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SOUTHEND-ON-SEA BOROUGH COUNCIL

People Scrutiny Committee

Date: Tuesday, 14th March, 2023

Time: 6.30 pm

Place: Committee Room 1 - Civic Suite

Contact: S. Tautz (Principal Democratic Services Officer)

Email: committeesection@southend.gov.uk

AGENDA

1 Chair's Introduction & Apologies for Absence

2 Declarations of Interest

3 Questions from Members of the Public

4 Minutes of the Meeting held on 31 January 2023 (Pages 3 - 8)

**** **ITEMS CALLED IN/REFERRED DIRECT BY CABINET - 21 FEBRUARY 2023**

None

**** **ITEMS CALLED-IN FROM THE FORWARD PLAN**

None

**** **ITEMS FOR PRE-CABINET SCRUTINY**

None

**** **OTHER SCRUTINY MATTERS**

5 **Single Operating Model for Pathology Services in Mid & South Essex**
(Pages 9 - 24)

To receive a presentation from the Chief Commercial Officer of Mid and South Essex NHS Foundation Trust.

6 **Mid & South Essex Integrated Care System - Service Harmonisation**
(Pages 25 - 50)

Report and presentation of the Director of Communications and Engagement of the Mid and South Essex Integrated Care Board attached.

7 In-Depth Scrutiny Project 2022/23 - 'Providing First Class Services for Families with Children with Special Educational Needs & Disabilities'

To receive an update on the progress of the in-depth scrutiny project for 2022/23.

TO: The Chairman & Members of the People Scrutiny Committee:

Councillor L Salter (Chair), Councillor N Folkard (Vice-Chair)
Councillors B Beggs, M Berry, T Cowdrey, T Cox, A Dear, J Harland, L Hyde, B Hooper, A Jones, D Jones, K Murphy, M O'Connor, I Shead, M Stafford, A Thompson

Co-opted Members

Church of England Diocese

Revd. Canon L Williams (Voting on Education matters only)

Roman Catholic Diocese

Vacant (Voting on Education matters only)

Parent Governors

(i) Vacant (Voting on Education matters only)

(ii) Vacant (Voting on Education matters only)

Southend Association of Voluntary Services

A Quinn (Non-Voting)

Healthwatch Southend

O Richards (Non-Voting)

Southend Carers

T Watts (Non-Voting)

Observers

Southend Youth Council

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SOUTHEND-ON-SEA CITY COUNCIL

Meeting of People Scrutiny Committee

Date: Tuesday, 31st January, 2023

Place: Committee Room 1 - Civic Suite

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Present: Councillor L Salter (Chair)
Councillors N Folkard (Vice-Chair), T Cowdrey, T Cox, A Dear, K Evans, J Harland, L Hyde, B Hooper, A Jones*, D Jones, J Moyies*, K Murphy, M O'Connor, I Shead and A Thompson
A Quinn (Southend Association of Voluntary Services), O Richards (Healthwatch Southend), T Watts (Southend Carers) (Co-opted Members)

*Substitute in accordance with Council Procedure Rule 31.

In Attendance: Councillors L Burton, K Mitchell and S Wakefield (Cabinet Members), P Scott, A Green and L Gale (Essex Partnership University NHS Trust), A McKeever (Mid and South Essex Integrated Care Board), T Abell (East of England Ambulance Service NHS Trust), G Shuttleworth (Vecteo), N Hoskins, B Leigh, S Liebrecht and S Tautz

Start/End Time: 6.30 pm - 9.25 pm

649 Apologies for Absence

Apologies for absence were received from Councillor B Beggs (Substitute: Councillor J Moyies), Councillor M Berry (Substitute: Councillor A Jones) and Revd. Canon L Williams (Church of England Diocese) (Co-opted Member).

650 Declarations of Interest

The following interests were declared at the meeting:

(a) Councillors L Burton, K Mitchell and S Wakefield (Cabinet Members) - Interest in the called-in items, attended pursuant to the dispensation agreed at Council on 19 July 2012, under S.33 of the Localism Act 2011.

(b) Councillor L Salter (Chair) - Minute 653 (Essex Partnership University NHS Trust) and Minute 654 (East of England Ambulance Service NHS Trust) - Husband is a consultant surgeon at Southend Hospital; Daughter is a consultant at Basildon Hospital; Son-in-law is a general practitioner in Southend-on-Sea.

(c) Councillor N Folkard (Vice-Chair) - Minute 654 (East of England Ambulance Service NHS Trust) - Relative employed at Broomfield Hospital.

(d) Councillor T Cowdrey - Minute 653 (Essex Partnership University NHS Trust) and Minute 658 (Social Care Arrangements for Adult Mental Health) - Employed as a registered social worker and is a member of the Mental Health Partnership Forum.

(e) Councillor K Evans - Minute 653 (Essex Partnership University NHS Trust) and Minute 658 (Social Care Arrangements for Adult Mental Health) - Family member is mentally handicapped; Employed by Essex County Council in the consideration of school appeals as member of Statutory Appeal Panel.

(f) Councillor B Hooper - Minute 653 (Essex Partnership University NHS Trust) - Director of Blade Education, a not-for-profit company that works with local SEND children and MENCAP.

(g) Councillor A Jones - Minute 654 (East of England Ambulance Service NHS Trust) - Friend operates a private ambulance service..

(h) Councillor M O'Connor - Minute 54 (Essex Partnership University NHS Trust) - Family member has special educational needs and disabilities and is subject of an application for an Education, Health and Care Plan.

(i) Councillor I Shead - Minute 658 (Social Care Arrangements for Adult Mental Health) - Family member is in receipt of adult social care services in another local authority area.

(j) Councillor L Burton (Cabinet Member) - Minute 655 (Passenger Transport Services - Performance Monitoring) - Employed as a teacher at a school outside Southend-on-Sea that has pupils that are resident within the City.

(k) Councillor K Mitchell (Cabinet Member) - Minute 653 (Essex Partnership University NHS Trust) - Vice-Chair of Mid and South Essex Integrated Care Partnership.

651 Questions from Members of the Public

The Committee noted the responses of the Cabinet Member for Adult Social Care and Health Integration and the Cabinet Member for Children, Learning and Inclusion, to question submitted by Mr David Webb, which would be sent to Mr Webb after the meeting as he was not able to be in attendance.

652 Minutes of the Meeting held on 29 November 2022

Resolved:

That the minutes of the meeting of the Committee held on 29 November 2022 be confirmed as a correct record and signed.

653 Essex Partnership University NHS Trust

The Committee received a presentation from Paul Scott (Chief Executive), Alex Green (Executive Chief Operating Officer) and Lynnbritt Gale (Partnership Director) of Essex Partnership University NHS Trust (EPUT), following the update made to the meeting on 11 October 2022 by the Cabinet Member for Adult Social Care and Health Integration with regard to mental health services provided by EPUT following the broadcast of the Channel 4 'Dispatches' programme in October 2022. The Chief Executive and Accountable Officer for the Mid and South Essex Integrated Care Board, Anthony Mckeever, was also in attendance at the meeting for this item.

Mr Scott provided a formal update on the plans of the Trust to address the concerns raised in the media and in respect of a number of areas of focus around local performance that had been set out in a briefing note that had been prepared at the request of the Chair of the Committee and the Cabinet Member for Adult Social Care and Health Integration. Members noted that the response of the Trust to the matters set out in the briefing note, which had been circulated with the agenda for the meeting.

