



Public Health
England

Protecting and improving the nation's health

Drivers for Making Every Contact Count CQUIN and CSR

Exploring the Opportunities & Challenges

Drivers for MECC

1. CQUIN 2017/2019

- Preventing Ill Health by Risky Behaviours – Alcohol and Tobacco
- Improving Staff Health and Wellbeing
- Improving Physical Healthcare to Reduce Premature Mortality in People with Serious Mental Illness

2. Corporate and Social Responsibility

**What drivers for MECC are
you finding locally?**

DRIVER 1

2017/2019 CQUIN SCHEME

Commissioning for Quality and Innovation (CQUIN)

2017-2019 scheme

CQUIN stands for Commissioning for Quality and Innovation. It is an NHS England **incentives scheme** that aims **to improve the quality of care for patients** by offering providers additional payments for undertaking specified practices and meeting set targets.

The scheme covers two financial years (FY2017/2019) and is worth an additional 2.5% on top of the annual actual contract value. **All providers on an NHS England Standard National Contract are eligible.**

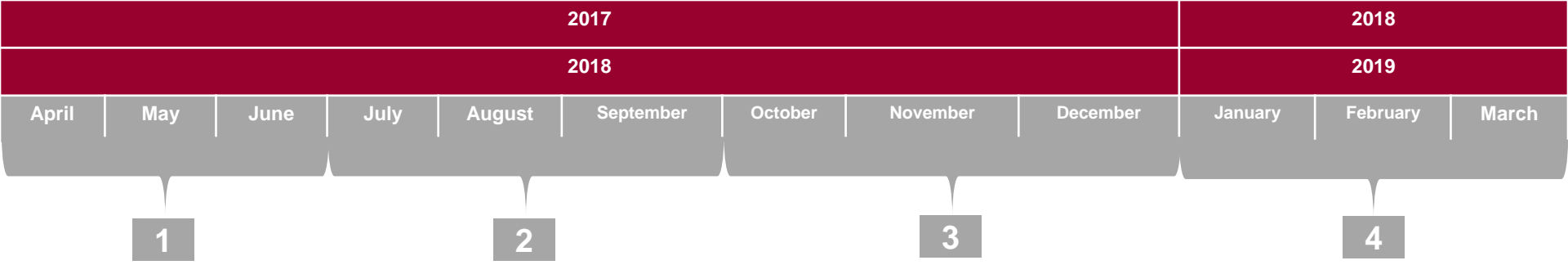
There are **13 national indicators** which account for 1.5% of the scheme, whereby each indicator must have a minimum weighting of 0.25%. Indicators are prioritised and agreed between the CCG and provider.

www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/

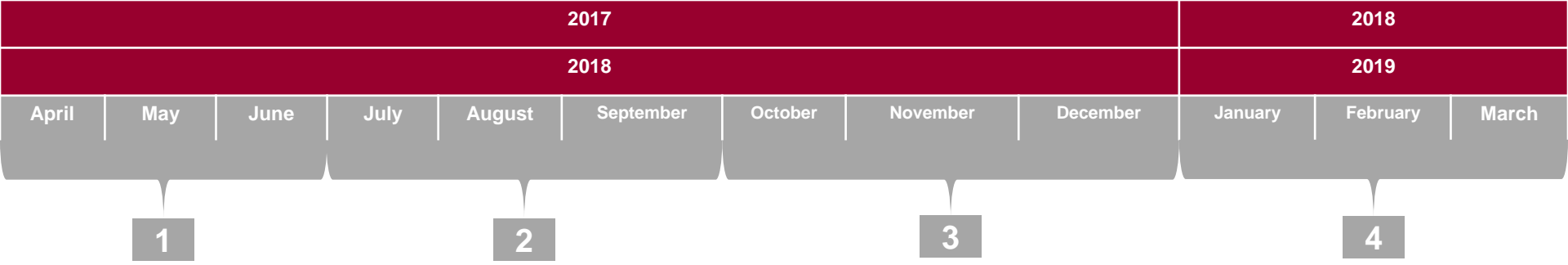
CQUIN No. 9. Preventing ill health by risky behaviours

The preventing ill health by risky behaviours CQUIN focuses on identifying and influencing inpatients who are increasing or higher risk drinkers and who smoke by providing brief advice and appropriate referrals.

