

**Adult Commissioning Committee****AGENDA ITEM NO 8****Item for Decision/Assurance/Information** (Please underline and bold)**DATE OF MEETING 14 JULY 2021**

<b>Report of:</b>	Karen Proctor/Charlotte Ramsden
<b>Date of Paper:</b>	27 <sup>th</sup> August 2021
<b>Subject:</b>	Adult Commissioning Report
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<b>Purpose of Paper:</b>	<p>This paper provides an overview of a number of key or emerging areas of commissioning and provision relating to adult health and care to ensure Adult Commissioning Committee are kept abreast of developments and progress.</p>

### Further explanatory information required

<b>HOW WILL THIS BENEFIT THE HEALTH AND WELL BEING OF SALFORD RESIDENTS OR THE CLINICAL COMMISSIONING GROUP?</b>	This paper provides an overview of a number of key or emerging areas of commissioning and provision relating to adult health and care to ensure Adult Commissioning Committee are kept abreast of developments and progress.
<b>WHAT RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW CAN THEY BE MITIGATED?</b>	N/A
<b>WHAT EQUALITY-RELATED RISKS MAY ARISE AS A RESULT OF THIS PAPER? HOW WILL THESE BE MITIGATED?</b>	N/A
<b>DOES THIS PAPER HELP ADDRESS ANY EXISTING HIGH OR EXTREME RISKS FACING THE ORGANISATION? IF SO WHAT ARE THEY AND HOW DOES THIS PAPER REDUCE THEM?</b>	N/A
<b>PLEASE DESCRIBE ANY POSSIBLE CONFLICTS OF INTEREST ASSOCIATED WITH THIS PAPER.</b>	N/A
<b>PLEASE IDENTIFY ANY CURRENT SERVICES OR ROLES THAT MAY BE AFFECTED BY ISSUES WITHIN THIS PAPER:</b>	N/A

Footnote:

Members of – Adults’ Commissioning Committee will read all papers thoroughly. Once papers are distributed no amendments are possible.

<b>Document Development</b>
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Process	Yes	No	Not Applicable	Comments and Date (i.e. presentation, verbal, actual report)	Outcome
Public Engagement (Please detail the method i.e survey, event, consultation)			X		
Clinical Engagement (Please detail the method i.e survey, event, consultation)			X		
Has 'due regard' been given to Equality Analysis (EA) of any adverse impacts? (Please detail outcomes, including risks and how these will be managed)			X		
Legal Advice Sought			X		
Presented to any other groups or committees, including Partnership Groups (Please specify in comments)			X		

**Note:** Please ensure that it is clear in the comments and date column how and when particular stakeholders were involved in this work and ensure there is clarity in the outcome column showing what the key message or decision was from that group and whether amendments were requested about a particular part of the work.

## Adult Commissioning Report

### 1.0 Executive Summary

This report provides an overview of a number of key or emerging areas of commissioning and provision relating to adult health and care to ensure Adult Commissioning Committee are kept abreast of developments.

Items in this month's report include:

- Mental Health Supported Accommodation Commissioning Review
- Public Health England Prevention and Promotion Fund for Better Mental Health
- Month of Hope
- Information and Advice Review Update
- Post (Long) Covid
- Procurement for Direct Access Diagnostics
- Effective Use of Resources Service
- Weight Management Services

### 2.0 Mental Health Supported Accommodation Commissioning Review

The commissioning review of mental health supported accommodation (contracts held by SRFT) is a large-scale piece of work with multiple complexities. To ensure that the work remained manageable, particularly throughout a period of pandemic, three phases were developed:

- Phase 1: Existing current provision. The aim of this phase was to review the current existing provision to identify the following:
  - If the provision is meeting the needs of people currently using supported accommodation
  - To inform any required changes to the specification
  - To support decisions relating to a contract extension or tender process
  - To identify any 'quick wins' which could offer better support to people currently in the supported accommodation network and to identify programmes of best value or invest to save.

The purpose of phase 1 was to secure a stable base for supported accommodation provision, ensuring that our core provision is meeting need and aligned to the wider strategic approach.