The Committee was advised that the care and safety of patients was the main priority for EPUT and that the Trust had taken immediate action to ensure patient safety in the wards identified by the 'Dispatches' programme, including the provision of ward visits, staffing

reviews and clinical reviews. Mr Scott reported that the Trust had commissioned a full internal inquiry in respect of the issues raised in the media and would continue to work with its regulators, safeguarding partners and partner organisations on the actions that were being taken in response. It was reported that, where the investigation had identified instances of potential misconduct, the Trust had instigated its conduct procedures.

Mr Scott also reported that enhanced management oversight and on-site presence was now in place and that a standalone process for the triage and handling of service user, family and carer contacts in relation to issues identified in the 'Dispatches' programme, had been implemented through the Patient Advice and Liaison Service and the Complaints Teams. The Committee was advised that, since January 2022, the Trust had appointed over 100 health care assistants (with over 60 enrolled on apprenticeships), but that there continued to be a lack of qualified mental health nurses across the country. At the request of the Committee, Mr Scott undertook to provide further detail around the apprenticeship levels for positions offered by the Trust.

The Chief Executive of EPUT advised the Committee that the new leadership team of the Trust had also focussed attention on its response to the recommendations arising from the health and safety prosecution in June 2021, working with the Essex Mental Health Independent Inquiry and delivering its new 'Safety First, Safety Always' safety strategy, alongside the creation of a culture that was open and safe for everyone, whilst also seeking to manage staffing pressures and increasing demand for mental health services.

On behalf of the Committee, the Chair thanked Mr Scott and his colleagues for their informative and comprehensive presentation.

Resolved:

1. That the ongoing response of Essex Partnership University NHS Trust to the matters identified in the 'Dispatches' programme of October 2022 and the current performance of the Trust, be noted.
2. That the Trust be requested to make a further report on its performance to a future meeting of the Committee.

Note: This is a Scrutiny function

654 East of England Ambulance Service NHS Trust

The Chief Executive of the East of England Ambulance Service NHS Trust (EEAST), Tom Abell, attended the meeting to provide an update on the current performance of the Trust and the present position with regard to the operation of ambulance services from Shoeburyness Ambulance Station.

The Committee was advised that that demands on ambulance services had increased over recent months, partly as a result of respiratory conditions, but that recent incidences of ambulance handover delays at Southend Hospital had improved as a result of the opening of the Ambulance Handover Unit at the Hospital, which was supported by frontline clinicians to minimise turnaround times. At the request of the Committee, Mr Abell undertook to provide detail on the level of Category 1 ambulance calls to the Trust for December 2022, that had failed to achieve the national response target.

The Committee was informed that the recommendations of the Care Quality Commission (CQC) arising from its inspection of the Trust in May 2022, had all been implemented.

Mr Abell confirmed that EEAST had no current plans to close Shoeburyness Ambulance Station and that ambulances would continue to operate and be staffed from the current site, whilst the undertaking of a resource profile for the Ambulance Station was completed.

On behalf of the Committee, the Chair thanked Mr Abell for his informative and comprehensive update.

Resolved:

1. That the current performance of the East of England Ambulance Service NHS Trust in Mid and South Essex, be noted.
2. That the position with regard to the current and future operation of ambulance services from Shoeburyness Ambulance Station, be noted.
3. That the Trust be requested to make a further report on its performance to a future meeting of the Committee.

Note: This is a Scrutiny function

655 Passenger Transport Services - Performance Monitoring

The Committee received a report in relation to the ongoing monitoring of the performance of the Vecteo Joint Venture Company established for the provision of passenger transport services.

In response to concerns raised by the Committee with regard to the proposed reporting frequency for future monitoring of the performance of passenger transport services, the Cabinet Member for Highways, Transport and Parking confirmed that he would be willing to continue to report the performance of Vecteo to the Committee on a quarterly basis going forward.

Resolved:

That the report be noted.

Note: This is a Scrutiny function.

656 In-Depth Scrutiny Project 2022/23 - 'Providing First Class Services for Families with Children with Special Educational Needs & Disabilities'

The Committee received an update on progress with regard to the in-depth scrutiny project for 2022/23.

Resolved:

That the report be noted.

Note: This is a Scrutiny function

657 Exclusion of the Public

The Committee was requested to agree the exclusion of the public from the meeting during consideration of Agenda Item 10 (Social Care Arrangements for Adult Mental Health), on the grounds that it involved the likely disclosure of exempt information as defined in Part 1 of Schedule 12A of the Local Government Act 1972.

The Committee considered that consideration of this matter could be undertaken without the disclosure of exempt information.

Resolved:

That the public not be excluded from the meeting for the consideration of Agenda Item 10 (Social Care Arrangements for Adult Mental Health).

658 Social Care Arrangements for Adult Mental Health

The Committee considered Minute 633 of the meeting of the Cabinet held on 12 February 2023, which had been called-in for scrutiny, together with a report of the of the Executive Director (Adults and Communities) setting out the arrangements for the future delivery of statutory social care support under the Care Act (2014) for adult mental health service users in Southend, which had been considered by the Cabinet on a confidential basis.

Resolved:

1. That the following decision of the Cabinet be noted:

“That the recommendations set out in the submitted confidential report, be approved.”

2. That the Executive Director (Adults and Communities) be requested to arrange for the report considered by the Cabinet to be published in a form that does not disclose exempt information as defined in Part 1 of Schedule 12A of the Local Government Act 1972.

Note: This is an Executive Function
Cabinet Member: Councillor K Mitchell

Chair: _____

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Pathology services Community Diagnostic Centres

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Briefing to Southend-on-Sea City Council
People Scrutiny Committee

5

Single pathology service operating model

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Background

- Mid and South Essex NHS Foundation Trust currently has differing models of pathology service provision across our hospitals
- Pathology First, a commercial joint venture between the Trust and Synlab, was established in 2014 and provides pathology services in Basildon and Southend
- We have an in-house laboratory service at Broomfield Hospital
- Since the Trust's merger in 2020 we have sought to align these two service models better, but there are limits compared to full-service consolidation.

11

A single pathology service model

- The Trust has made a commitment to establish a single integrated pathology service model across our hospitals. This is consistent with national policy from NHS England
- This follows recommendations drawn from research by Lifecycle, a specialist independent management consultancy, with key clinical stakeholders
- Having a single service will support our wider Integrated Care System by offering:
 - Better value for money
 - A more joined-up service that benefits patient experience
 - Simplification of the model across mid and south Essex.
- This will not change where patients access tests, and there will continue to be a variety of pathology services in the community and acute hospitals.