Eligibility	2017/2018	2018/2019
Mental Health Providers	✓	✓
Community Providers	✓	✓
Acute Providers	✗	✓
Adult inpatients (≥18 years of age)	✓	✓
Admissions to maternity wards	✗	✗
A&E patients that do not lead to admission	✗	✗

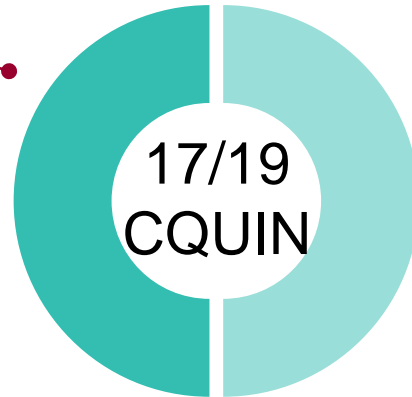


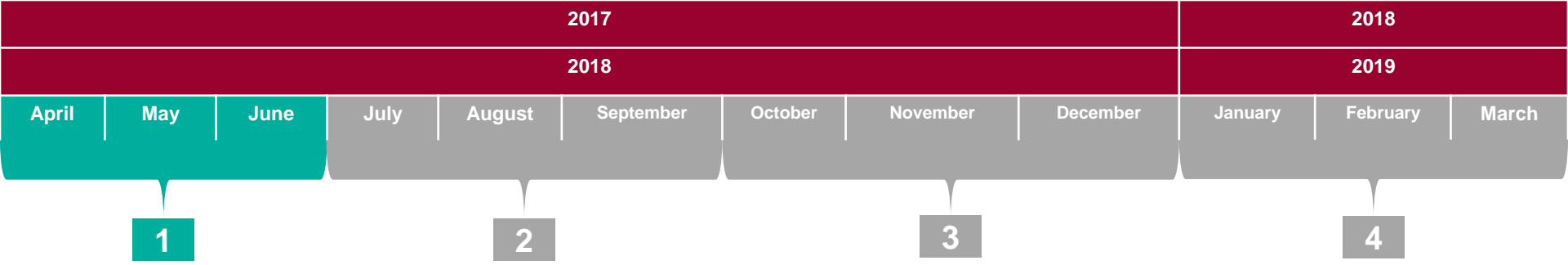
WHAT'S INVOLVED?



Part A – Screening, advice and referral for tobacco use (50%)

Part B – Screening, advice and referral for alcohol use (50%)





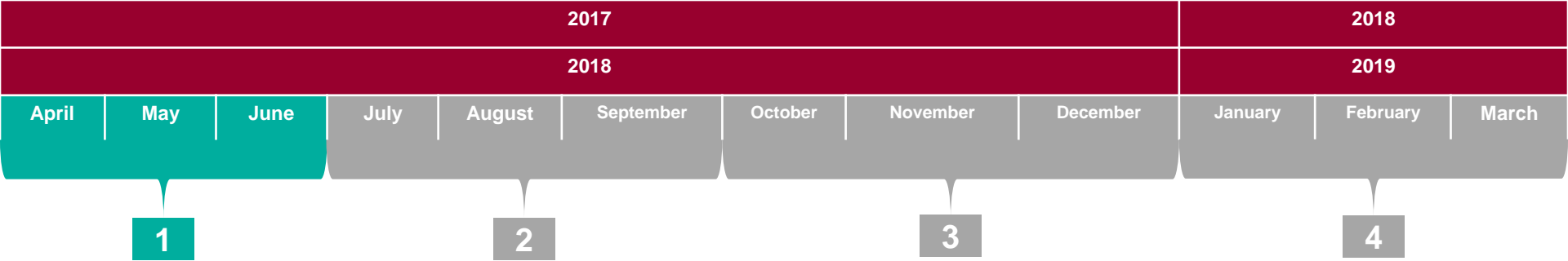
Part A – Screening, advice and referral for tobacco use (50%)

In **Q1** providers must complete a **systems audit, train staff, and establish baseline.**



Part B – Screening, advice and referral for alcohol use (50%)