- Phase 2: pathway flow (including outreach, monitoring / review, and onward provision). This phase is outlined to build on the stable foundation provided in phase 1, identifying opportunities to develop the provision to continue to meet need and to support the flow of people within the supported accommodation pathway. It is

envisaged that as phase 2 progresses, we are likely to see some further opportunities to develop the provision outlined in phase 1.

- Phase 3: Out of Area Supported Accommodation. This phase will focus on the needs of people currently supported out of area, with a view to identifying key cohorts who could be supported differently, supporting people back to the Salford locality and linking with the rehab step down pathway to support the flow of people moving through the system. It is anticipated that as phase 3 progresses, there will be opportunities to further develop the opportunities identified in phases 1 and 2.

The approach taken with the review will see progress in a non-linear manner i.e. the recommendations for phase 2 may require additional changes to the outcomes of phase 1 and similar for phase 3.

Regarding Phase 1, the review has found the currently commissioned supported accommodation to be meeting the needs of the people currently using the service and of good quality / value for money.

Within the provision in scope for Phase 1 an opportunity was identified earlier in the year to pilot a 24/7, double staffed supported accommodation service at Gore Avenue over a 12 month period. This approach will provide support to people with higher levels of complexity than those currently supported in Salford's Supported Accommodation Alliance. This is anticipated to see people currently placed in out of area supported accommodation and people stepping down from inpatient or rehab care being supported in the Gore Avenue setting, with a clear move on plan towards greater independent living opportunities. This is thought that this approach will provide enhanced outcomes and greater oversight of quality, in addition to savings in the system. The extension will enable the findings from the pilot to inform the future picture of supported accommodation provision.

The extension will allow time for completion of the phase 2 and phase 3 reviews, (scheduled for completion in late Autumn) in addition to learning from the Gore Avenue pilot, with a view to informing the future specification development and subsequent tender of the phase 1 provision.

### **3.0 Public Health England Prevention and Promotion Fund for Better Mental Health**

On 27 March 2021 the Department of Health and Social Care announced the COVID-19 Mental Health and Wellbeing Recovery Action Plan for 2021 to 2022 to mitigate and respond to the impact of the COVID-19 pandemic on mental health. As part of this Plan, £15 million has been allocated to preventing mental ill health and promoting good mental health in the most deprived upper tier local authorities in England.

Salford has been allocated £334.210 of this fund and we have worked with existing, contracted VCSE providers to provide a varied offer to the following priority groups which enhances the current service offer and builds on existing provision.

Priority groups

- Young People 16 - 25
- BAME Communities

- Older people
- Orthodox Jewish Communities
- New Parents

The following projects will be delivered

### **Chalk to Talk**

- A touring artist will work with small BAME organisations and communities to take over walls, pavements, decorating areas using chalk and other non-permanent makers with words of hope, support and inspiration alongside imagery and cultural pattern in a tapestry of language.
- This will be launched on World Suicide Prevention Day (September 10<sup>th</sup>).

### **Beyond Programme**

- Mental health support to adults working with housing issues, loss, money worries, isolation etc.
- Focused interventions for older people will also be developed.
- Face to face mental health outreach sessions
- Therapeutic art and craft sessions delivered in community venues.
- Mental health liaison affording access to other mental health services as well as group support for older people.

### **42<sup>nd</sup> Street - Inclusive, accessible mental health services for young people.**

- Choice of therapeutic modality, including counselling, therapy, psycho-social support, group work and creative work
- Online/digital therapeutic offer to vulnerable and isolated young people
- Full integration into 42nd Street's current pathways and those of current health, social care and education partners at local and national levels and the i-Thrive framework.

### **Six Degrees and Orthodox Jewish Community Work**

- Art Therapy for New Mums – recovering from Covid19.
- Computerised CBT/ E-Therapy
- Mindfulness - Face to face Mindfulness courses for those experiencing Long Covid.
- 16-25 age group - Take Control Courses - helping students understand their experiences, develop problem solving techniques which improves resilience and assists in reducing stigma.
- Keren - Focus on girls who have chosen different paths from their parents. Community mentors will develop pathways into statutory services, to upskill volunteers in problem solving and mindfulness techniques, and to introduce them to the Take Control programme.