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Stakeholder engagement

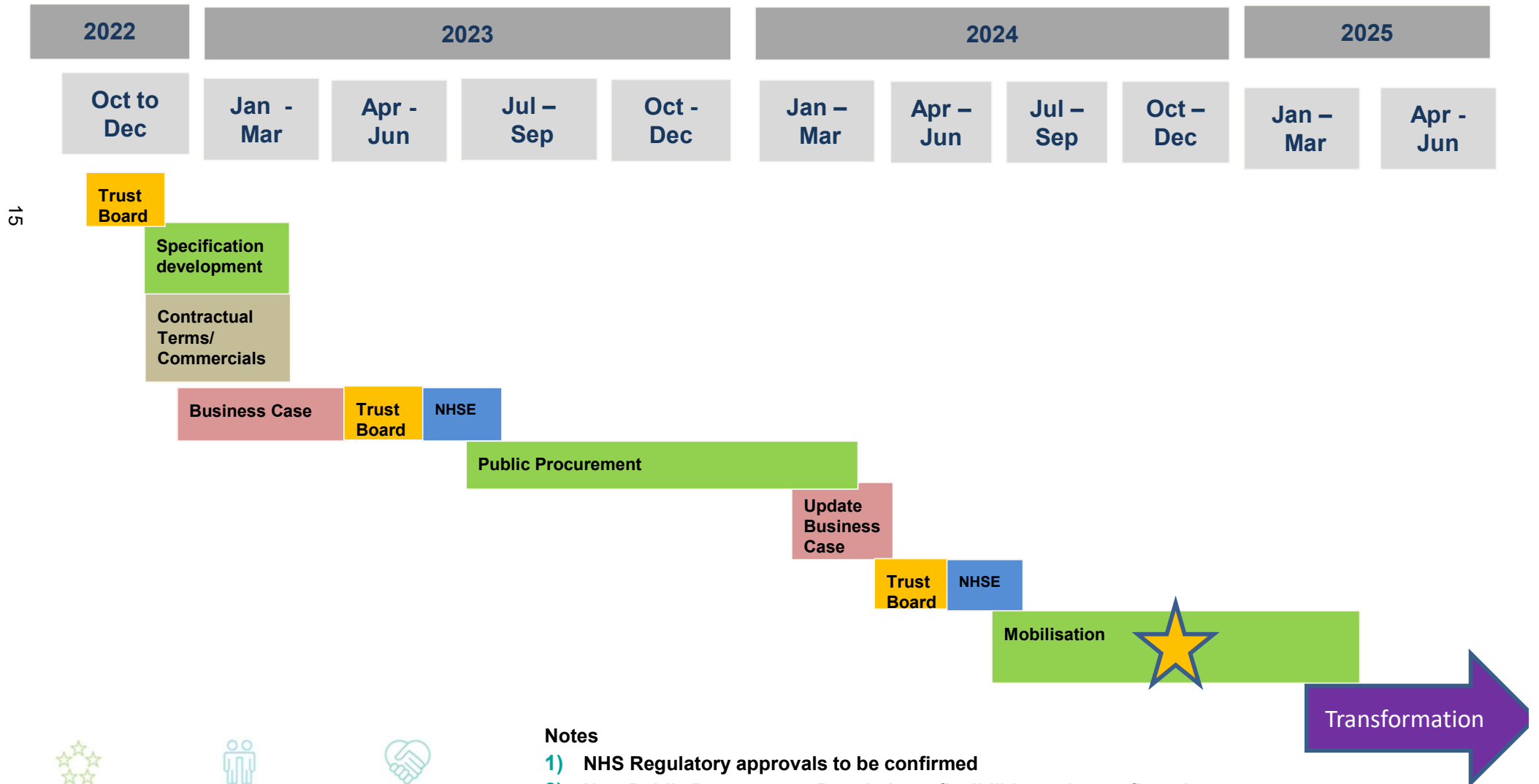
- We are now engaging with stakeholders, including:
 - Clinical teams at our Trust
 - The ICS
 - Primary care and community providers
 - Patient representatives including the three Healthwatch organisations.
- We also have shared a survey at phlebotomy clinics for service users
- We are keen to ensure staff are supported during this period and we hope they continue to support the service in this new operating model
- The risks of staffing losses, increased staff turnover and its potential impact on service performance have been identified, and mitigations put in place
- These include arranging staff-side conversations, regular briefing sessions with affected staff, and the opportunity to shape the new pathology service.

13

Next steps

- We intend to take a full business case to our Trust Board for approval by late Spring. If approved, this then enables the launch of a competitive market engagement process in June 2023, with the aim of completing this by spring 2024. We then aim to move to a new integrated service by the end of 2024.

Future Programme Dates



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Notes

- 1) NHS Regulatory approvals to be confirmed
- 2) New Public Procurement Regulations, flexibilities to be confirmed

Get in touch

There is a dedicated contact email for all questions related to the pathology service specification and developments:

mse.pathology2024@nhs.net

Community Diagnostic Centres – mid and south Essex



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Background

- The Trust has been working to ensure we increase our diagnostic capacity in mid and south Essex
- Community Diagnostics Centres (CDCs) are a nationally funded programme to increase diagnostic capacity
- They are new one-stop shops for checks, tests and scans in the heart of local communities will make services more accessible and convenient for patients
- An engagement survey was completed last year by residents from across mid and south Essex about the location and facilities on offer at the CDC. Feedback from these surveys helped to develop our plans.

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The benefits of CDCs

- CDCs will deliver new ways of working, increasing diagnostic capacity so we can provide earlier diagnosis and ultimately treatment for patients. This will improve health outcomes
- Separating elective and emergency care will improve patient experience, reduce the number of cancelled clinics, and ensure patients are seen in a setting that is most appropriate to meet their care and diagnostic needs
- This is also an excellent opportunity to transform services and use new technology.



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Our CDCs

There are business cases developed for three CDCs in mid and south Essex to date.

Our largest planned CDC is in **Pitsea**, and we are awaiting a funding decision from NHS England. If approved this will have the capacity to support residents across all of south Essex. The location was selected following an options appraisal. A key reason was its central location, and the space we needed to develop a larger centre.

20 This will provide more services including endoscopy, blood tests and lung and heart checks, as well as CT, MRI, ultrasound and x-ray.

Two smaller centres have recently received funding:

- **Thurrock CDC** will be based at Thurrock Community Hospital and is set to open in spring 2024
- **Braintree CDC** will be based at Braintree Community Hospital. We expect to open this site in autumn 2024

Staffing the CDC

- Like many parts of the NHS, our challenge will be recruiting the additional staff needed for the CDCs, so we are starting to look at staffing plans now
- Recent success with international recruitment will be part of our plan, alongside training programmes to introduce new roles into the centres and more training opportunities for staff
- 21 • We know some services will be harder to recruit than others. For example, there is a shortage of sonographers (who operate ultrasound scanning) nationally
- If we find ourselves struggling to fill these roles, we'll work with a local community providers to build in extra resilience
- Further employment opportunities will come from the CDCs, including through the Anchor programme.

What additional services will the CDCs offer?

Thurrock will offer

X-ray	MRI	CT
Ultrasound	Blood tests	Heart and lung tests

Pitsea will offer

X-ray	MRI	CT
Ultrasound	Blood tests	Heart and lung tests
Endoscopy	Bone density scans	

Braintree will offer

X-ray	MRI	CT
Ultrasound	Blood tests	Heart and lung tests

22

Final remarks

- If the Pitsea CDC receives approval for funding, we will be holding a number of engagement events with residents across south Essex
- This will include surveys and face-to-face opportunities in local shopping centres and halls
- If the Pitsea CDC is approved our ambition is to have this opened by spring 2025.

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Southend-on-Sea City Council

Report of Mid and South Essex Integrated Care Board

To

People Scrutiny Committee

on

14th March 2023

Report prepared by: Claire Hankey, Director of
Communications and Engagement, Mid and South Essex ICB

Agenda
Item No.

6

Report Name: Mid And South Essex ICB Service Harmonisation Consultation And Board Decision

Part 1 (Public Agenda Item)

1. Introduction

With the establishment of the NHS Mid and South Essex Integrated Care Board (ICB), it had a legal requirement to ensure equitable access to NHS services across its geographical footprint.

While most commissioning policies among the five former mid and south Essex clinical commissioning groups adopted by the ICB were similar, the availability of six services varied significantly by geographical area.

Baseline proposals for maintaining the status quo were not considered an option as doing so would not provide fair and equal access for all residents in mid and south Essex. Following a public consultation on proposals to harmonise provision of these services in late 2022, the Board met in February 2023 to review residents' input and agree the aligned policies which will be effective 1 April 2023. There are a number of changes for mid Essex residents in thresholds for accessing the six services to ensure that the entire mid and south Essex population has equitable access.

2. Introduction and Background

Key goals for integrated care boards (ICBs) under the terms of the Health Act 2022 are to:

- Improve population health and healthcare outcomes;
- Tackle inequalities in outcomes, experience, and access;
- Enhance productivity and value for money;
- Help the NHS support broader social and economic development.