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Systems audit

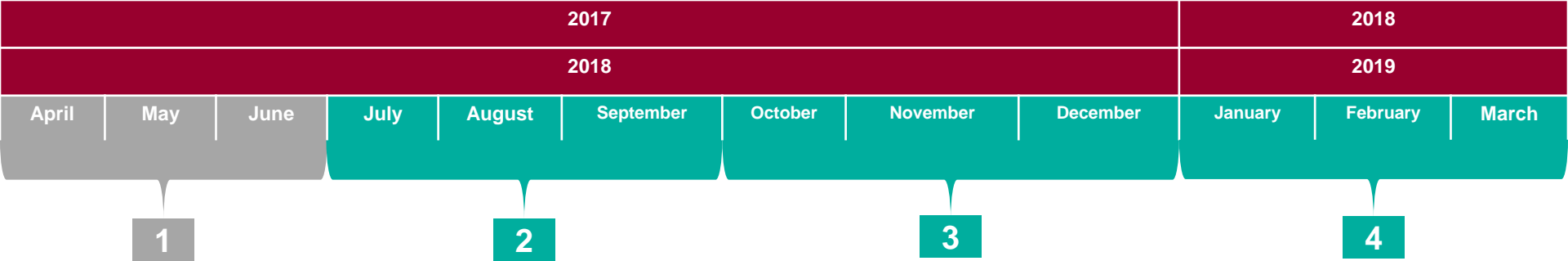
- Mechanism for collecting data for the indicators (i.e. indicators 9a-9e)
- What changes (if any) were made to enable quarterly case note audits
- Proposed approach for conducting quarterly case note audits

Staff training

- Identify what staff members will deliver the interventions and their current skillset
- Identify who will require training
- Determine what the training will entail and how it will be delivered
- Assess how effective the training was
- State when training will occur (majority should occur by 31 June 2018)

Establish baseline

- Collect required data for each indicator (9a-9e) to establish a credible baseline performance level.

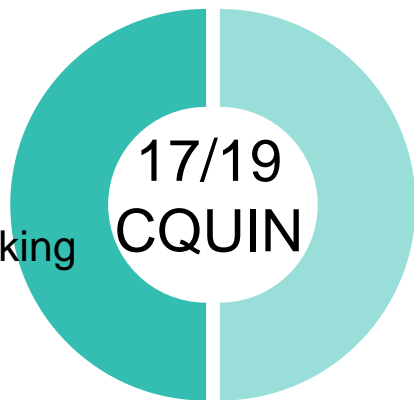


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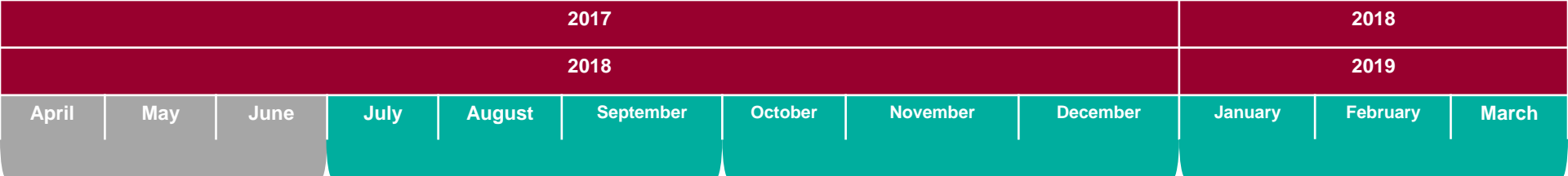
In **Q2-4** providers should:

- **Screen 90%** of inpatients for smoking and record this.
- Give **brief advice on tobacco to 90%** of inpatients who smoke.
- Provide **referral and offer medications to 30%** of inpatients who smoke.