### **Gaddum - Young People Therapy Support**

- Young people (16-25) therapy specifically for any YP who may have experienced bereavement or significant trauma during lockdown
- Trauma informed approaches with the young person and whole family
- Face to face and virtual sessions.
- Group sessions to create peer to peer support
- Priority service for young adult carers (16-15) who have experienced significant trauma or loss during lockdown

### Home start

- Volunteer-led support to help prevent crisis and family breakdown focusing on attachment & bonding, mental Health and accessing appropriate services.
- Home-start and Dad's Matters will offer enhanced and targeted support for new parents/families, identifying, engaging and support parents who may have been adversely affected by COVID and during lockdowns have experienced increased difficulties.

A full evaluation of each of the above projects will be completed. Funding is allocated by the Department of Health and Social Care for 2021/22. There will be no financial liability for SCC.

## 4.0 Month Of Hope

The 'Month of Hope' runs from 10<sup>th</sup> September (World Suicide Prevention Day) – 10<sup>th</sup> October (World Mental Health Day) each year. Localities across Greater Manchester plan a series of activities, events and communications to share messages of hope to support suicide prevention and promote mental wellbeing. This year, the following activities are planned in Salford.

**Speak Their Name Quilt:** Throughout lockdown, people bereaved by suicide joined an online community to create a quilt in memory of those lost to suicide in Greater Manchester. The quilt is made of 54 unique squares, each representing a loved one. The quilt will be on display at The Lowry in Salford between 10<sup>th</sup> -26<sup>th</sup> September as part of the People's Gallery.

**Remembrance Vigil:** The annual remembrance vigil, run by Start in Salford's Reach Out programme, supported by Salford CCG is planned for the evening of the 10<sup>th</sup> September. The vigil offers a time for collective remembrance of those lost to suicide. The 'Pause the City' procession will start at Brunswick House, 62 Broad Street, Salford M6 5BZ at 6pm, with the vigil taking place from 7pm at Salford Museum Art Gallery lawn (M4 5WU).

**Words of Hope:** Supported by GM Health and Social Care Partnership, the Words of Hope event runs online via Facebook. Poems of hope will be shared at the online event taking place between 6.30pm-8.30pm on Thursday 23<sup>rd</sup> September. The event will be recorded and shared for the general public via: <https://m.facebook.com/gmwordsofhopepoetry/>

**Walk of Hope:** Salford Community Leisure will be rebranding their Monton Green Health Walk as a Walk of Hope on Sunday 3<sup>rd</sup> October, 10-11am. This will provide a space to walk and talk, using time outdoors to promote positive mental wellbeing. Information on mental health and suicide prevention will be available. The walk will start at 10am at Monton Green. Further information can be found here: [wellbeing-walks \(salfordcommunityleisure.co.uk\)](http://wellbeing-walks (salfordcommunityleisure.co.uk))

**Chalk for Mental Health:** This will be launched on World Suicide Prevention Day (September 10<sup>th</sup>). A touring artist will work with small BAME organisations and communities to take over walls, pavements, decorating areas using chalk and other non-permanent makers with words of hope, support and inspiration alongside imagery and cultural pattern in a tapestry of language.

**Suicide Prevention Beer Mats:** Beer mats with information relating to suicide prevention and support for mental health are being shared across Salford, with elected members, neighborhood management and other community teams ensuring that they reach far and wide.

**Launch of Suicide Prevention Grants for 3<sup>rd</sup> Sector Organisations:** Following the success of the grants process in 2020/21 which resulted in a range of community grants to deliver suicide prevention approaches with higher risk communities, Salford CCG is pleased to be able to announce a further round of Suicide Prevention funding, administered via Salford CVS. This will consist of £10k grants for 12 month programmes of work, focused on suicide prevention, focused on specific communities. The grants will launch on the 10<sup>th</sup> September and further details will be available via Salford CVS.

