for <5s (per 1,000 <5s)	507.9	Luton	p.28
Emergency admissions rate for <5s (per 1,000 <5s)	96.9	Hounslow	p.29
Uninentional & deliberate injury admissions for <5s(per 10,000 <5s)	94.5	Barnet	p.30
Children aged 4-5 who are overweight or obese (%)	20.1	Redbridge	p.31
Children receiving 2 doses of MMR vaccine by age 5 (%)	77.2	North Kirklees	p.32
Mean number of decayed/filled/missing teeth in children aged 5 yrs	1.0	Sandwell and West Birmingham	p.33

Opportunity is not quantified for Mean number of decayed/filled/missing teeth in children aged 5 yrs due to robustness of survey data

Please refer to slide 14 for full guidance on interpretation of this table of opportunities

Further analysis

The following pages provide a further analysis of a range of indicators in the focus pack. The indicators selected are those where we have been able to assign a judgement on whether a lower or higher value is *better* eg a lower value is better for mortality, and a higher value better for case finding.

Top chart:
The opportunity box from the spine chart is shown in the top right of the blue banner. The top chart shows the whole England distribution together with the highlighted Similar 10 group (grey bars) and your CCG (yellow bar). The England average is shown by the dashed blue line. The England value and the Best 5 average values are shown below this chart.

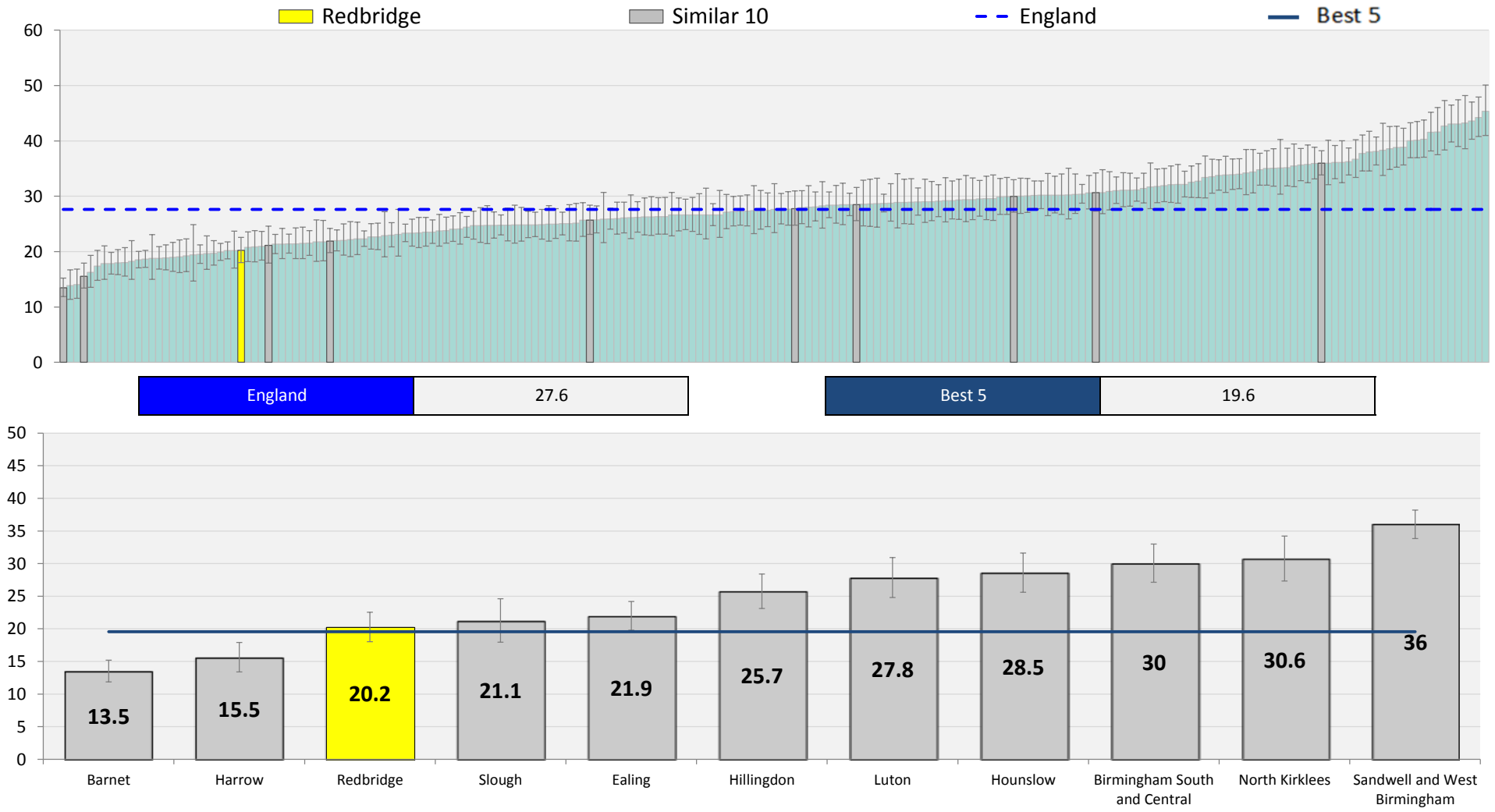
Bottom chart:
Shows your CCG and the Similar 10 group together with their indicator values. The Best 5 CCG average is shown by a dark blue line.

The full indicator name, source and time period are shown at the bottom left.

The analysis presented in the following pages can be replicated for *all* indicators in the focus pack using the Commissioning for Value Focus Pack Tool. The tool is available on the Commissioning for Value web pages. The link is shown on page 36.

Under 18 conceptions rate (per 1,000 females aged 15-17)

10 births (NSS)

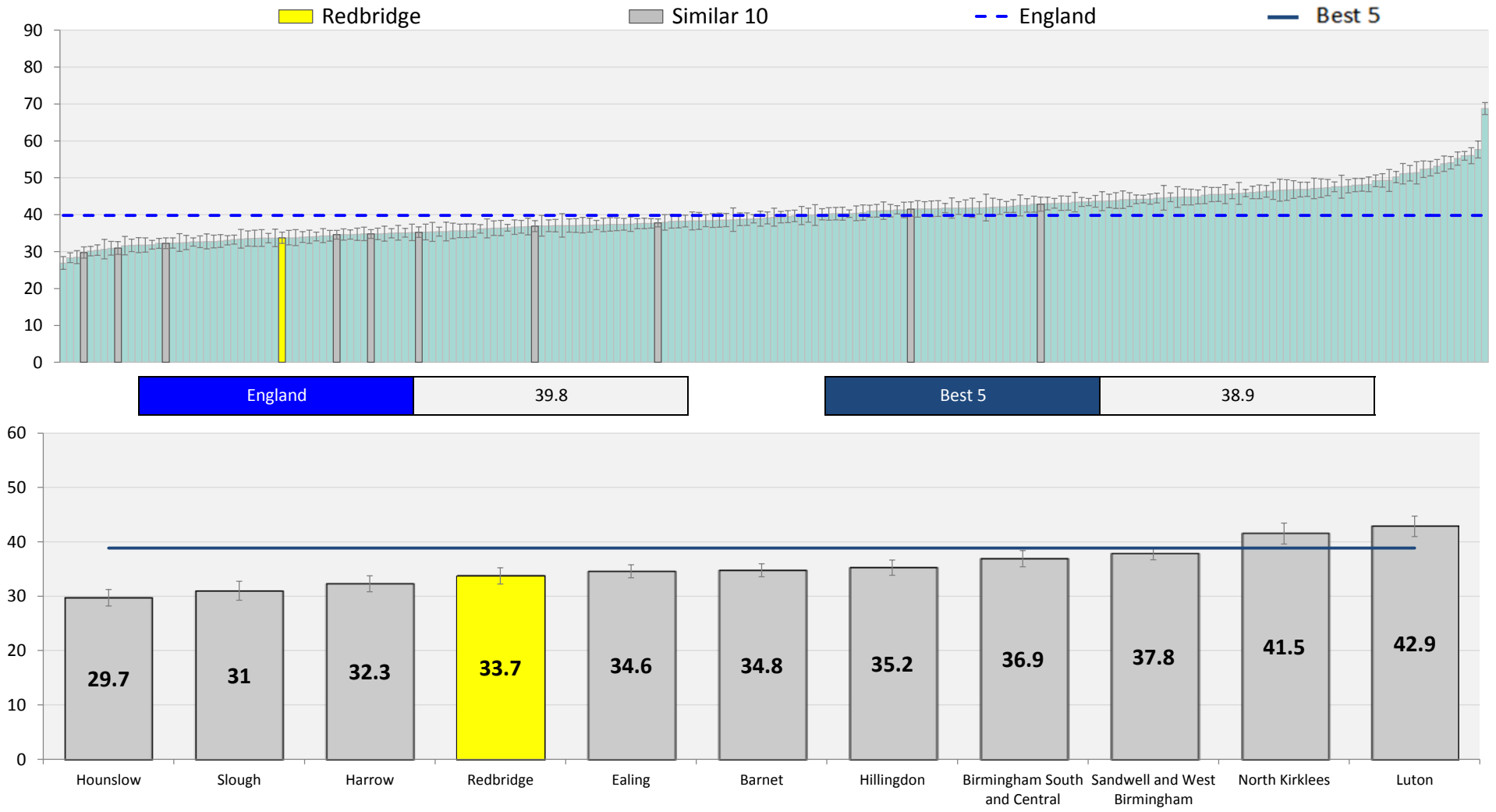


Definition: Under 18 conceptions rate (per 1,000 females aged 15-17)
Source: The NHS IC indicator portal
Year: 2011-13

Further analysis to explore the data in the focus packs for all indicators can be produced using the Commissioning for Value Tool, soon to be available here:
http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/

Flu vaccine take-up by pregnant women (%)

