

Meeting: Strategic Commissioning Board			
Meeting Date	07 February 2022	Action	Approve
Item No	8	Confidential / Freedom of Information Status	No
Title	Terms of reference for the NHS Bury Clinical Commissioning Group Individual Funding Request Panel		
Presented By	Howard Hughes, Clinical Director		
Author	Maxine Lomax/ Karen Richardson Deputy Director of Commissioning		
Clinical Lead	Maxine Lomax		
Council Lead	--		

Executive Summary
<p>The purpose of the paper is to request approval of the Terms of Reference for the soon to be established NHS Bury CCG panel for the management of requests for funding for services that are not currently commissioned.</p> <p>The Strategic Commissioning Board are reminded they approved a paper to establish the Panel, at their meeting in September 2021. NHS Bury CCG have utilized the services of the GM Effective Use of Resources team to manage the requests for Mental Health funding where the CCG does not commission a service. This is outside the remit of the GM EUR service and has been completed on a good will basis. The team complete this work on behalf of Bury and one other CCG. Additionally, the GM EUR team manage requests for Sensory Assessments for the CCG. NHS Bury are the only CCG they undertake this work for and is completed on a goodwill basis.</p> <p>Work has now been completed to define the Terms of Reference for the Panel and the internal pathways for managing requests, alongside financial delegations. Administrative support has been identified</p> <p>The original plan was to commence the panel during Q4 of 2021-22 and the intention remains to commence during this timeframe, although, with the delay in the establishment of the ICS, the review of the terms of reference will be delayed until Q1 2022-23</p>
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> Approve the attached Terms of Reference to allow work to continue to establish the local Panel

Links to Strategic Objectives/Corporate Plan	Choose an item.
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	No

Add details here.

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?						
How do proposals align with Locality Plan?						
How do proposals align with the Commissioning Strategy?						
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?	The proposal will ensure that there are no delays in decision making when requests are made for services outside the CCG commissioned services					
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?						
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						

Implications						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
NHS Bury CCG Governing Body	28/07/2021	The proposal was supported, and the GB agreed for the paper to be presented at the Strategic Commissioning Board
Strategic Commissioning Board	06/09/2021	Initial proposal was accepted by the SCB

Proposal to manage funding requests to NHS Bury CCG for spot purchases

1. Introduction

- 1.1 The purpose of the paper is to request approval of the Terms of Reference for the soon to be established NHS Bury CCG panel for the management of requests for funding for services that are not currently commissioned.
- 1.2 The Strategic Commissioning Board are reminded they approved a paper to establish the Panel, at their meeting in September 2021. NHS Bury CCG have utilized the services of the GM Effective Use of Resources team to manage the requests for Mental Health funding where the CCG does not commission a service. This is outside the remit of the GM EUR service and has been completed on a good will basis. The team complete this work on behalf of Bury and one other CCG. Additionally, the GM EUR team manage requests for Sensory Assessments for the CCG. NHS Bury are the only CCG they undertake this work for and is completed on a goodwill basis, work is underway to remedy this position locally.
- 1.3 Work has now been completed to define the Terms of Reference for the Panel and the internal pathways for managing requests, alongside financial delegations. Administrative support has been identified.
- 1.4 The original plan was to commence the panel during Q4 of 2021-22 and the intention remains to commence during this timeframe, although, with the delay in the establishment of the ICS, the review of the terms of reference will be delayed until Q1 2022-23.

2. Background

- 2.1. The NHS is under a statutory duty 'to promote comprehensive healthcare within the resources available'. It is not an absolute obligation to provide every treatment that a patient, or group of patients, may demand. The NHS is entitled to consider the resources available to it and the competing demands on those resources. The precise allocation of resources and the process for prioritising the allocation of those resources is a matter of judgement.
- 2.2. The GM Effective Use of Resources Operational policy (v5.0) aims to facilitate and support making these judgements at a named patient level by identifying individuals who should receive care on the NHS where their request is an exception to current commissioning

arrangements. In April 2013 GM EUR service was established to support the delivery of this statutory duty.