2.2 ICBs therefore have a statutory obligation to end local variations in NHS services they commission within their footprints arising from former clinical commissioning groups' policies

2.3 Historically, access to most services across the five former clinical group areas now within the ICB boundary, was fairly similar other than for six

distinct areas of clinical provision. As set out for the committee at its previous meeting, these are:

- Bariatric (weightloss) surgery;
- Breast reduction;
- Breast asymmetry (uneven breasts) correction;
- Male sterilisation (vasectomy);
- Female sterilisation;
- Specialist fertility services: in-vitro fertilisation (IVF), oocyte (egg) donation, sperm donation, and intrauterine insemination (IUI).

2.4 The public consultation formed part of the wider process over the past 12 months to review and develop the new policies. This was guided throughout by:

- An equality and health impact assessment;
- Multi-professional clinical advice;
- Executive-level and medical leadership;
- Full assessment of financial consequences;
- Full assessment of capability to deliver change;
- Resident involvement (more details of which follow).

2.5 Harmonising provision of these services would amount to major service changes for some mid and south Essex residents, so in line with NHS processes the ICB undertook a formal public consultation on the proposals between October and December 2022, previously reported to the Committee. The ICB asked people to share views on draft policies developed by the ICB's medical directorate in discussion with affected groups during a pre-engagement period in August and September 2022.

2.5 A total of 210 people responded to the online survey, with one further response on paper, and 20 people participated in face-to-face consultation events. Relative to the total 1.2m population of Essex these figures are small, but participation tends to be higher from people who disagree with proposals and in this case most participants supported the proposals. Positive reactions to the special fertility services proposals were 78% positive, to bariatric surgery 74%, vasectomy 72%, and support for each of the other three service areas was about 66%.

2.6 To ensure no bias in reporting the consultation results, the analysis and outcome report prepared was by independent engagement practitioners Stand. This report is available from the ICB [website](#).

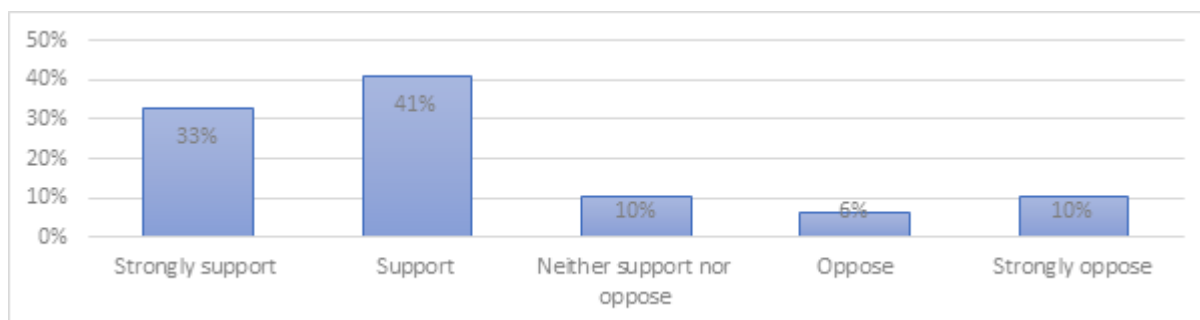
2.7 Following the consultation period senior ICB clinicians reviewed the findings.

The different views gathered through the wider process shaped nationally guided, locally informed recommendations for the service harmonisation, and it was on these that the ICB Board made its decision at a meeting in public on 9 February 2023.

2.8 Board members agreed to adopt the proposals, which are effective from 1 April 2023.

3. Feedback and issues

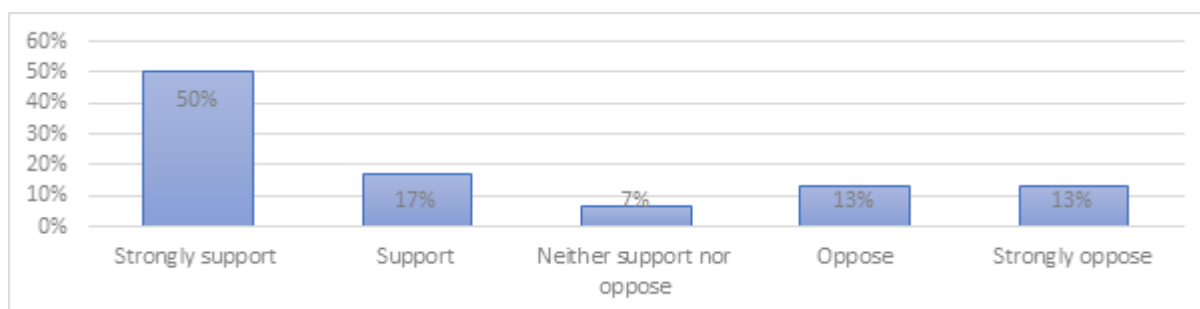
3.1 Bariatric surgery – support for proposals as presented



3.2 Sample supportive comment: “Needs to be available to all areas to support weight loss but important it’s not rushed into and other options tried first as not an easy option. Fully agree...[on] long-term follow up and support.”

3.3 Sample critical comment: “BMI is a very crude and generally ineffective means of determining need – an athlete (especially those who undertake weight training) will almost certainly achieve a high BMI but have very little actual fat. Fat density and distribution scans would be far more effective.”

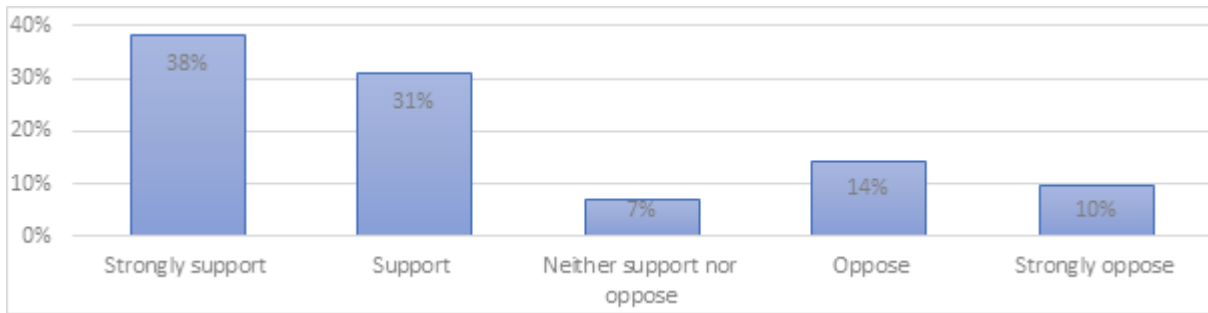
3.4 Breast asymmetry – support for proposals as presented



3.5 Sample supportive comments: “All residents should access to the same service. It should not be a postcode lottery,” and: “Treatment to prevent preventable anxiety is justified.”

3.6 Sample critical comment: “I would like to know why the patient must be a non-smoker, but no alcohol and no drugs are not mentioned? Also, why gynecomastia is not covered?”