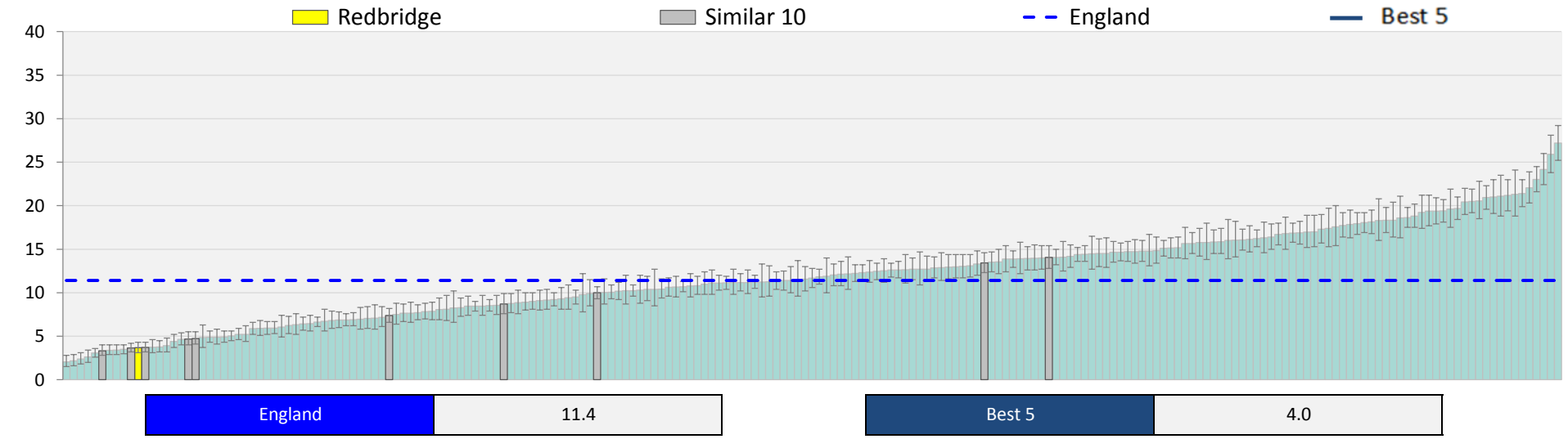
196 women

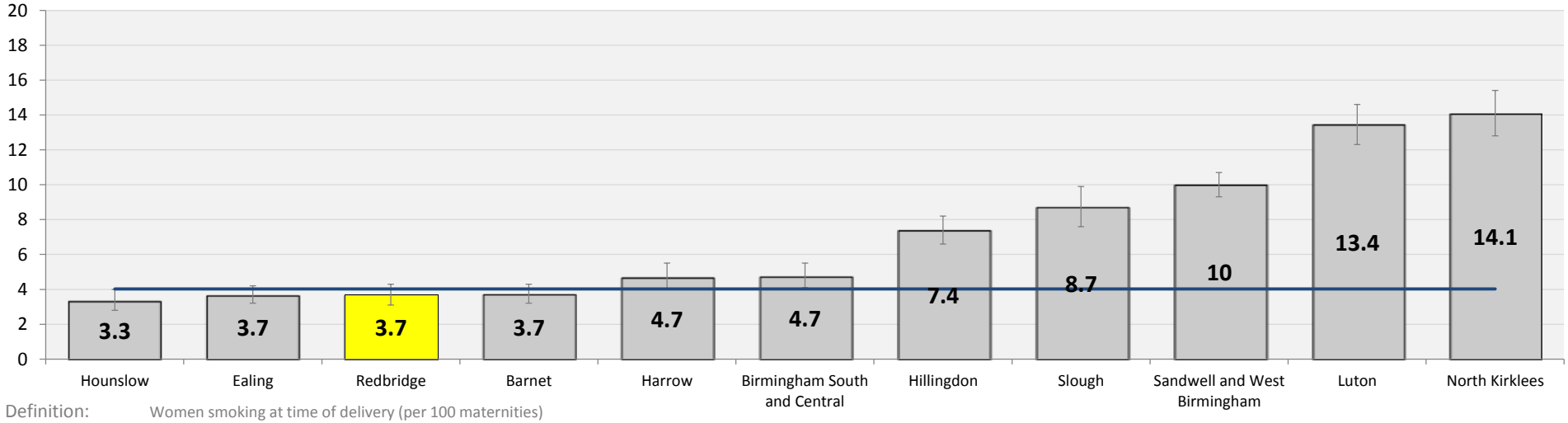


Definition: Flu vaccine take-up by pregnant women (%)
Source: National Child and Maternity Health Intelligence Network (ChiMat), using data from: GP Patient Survey from Ipsos MORI (GPPS)
Year: 2013/14

Further analysis to explore the data in the focus packs for all indicators can be produced using the Commissioning for Value Tool, soon to be available here: http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/

Women smoking at time of delivery (per 100 maternities)





Definition: Women smoking at time of delivery (per 100 maternities)

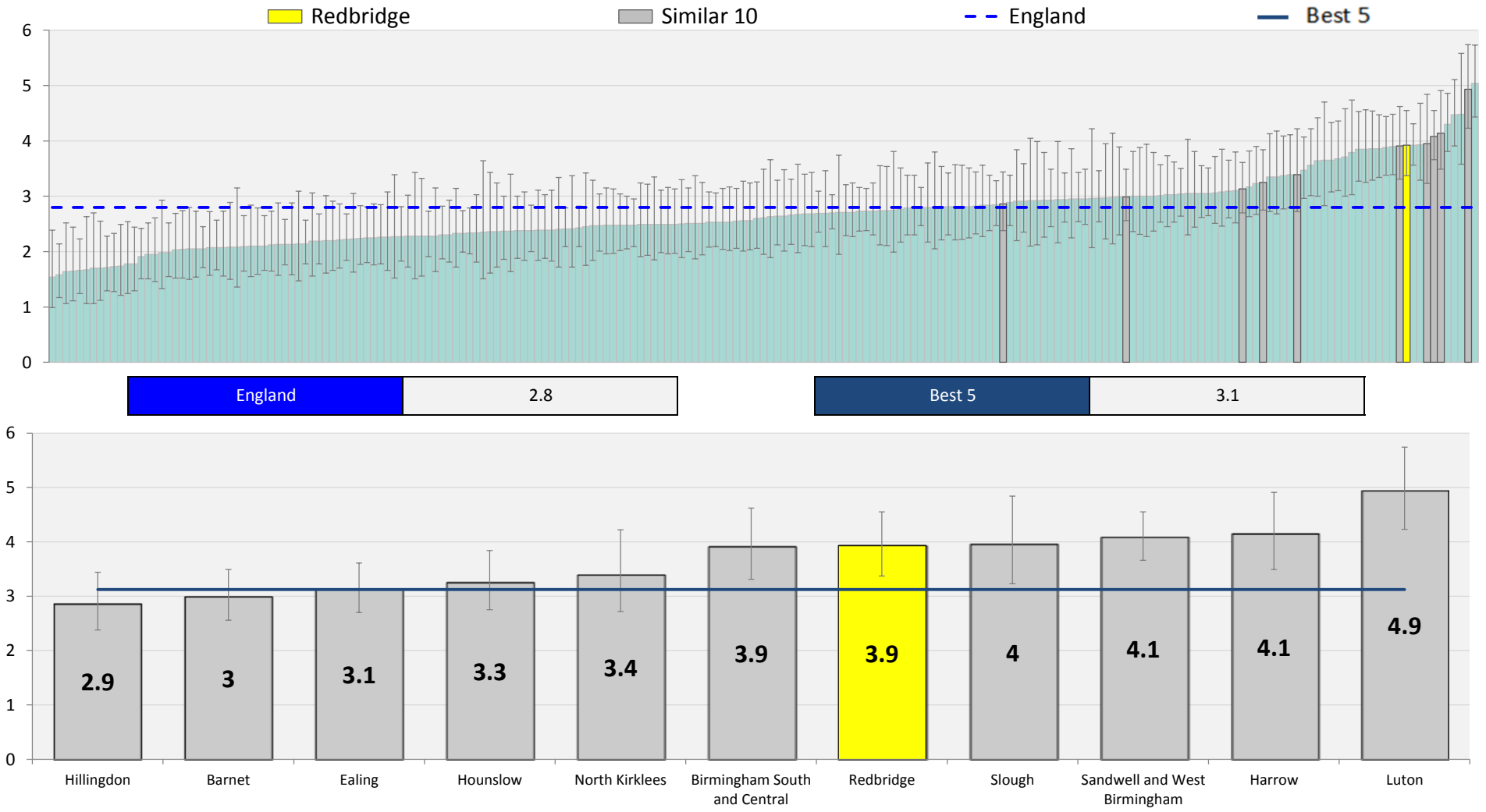
Source: Public Health Outcomes Framework (PHOF), Public Health England Calculated from the Health and Social Care Information Centre's return on Smoking Status At Time of Delivery (SSATOD

Year: 2014-15

Further analysis to explore the data in the focus packs for all indicators can be produced using the Commissioning for Value Tool, soon to be available here: http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/

Low birthweight babies, under 2500g (%)