- 2.3. The GM EUR team is part of the Greater Manchester Joint Commissioning Team (GM JCT) and since 1st April 2020 has been hosted by NHS Oldham Clinical Commissioning Group (CCG). The GM EUR service incorporates an administrative team alongside commissioned clinical and corporate support arrangements. The GM EUR service is commissioned by all 10 GM CCG's.
- 2.4. NHS Bury CCG have utilized the services of the GM EUR team to manage the requests for Mental Health funding where the CCG does not commission a service. This is outside the remit of the GM EUR service and has been completed on a good will basis. The team completed this work on behalf of Bury and one other CCG. Additionally, the GM EUR team manage requests for Sensory Assessments for the CCG. NHS Bury are the only CCG they undertake this work for and is completed on a goodwill basis.

3. Current and Future Position

- 3.1 As outlined above, the GM EUR team undertake additional work for NHS Bury CCG around Mental Health and sensory assessments. As Greater Manchester moves towards an Integrated Care System the model across GM for the review of requests for Individual Funding Requests (IFR's) due to Exceptionality will change. There are currently 10 panels, one for each CCG, and it is expected there will be only one panel post April 2022.
- 3.2 There are workshops, being led by the COO of NHS Bolton CCG which are looking at the transfer statutory function into the ICS, including IFR's.
- 3.3 Alongside the workshops, there is a review of the GM EUR service and it is likely that post the 1st April, that the team will be unable to support the management of cases that are outside their remit. Therefore, there will need to be a local model/solution to manage local requests.
- 3.4 However, there remains the current pressure that NHS Bury CCG is being asked, by the GM EUR service, to manage its own Mental Health funding requests and other spot purchases such as sensory assessments.

4. Proposal

- 4.1 The proposed solution is a two-step change. The initial change to commence as soon as is practicable and to continue until the end of June 2022 and the second step to be decided once the GM model for management of IFR's is agreed.
- 4.2 It is recommended that the CCG adopt, until the end of June 2022, and potentially beyond, with any modifications required under the ICS, the model, the pathway as outlined in Terms of Reference. This will enable the CCG to manage requests that fall outside the remit of the GM EUR team. The CCG has identified a resource for the single point of contact for referrals.
 - 4.2.1 Once a referral is received into the SPOC (Single Point of Contact), the information will be triaged as outlined on the flow chart and either directed to the GM EUR team or to follow the internal CCG pathway.

- 4.3 The existing IFR panel, until the end of June 2022 and as a local panel from the 1st July, would continue to review the most complex cases that cannot be resolved within the workstreams under a delegated financial responsibility.
- 4.4 The CCG would need to establish clear criteria for approving individual requests, based on NICE guidance, the current pathways of care in GM and the CCG agreed criteria for exceptionality. Work with clinicians/commissioners and Finance to understand how and where high-cost patients that are above the usual schemes of delegation should be reviewed and what checks need to be in place to ensure the most effective use of resource has been applied.
- 4.5 The SPOC will own the process, tracking, recording, communicating with the referrer and the panel as required, minuting the meeting, and keeping logs of all cases.
- 4.6 The CCG will work closely with GPs in Primary Care to ensure guidelines are clear and patients' expectations are managed appropriately.

5. Terms of Reference

- 5.1 The Terms of Reference outline the purpose of the committee, why it has been established and its objectives and how it will function, including monitoring, and annual reporting. In terms of governance, it is suggested that the committee report to the Finance, Contract and Procurement Committee via a monthly report of activity the TOR will be reviewed prior to the formation of the ICS.

6. Recommendation

- 6.1 Approve the attached Terms of Reference to allow work to continue to establish the local Panel.

7. Actions Required

- 7.1 The Strategic Commissioning Board is requested to:
 - Approve the recommendations as outlined above.

