DATE: 18 June 2019

SUBJECT: Directors of Commissioning Highlight Report

REPORT OF: Margaret O’Dwyer, Chair GM Directors of Commissioning

PURPOSE OF REPORT

The purpose of the highlight report is to provide a quarterly update on business discussed and agreed at the Greater Manchester Directors of Commissioning meetings that took place between March 2019 and April 2019. It also references decisions taken following receipt of recommendations from the two Groups which report to it: Effective Use of Resources Policy and the Clinical Standards Board (Greater Manchester Medicines Management Group).

RECOMMENDATIONS

The GM Joint Commissioning Board members are asked to:

- Note the content of the Highlight Report

CONTACT OFFICER

Margaret O’Dwyer

Director of Commissioning /Deputy Chief Officer & the Directors of Commissioning Meeting Chair NHS Bury Clinical Commissioning Group (CCG)
Margaret.o’dwyer@nhs.net
1. **PURPOSE OF REPORT**
   The purpose of the Highlight Report is to provide a quarterly update on business discussed and agreed at GM Directors of Commissioning meetings that took place in March and April.

2. **PROGRESS SUMMARY**
   We would draw your attention to the following main topics of discussion (full details for these topics can be found in the meeting minutes): -

3. **DIRECTORS OF COMMISSIONING MEETINGS: (MARCH 2019)**

   3.1 **EFFECTIVE USE OF RESOURCES:** Directors of Commissioning approved the below policies:
      - Shoulder Impingement
      - Low Back Pain (Revised)
      - Facet Joint Injections (Revised)

      The governance for approval of EUR policies has been reviewed. 9 CCGs have now agreed delegated authority to GM to approve future EUR policies. Bolton will maintain their current EUR governance process of local approval.

   3.2 **CLINICAL STANDARDS BOARD:**
      Directors of Commissioning approved the use of Adalimumab biosimilar across GM to ensure the cost saving is realised. Worldwide this is the highest spending drug, so the introduction of a biosimilar which is equally effective has the potential to save £2.5M across GM in 19/20 if 80% of eligible patients are switched to a biosimilar drug (other drugs switched in 18/19 saved £7.5M).
      It was also noted that the GM Medicines Strategy Board had been disestablished and the Clinical Standards Board had begun to consider which elements of the Strategy's workplan it should adopt for oversight and implementation by the Clinical Standards Board.

   3.3 **MILITARY VETERANS:**
      NHS Bury CCG as lead commissioners for North West CCGs provided an update on the recently published Military Veterans Service guidance. GM CCGs have commissioned services that go further than the broad aims of the Covenant since 2013 through to 2020. No other region boasts such a high quality or comprehensive service dedicated to the Armed Forces Personnel, who are no longer serving but who are experiencing Mental Health problems as a result of their service. It was agreed that further details are required in terms of the option for procurement of a new specification.

4. **DIRECTORS OF COMMISSIONING AND CHIEF FINANCE OFFICERS MEETING: (MARCH 2019)**
   Directors of Commissioning and Chief Finance Officers meet jointly on a quarterly basis. This is to discuss items that require both commissioning and finance approval and areas that require joint consideration such as the commissioning review. The following were jointly considered:

   4.1 **COMMISSIONING REVIEW (100 Day Plan)**
      Will Blandamer presented an updated paper for comment. The summary report contains 11 recommendations across 5 main topics. With regard to recommendation 9 and the future arrangements for the Directors of Commissioning it had been agreed that a small working group would review functions. Both groups will also form part of a Task and Finish group to decide what services should be commissioned at a GM level in response to recommendation 6. The
Task and Finish Groups are now established and the proposals will be reported in my next Highlight report.

4.2 **THE NEW GP CONTRACT 5 YEAR PLAN:**
A brief was provided by Laura Browse prior to the announcement of changes that will take place on 29th March 2019. Key highlights were received regarding the development of Primary Care Networks and the NHS app. It was noted that the national model does replicate the current GM plans in many ways, particularly in the recruitment of Clinical Pharmacists. Further information to follow once the announcement has been made.