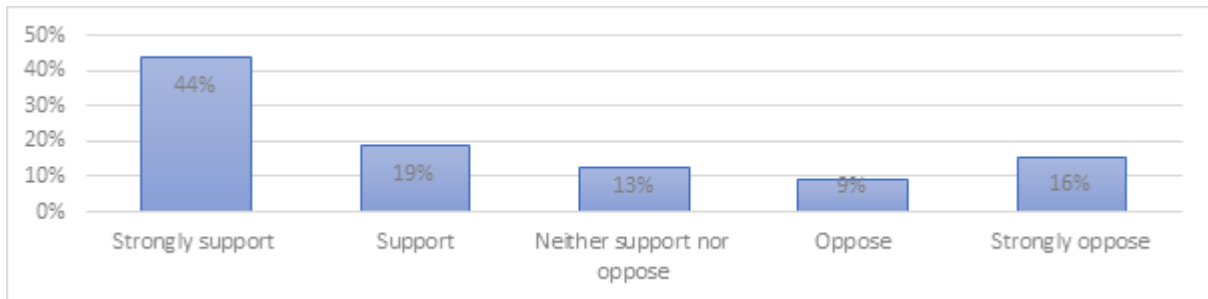
3.7 Breast reductions – support for proposals as presented



3.8 Sample supportive comment: “As something that can cause both physical severe back pain, and affect mental health, it would benefit many people for care to be provided on the NHS.”

3.9 Sample critical comment: “This procedure should not be NHS funded unless a SERIOUS risk to health and the patient has been means-tested to rule out the possibility of private procedure.”

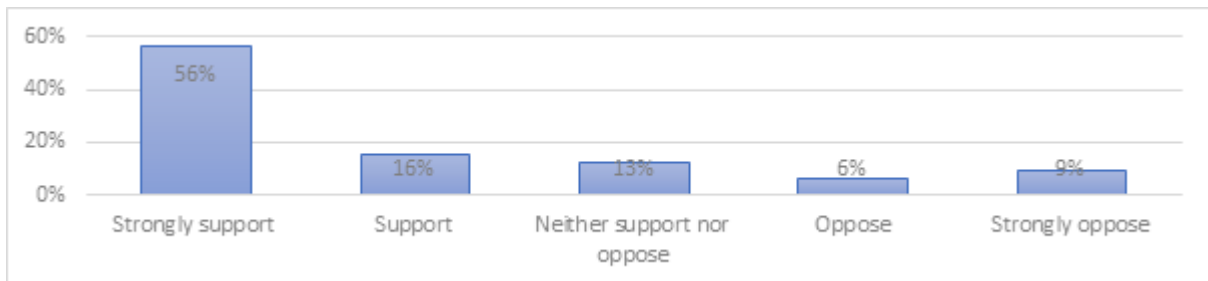
3.10 **Female sterilisation** – support for proposals as presented



3.11 Sample supportive comment: “Everyone should have a choice on their body.”

3.12 critical comments: “I disagree about BMI limit, there are many reasons for increased BMI and...surely getting pregnant makes it a high-risk one by default of mum is bigger. I also disagree that you aren’t putting the same restrictions on male vasectomy,” and: “...There are alternative, less permanent measures that can be utilised. I have a real issue with this for patients who lack capacity. This should not be funded by the NHS.”

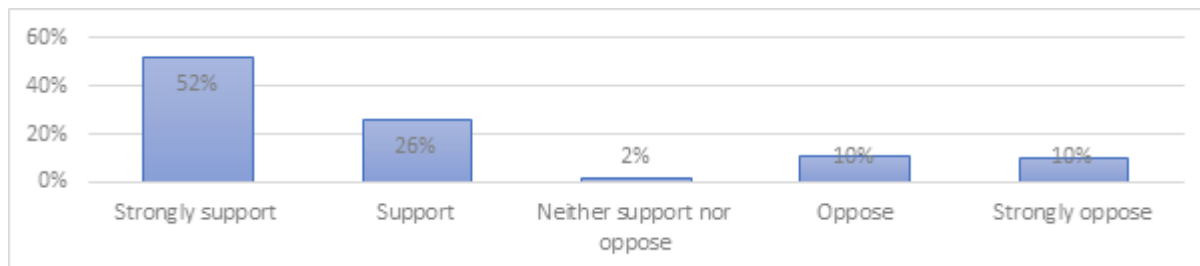
3.13 **Male sterilisation** – support for proposals as presented



3.14 Sample supportive comment: “My husband has been unable to access a vasectomy despite us having five children and not wanting...more. I find it absurd that...funding is available for contraceptives for myself which have a detrimental effect on my health but...no funding for a procedure...[with] no negative effects.”

3.15 Sample critical comments: “Not considered why a patient might choose to want to have general [anaesthetic] – anxiety? Mental health issues? Should also be flexible to meet needs of people... [who] have disabilities with sensory issues,” and “...My husband has had a vasectomy and was subject to none of the counselling etc required for female sterilisation.”

3.16 Specialist fertility services – support for proposals as presented



3.17 Sample supportive comments: “Funding [pulled] one year before my husband and I...[needed] ICSI to conceive. Quite devastating for us. Although this policy change is too late for us, hopefully other couples will be helped!” and “I have a very close friend who lives in Braintree and is currently having to pay thousands for IVF as no funded cycles are offered to her. She is going into debt to do this as her and her partner have been trying for over 10 years. It’s heart-breaking to see them go through this.”

3.18 Sample critical comments: ““Privately-funded prior IVF cycles should not count towards your entitlement,” and: “Appears unfair on same-sex couples and people with children.”

3.19 In response to feedback received, the ICB medical directorate reviewed the following areas and adjusted or provided further rationale in the business case for:

- Use of BMI as a threshold criterion;
- Requirement for patient to be a non-smoker prior to procedure;
- Parity of counselling as criteria in male and female sterilisation;
- Gynaecomastia;
- Funding of IUI.

4. Reasons for recommendation

4.1 The Committee is asked to note the outcome of the service harmonisation process having previously been informed of the proposals

5. Impact on corporate policies, priorities, performance and community

5.1 The policies for each service area agreed by the Board (and therefore available to the community within the whole of the mid and south Essex as of 1 April 2023) were:

- **Bariatric surgery** – group prior approval using National Institute for Health and Care Excellence (NICE) threshold criteria;
- **Breast asymmetry** – individual prior approval, using threshold criteria based on national EBI criteria;

- **Breast reduction** – individual prior approval using threshold criteria based on national Evidence Based Intervention (EBI) criteria;
- **Female sterilisation** – group prior approval, using threshold criteria based on guidance from the Faculty of Sexual and Reproductive Health;
- **Male sterilisation** – routinely funded vasectomy under local anaesthetic, group prior approval based on local threshold criteria for vasectomy under general anaesthetic
- **Specialist fertility services** – individual prior approval using local threshold criteria based on NICE guidance.

6. Implications

6.1 **Financial:** There should be no financial implications for Southend City Council as a result of the matters raised in this paper as the decision and budgets affected are for the NHS.

6.2 For members' reference, the cost to the ICB of the proposals' adoption is estimated to be £1m due to increased service access for some residents, particularly in mid Essex and Basildon and Brentwood. The ICB considered this value for money due to the more equitable healthcare provision it funds.