Maxine Lomax

Clinical Lead, Effective Use of Resources

Maxine.lomax@nhs.net

January 2022

TERMS OF REFERENCE
Bury Clinical Commissioning Group Individual Funding Panel

Terms of Reference Document Control Sheet

MEETING	Bury Locality Individual Funding Panel
ESTABLISHED BY/REPORTING TO:	Finance, Contracting and Procurement Committee
AUTHOR	Maxine Lomax
REVIEW	
ASSOCIATED DOCUMENTS	
RELATED COMMITTEES/GROUPS	

Document Control	
Document Name	TERMS OF REFERENCE Bury Locality Individual Funding Panel
File Name	
Version/Revision Number	

Version Control

Date	Version	Author	Details
22/11/2021	V0.1	Maxine Lomax EUR Clinical lead	Bury Locality IFR Panel ToR & Appeal process revision.
2/12/2021	V0.1	Craig Marshall Assistant Chief Finance Officer Bury CCG	Review of Financial delegations
17/01/2022	V0.1	Emma Kennett, Head of Corporate Affairs and Governance Karen Richardson Deputy Director of Commissioning	Reviewed and amended
20/02/2022	V0.1	Howard Hughes Clinical Director	Reviewed and no changes

1.0 Introduction

The Bury Clinical Commissioning Group (the CCG) Individual Funding Panel (The panel) will meet monthly to review requests for funding of services which fall outside the Local Pathway (appendix 1) The Panel will review applications for individual packages of care for patients whose needs cannot be met within the available routinely commissioned health services. Other applications will be considered where appropriate and reasonable as agreed by the Chair.

2.0 Membership

- IFR Chair and EUR Clinical Lead
- 3 GPs./Clinicians
- CCG Finance Representative.
- CCG Medicines Management Representative.
- Public Health Representative or Lay Member Representative; and
- A senior Commissioning Representative from the CCG.

3.0 Conflicts of Interest

A register of the Declarations of Interest of the Panel Members will be provided at every meeting, and Committee members will be required to notify of any new interests relating to the business of the meeting at the start of the meeting.

Any existing or new interests will be considered in order that assurance is provided on the arrangements that are in place and have been implemented to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the Panel's decision-making processes.

The Chair of the Committee shall determine, in accordance with the CCG's Conflicts of Interest Policy, the management arrangements that will apply in respect of any conflicted member of the Committee. These management arrangements may include, but are not limited to:

- whether or not the conflicted member or colleague in attendance shall contribute to the discussion;
- the requirement for the conflicted member or colleague in attendance to absent the meeting at the point of decision making on that item of business;
- with prior agreement from the Committee Chair, identification of an appropriate non-conflicted representative to attend the Committee on behalf of the conflicted member for that item of business.

4.0 Attendance

Members should normally attend meetings, and it is expected that members will normally attend a minimum of 75% of meetings held per annum.

Should a member not be able to attend a Committee meeting, apologies in advance must be provided to the Chair. Deputies can attend on behalf of officers normally in attendance and any formal acting up status will be recorded in the minutes.

5.0 Quoracy

At least 50% of the Panel should be present, two must be clinically qualified (one of those must be medically qualified) If there is a lack of quoracy, the panel can decide subject to consultation by the Chair, with the missing panel members.

6.0 Minutes / Preparation of papers

The Agenda and papers to be sent securely via email to group members at least five working days in advance of the meeting.

Minutes will be recorded by an appropriate administrator. The draft minutes will be approved by the Chair and distributed to group members with the papers prior to the next meeting or within one week of the meeting where relevant if there are actions for group members. The minutes (including any amendments) will be formally agreed at the following meeting.

A record of the meetings will be held electronically and securely in line with Information Governance guidance.

7.0 Frequency

Planned Meetings - Meetings will take place monthly scheduled throughout the year at the CCG offices or virtually as appropriate.

Urgent Meetings - Where an urgent decision is required outside of the planned meetings and at the discretion of the Chair relevant documentation will be circulated securely via email to group members requesting discussion and a recommendation within a specified time (usually three working days).

8.0 Conduct of Meetings

All members will read the papers in advance of the meeting to support decision making.

9.0 Confidentiality

All requests will be treated as highly confidential as the majority will contain sensitive and/or clinical information.

Papers will be sent to panel members via a secure e-mail service (NHS net).

Papers must not be printed and must be deleted from the inbox following the meeting.

Consent will be obtained from the patient prior to the meeting.