## 5.0 Information and Advice Review Update

In March 2016, Salford City Council Procurement Board approved a 3 year contract for the provision of a High Street and Health and Social Care Information and Advice Service - April 2016 to March 2019, with an option to extend for a further 12 months (1 April 2019 to 31 March 2020) and then a further 12 months (1 April 2020 to 31 March 2021). The provider of this service is Salford CAB. Since the award of the original contract in 2016, there have been 3 variations to the contract to include Mental Health, Disabled Children/Expectant Families and Palliative Care Provision. Procurement Board approved a further two year contract extension from 1 April 2021 – 31 March 2023. It was agreed that the two year contract extension would include a service review to inform a new service model for a procurement exercise.

An Information and Advice scoping paper has been developed to set out the details of what will be required to review and procure a new service in the two year extension period. Currently commissioners are in the review stage of the process and are on track to have the review completed and the findings taken through governance in December 2021. As part of the review commissioners have just completed a stakeholder engagement exercise. Three questionnaires have been developed and sent out to service users, Citizen Advice volunteers and wider stakeholders (professionals). We have received a great response from 321 services users, 35 Salford CAB volunteers and 23 wider stakeholders. The feedback is currently being reviewed, but has been very positive. Performance data against the specification is currently being reviewed. Next steps include looking at areas of best practice and national guidance.

## 6.0 Post (Long) COVID

The National Institute for Health and Care Excellence (NICE), the Scottish Intercollegiate Guidelines Network (SIGN) and the Royal College of General Practitioners (RCGP) have defined Post (Long) COVID syndrome as:

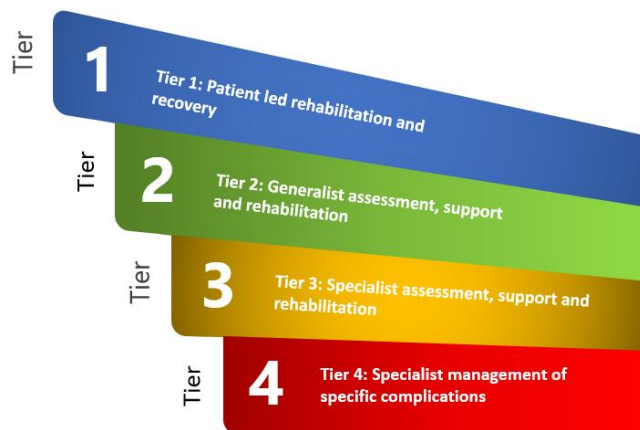
*Signs and symptoms that develop during or following an infection consistent with COVID-19 which continue for more than 12 weeks and are not explained by an alternative diagnosis. The condition usually presents with clusters of symptoms, often overlapping, which may change over time and can affect any system within the body. Many people with Post-COVID syndrome can also experience generalised pain, fatigue, persisting high temperature and psychiatric problems.*



*Post-COVID-19 syndrome may be considered before 12 weeks while the possibility of an alternative underlying disease is also being assessed.*

Many people experiencing ongoing health effects following a COVID-19 infection manage their condition independently at home while acutely infected. It is also recognised that not all patients seriously impacted in the longer term were hospitalised or had a positive SARS-CoV-2 test. The number of patients who need post-COVID syndrome management focusing on recovery and rehabilitation is likely to grow as infection rates, particularly from new variants, continue to rise. There is also increasing evidence that COVID-19 has a disproportionate impact on those in deprived populations and people in black and ethnic minority groups and exacerbates existing health inequalities.

Guidance advises that there is a four-tier structure to treat patients suffering with post-COVID:



At the tier 1 stage, patients are advised to self-manage (by their GP where appropriate), who will also signpost the patient for access to the 'Your COVID' recovery website. Tier 2 involves patients being seen in general practice to have their diagnosis confirmed, be provided with support and informed of what other services are available to manage their condition with a potential for referral to the assessment clinic. Tier 3 incorporates the assessment clinic with any referral into specialist services required whilst tier 4 is for tertiary referrals for the management of specific conditions, i.e. respiratory or chronic fatigue.

