

Report to: **SINGLE COMMISSIONING BOARD**

Date: 14 February 2017

Officer of Single Commissioning Board Clare Watson, Director of Commissioning

Subject: **NHS RIGHT CARE**

Report Summary:

The NHS Right Care programme is about improving population-based healthcare, through focusing on value and reducing unwarranted variation. It includes the Commissioning for Value packs and tools, the NHS Atlas series, and the work of the Delivery Partners.

The approach has been tested and proven successful in recent years in a number of different health economies. As a programme it focuses relentlessly on value, increasing quality and releasing funds for reallocation to address future demand.

NHS England has committed significant funding to rolling out the Right Care approach. By December 2016, all CCGs will be working with an NHS Right Care Delivery Partner.

NHS England is investing in this programme to enable every health economy in England to embed the NHS Right Care approach at the heart of their transformation programmes. It is a programme committed to improving people's health and outcomes. It makes sure that the right person has the right care, in the right place, at the right time, making the best use of available resources.

This report sets out the national, GM and locality approach to the implementation of NHS Right Care, including the identification of the priorities for Tameside and Glossop.

Recommendations:

Single Commissioning Board are asked to consider and discuss the content of the report, and to approve the proposals related to the implementation of Right Care in Tameside and Glossop in section 5 of the report, and ensuring this is addressed as a system wide programme, engaging the Integrated Care Foundation Trust.

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

As the focus of the Right Care programme is to improve population-based healthcare, reduce unwarranted variation and therefore optimise financial efficiencies, this will include both the Section 75 and Aligned budget sections of the Integrated Commissioning Fund.

This Programme is nationally driven and promoted and is congruent with the Care Together Strategy. Whilst supportive of the actions being proposed to implement the Programme in Tameside & Glossop it will be necessary for the SCB to ensure the following further considerations are taken into account and fully evaluated prior to implementation of any proposal:

- The impact of Healthier Together on any Right Care proposals;
- How the Right Care proposals might overlap with existing transformation schemes;
- How proposals would be performance managed within the

Savings Assurance process whilst being cognisant of the level of challenge and scrutiny outlined in the Savings Assurance Guidance Notes.

Legal Implications: (Authorised by the Borough Solicitor)	The economy will be under considerable scrutiny to deliver. It will be important to receive regular reports to ensure on track.
How do proposals align with Health & Wellbeing Strategy?	The project team supporting the implementation of NHS Right Care in Tameside & Glossop will include representatives from the Single Commission public health team, to ensure any identified priorities are taken forward in a way which is aligned with the locality Health & Wellbeing Strategy.
How do proposals align with Locality Plan?	As outlined in the report, the implementation of the Right Care priorities will be aligned with the Locality Plan. This approach is also supported at a GM level in terms of alignment with the GM Strategic Plan.
How do proposals align with the Commissioning Strategy?	As above, the project team will ensure alignment with the locality's Commissioning Strategy.
Recommendations / views of the Professional Reference Group:	To proceed as per the recommendation in the report, ensuring this is addressed as a system wide programme, engaging the Integrated Care Foundation Trust.
Public and Patient Implications:	The project team will ensure patient and public involvement in projects arising from the implementation of the Right Care approach.
Quality Implications:	The NHS Right Care programme includes within it areas where the CCG can make changes to improve quality and outcomes, therefore quality is at the heart of this project and approach. Quality implications will be assessed and recorded throughout the project.
How do the proposals help to reduce health inequalities?	The NHS Right Care approach is designed to identify opportunities for changes to improve outcomes and efficiency, and the project team will ensure any approach taken helps to reduce / does not have a negative impact on health inequalities. Any project arising from this work will be subject to an equality impact assessment in line with the approach agreed for the Single Commission.
What are the Equality and Diversity implications?	Any project arising from this work will be subject to an equality impact assessment in line with the approach agreed for the Single Commission.
What are the safeguarding implications?	Any project arising from this work will be assessed for potential safeguarding implications. The CCG Nursing and Quality Directorate are included in the project team membership.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	Any project arising from this work will be assessed on an individual basis for information governance and privacy impact implications.