33 babies

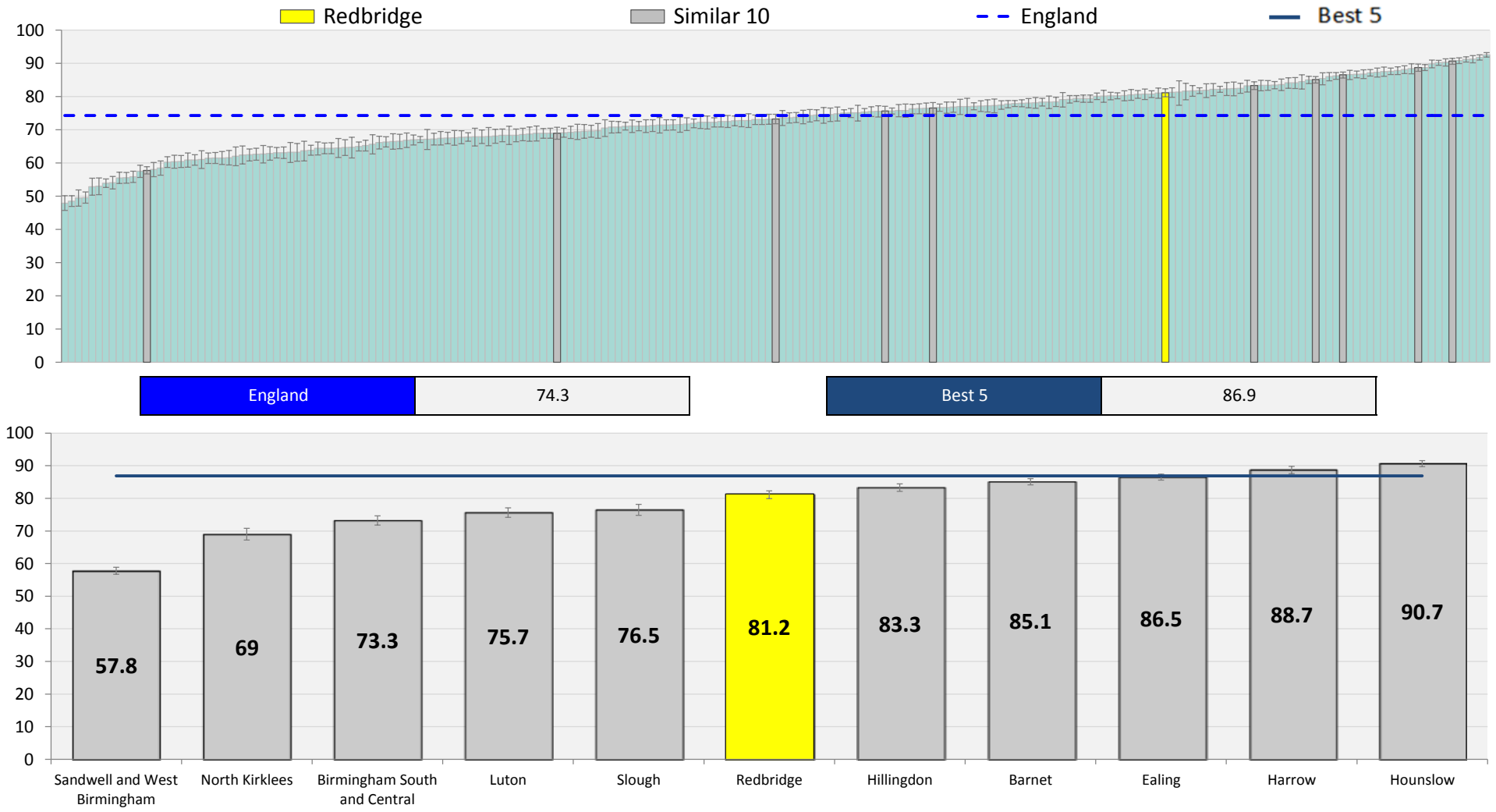


Definition: Low birthweight babies, under 2500g (%)
Source: The NHS IC indicator portal
Year: 2012

Further analysis to explore the data in the focus packs for all indicators can be produced using the Commissioning for Value Tool, soon to be available here:
http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/

Breastfeeding initiation in first 48hrs after birth (%)

234 babies



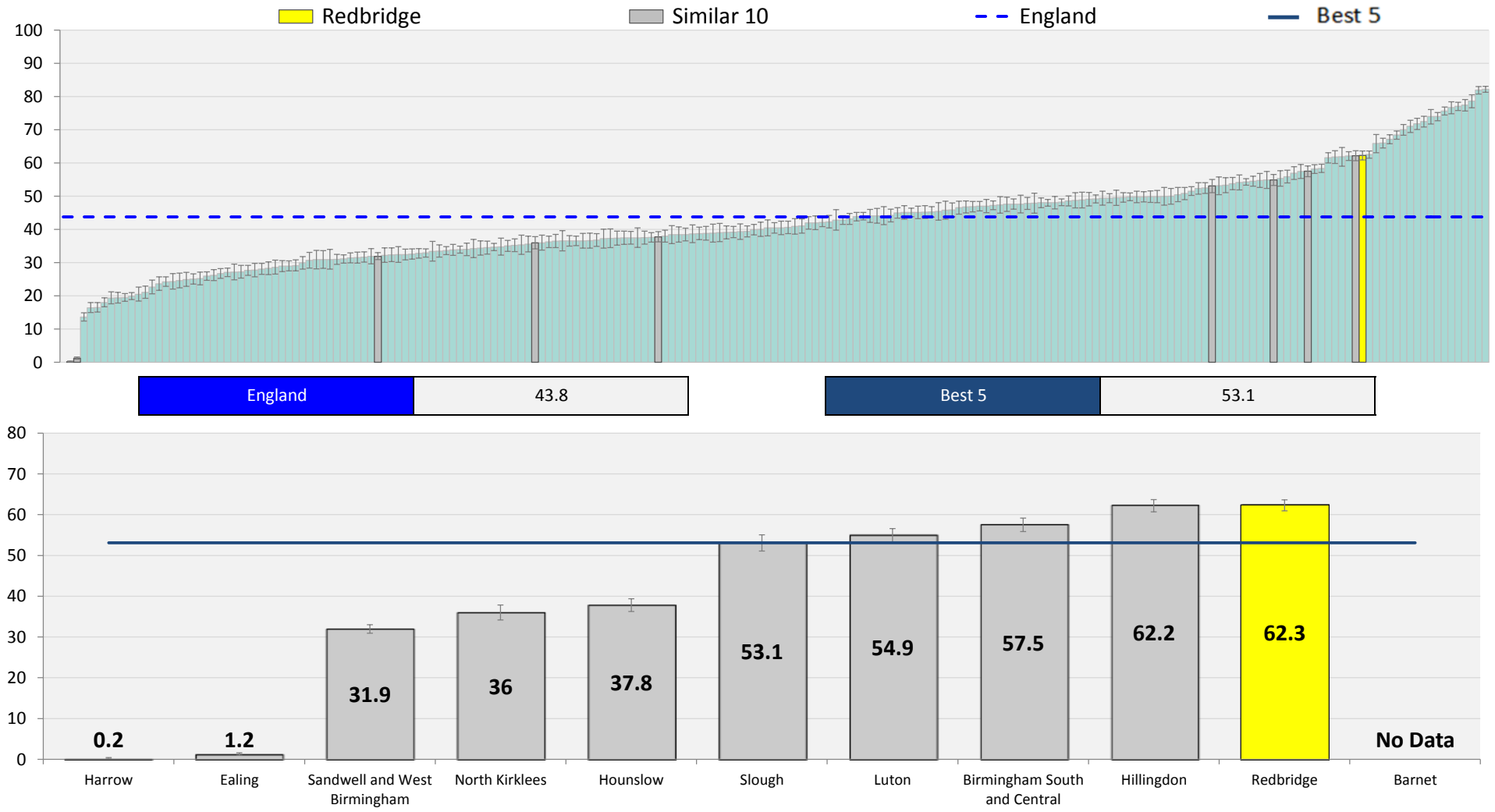
Definition: Breastfeeding initiation in first 48hrs after birth (%)

Source: Public Health Outcomes Framework (PHOF), Public Health England From NHS England data collections

Year: 2014-15

Further analysis to explore the data in the focus packs for all indicators can be produced using the Commissioning for Value Tool, soon to be available here:
http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/

Breastfeeding at 6-8 weeks (%)



Definition: Breastfeeding at 6-8 weeks (%)
Source: Public Health Outcomes Framework (PHOF), Public Health England From NHS England data collections
Year: 2014-15