In Salford, a community based Post-Acute COVID Assessment Clinic with agreed pathways was established in February for patients with persisting COVID symptoms, which are significantly impacting their ability to function in day to day life and who have not responded to initial management. The clinic is a Multi-disciplinary Team (MDT) assessment clinic, which will arrange any further treatment, care or support required for the patient. Referrals are defined by inclusion/exclusion criteria; information for this has been communicated to practices via the GP bulletin.

The clinic is held two days a week, staffed by two local GPs and is currently seeing around 18 patients per week for assessment. The data for the clinic is being analysed to determine the conclusions for the patients and what impact the assessment clinic has had but is not yet

available as not all patients have had their outcomes recorded. To date, there has been 282 GP referrals from 34 practices and 45 internal SRFT referrals, totalling 327 (February to July '21). Currently, the waiting time for the assessment clinic is around 4 weeks. Over half of patients following the assessment process go on to be seen in a Post-COVID therapy rehabilitation clinic.

Salford is one of the first sites in the country to launch the COVID-19 Yorkshire Rehabilitation Scale (C19-YRS) apps. This is an outcome measure to capture persistent symptoms of Post-COVID and is widely used within the assessment clinic.

Whilst currently the demand for treating children with Post COVID is very low, there is a clinic which has been set up at Manchester Foundation Trust that is accepting referrals from across Greater Manchester.

NHS England published the NHS Plan for Post-COVID on the 15<sup>th</sup> June which outlined 10 key next steps for Post-COVID Support which will be underpinned by an additional £100 million funding nationally. £30m will be given to general practice for them to engage in an enhanced service to increase their knowledge on identifying, assessing and supporting patients with Post-COVID, accurately coding patients and reducing inequity of access to help raise awareness of support. The remaining £70m will expand Post-COVID treatment and rehabilitation within secondary care.

Also recently announced, is NIHR funding of £19.6m awarded to projects across the UK to examine the causes of Post-COVID, trial drugs to tackle it and investigate symptoms such as breathlessness and brain fog that have come synonymous with the condition. This will support people experiencing Post-COVID to benefit from a comprehensive package of funded research to help improve understanding of the condition from diagnosis through to rehabilitation and treatment.

These studies will also evaluate health services, such as the assessment clinics and explore ways that patients can monitor the condition to optimise their recovery and return to work.

Communications will continue to be published to update GPs regarding the treatment of patients suffering with Post-COVID syndrome, a communication regarding the use of the C19-YRS app is being produced and will be published nationally. Development work linked to the NHS plan for Post-COVID is also on-going.

## **7.0 Procurement for Direct Access Diagnostics**

Earlier this year several commissioners across Greater Manchester (Oldham, Bury, Manchester, Heywood, Middleton and Rochdale, Salford, Stockport, Tameside & Glossop and Trafford) participated in a procurement process to tender for Direct Access Diagnostics Services; for Salford, these included age-related hearing loss (adult hearing services) and direct access non-obstetric ultrasound (NOUS).

The decision to re-tender these services was based on feedback received from patients, referrers, and existing providers at market engagement events. The vision for these services is for patients to receive high quality, efficient and equitable services delivered closer to home, or at a more convenient location within accessible transport routes, with short waiting

times and high responsiveness to the needs of local communities, free at the point of access.

### **Adult Hearing Services**

- To date, Any Qualified Provider (AQP) contracts offered the GM population the choice of ten adult hearing providers; these contracts had been extended until 30th September 2021. The aim of the re-procurement was to provide a comprehensive service for adults experiencing hearing and communication difficulties who feel they might benefit from hearing assessment and rehabilitation including the option of trying hearing aids with aftercare and support.

### **Direct Access NOUS**

- To date, AQP contracts offered the GM population the choice of thirteen NOUS providers; these contracts had also been extended until 30th September 2021. This re-procurement sought to rationalise the supply base, appointing only a discrete number of Providers (2 per area), selected based on quality and identified as the most capable in terms of delivering the highest quality service, at the national tariff. This approach intends to support commercial viability of NOUS provision over the contract term.