Part B – Screening, advice and referral for alcohol use (50%)

In Q1 providers must complete a **systems audit, train staff, and establish baseline.**



1

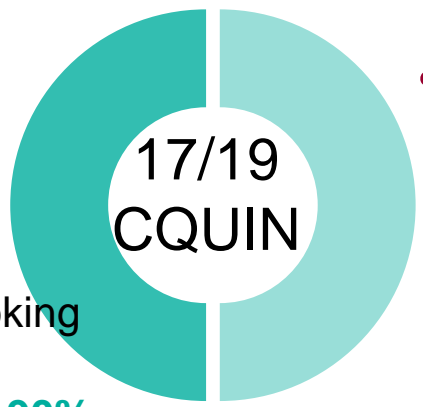
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2



3

Part B – Screening, advice and referral for alcohol use (50%)

In Q1 providers must complete a **systems audit, train staff, and establish baseline.**

In **Q2-4** providers should:

- **Screen 50%** of inpatients for alcohol use and record this.
- Give **brief advice or referral to 80%** of inpatients who drink alcohol above low risk, as appropriate.

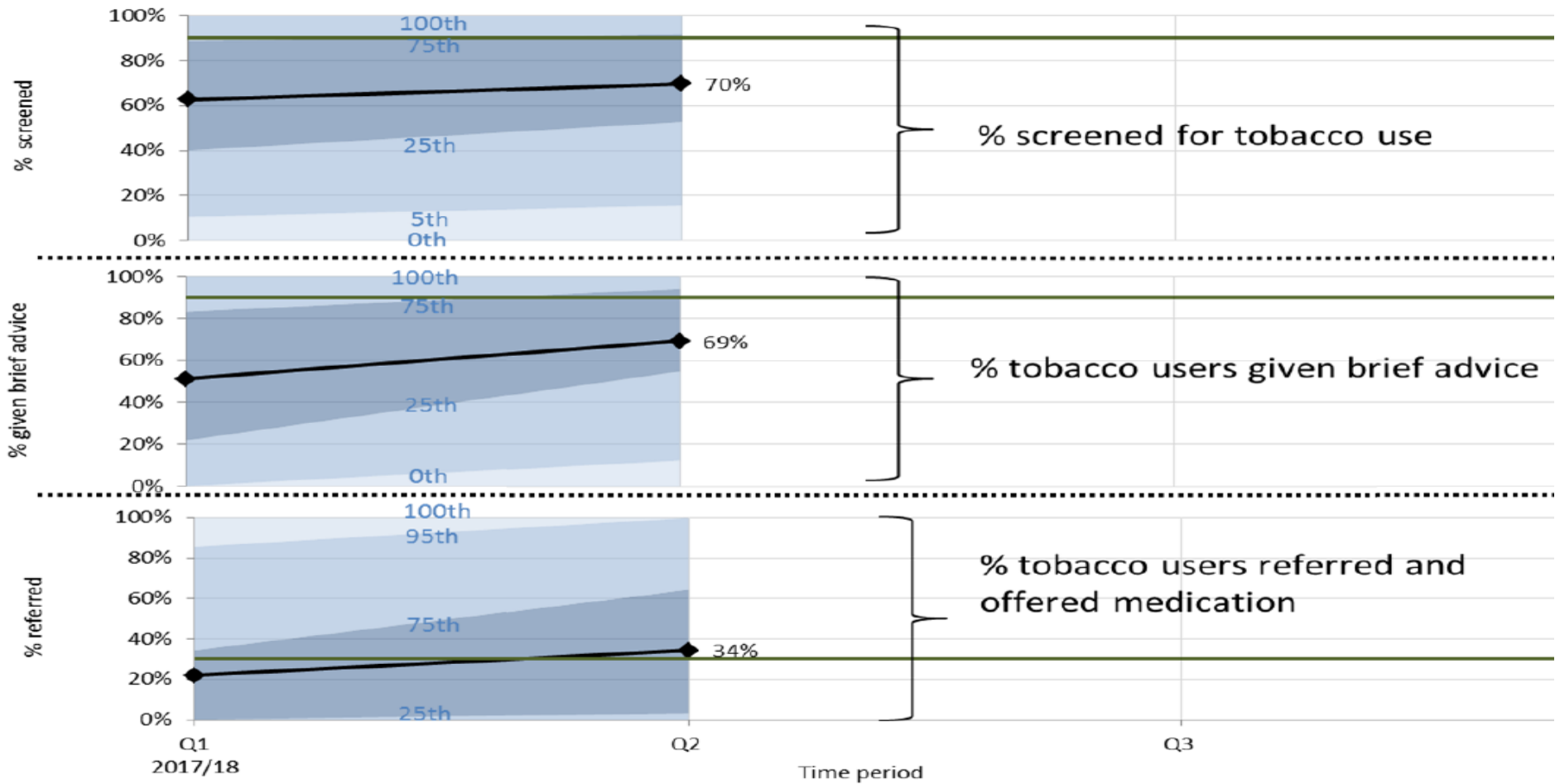
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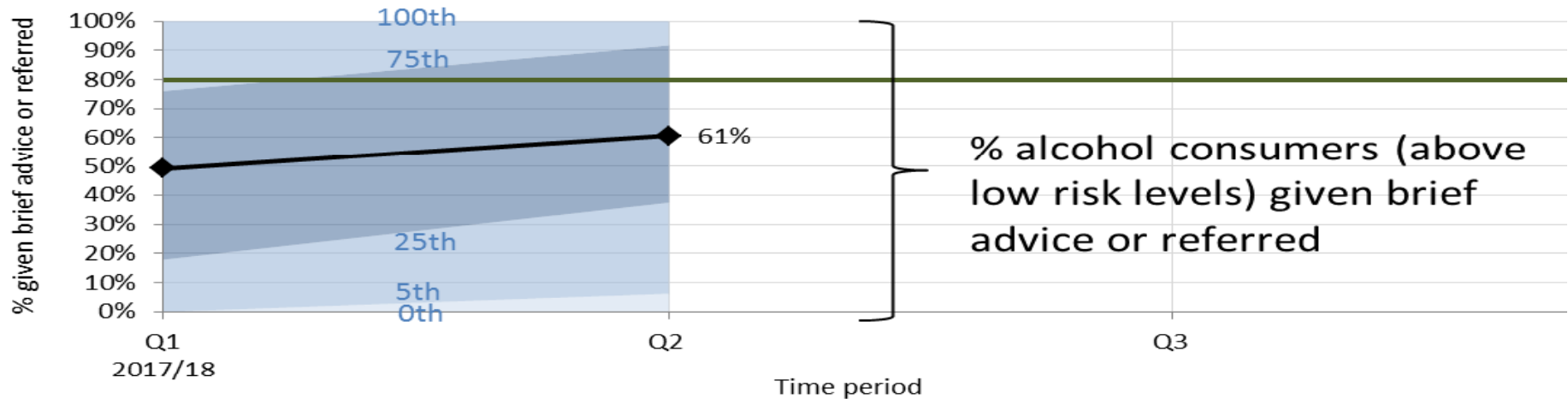
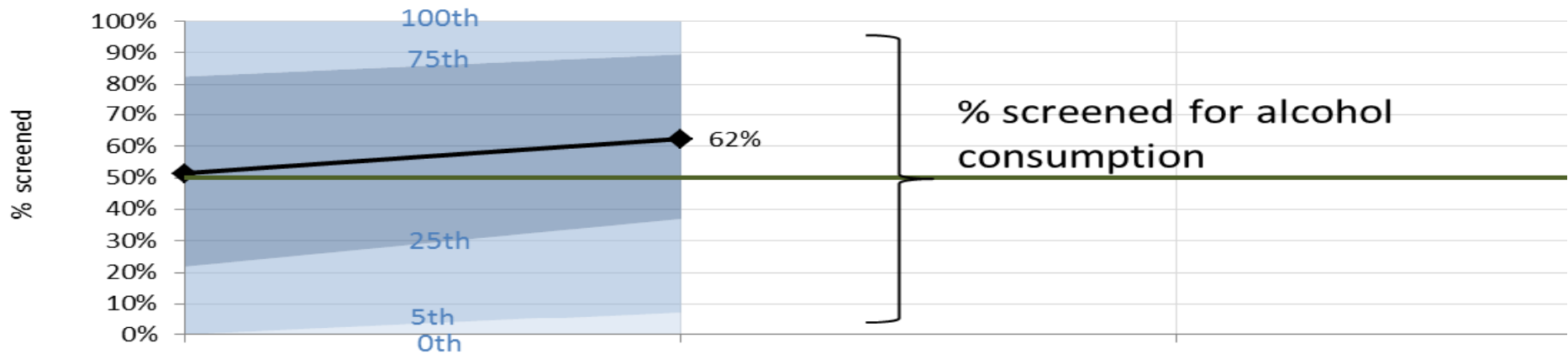
Relevance to MECC outcomes and monitoring