Risk Management:

A risk assessment will be undertaken for any project arising from this programme of work.

Access to Information :

The background reports relating to this report can be inspected by contacting Alison Lewin, Deputy Director of Transformation



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1 INTRODUCTION AND BACKGROUND

- 1.1 The NHS Right Care programme is about improving population-based healthcare, through focusing on value and reducing unwarranted variation. It includes the Commissioning for Value packs and tools, the NHS Atlas series, and the work of the Delivery Partners.
- 1.2 The approach has been tested and proven successful in recent years in a number of different health economies. As a programme it focuses relentlessly on value, increasing quality and releasing funds for reallocation to address future demand.
- 1.3 NHS England has committed significant funding to rolling out the Right Care approach. By December 2016 all CCGs will be working with an NHS Right Care Delivery Partner.
- 1.4 NHS England is investing in this programme to enable every health economy in England to embed the NHS Right Care approach at the heart of their transformation programmes. It is a programme committed to improving people's health and outcomes. It makes sure that the right person has the right care, in the right place, at the right time, making the best use of available resources.
- 1.5 NHS Right Care is all about:
 - Intelligence – using data and evidence to shine a light on unwarranted variation to support an improvement in quality
 - Innovation – working in partnership with a wide range of organisations, national programmes and patient groups to develop and test new concepts and influence policy
 - Implementation and improvement – supporting local health economies to carry out sustainable change.
- 1.6 Data packs and a range of supporting information is available on the NHS England website. Data packs were refreshed in October 2016 (previous packs were released in January 2016).
- 1.7 The foreword to the October 'refresh' of the NHS Right Care data, written by Sir Bruce Keogh, National Medical Director for NHSE, reads as follows:

The Commissioning for Value packs and the NHS Right Care programme place the NHS at the forefront of addressing unwarranted variation in care. I know that professionals - doctors, nurses, allied health professionals - and the managers who support their endeavours, all want to deliver the best possible care in the most effective way. We all assume we do so. What Commissioning for Value does is shine an honest light on what we are doing. The Right Care 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

2 NHS ENGLAND REQUIREMENTS

- 2.1 On 20 October Paul Baumann, Matthew Cripps and Richard Barker wrote to all CCGs in the North setting out NHS England's expectations in relation to the roll out of the Right Care programme. The letter outlined the requirements for CCGs in relation to Right Care and operational planning and the CCG Improvement and Assessment Framework as well as an immediate requirement to identify internal leadership with the CCG to deliver the Right Care approach.
- 2.2 The NHSE letter stated that CCGs will be expected to:

- Review, understand and address areas of unwarranted variation within the September 2016 CfV pack by the end of 2017/18. This will involve working through several cycles of the RightCare approach, focussing on multiple pathways
- Have completed this approach for 40% of the opportunities highlighted by the end of 2017/18 and plan to address 80% of the opportunities by 2018/19.

2.3 Progress against the above will be assessed through robust evaluation and within the CCG Improvement and Assessment Framework (IAF). The IAF includes two NHS RightCare indicators, which will assess whether CCGs improve in terms of spend and outcomes in the areas they select as NHS RightCare priorities under the programme.

2.4 Exec Operational and Clinical Lead nominations were sent to the national NHS Right Care Team as follows:

	Name	Role
Executive Lead	Clare Watson	Director of Commissioning
Operational Lead	Alison Lewin	Deputy Director of Transformation
Clinical Lead	Dr Alison Lea <i>Dr Thomas Jones</i>	GP / Governing Body member <i>Clinical Lead for Long Term Conditions</i>

2.5 On 16 November 2016, Tameside and Glossop CCG received a letter from Jon Rouse, Chief Officer of GM Health and Social Care Partnership, which set out how the NHS Right Care programme would be implemented in the context of Greater Manchester and devolution. The letter stated that ‘NHS Right Care is a key tool in the delivery of high quality sustainable healthcare and its focus on reducing unwarranted variation, ensuring the people of Greater Manchester have the right care, in the right place at the right time is wholly consistent with the aims set out in our GM strategic plan “Taking Charge”’.