5. List of Appendices

Appendix 1 - Analysis of the Service Harmonisation consultation

<https://www.midandsouthessex.ics.nhs.uk/publications/service-harmonisation-engagement-analysis-report/>

Appendix 2 - Link to the MSE ICB Board papers

<https://www.midandsouthessex.ics.nhs.uk/publications/nhs-mid-and-south-essex-integrated-care-board-meeting-papers-9-february-2023/>



Mid and South Essex
Integrated Care
System



Mid and South Essex

Service harmonisation outcomes – briefing

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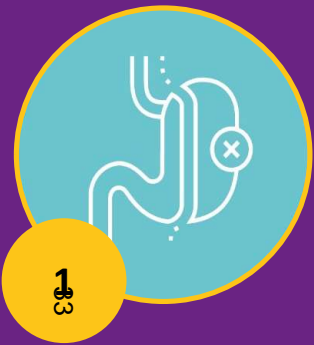
Bringing equity to NHS
services across mid
and south Essex

www.midandsouthessex.ics.nhs.uk

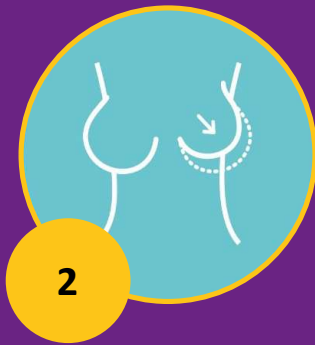
Obligation to harmonise

- NHS Integrated Care Boards (ICBs) are legally required to end local variations in NHS services arising from policies of former clinical commissioning groups
- Most inherited commissioning policies were similar, but availability of six services varied significantly by “Place” within the ICB footprint
- Baseline proposals for maintaining the status quo not considered an option as residents in mid and south Essex would not then all have fair and equal access to NHS services

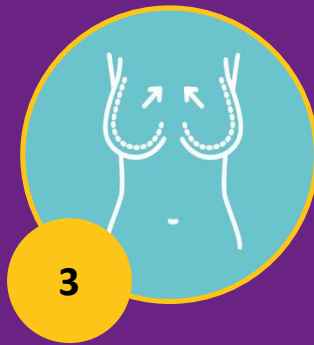
Policies to be harmonised



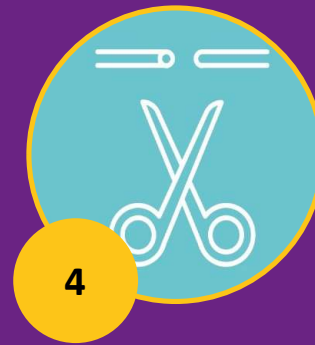
Weight loss surgery (bariatric surgery)



Uneven breast correction (breast asymmetry)



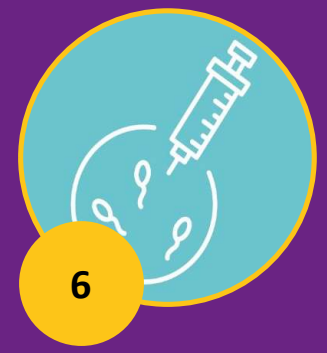
Breast reduction



Female sterilisation



Male sterilisation (vasectomy)



Tertiary (specialist) fertility services

Actions taken

A harmonisation process began last summer, guided by:

- An equality and health impact assessment;
- Multi-professional clinical advice;
- Executive-level and medical leadership;
- Full assessment of financial consequences;
- Full assessment of capability to deliver change;
- Resident involvement (more details of which follow)

Following a public consultation on proposals to harmonise provision of these services running Oct–Dec 2022, the ICB governing body met in Feb 2023 to review residents' input and agree finalised policies

Board members voted to accept the recommendations

Extent of and timeline for local change in these six NHS services

- There are a few minor changes for residents in terms of the thresholds for accessing the six services
- These changes ensure that the entire mid and south Essex population has equitable access
- The new policies are effective from **1 April 2023** and ensure that the entire mid and south Essex population has equitable access
- All patients already receiving treatment or who start treatment under current policies (still online on the ICB website) can continue

Criteria for policy decisions

- With one exception (male sterilisation under local anaesthetic) the harmonised services remain available only if certain criteria are met
- Some are provided for a specific group of people defined through “threshold” criteria in the policy – called **group prior approval**
- These threshold criteria can be applied at referral, e.g. by a GP
- Other policies require **individual prior approval** – where threshold criteria are assessed against an individual resident’s circumstances by the ICB’s central team

Expected impact on Southend residents:

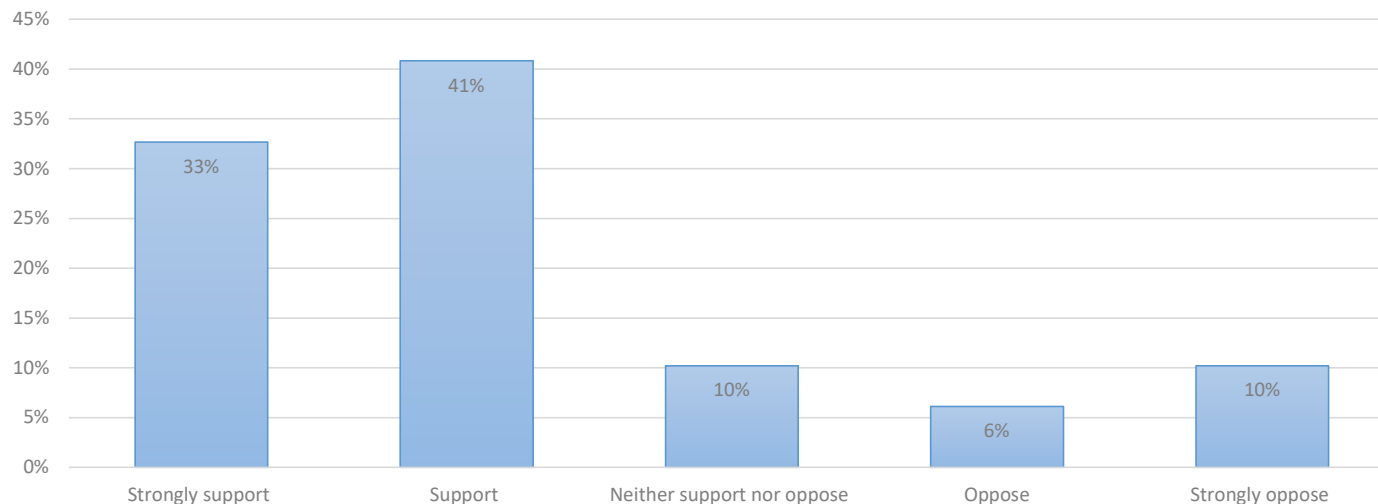
37

What will the new policies mean for local people from 1 April 2023?

Bariatric surgery – effect for Southend residents



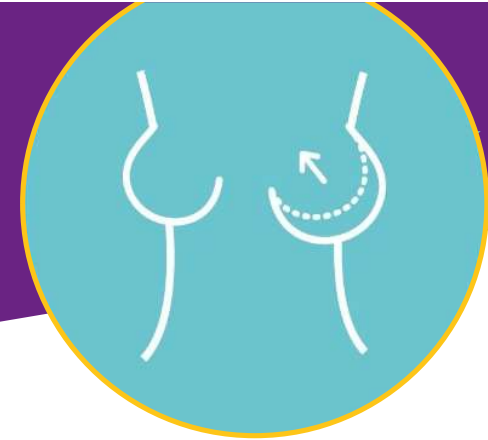
- Harmonised policy is for group prior approval using National Institute for Health and Care Excellence (NICE) threshold criteria
- ³⁸ Support for this policy from the public consultation:



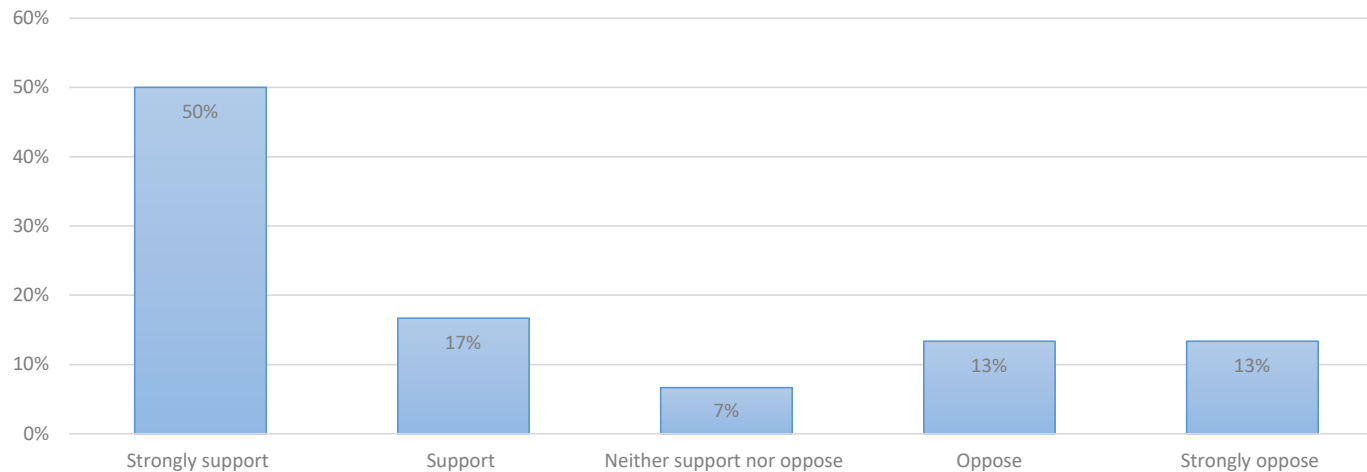
Change from legacy policy

- Minimal in Southend as these criteria closely align to inherited policy
- Brings services for patients in other areas of MSE to the same level

Breast asymmetry correction – effect for Southend residents



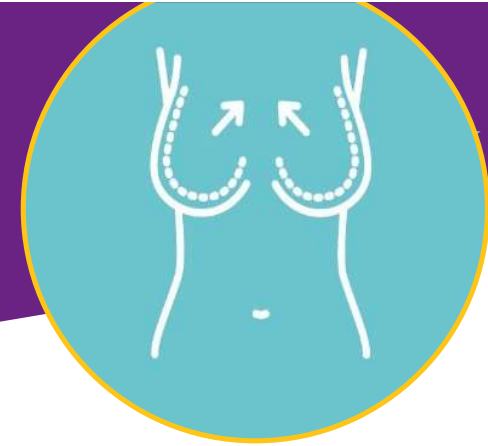
- Harmonised policy is for individual prior approval using threshold criteria based on national Evidence Based Intervention (EBI) criteria
- Support for this policy from the public consultation:



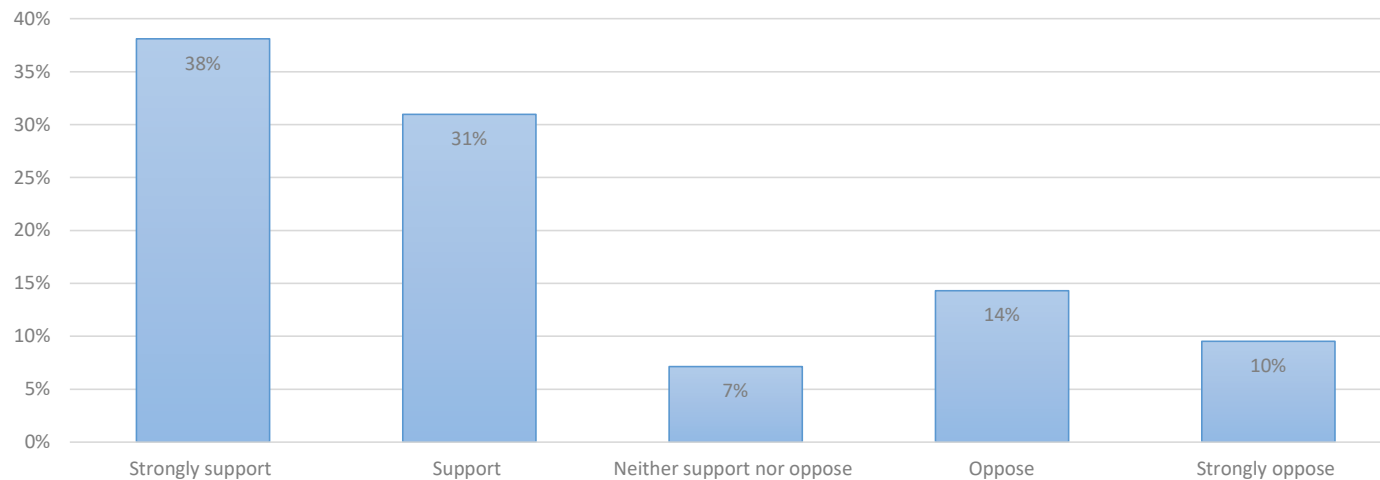
Change from legacy policy

- Improved access to this service for Southend residents as maximum BMI criterion has been removed

Breast reduction – effect for Southend residents



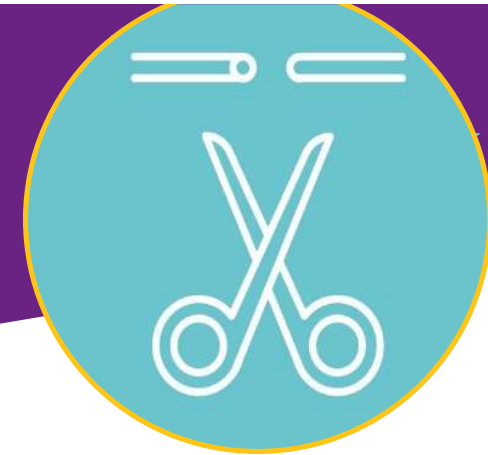
- Harmonised policy is for individual prior approval using threshold criteria based on national Evidence Based Intervention (EBI) criteria
- ⁴⁰ Support for this policy from the public consultation:



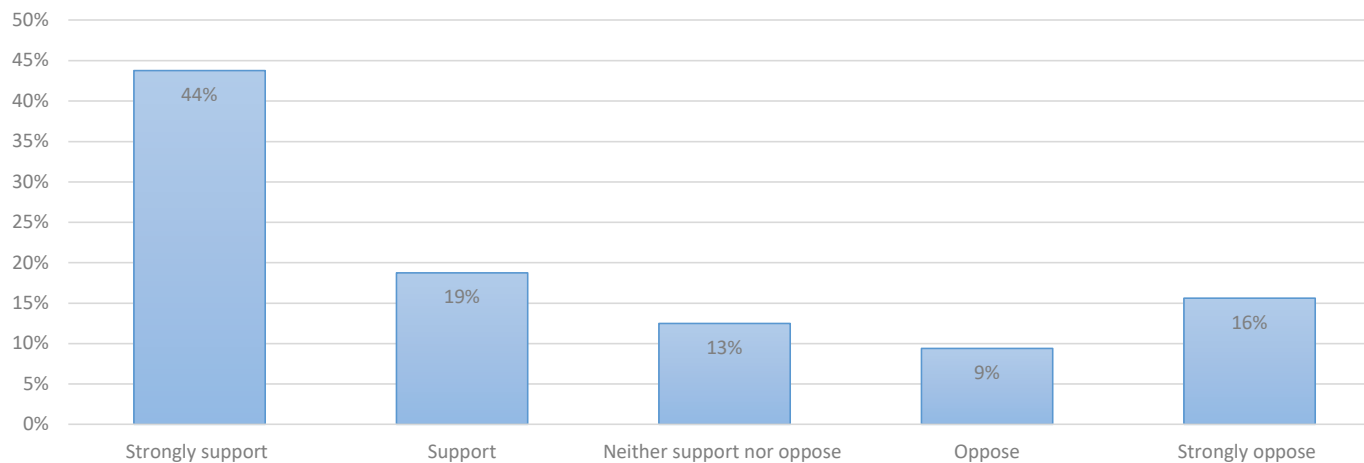
Change from legacy policy

- **Mixed**, as the minimum amount of tissue removal increases from 500g to at least 1kg, which might limit access
- However, BMI upper limit now lowered from 27 to 25 kg/m² (with weight stable for only 1 year rather than 2, enhancing access)