10.0 Duties

The Panel is a decision-making body. Members have the authority to approve or decline funding. The Panel does not hold a budget or allocate financial resources. Where funding is declined on the recommendation of the panel, the referrer will be informed of the reason by the commissioning manager. This enables a formal rationale to be provided in writing to the referrer.

The relevant professionals or managers may be invited to the panels to present case details and take questions from the Panel.

The panel operates to the constitutional scheme of delegation (Appendix 3).

11.0 Reporting

The Panel has been established by NHS Bury Clinical Commissioning Group (CCG) and is administered by Secondary Care Commissioning. The panel's decisions are made based on clinical need and financial implications. The panel will report to the Finance, Contract and Procurement Committee via a monthly activity report.

12.0 Monitoring Compliance

The Panel Chair will produce an annual report for the Finance, Contract and Procurement Committee and the Strategic Commissioning Board.

The Report will highlight as a minimum

- Effectiveness of process and timeliness of responding the requests for funding.
- The numbers of requests by theme and the outcomes requests.
- Audit of compliance of panel members.

13.0 Reviewing Terms of Reference

These terms of reference will be reviewed annually or sooner if there are relevant changes in legislation or local/national guidance.

Appendix 1

Appeals Process

The CCG process review panel will meet on an ad-hoc basis when a patient or clinician acting on their behalf has appealed a panel decision and they have submitted no new evidence in support of their request that needs further consideration by the IFR Panel.

The panel will meet in private but the patient and or a representative will be asked to attend to ensure that their views are fully accounted for.

The panel will adopt a majority approach to decision making where a unanimous view cannot be reached. In the event of a split vote the decision of the chairperson will be final.

The panel will consider each stage of the process that the request has gone through to ensure that all reasonable attempts have been made to find relevant evidence of effectiveness and that all aspects of the request have been considered in the round.

The panel should assure itself that all stages of the process have been recorded.

The panel is there to decide if due process has been followed and to identify any areas where further consideration needs to be made if any.

It is not the role of the CCG process review panel to make a further funding decision or overturn the IFR panel decision; however, it may return the request to the IFR panel to address any issues identified following the process review.

Panels may consider more than one request at a time provided there is sufficient time for each request to be dealt with fully.

1.1 Membership

The chair of the CCG process review panel will be the lay person representing the CCG provided they have had the necessary training, if not an alternative chair must be agreed prior to the meeting.

Voting members of The Process Review Panel will consist of the following:

- Lay member of the CCG Governing Body.
- General Practitioner member of the CCG commissioning group (not currently a member of the IFR panel).
- A representative of the CCG Governing Body (in addition to the GP Representative).
- The CCG Accountable Officer.

Panel members may cover more than one of these representative functions, e.g., the lay representative could also be the Board representative if one of the Non-Executive Directors is nominated.

All CCG process review panel members must not have been involved in any of the IFR decision making stages.

The Chair of the panel will be determined by the CCG.

In addition to the membership outlined above the chair of the original CCG Individual Funding Panel (or nominated deputy) will attend the Process Review Panel, in a non-voting capacity, to present the case and answer any questions that may arise.

1.2 Administrative Support

Meetings will be arranged and resourced by the CCG and managed by their nominated lead officer.

Preparation of agendas and all request papers, recording the outcomes of the meeting, taking any actions arising and ensuring letters are sent to the requesting clinician and patient within agreed timescales is the responsibility of the CCG.

Ensuring a suitable venue is available is the responsibility of the CCG lead for IFR.

1.3 Quoracy

All voting members of the Process Review Panel must be present.

1.4 Training of IFR Panel Members

Training of IFR panel members is the responsibility of the CCG

CCG process review panel members should ensure that they have received adequate and appropriate training.

1.5 Confidentiality

All appeals will be treated as highly confidential as the majority will contain sensitive and/or clinical information.

Papers will be sent to members via either registered post or a secure e-mail service (NHS net).

Consent will be obtained from the patient prior to the meeting.

All confidential papers will be gathered for shredding at the end of the meeting.