Further analysis to explore the data in the focus packs for all indicators can be produced using the Commissioning for Value Tool, soon to be available here:
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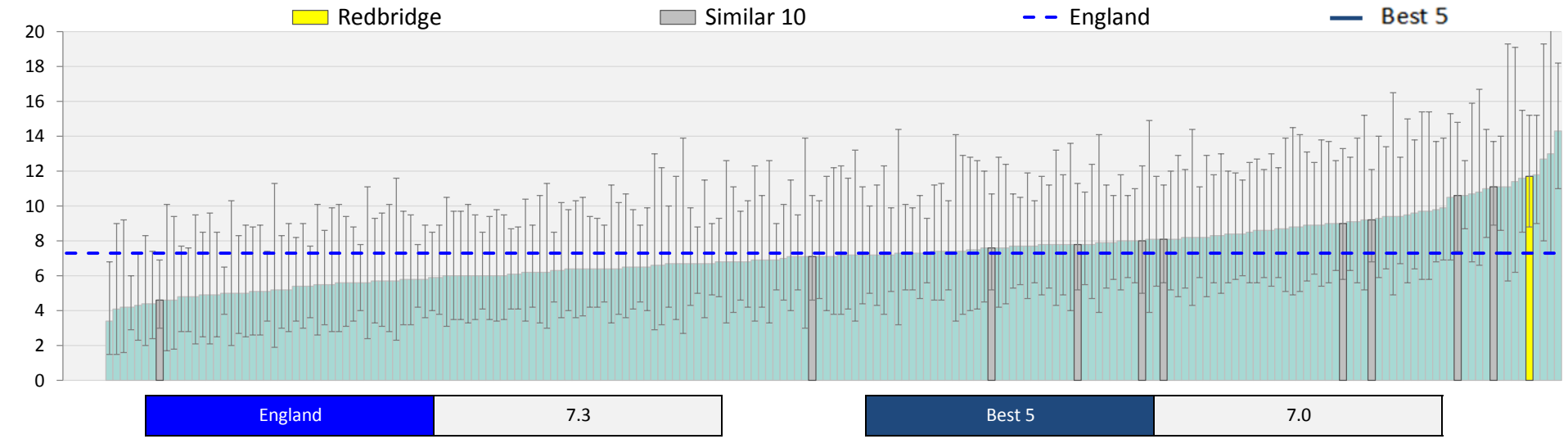
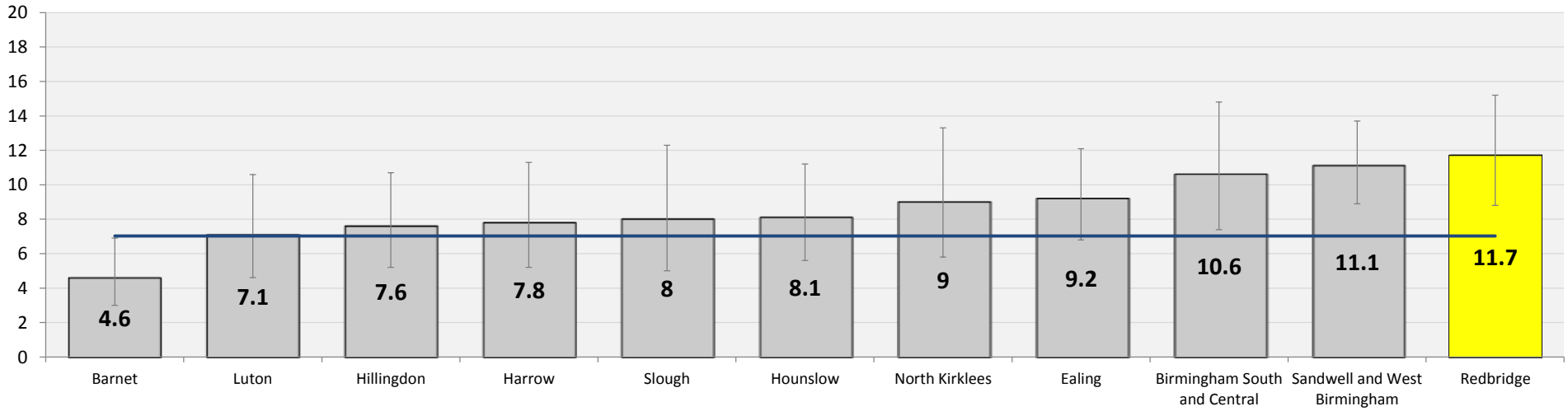
Neonatal mortality and stillbirths (rate per 1,000 pop)

22 Lives

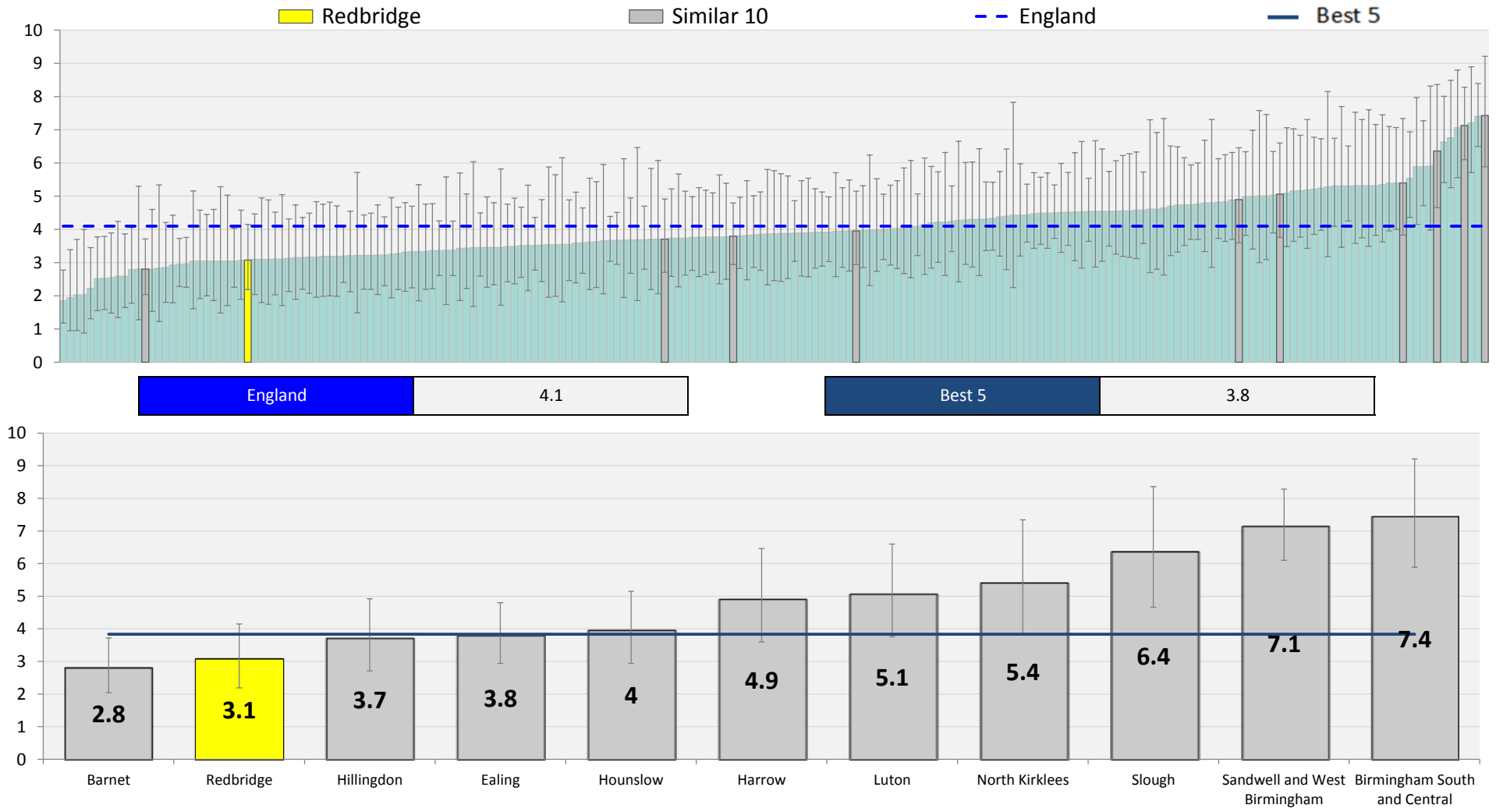




Definition: The rate of stillbirths and deaths within 28 days of birth per 1,000 live births and stillbirths
Source: Health and Social Care Information Centre; CCG Outcomes Indicator Set (CCG OIS)
Year: 2013

Further analysis to explore the data in the focus packs for all indicators can be produced using the Commissioning for Value Tool, soon to be available here:
http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/

Infant mortality rate, under 1 year, (per 1,000 live births)



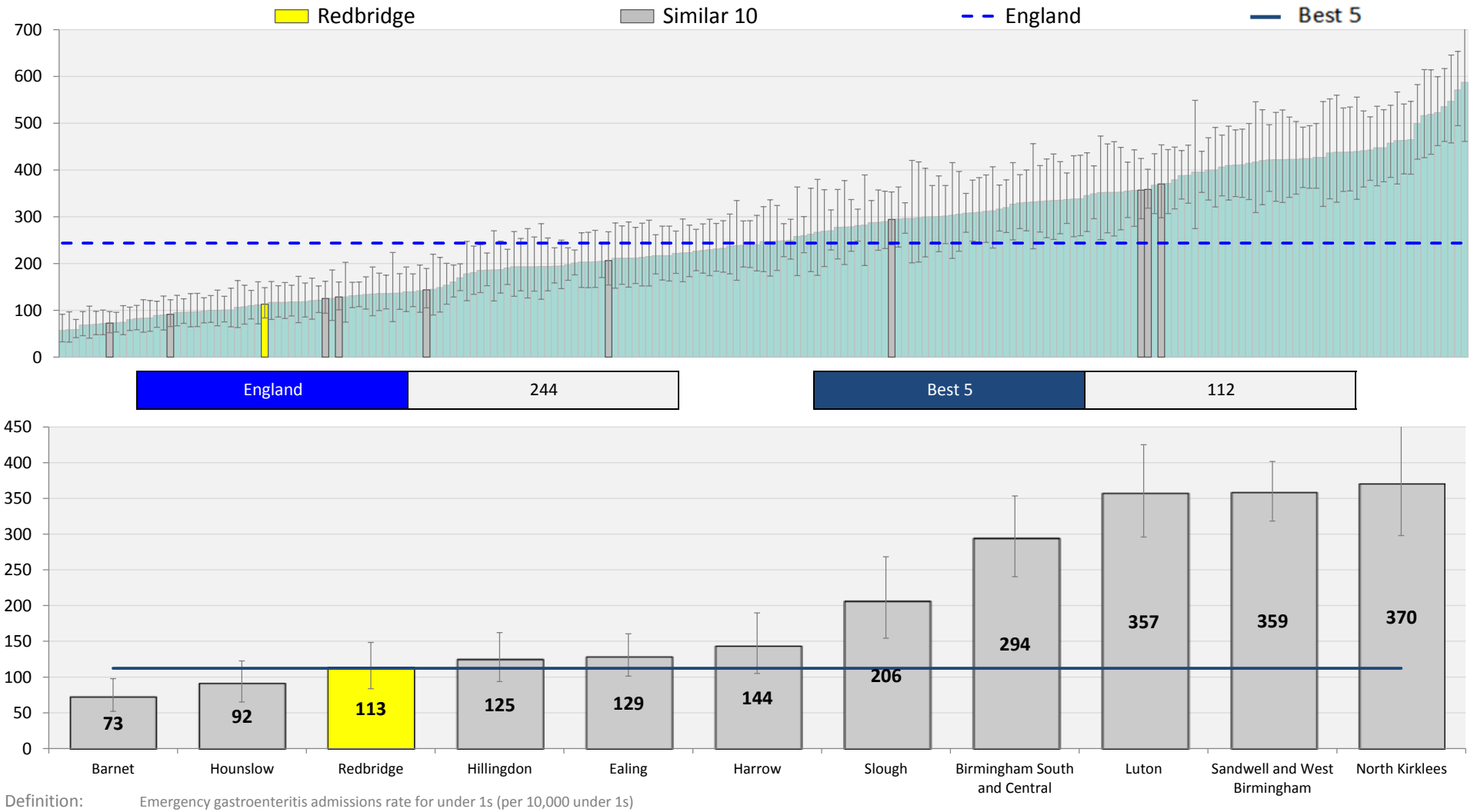
Definition: Infant mortality rate, under 1 year, (per 1,000 live births)