Female sterilisation – change for Southend residents



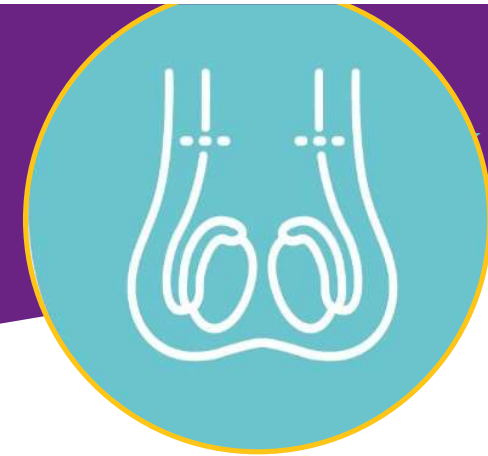
- Harmonised policy is for group prior approval, using threshold criteria based on guidance from Faculty of Sexual and Reproductive Health
- Support for this policy from the public consultation:



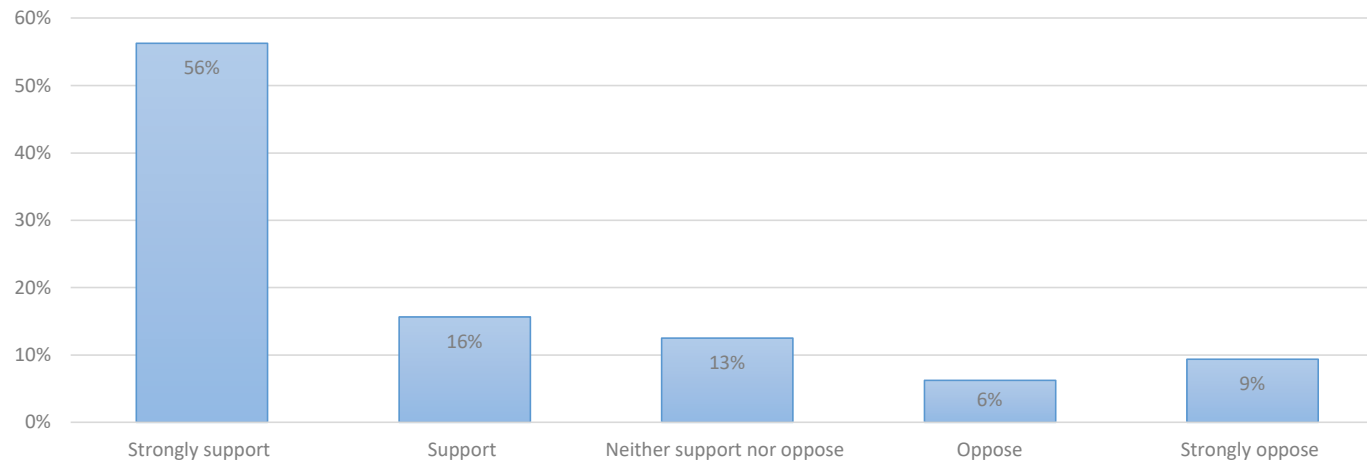
Change from legacy policy

- **Reduced access to this service for Southend residents as there is currently no service restriction**
- **In future, patients must have a BMI of less than 35kg/m² and consider during counselling the possibility of vasectomy for their partner**

Male sterilisation – change for Southend residents



- Harmonised service is for vasectomy under local anaesthetic to be **routinely provided**, with group prior approval for vasectomy under general anaesthetic
- ⁴² Support for this policy from the public consultation:



Change from legacy policy

- Improved access to this service for residents across MSE due to the additional routine provision for vasectomy under local anaesthetic

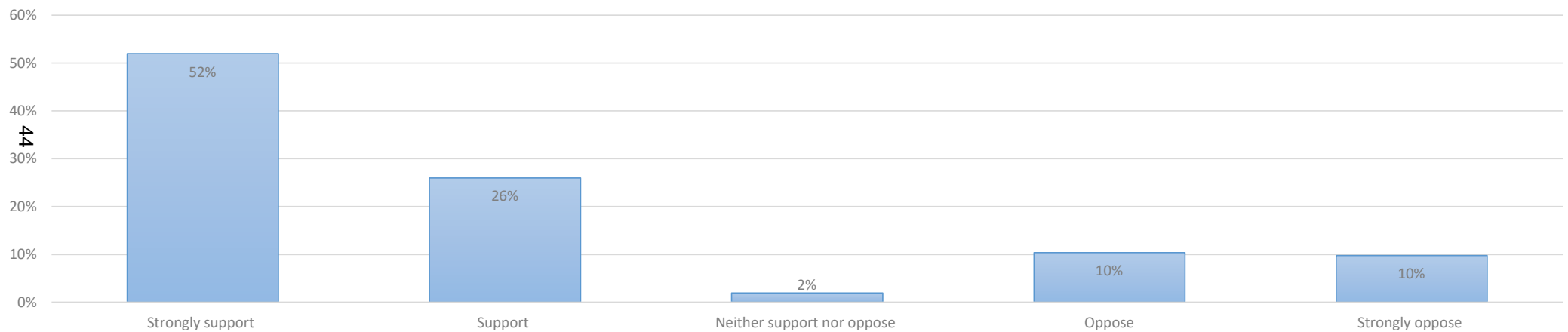
Specialist fertility services – change for Southend residents



- **Improved access to IVF** as couples need to show only 2 years of unexplained infertility (taking age and waiting lists into consideration) rather than the current 3
- If couple aged 40-42, period unexplained infertility is 1 year+
- After 6 unsuccessful cycles of privately funded IUI*, same-sex couples can have IVF as above, also **improving access**
- One batch (usually 6) of donor oocytes provided – an **increase of 1 oocyte** compared to legacy policy
- **No change** to current 1 batch of sperm donation
- **No access to IUI*** on the NHS

* Intra-uterine
insemination

Specialist fertility services – support from public consultation



To ensure no bias in consultation results, the analysis and outcome report prepared by independent engagement practitioners Stand. This report is available from the ICB'S [website](#).

Taking public views into account

- 210 people responded to the online survey, with 1 further response on paper, and 20 people participated in face-to-face consultation events
- Relative to total 1.2m MSE population figures are small, but participation tends to be higher from people who disagree with proposals and in this case most participants supported proposals.
- Positive reactions to the special fertility services proposals were 78%, to bariatric surgery 74%, vasectomy 72%, and support for each of the other three service areas was about 66%.
 - Senior ICB clinicians reviewed the independent report
 - The differing views helped them shape nationally guided, locally informed recommendations
 - It was these recommendations the Board agreed at its meeting in public on 9 Feb 2023

Impact of public consultation feedback on final harmonised policies

In response to feedback received, the ICB medical directorate reviewed the following areas and adjusted or provided further rationale in the business case for:

- ⁴⁶ Requirement for patient to be a non-smoker prior to procedure
- Parity of counselling as criteria in male / female sterilisation
- Use of BMI as a threshold criterion
- Gynaecomastia
- Funding of IUI

“

Should be no financial implications for Southend-on-Sea City Council from harmonisation as only NHS budgets are affected

The cost to the ICB of the proposals' adoption is estimated to be £1m due to increased service access for some residents. The ICB considered this value for money due to the more equitable healthcare provision it funds.

”



Questions?

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Mid and South Essex
Integrated Care
System



Mid and South Essex

Claire Hankey

Director of Communication and Engagement

www.midandsouthessex.ics.nhs.uk

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