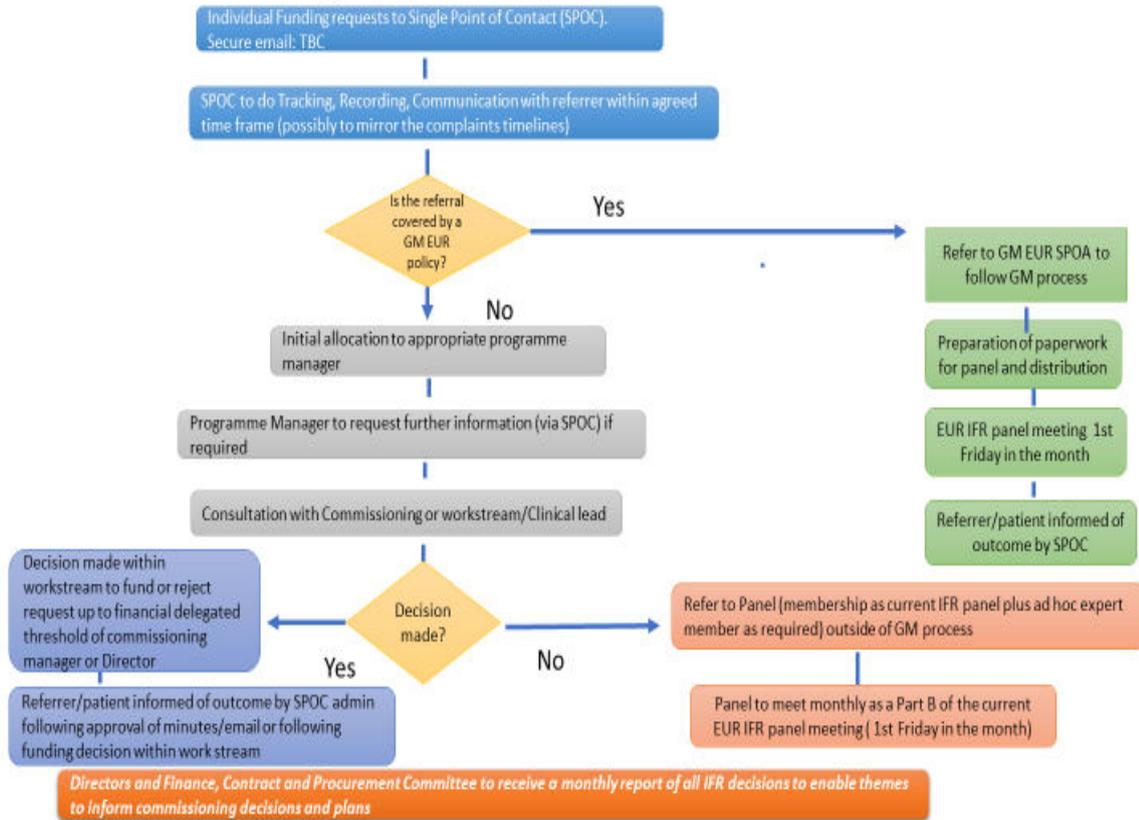
1.6 Review

These terms of reference will be reviewed annually or sooner if there are relevant changes in legislation or local/national guidance.

Appendix 2

Local pathway

Individual Funding Request – Non-EUR process until the 30th June 2022



Appendix 3

Bury Locality Individual Funding Panel Scheme of Delegation

The table below sets out the Scheme of Delegation for IFR requests

Budget Holder	Treatment cost* £	Reporting
Budget Holder/Programme manager	<£25,000	Expenditure to be included within routine finance reports to the board.
Budget Holder with (i) Chair of Panel if urgent decision needed. (ii) Panel support if not urgent	>£25,000 to <£50,000	Expenditure to be included within routine finance reports to the board.
CCG Director of Finance with advice from Panel	>£50,000 to <£100,000	Expenditure to be separately disclosed to board on quarterly basis.
Accountable Officer-with advice from Panel and Director of Finance	>£100,000 to £250,000	Board to be notified that approval has been given.
CCG	£250,000+	Report to the Board for approval.

* For individual patients