Opportunity to reach \approx 3.13 million inpatients annually

National monitoring in Acute, Mental Health and Community Providers of:

- % inpatients screened for tobacco use
- % inpatients identified as current smokers
- % inpatients who smoke given brief advice
- % inpatients who smoke referred to specialist stop smoking support and offered stop smoking medications
- % inpatients screened for alcohol use
- % inpatients drinking at increasing or higher risk levels
- % inpatients identified as possibly alcohol dependent
- % inpatients drinking at increasing or higher risk levels given alcohol brief advice
- % inpatients identified as potentially alcohol dependent who are referred for specialist support





Medicine Management Technicians (MMTs) offer alcohol identification and brief advice to all inpatients within 48 hours of admission.

How'd they get there?

- Identified an appropriate staff group to provide screening and advice (MMTs see all patients within 48 hours of admission)
- MMTs were trained to use AUDIT-C and give brief advice (face-to-face)
- Built requirements into existing information systems and processes
- Ran a two week pilot
- Demonstrated impact!
- Screening and brief advice built into MMTs standard operating procedure
- Managers feedback on staff performance
- Financial benefit demonstrated through pilot supported funds being directed to employment of three more MMTs
- Strong senior leadership

What's next?

- MMTs to take on very brief advice on smoking from April 2018

<http://bit.ly/2BcBea1>

CQUIN No. 1. Improving staff health and wellbeing

Focuses on encouraging providers to implement changes that will improve the health and wellbeing of their workforces.

It applies to acute, community, mental health, ambulance, NHS 111, and integrated providers between 2017-2019.

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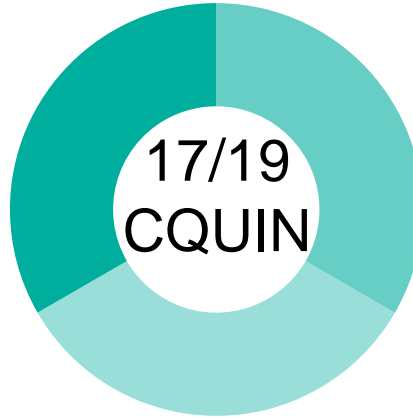
It covers three elements (indicators):

CQUIN No. 1. Improving staff health and wellbeing

Part A – Improvement of staff health and wellbeing (33.3%)

Achieve 2 out of 3 of the following:

- 5% improvement or 45% staff answering 'yes definitely' to the health and wellbeing question (9a)
- 5% improvement or 85% answering 'no' to the MSK question (9b)
- 5% improvement or 75% staff answering 'no' to the stress question (9c)

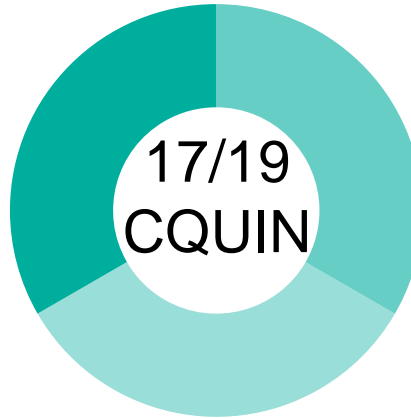


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Part B – Healthy food for NHS staff, visitors and patients(33.3%)

Year 2:

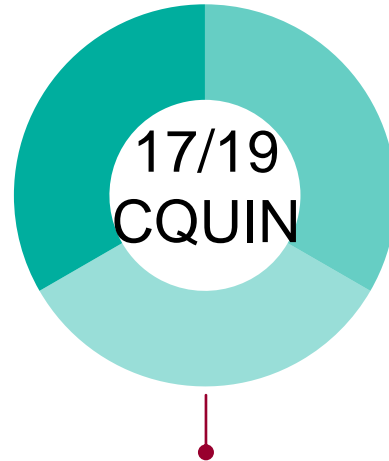
- Maintain the 4 changes required in 2016/2017
- Maintain the 3 changes required in 2017/2018 i) 70% drinks have <5g sugar/100ml, 60% confectionary do not have >250kcal, 60% pre-packed meals have ≤ 400 kcal/serving and ≤ 5 g sat. fat/100g².
- Increase to 80% of drinks

