

Meeting: Strategic Commissioning Board			
<b>Meeting Date</b>	06 September 2021	<b>Action</b>	Approve
<b>Item No</b>	7	<b>Confidential / Freedom of Information Status</b>	No
<b>Title</b>	Proposal to manage funding requests to NHS Bury CCG for spot purchases of services		
<b>Presented By</b>	Howard Hughes		
<b>Author</b>	Maxine Lomax		
<b>Clinical Lead</b>	Maxine Lomax		
<b>Council Lead</b>	--		

Executive Summary
<p>The purpose of the paper is to outline the current position within NHS Bury CCG for the management of requests for funding for services that are not currently commissioned.</p> <p>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>The paper outlines</p> <ol style="list-style-type: none"> <li>1. The Current position</li> <li>2. The potential position post 1<sup>st</sup> April 2022</li> <li>3. A proposal to manage the issue until the 31<sup>st</sup> March 2022</li> <li>4. Recommendations to the Strategic Commissioning Board</li> </ol> <p>A previous version of the paper was considered at NHS Bury CCG Governing Body with the following decisions:</p> <ul style="list-style-type: none"> <li>• Support the next steps as outlined for the presented paper to be taken to the Strategic Commissioning Board for approval.</li> <li>• Support the Proposed Process (Appendix 1) to be set up in Bury to manage non-contracted IFRs.</li> <li>• Support further work to be undertaken with work stream Leads and Clinical Leads 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.</li> </ul>

The current paper has been slightly amended to support clarity following conversations with the Head of Commissioning Support at the Greater Manchester Joint Commissioning Team

### Recommendations

It is recommended that the Strategic Commissioning Board:

- Acknowledge the current issues within the system relating to work undertaken on a good will basis by the GM Effective Use of Resources Team
- Approve for Proposed Process (Appendix 1) to be set up in Bury to manage funding request that fall outside the remit of the GM EUR team
- Request that the Executive Director of Strategic Commissioning identify a resource to act as the SPOC and establish a timeline for the pathway to commence
- Agree the that next steps for the identified SPOC closely with Work stream Leads and Clinical Leads to establish principles for approving individual requests, based on NICE guidance, the current pathways of care in GM, best use of resources and the CCG agreed criteria for exceptionality.

### 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"/>

Implications						
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:						
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

## **Proposal to manage funding requests to NHS Bury CCG for spot purchases of services**

### **1. Introduction**

- 1.1. The purpose of the paper is to outline the current position within NHS Bury CCG for the management of requests for funding for services that are not currently commissioned
- 1.2. 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 on Bury and one other CCG. Additionally, the GM EUR team manage requests for Sensory Assessments for the CCG.
- 1.3. The paper outlines
  - The Current position
  - The potential position post 1<sup>st</sup> April 2022
  - A proposal to manage the issue until the 31<sup>st</sup> March 2022
  - Recommendations to the Strategic Commissioning Board

### **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 CCGs.
- 2.4. NHS Bury CCG have utilized the services of the GM EUR to 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.

### **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 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 Individual Funding Requests (IFR's)
- 3.3 Alongside the workshops, there is a review of the GM EUR service and it is likely that post the 1<sup>st</sup> 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 March 2022 and the second step to be decided once the GM model for management of IFR is agreed.
- 4.2 It is recommended that the CCG adopt, until the end of March 2022, and potentially beyond, with any modifications required under the ICS, the model, the pathway as outlined in Appendix 1. This will enable the CCG to manage requests that fall outside the remit of the GM EUR team. The CCG would need to establish a single point of contact for referrals
- 4.3 Once a referral is received into the SPOC (Single Point of Contact) which is an administrative role, 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.
- 4.4 The SPOC process could align with the work of the team that manages Freedom of Information requests and PALS, as the work interfaces with patients and will require similar timelines and processes.

- 4.5 The existing IFR panel, until the end of March 2022 and as a local panel from the 1<sup>st</sup> April, would continue to review the most complex cases that cannot be resolved within the workstreams under a delegated financial responsibility
- 4.6 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.
- 4.7 The SPOC would own the process, tracking, recording, communicating with the referrer and the panel as required, minuting the meeting and keeping logs of all cases.
- 4.8 The CCG would work closely with GPs in Primary Care to ensure guidelines are clear and patients' expectations are managed appropriately. The SPOC would ensure clear communication with GPs and Providers.

## **5 Recommendations**

- Strategic Commissioning Board to acknowledge the current issues within the system relating to work undertaken on a good will basis by the GM Effective Use of Resources Team
- Strategic Commissioning Board to approve for Proposed Process (Appendix 1) to be set up in Bury to manage funding request that fall outside the remit of the GM EUR team
- Strategic Commissioning Board to request that the Executive Director of Strategic Commissioning identify a resource to act as the SPOC and establish a timeline for the pathway to commence as soon as possible
- Strategic Commissioning Board to agree the that next steps for the identified SPOC closely with Work stream Leads and Clinical Leads to establish principles for approving individual requests, based on NICE guidance, the current pathways of care in GM, best use of resources and the CCG agreed criteria for exceptionality.

## **6 Actions Required**

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

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August 2021

# Individual Funding Request – Non-EUR process until the 31<sup>st</sup> March 2022