Source: National Child and Maternity Health Intelligence Network (ChiMat) Using data from Office for National Statistics

Year: 2011-13

Further analysis to explore the data in the focus packs for all indicators can be produced using the Commissioning for Value Tool, soon to be available here: http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/

Emergency gastroenteritis admissions rate for under 1s (per 10,000 under 1s)



Definition: Emergency gastroenteritis admissions rate for under 1s (per 10,000 under 1s)

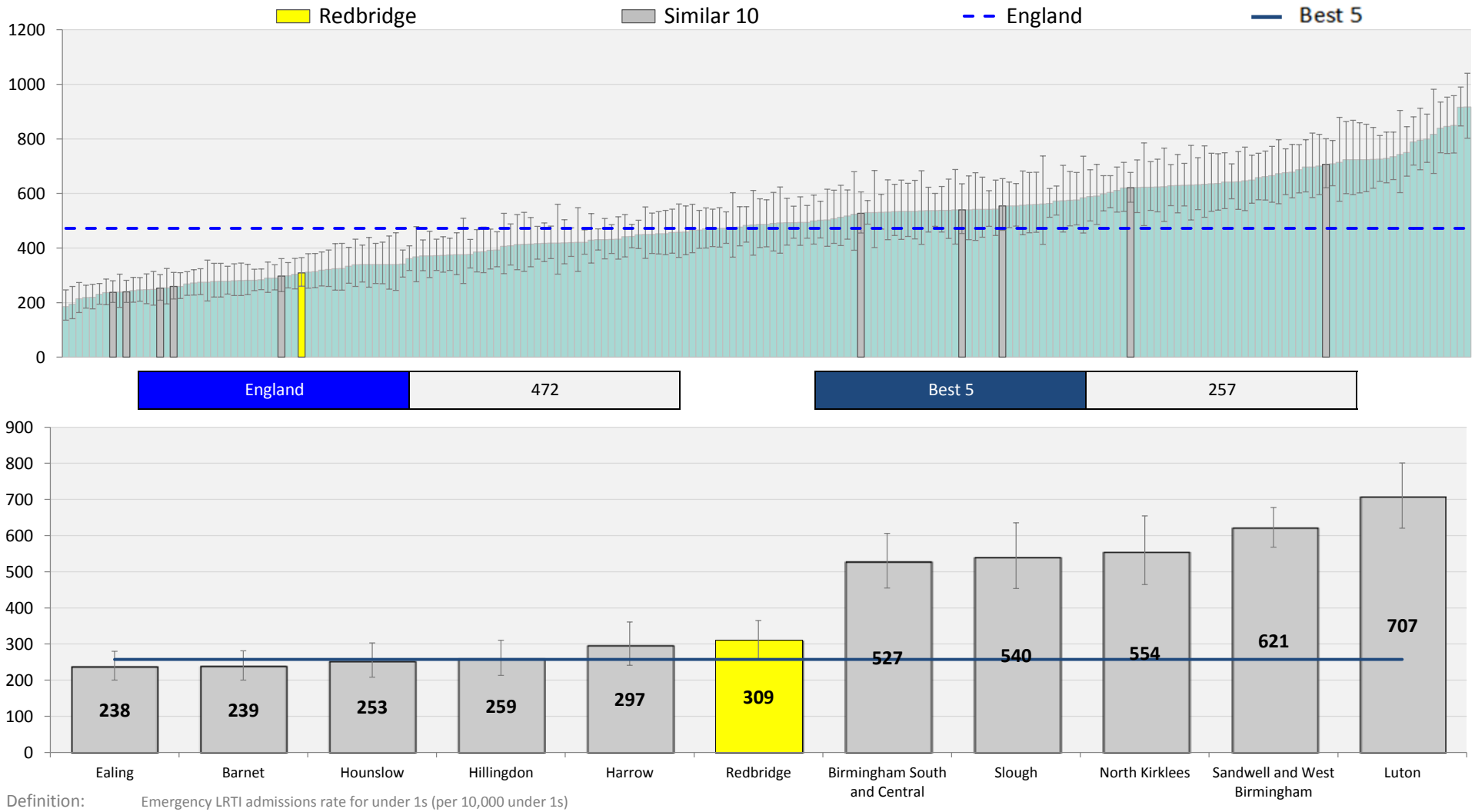
Source: National Child and Maternity Health Intelligence Network (ChiMat) using data from: Hospital Episode Statistics (HES), The Health and Social Care Information Centre Mid-year population estimates, Office for National Statistics

Year: 2012-13

Further analysis to explore the data in the focus packs for all indicators can be produced using the Commissioning for Value Tool, soon to be available here: http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/

Emergency Lower Respiratory Tract Infections admissions rate for under 1s (per 10,000 under 1s)

23 adms.



Definition: Emergency LRTI admissions rate for under 1s (per 10,000 under 1s)

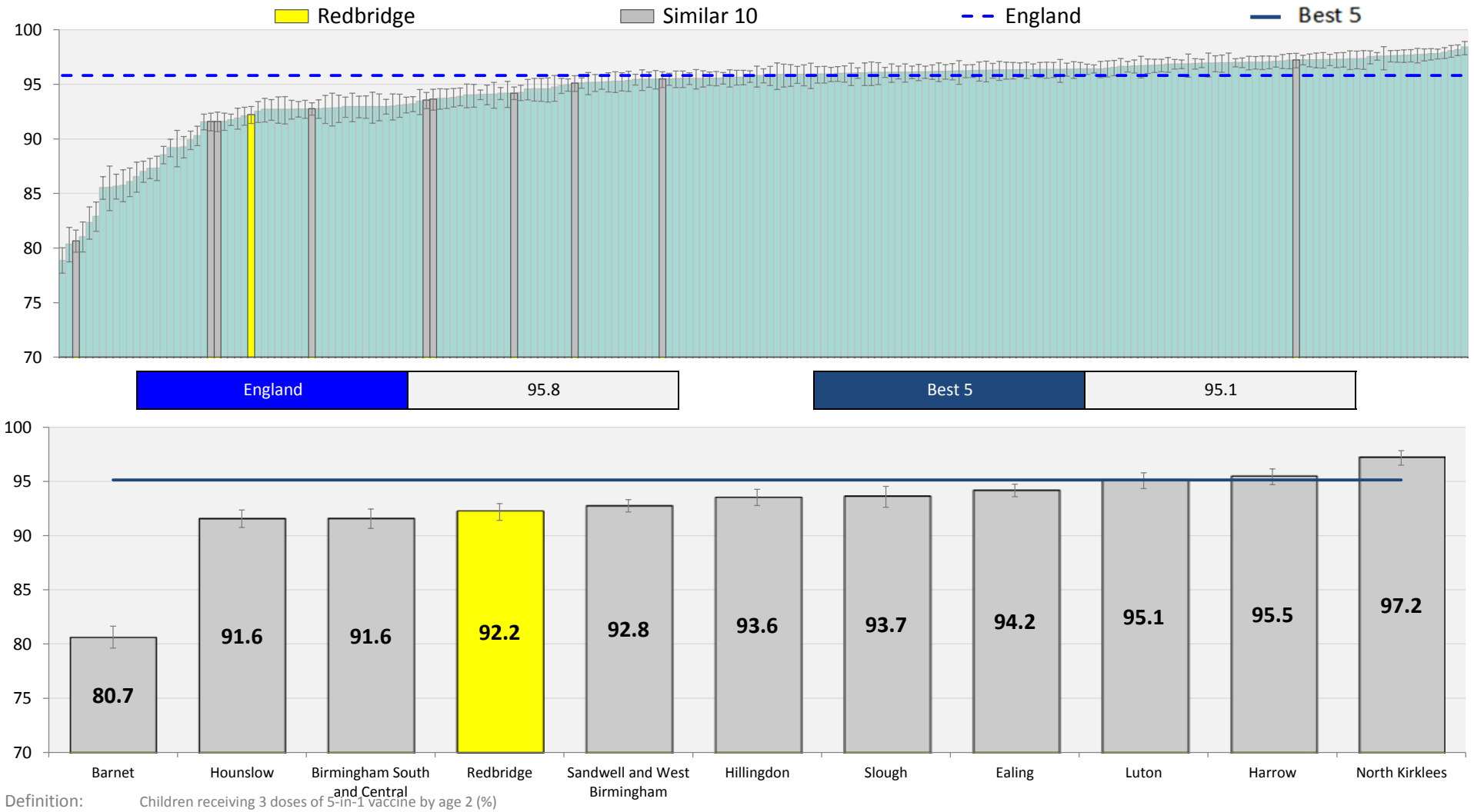
Source: National Child and Maternity Health Intelligence Network (ChiMat) using data from: Hospital Episode Statistics (HES), The Health and Social Care Information Centre Mid-year population estimates, Office for

Year: 2012-13

Further analysis to explore the data in the focus packs for all indicators can be produced using the Commissioning for Value Tool, soon to be available here: http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/

Children receiving 3 doses of 5-in-1 vaccine by age 2 (%)

134 chldn.