The procurement process has now concluded, and we can now share the outcome of the procurement and the successful providers who have been awarded a contract. Contracts are for a duration of up to 3 years, from 1st October 2021 until 30th September 2024 with the possibility of one extension of up to 2 years. The contracts are zero value contracts (i.e. no committed value) and the CCG has approved them in line with the delegation agreement underpinning the integrated commissioning arrangement.

### **Adult Hearing Services**

- The 8 adult hearing providers are Beacon Medical Services Group, Complete Price Eyewear Ltd (The Outside Clinic), Manchester University NHS Foundation Trust, Mediscan Diagnostics Services Ltd, Salford Royal Foundation Trust, Scrivens Ltd, Specsavers Hearcare Group Ltd and Tameside and Glossop Integrated Care NHS Foundation Trust.

### **Direct Access NOUS**

- For Salford the new NOUS providers are Yorkshire Health Solutions and Physiological Measurement; both have a successful track record of provision of diagnostic healthcare services for the NHS in other areas of the country. Stockport also have a provider called Beacon, and this will be available to Salford patients (but only at Stockport locations).

The CCG is actively involved in the service mobilisation phase with colleagues from across Greater Manchester; current priorities include confirming service locations, staffing levels, capacity, training, service protocols and communications to primary care colleagues and the public. Before 30th September 2021, there will be a managed process to ensure the GP referral system is updated to reflect the changes in providers, and to minimise the impact on service users and referrers for these services.

Adult Commissioning Committee is asked to note the outcome of procurement process and the planned service mobilisation.

## 8.0 Effective Use of Resources

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 obliged 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.

In April 2013 the Greater Manchester (GM) Effective Use of Resources (EUR) service was established to support the delivery of this statutory duty, commissioned by all 10 GM CCGs, and a GM EUR Operational policy has been implemented 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.

Each financial year the GM EUR service produces a report to provide details of the ongoing GM EUR treatment policy development work programme and the number of funding requests received and managed by the GM EUR service. A summary of the key points from the 20/21 report is set out below.

Salford currently has 59 Effective Use of Resources policies (plus an Assisted Conception Policy template) that have been approved; they are listed in Appendix 1 and include 5 new policies developed in 20/21:

- Rhinosinusitis / Rhinitis / Sinusitis
- Asymptomatic Gallstones
- D&C and Hysterectomy for Heavy Menstrual Bleeding
- Augmentative and Alternative Communication (AAC) Aids
- Cough Assist (Mechanical Insufflation and Exsufflation (MI-E))

Also, during 2020/21, the following existing GM EUR policies were reviewed in line with an agreed review programme:

- Operational policy
- Assisted Conception template
- Low back pain (with or without sciatica)
- Facet joint injections
- Arthroscopic sub-acromial decompression for shoulder impingement
- Knee arthroscopy
- Surgical repair of hernias
- Surgical management of ankyloglossia (tongue tie)
- Surgical correction of adult strabismus (squint)
- Bunion surgery
- Asymptomatic gallstones
- Dilatation and curettage (D&C); and hysterectomy for heavy menstrual bleeding

EUR policy development and review are overseen by the GM EUR Steering Group (GM EUR SG) on behalf of the GM CCGs; this is a clinically led group with stakeholder engagement and includes clinical representation from each CCG.

Adult Commissioning Committee last received a full report of CCG's Effective Use of Resources programme in February 2020, at which, it supported the recommendation that

Salford's decisions for approval of Effective Use of Resources policies would be delegated to the CCG's Director of Commissioning (or jointly by the Director of Commissioning and Director of Finance where the financial impact is expected to be above £20k). Once approved, the GM EUR treatment policies are implemented with immediate effect. The new policies along with the reviewed policies, have been implemented without issues or controversy; none of the new policies have had a financial impact of more than £20k.