4.3 **NEURO REHABILITATION UPDATE:**
Directors of Commissioning received an update on the development of the full business case and work underway on an Equality Impact assessment and travel analysis. Directors of Commissioning have maintained oversight of local developments in respect of community neuro-rehabilitation services which will complement the changes in the hyper acute centre and at the intermediate units.

5. **DIRECTORS OF COMMISSIONING MEETINGS: (APRIL 2019)**

5.1 **DIRECTORS OF COMMISSIONING/DIRECTORS OF ADULT SOCIAL SERVICES JOINT WORKSHOP:**
Progress reports were received on joint work emanating from the February workshop:
Specific work streams which are being progressed following the workshop: -
(1) Lambeth Model (Salford, Tameside and Glossop)
(2) Workforce work stream on an enhanced care worker role to address recruitment and retention issues (Bury, Trafford)
(3) IT work stream (Trafford)

5.2 **SPECIALISED COMMISSIONING UPDATE:**
Closer working arrangements have developed during 2019 with specialist commissioning. Directors of Commissioning received the 19/20 priorities identified in the specialist Commissioning Oversight Group. Discussions have commenced recommending one set of discussions with Providers which includes both CCG and specialist commissioners.

5.3 **SERVICE REVIEW UPDATES:**
SCF Directors of Commissioning Group has the delegated oversight of the process of the service reviews. Reports on two of them have been received in this period.

5.3.1 **CONTINUING HEALTH CARE:** Directors of Commissioning agreed to a piece of work to be undertaken to scope out opportunities around streamlining and effective economies of scale in the commissioning of Continuing Health Care packages. A Steering Group with Director of Commissioning representation is established to oversee progress and deliver recommendations.

5.3.2 **MYALGIC ENCEPHALOMYELITIS (ME):** work has started to review the services currently commissioned across GM. This is not an immediate priority area but Directors of Commissioning did agree to address GP training with the potential to do this across the GM Primary Care leads.
5.4 **TUBERCULOsis (TB) UPDATE:**
Patients with no recourse to Public Funds (NRPF) require accommodation for the duration of their treatment. In 2018 CCGs agreed to work within their Local Care organisations to ensure that agreement in principle is in place to support provision of accommodation in order to avoid a delay in commencement in treatment. Directors of Commissioning agreed to support and fund a TB virtual clinic and pathway with additional consultant input for 12 months.

5.5 **Mental Health - Radar Update**
The Drugs and Alcohol strategy has formally been signed off by the Combined Authority. Looking what can be done at GM level which includes RADAR, service standards around diversion, early warning systems, residential rehab and inpatient detox. Chief Finance Officers decided to move RADAR to an activity base contract which is now paid on a fair share basis; this has been further supported by robust activity data.

5.6 **Cancer Update:**
Directors of Commissioning noted the re-focusing of the Cancer Board which is now co-chaired by Carolyn Wilkins and Roger Spencer. The streamlined governance was welcomed as was the emphasis in coordinating a GM approach to improving routine cancer performance.

5.7 **Primary Care Update:**
Discussion held around CCGs development of their Primary Care Networks (PCN). Concern noted that GM has already progressed successful neighbourhood primary care models and caution is required not to undo much of the good work. Most areas have broadly aligned their PCNs into the neighbourhood models. It was noted that a few localities are likely to have different footprints for networks and neighbourhoods and there was discussion about the implications of this and efforts required to ensure that both arrangements will work for their populations.

5.8 **Urgent Care:**
The UEC integrated care hub has gone live with lower than expected numbers. No recurrent commitment has been made until full evaluation has been shared with CCGs. Demand and capacity review has been requested and each area needs to focus on 3 main areas.

5.9 **Elective Care:**
The national funding for the Elective Care Hub work came to an end in March 2019. There was an event outlining the best practice frameworks which have been finalised or launched and those to be completed. GM Funds have been identified to continue to support this work for a further 12 months. Directors of Commissioning emphasised the need for the hub to respond to elective care priorities in the localities.

6. **Recommendations**
The GM Joint Commissioning Board members are asked to:
- Note the content of the Highlight Report.