Definition: Children receiving 3 doses of 5-in-1 vaccine by age 2 (%)

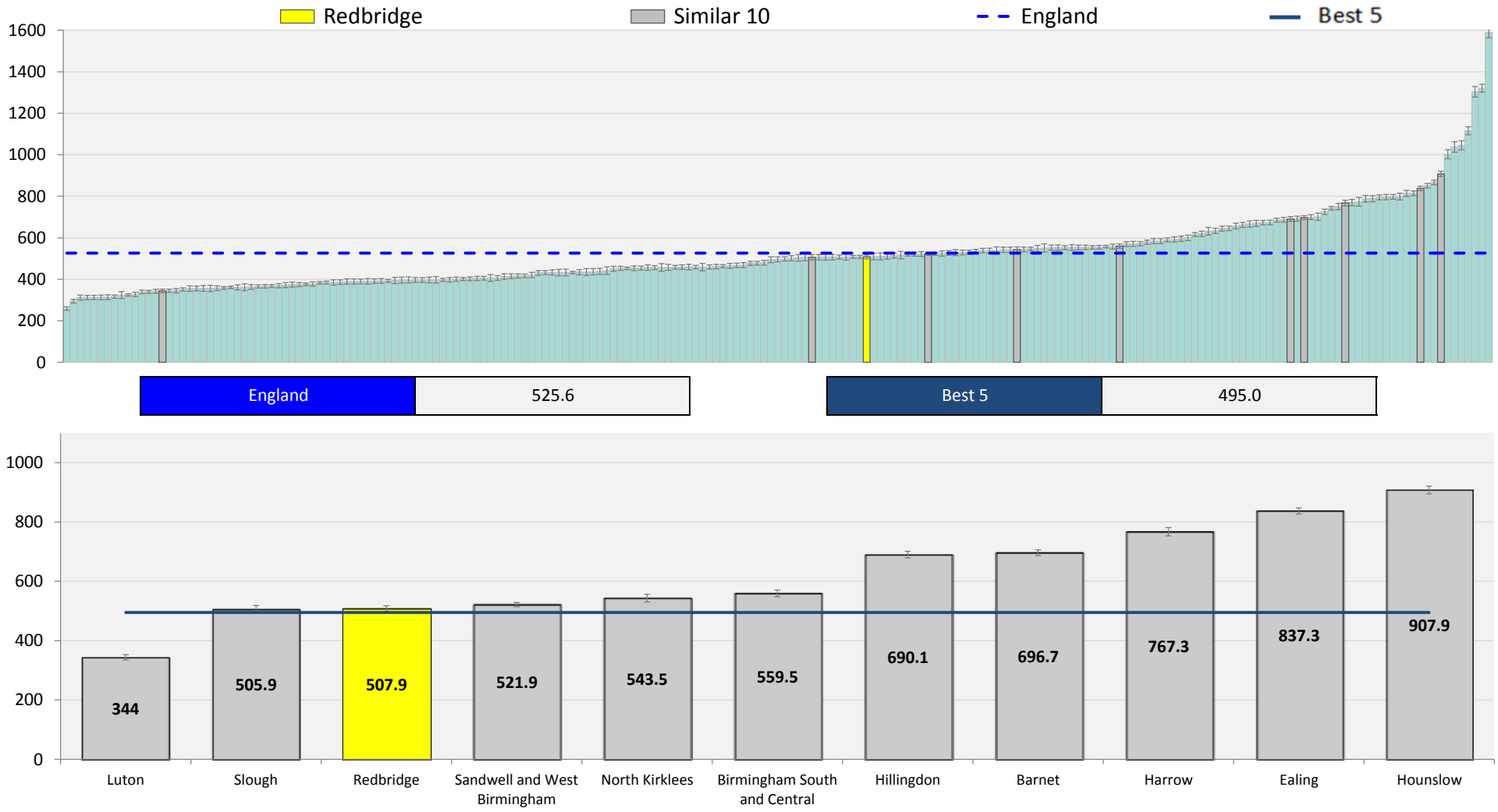
Source: Public Health Outcomes Framework (PHOF), Public Health England From Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England. Also available from The Health and Social Care

Year: 2014-15

Further analysis to explore the data in the focus packs for all indicators can be produced using the Commissioning for Value Tool, soon to be available here: http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/

A&E attendance rates for under 5s (per 1,000 under 5s)

278 atts.



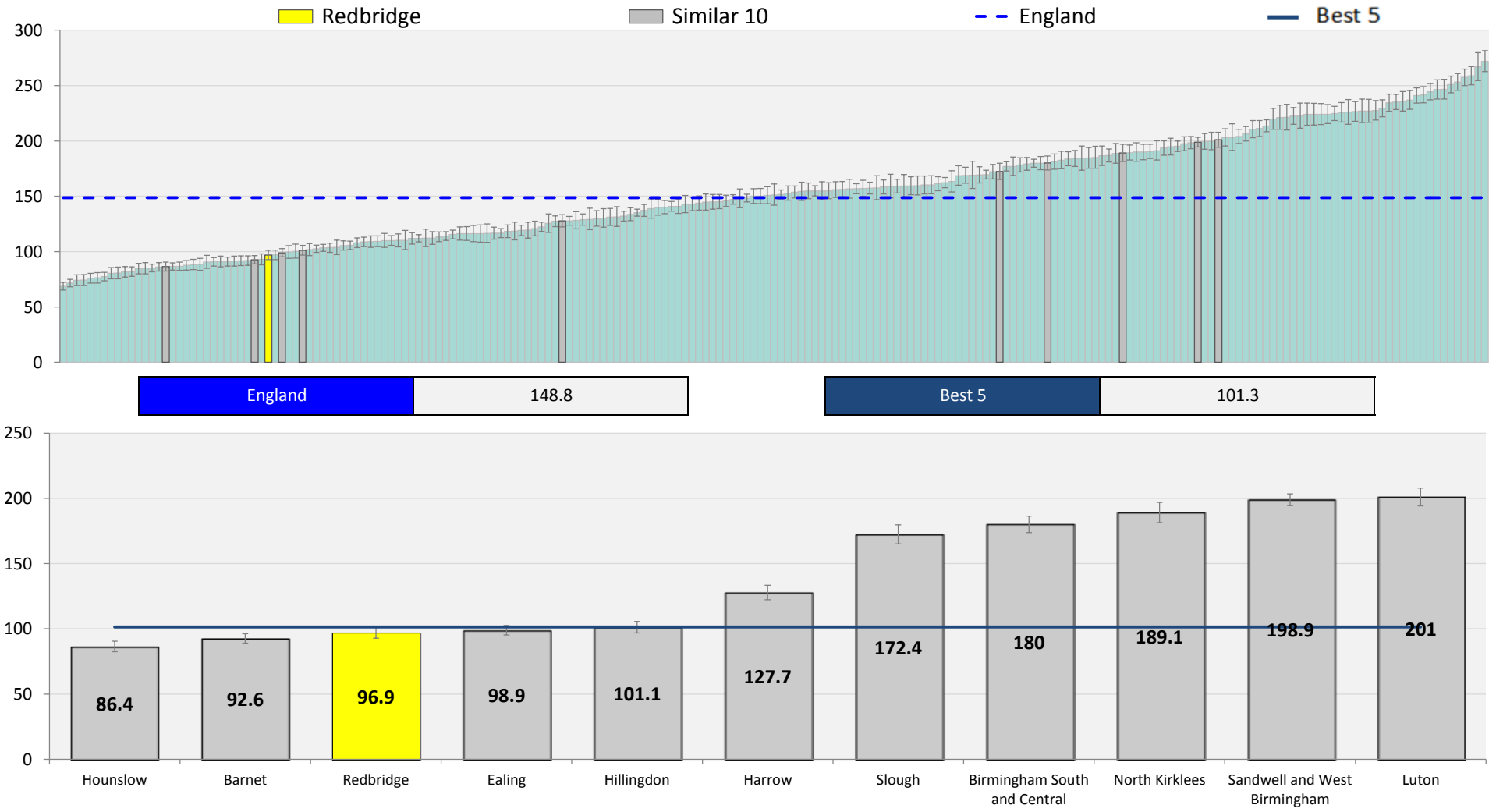
Definition: A&E attendance rates for under 5s (per 1,000 under 5s)

Source: National Child and Maternity Health Intelligence Network (ChiMat) Using data from Office for National Statistics

Year: 2013-14

Further analysis to explore the data in the focus packs for all indicators can be produced using the Commissioning for Value Tool, soon to be available here: http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/