2.6 The intention of the GM Health & Social Care Partnership is to tailor the programme for the needs of Greater Manchester and to ensure alignment with the work done to date at GM and locality level. This approach will ensure the tools and techniques of the Right Care programme can complement the GM Thematic work streams and locality plans.

2.7 The letter from Jon Rouse stated that this alignment will be achieved by:

- Securing a dedicated GM NHS Right Care Delivery Partner who will be embedded within the Partnership team;
- Ensuring the reduction of unwarranted variation is aligned to locality plans and delivers real savings against locality costs;
- Widening the analysis of unwarranted variation into social care and wider determinants of health and wellbeing;
- Identifying RightCare opportunities that can be delivered across GM and aligning with thematic work across themes 1, 2 and 3;
- Embedding the opportunities identified through the RightCare analysis with the emergent GM clinical strategy.

2.8 Steve Wilson, Executive Lead for Finance and Investment will be the Partnership SRO for GM Right Care. Dr Gillian Greenhough has been appointed to the post of Associate Director of NHS Right Care in the Partnership team. Dr Gillian is a RightCare Delivery Partner and a GP by background.

2.9 The NHS Right Care team ran 2 national workshops in November – one which was held in Manchester, and which was attended by representatives from the CCG. A follow up event for GM, to focus on ‘the unique elements of the delivery of GM RightCare’ is due to be arranged early 2017. At the time of writing this report details were not available.

- 2.10 Tameside & Glossop CCG have been allocated a Right Care Delivery Partner – Carl Marsh – and officers have already held initial meetings to work with him to take forward Right Care in the locality.