The significant impact that COVID-19 had on the delivery of NHS services has correspondingly impacted on the number of funding requests received by the GM EUR service; in 2021 the service received 45% less funding requests than received in 19/20. In Salford, funding requests fell by 67% (206 less funding requests); however, nearly half of this reduction (95 funding requests) is due to the Oaklands implementing the Blueteq system mid-year in 19/20 which allows the Consultant to confirm a patient meets policy criteria during their appointment for certain procedures without the need to submit a funding request.

Salford's rate of funding requests per 1,000 population in 20/21 was 0.38; this was the lowest rate in GM, the GM average was 0.81 per 1,000 population. Approval of funding requests in Salford has remained fairly static with around 60% of funding requests approved each year.

A lower rate of funding requests does not equate to poorer access to care, in fact, this can be viewed positively. Salford CCG has worked with system partners to ensure systems and pathways are in place for clinicians to make clinical decisions, in line with policies, without unnecessary bureaucracy of submitting funding requests (the Blueteq system above is an example of this). Not all localities have such systems in place and in addition some of those CCG's who have high rates of funding requests receive a comparatively large number of requests for treatment where there isn't a commissioned care pathway in the locality i.e. community based neurological physiotherapy.

The GM EUR service, supported by the Transformation Unit, has commenced a review of the current operating model with a view to informing opportunities for improvements across the GM system as the GM Integrated Care System develops during 2022. Salford CCG is represented in the workshops that will inform the development of the future model.

Adult Commissioning Committee is asked to note the key points from the 20/21 GM EUR service report.

## **9.0 Weight Management Services**

In recent months there have been several national developments relating to adult weight management.

A new national Weight Management Enhanced Service has been offered to all GP practices in 2021/22. The aim of this enhanced service is to support practices to implement a proactive approach to the identification of people living with obesity and to engage with those individuals who are ready to make behavioural changes to manage their weight. There are two components to the specification. Component 1 relates to developing a supportive environment and involves education and training of practice staff, normalising conversations about weight and maintaining the practice's adult obesity register. As part of component 2 practices will receive income for each appropriate referral to an appropriate weight

management or diabetes prevention programme. For the purposes of this enhanced service obesity is defined as a BMI  $\geq 30$  or, due to health inequalities,  $\geq 27.5$  for those of Black, Asian and other minority ethnic groups.

The enhanced service has the potential to result in an additional 8,800 referrals from Salford GP practices (although in reality some of these people will already be engaged in a weight management programme and others will not be ready to engage). Salford's Integrated Community Based Care Group has met to consider the implications for those services that will receive these referrals. There are a range of service offers at Tier 2 and Tier 3 of the pathway, some virtual and some face-to-face, commissioned by NHS and Public Health colleagues at Salford, Greater Manchester and national levels. Some of these services have demand and capacity issues that have been exacerbated by the pandemic, resulting in significant waiting lists. The options for referrers are being mapped so that they can be shared with practices.

Ahead of the upcoming Comprehensive Spending Review (CSR) for 22/23 onwards, NHSE&I is asking every Integrated Care System (ICS) to complete a proposal for the development and expansion of specialist weight management services within their system. The objective of this exercise is to ascertain the priority areas from each of the systems in order to inform future policy and decision making on funding.

As part of the process, surveys have been sent to commissioners and providers of Tier 3 (non-surgical specialist weight management) and Tier 4 (bariatric surgery) services; responses will then inform the mapping of existing services/gaps, current challenges and opportunities for pathway development and transformation.

It is intended that proposals can then be developed, informed by this mapping as well as local population needs, to outline system plans for improving, developing, or expanding local services over the next three to four years, with a particular focus on:

- What changes to the service or pathway would deliver the greatest benefit?
- What would be the benefits of this transformation?
- What one-off and recurring costs would be incurred to deliver this and the lead-in time for implementation?

In addition, NHS Regions have been allocated non-recurrent funding for 21/22 to support the recovery of Tier 3 and 4 services. Where an ICS has the ability to expand capacity in year, a proposal can be submitted to use the funding to increase activity through existing services. For the North West region this funding equates to £680k and when allocated by weighted population equates to £253k for Greater Manchester (GM). Timescales for this project have been tight, the deadline for submission for both parts is the 31<sup>st</sup> August 2021; although proposals can be further refined in September.