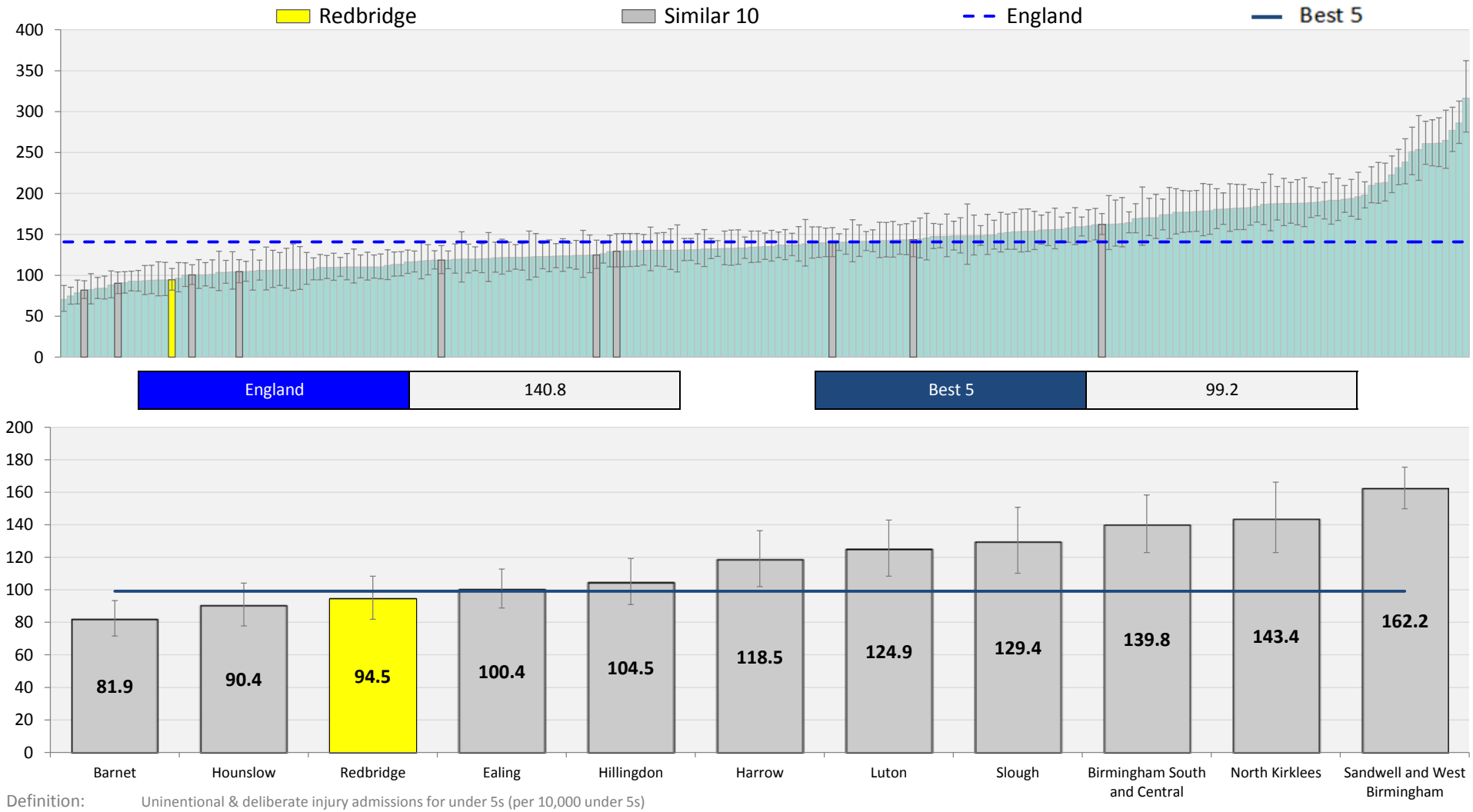
Emergency admissions rate for under 5s (per 1,000 under 5s)



Definition: Emergency admissions rate for under 5s (per 1,000 under 5s)
Source: National Child and Maternity Health Intelligence Network (ChiMat) Using data from Office for National Statistics
Year: 2012-13

Further analysis to explore the data in the focus packs for all indicators can be produced using the Commissioning for Value Tool, soon to be available here:
http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/

Uninentional & deliberate injury admissions for under 5s (per 10,000 under 5s)



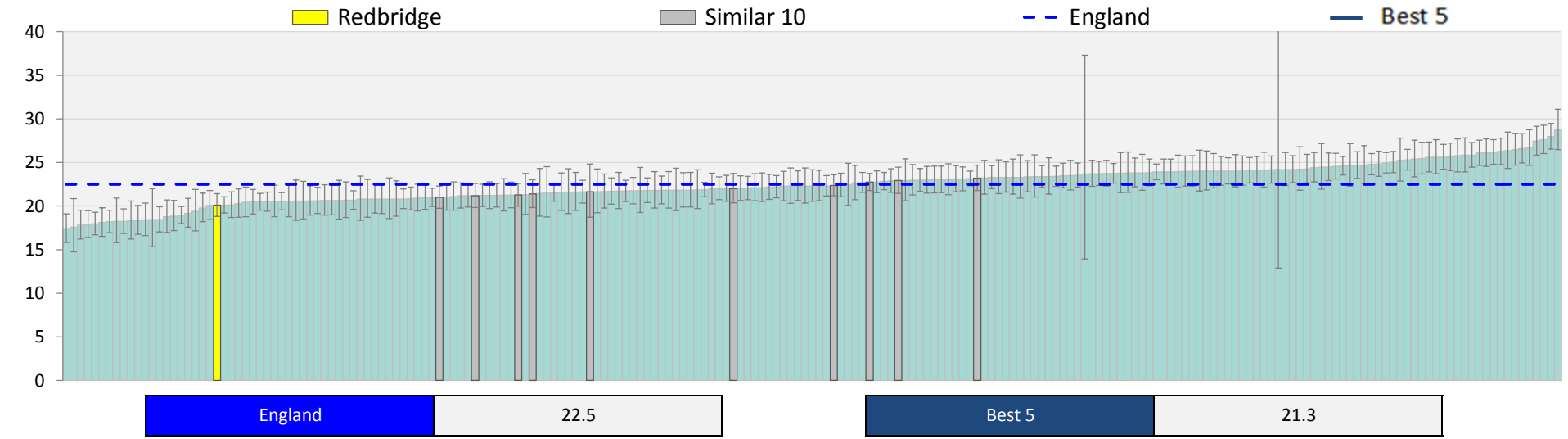
Definition: Uninentional & deliberate injury admissions for under 5s (per 10,000 under 5s)

Source: National Child and Maternity Health Intelligence Network (ChiMat) using data from: Hospital Episode Statistics (HES), The Health and Social Care Information Centre Mid-year population estimates, Office for

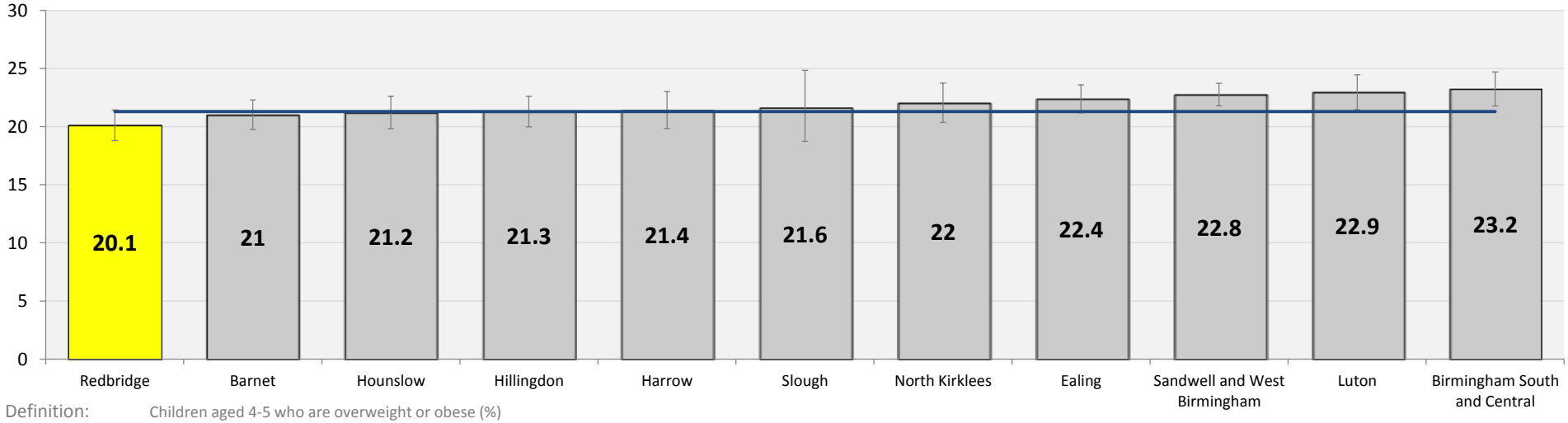
Year: 2013-14

Further analysis to explore the data in the focus packs for all indicators can be produced using the Commissioning for Value Tool, soon to be available here: http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/

Children aged 4-5 who are overweight or obese (%)



England	22.5	Best 5	21.3



Definition: Children aged 4-5 who are overweight or obese (%)

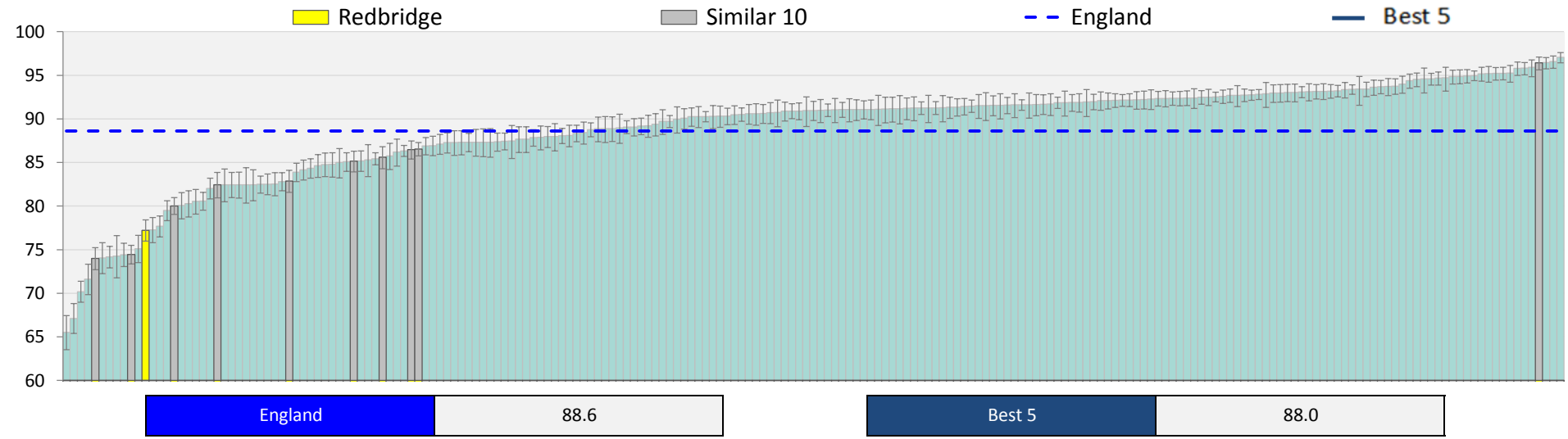
Source: National Child and Maternity Health Intelligence Network (ChiMat) using data from: Hospital Episode Statistics (HES). The Health and Social Care Information Centre