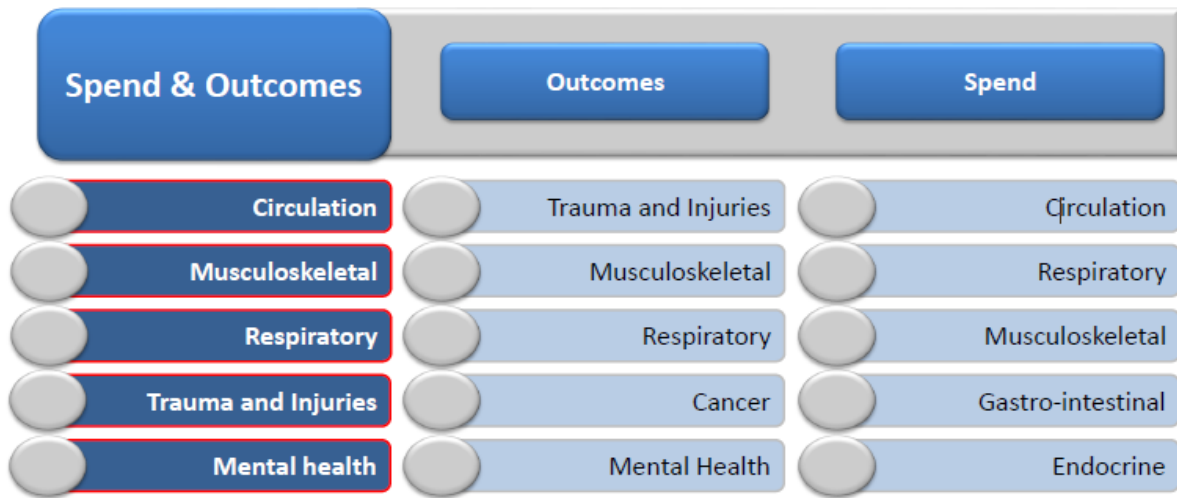
3 NHS RIGHT CARE DATA PACKS

- 3.1 NHS Right Care resources include CCG level ‘where to look’ data packs, which identify the areas where CCGs can make the most effective improvements in terms of financial efficiency and outcome improvement. These data packs were initially produced in January 2016 and refreshed in October 2016. They can be found on the NHS England website <https://www.england.nhs.uk/wp-content/uploads/2016/10/cfv-tameside-and-glossop-oct16.pdf>.
- 3.2 Each CCG is compared to the 10 most demographically similar CCGs. This is used to identify realistic opportunities to improve health and healthcare for the population. The analysis in the Tameside & Glossop pack is based on a comparison with the most similar CCGs which are:
- NHS Rotherham CCG
 - NHS Stoke on Trent CCG
 - NHS Bury CCG
 - NHS Wakefield CCG
 - NHS Hartlepool and Stockton-On-Tees CCG
 - NHS Barnsley CCG
 - NHS St Helens CCG
 - NHS Halton CCG
 - NHS South Tees CCG
 - NHS Telford and Wrekin CCG
- 3.3 The Commissioning for Value approach begins with a review of indicative data across the 10 highest spending programmes of care to highlight the top priorities / opportunities for transformation and improvement. This used nationally held data to indicate where CCGs may gain the highest value healthcare improvement.
- 3.4 The ‘where to look’ slides identify opportunities to improve value in healthcare commissioning and provision, and contain a number of key areas where CCGs should focus for improvement.
- 3.5 The NHS Right Care team are clear that CCGs / localities should not seek to add up all the spend opportunities in the pack to find total potential savings. Each programme of care is shown as a pathway and the recommendation is that the pathways are looked at as a whole. For example, in order to reduce spending for non-elective activity within cardiovascular disease, it may be necessary to increase resources in primary care prevention or prescribing. This should result in better value and a net reduction in costs, but will not be equivalent to the total sum of all savings opportunities.

4 TAMESIDE & GLOSSOP RIGHT CARE PRIORITIES

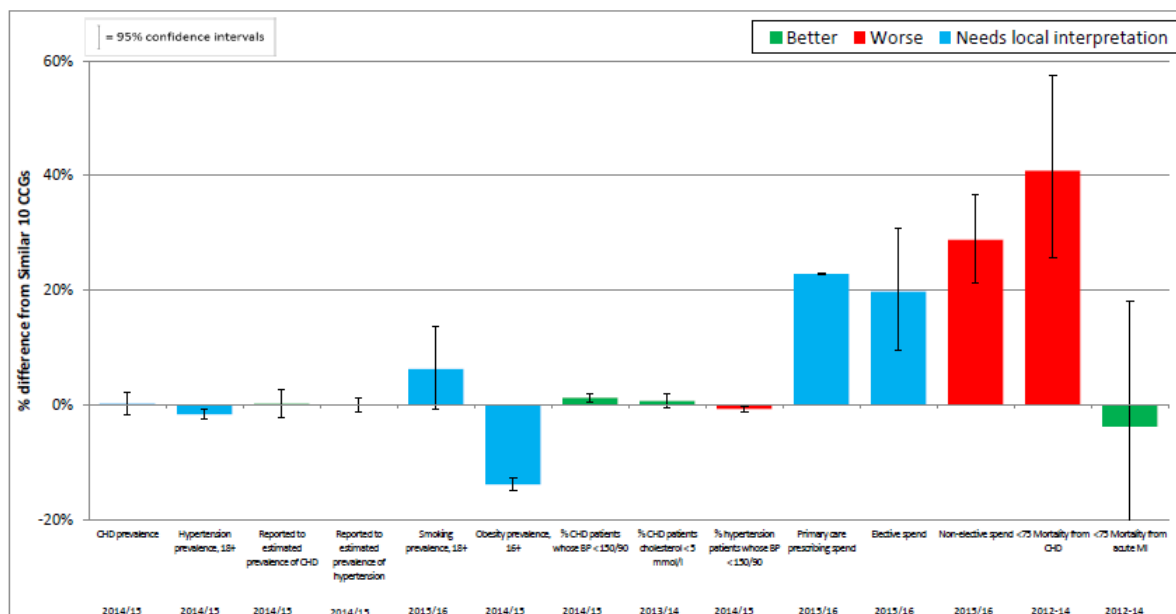
- 4.1 The ‘where to look’ pack for Tameside & Glossop identifies the opportunity areas below as ‘step 1’ of the process.