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Part C – Improve uptake of flu vaccination for frontline clinical staff (33.3%)

- Year 1, 70% uptake
- Year 2, 75% uptake

Part B – Healthy food for NHS staff, visitors and patients(33.3%)

Year 2:

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- Maintain the 3 changes required in 2017/2018 i) 70% drinks have <5g sugar/100ml, 60% confectionary do not have >250kcal, 60% pre-packed meals have ≤400kcal/serving and ≤5g sat. fat/100g².
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How is this relevant to MECC?

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MECC can positively impact staff health and well-being, because it encourages reflection on one's own health and well-being.

MECC training gives staff a basic understanding of lifestyle messages for themselves, and enables them to become natural advocates for healthier lifestyles.

MECC training also increases staff awareness of the programmes and services available to support their own health improvement, therefore making it more likely that staff will make use of these services (e.g. exercise classes, smoking cessation support, weight management support, psychological support).

CQUIN No. 3. Cardio metabolic assessment and treatment for patients with psychoses

Focuses increasing cardio metabolic assessments and access to interventions to improve physical healthcare for people with severe mental illness (SMI) and thereby reduce premature mortality in this group.

It applies to community and mental health providers.

And, has two elements (indicators):

CQUIN No. 3. Cardio metabolic assessment and treatment for patients with psychoses

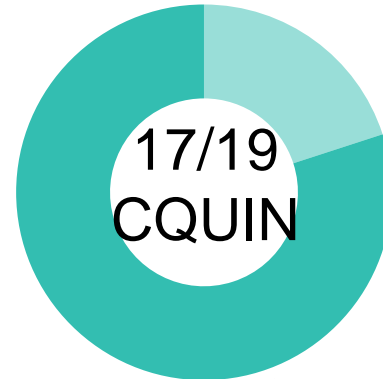
Part A – Cardiac metabolic assessment for patients with psychoses (80%)

Achieve the following 2018/2019 cardio metabolic assessment and treatment rates for patients with psychoses:

- 90% inpatients and EPI patients
- 75% community mental health service patients

And demonstrate positive outcomes for patients in EPI services, whereby:

- 35% of patients experiencing a first episode of psychoses and have been taking anti-psychotics for 6-12 months $\leq 7\%$ weight gain
- 10% of patients in the Lester Tool red zone for smoking stop smoking



CQUIN No. 3. Cardio metabolic assessment and treatment for patients with psychoses

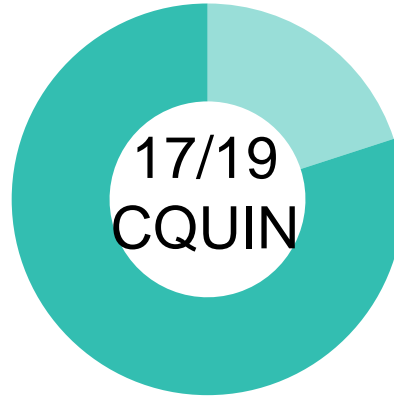
Part A – Cardiac metabolic assessment for patients with psychoses (80%)

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And demonstrate positive outcomes for patients in EIP services, whereby:

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- 10% of patients in the Lester Tool red zone for smoking stop smoking



Part B – Collaborating with primary care clinicians (20%)

90% patients have either an up to date Care Programme Approach, Care Plan or a comprehensive discharge summary shared with their GP

DRIVER 2

Corporate and Social Responsibility

Corporate and Social Responsibility

For commissioners...

Promoting MECC is consistent with the Public Services (Social Value) Act 2012, which asks commissioners of public services to consider:

- How procurement can improve the economic, social and environmental well-being of the area
- How the process of procurement might secure these improvements

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For providers...

Implementing MECC can support the organisation's core responsibilities towards the local population. Including:

- Improving services for patients
- Saving money (through reduced burden on services)
- Contributing towards addressing health inequalities

**What drivers for MECC are
you finding locally?**