Year: 2013-14

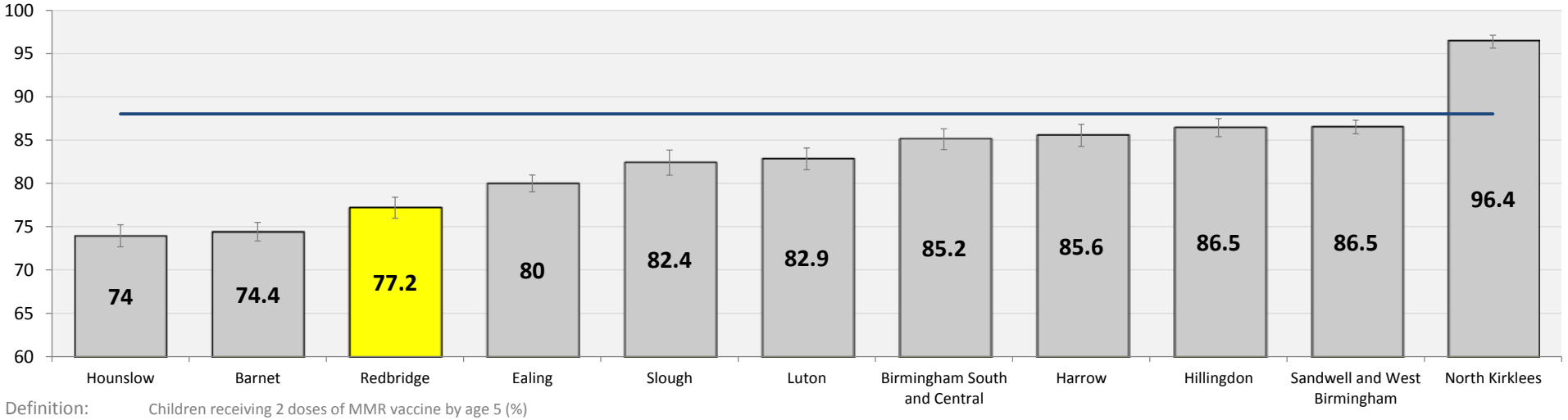
Further analysis to explore the data in the focus packs for all indicators can be produced using the Commissioning for Value Tool, soon to be available here: http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/

Children receiving 2 doses of MMR vaccine by age 5 (%)

499 chldn.



England	88.6	Best 5	88.0



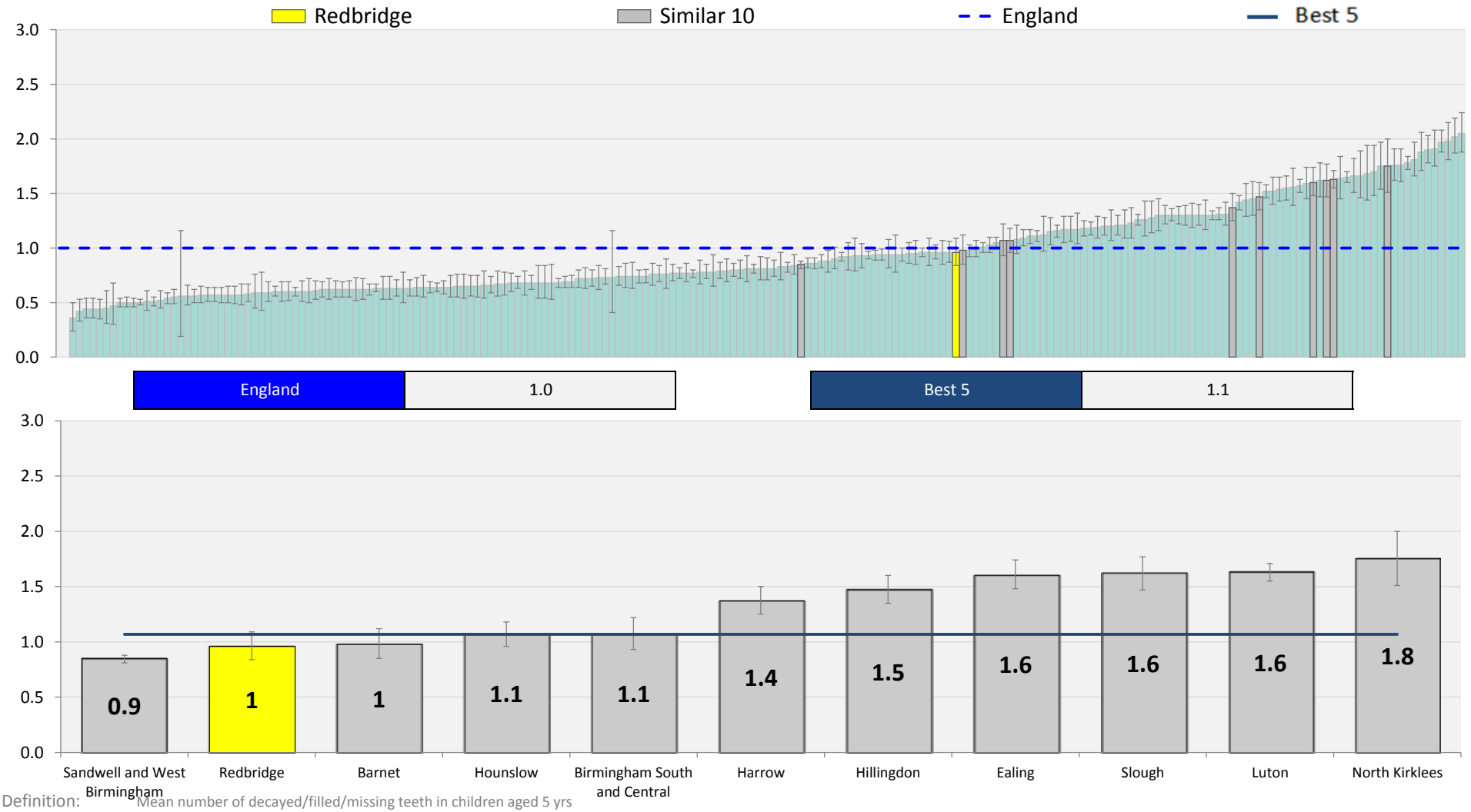
Definition: Children receiving 2 doses of MMR vaccine by age 5 (%)

Source: Public Health Outcomes Framework (PHOF), Public Health England From Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England. Also available from The Health and Social Care

Year: 2014-15

Further analysis to explore the data in the focus packs for all indicators can be produced using the Commissioning for Value Tool, soon to be available here: http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/

Mean number of decayed/filled/missing teeth in children aged 5 yrs



Definition: Mean number of decayed/filled/missing teeth in children aged 5 yrs

Source: Public Health Outcomes Framework (PHOF), Public Health England From the National Dental Epidemiology Programme for England, Oral Health Survey of five year old children, 2012

Year: 2011-12

Further analysis to explore the data in the focus packs for all indicators can be produced using the Commissioning for Value Tool, soon to be available here: http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/

Next steps and actions

Commissioners can take the following actions now:

- Identify the key opportunities for improvement within the pathways included in the maternity focus pack for your population and compare with current reform activity and improvement plans
- Engage with clinicians and other local stakeholders, including public health teams in local authorities and commissioning support organisations and explore the opportunities along the pathways further using local data
- Revisit the Commissioning for Value web pages regularly as new content, including updates to tools to support the use of the Commissioning for Value packs, is regularly added
- Watch the focus pack videos, and explore other clinical resources
- Always consider risk factor reduction (e.g. smoking prevalence at time of delivery) as an opportunity to improve population health
- Discuss the opportunities highlighted in this pack as part of the STP planning process and consider STP wide action where appropriate
- For Wave One CCGs, speak to your Delivery Partner about other practical steps for your locality
- For Wave Two CCGs, start to identify and act to improve the opportunities highlighted

Further support and information

The Commissioning for Value benchmarking tool, explorer tool, full details of all the data used, and links to other useful tools are available on the Commissioning for Value pages of the NHS England website.

The NHS RightCare website offers resources to support CCGs in adopting the Commissioning for Value approach. These include:

- Online videos and ‘how to’ guides
- Case studies with learning from other CCGs

If you have any questions or require any further information or support you can email the Commissioning for Value support team direct at: england.healthinvestmentnetwork@nhs.net

Useful links

Commissioning for Value pages of the NHS England website:
http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/

Commissioning for Value Similar 10 Explorer Tool:
https://www.england.nhs.uk/wp-content/uploads/2016/01/cfv-16-similar-10-explr-tool.xlsm

Supporting videos for the CFV focus packs:
https://www.youtube.com/playlist?list=PL6IQwMACXkj1e17bcMvaHuy1gd9XrZT92

NHS RightCare website:
http://www.rightcare.nhs.uk/index.php/commissioning-for-value/

Better Births: Report of the National Maternity Review:
https://www.england.nhs.uk/ourwork/futurenhs/mat-review

National Child and Maternal Health Intelligence Network:
http://www.chimat.org.uk/

National Institute for Health and Care Excellence:
https://www.nice.org.uk/

Annex A: Methodology

How have the potential opportunities been calculated?

The potential opportunity highlights the scale of change that would be achieved if the CCG Value moved to the Benchmark Value of the average of the ‘Best 5’ or ‘Lowest 5’ CCGs in its group of similar 10 CCGs.

Generally, where a high CCG Value is considered ‘worse’ then it is calculated using the formula:

Potential Opportunity = (CCG Value – Benchmark Value) * Denominator

The denominator is the most suitable population data for that indicator eg CCG registered population, CCG weighted population, CCG patients on disease register etc. The denominator is also scaled to match the Value. So if the CCG Value and Benchmark Value are given in “per 1,000 population” then the denominator is expressed in thousands, ie 12,000 becomes 12.

For procedures, the potential opportunity can be expressed in pounds, or dividing this by the unit cost then it can be expressed in the equivalent number of procedures.