As the lead commissioner for the current GM Tier 4 service at Salford Royal and the Tier 3 service provided by MoreLife covering 5 of the 10 GM localities, Salford CCG is taking a lead role in pulling together and submitting proposals for both parts for GM; working with commissioner and provider colleagues from across the system to do so.

At the time of writing the proposals are being developed. It is likely a small amount of the investment will be used for project management and pathway development with the

remainder being allocated equally to Tier 4 and Tier 3 providers to enable an increased number of patients to be treated in the second half of this financial year.

Adult Commissioning Committee is asked to note:

- Work being undertaken in Salford to map the local weight management and diabetes prevention pathways in response to the national enhanced service, and
- Work being led by Salford CCG to submit a proposal for expansion of Tier 3 and Tier 4 weight management services across Greater Manchester.

## **10.0 Recommendations**

Adult Commissioning Committee is asked to note and discuss this overview of a number of key or emerging areas of commissioning and provision relating to adult health and care.

**Judd Skelton, Assistant Director - Integrated Commissioning**  
**Harry Golby, Deputy Director of Commissioning**

**Appendix 1: NHS Salford CCG EUR Policies as at August 2021**

1. Aesthetic Surgery (Other)	31. Hyaluronic Acid Injections for Osteoarthritis
2. Back Pain (Treatment for low back pain with or without sciatica)	32. Hyperhidrosis
3. Body Contouring	33. Knee Arthroscopy
4. Breast Surgery (Aesthetic)	34. Knee Replacement
5. Bunion (Hallux Valgus) Surgery	35. Labiaplasty
6. Caesarean Section	36. Laser Eye Surgery
7. Carpal Tunnel Syndrome (Surgical Interventions for)	37. Lycra Body Suits
8. Cataract Surgery	38. MRI scanning (Wide bore, open and open upright)
9. Circumcision (Surgical procedures on the prepuce)	39. Orthoses, bespoke orthoses & 24-hour posture management
10. Communication Aids	40. Pelvic Vein Embolisation in the management of varicose veins
11. Complementary and Alternative Therapies	41. Pinnaplasty
12. Continuous Glucose Monitoring (Real-Time)	42. Rhinoplasty / Septoplasty / Septo-Rhinoplasty
13. Cough Assist	43. Rhinosinusitis / Rhinitis / Sinusitis
14. Dermatochalasis (Correction of)	44. Sacroneuromodulation for Urinary Retention and Constipation
15. D&C and Hysterectomy for heavy menstrual bleeding	45. Scarring (Surgical revision of)
16. Drainage of the middle ear, Surgical (with or without the insertion of grommets)	46. Shoulder Impingement
17. Dupuytren's Contracture	47. Skin Lesions (Common Benign)
18. Electrolysis and Laser Hair Removal For Hirsutism	48. Skin Resurfacing Techniques
19. Endoscopic Thoracic Sympathectomy (ETS) for Facial Blushing	49. Snoring (Invasive treatments for)
20. Experimental and Unproven Treatments	50. Spinal procedures (Out of contract)
21. Eyelid Lesions (Removal of Common Benign)	51. Split / Torn Ear Lobes (Repair of)
22. Facet Joint Injections	52. Strabismus (squint surgery)
23. Functional Electronic Stimulation (FES) for Foot Drop	53. Tattoo Removal
24. Gallstones (Asymptomatic)	54. Tongue Tie
25. Ganglion Cyst Removal	55. Tonsillectomy
26. Haemorrhoids and anal skin tags (Surgical management (including banding) of)	56. Trigger Finger (Surgical Correction of)
27. Hair Replacement Technologies	57. Trophic Electrical Stimulation (TES) for Facial Palsy



28. Headache Disorders	58. Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing
29. Hernia Repair	59. Varicose Veins
30. Hip Replacement	

Details can be found at [Effective use of resources :: Salford CCG](#)