Headline opportunity areas for your health economy



- 4.2 The pack also identifies a range of detailed improvement opportunities within the areas identified above, from a 'spend' and quality perspective.
- 4.3 The Right Care approach recommends reviews on a pathway basis as 'step 2'. To support this approach, the pack also includes 19 'pathways on a page'. The pathways present a wide range of key indicators for different conditions and enables exploration of the opportunities in those programmes at condition level. The intention of these pathways is not to provide a definitive view, but to help commissioners explore potential opportunities. These slides help to understand how performance in one part of the pathway may affect outcomes further along the pathway. Below is an example of a 'pathway on a page' for heart disease.

Heart disease pathway



- 4.4 'Step 3' recommends the review of complex patients. The pack includes analysis on inpatient admissions, outpatient and A&E attendances for the 2% of patients that the CCG spends the most on for inpatient admissions (covered by mandatory tariff) in 2015/16. Nationally the most common conditions of admissions for complex patients are circulation;

cancer; and gastro-intestinal problems. The availability of robust risk stratification data for Tameside & Glossop will enable us to build on this element of the Right Care process using local (and more detailed and timely) data.

5 IMPLEMENTING RIGHT CARE IN TAMESIDE & GLOSSOP

- 5.1 The implementation of the Right Care approach is key to the delivery of the locality wide quality improvement and Savings Assurance programme (encompassing the CCG Financial Recovery Plan).
- 5.2 A project team to support the implementation of the Right Care programme in Tameside and Glossop has been formed, with initial officer and clinical representation from the single commission and ICFT, including representatives from the finance, commissioning, business intelligence, medicines management and public health teams. The initial role for this team will be to support the executive and clinical leads in the identification of Tameside and Glossop priorities and develop an implementation plan to align with the Locality Plan, transformation programme, and the Savings Assurance process. This process will be supported by the NHS Right Care Delivery Partner.
- 5.3 We will ensure that the implementation of the Right Care approach in Tameside & Glossop is aligned with existing areas of work, for example the Care Together programme, or the Savings Assurance process, thus embedding the work within existing governance and working groups.
- 5.4 The project team will ensure all requirements of the NHSE programme are met, including the CCG Improvement and Assessment Framework and Quality Indicator requirements.
- 5.5 The project team are due to meet on 24 January, with the Right Care Delivery Partner, to progress the development and implementation of the programme. This will include a detailed review of the data packs to identify proposed detailed priorities. The team will work with the Delivery Partner to continue to follow the Right Care recommended approach, to include:
 - Identify the priority programmes and complex patients in the locality and compare against current improvement activity and plans;
 - Look at the focus packs on the NHS Right Care website for those areas which are a priority for your locality;
 - Engage with clinicians and other local stakeholders, including public health teams in local authorities and commissioning support organisations and explore the priority opportunities further using local data;
 - Ensure planning round submissions, and returns for the CCG Improvement and Assessment Framework reflect the opportunities identified;
 - Discuss the opportunities highlighted in this pack as part of the STP planning process and consider STP wide action where appropriate;
 - Revisit the NHS Right Care website regularly as new content, including updates to tools to support the use of the Commissioning for Value packs, is regularly added;
 - Discuss and agree next steps with the Delivery Partner.

6 RECOMMENDATIONS

- 6.1 As set out on the front of the report.