

# Southend-on-Sea City Council

Agenda  
Item No.

Report of Mid and South Essex Integrated Care Board  
To

People Scrutiny Committee

on

14<sup>th</sup> March 2023

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**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](#).

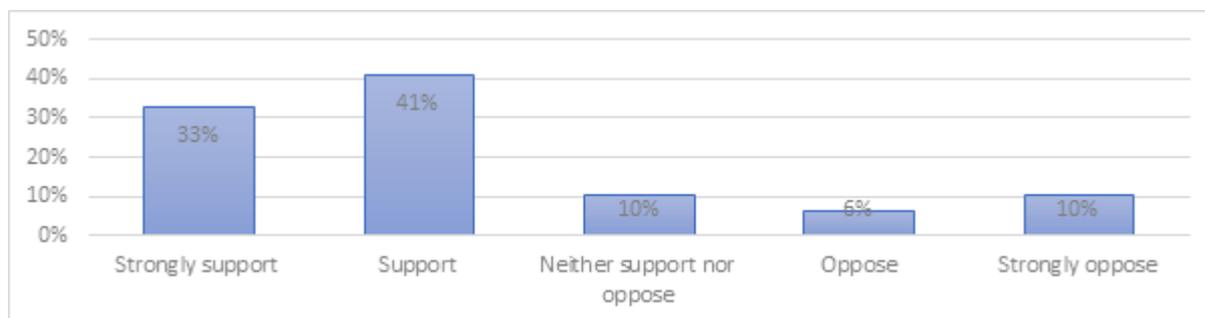
2.7 Following the consultation period senior ICB clinicians reviewed the findings.

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

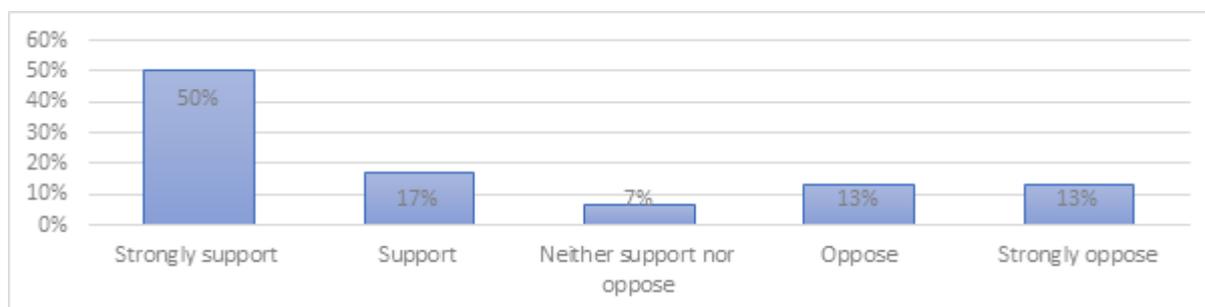
#### 3.1 Bariatric surgery – support for proposals as presented



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.”

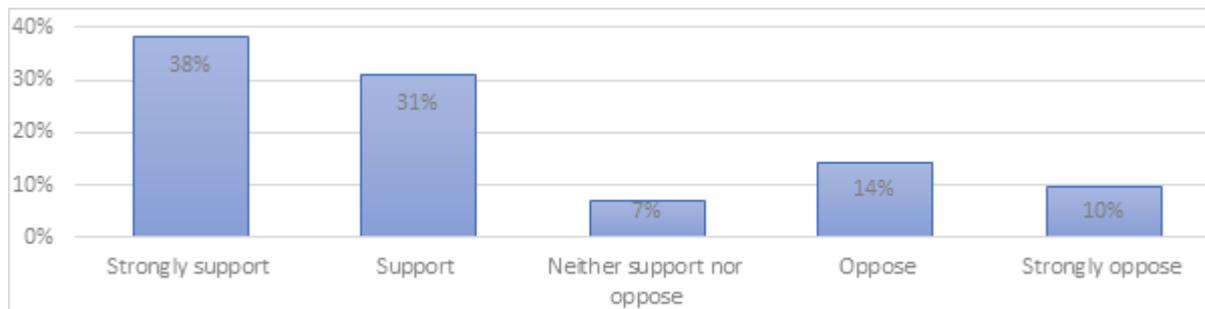
#### 3.4 Breast asymmetry – support for proposals as presented



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?”

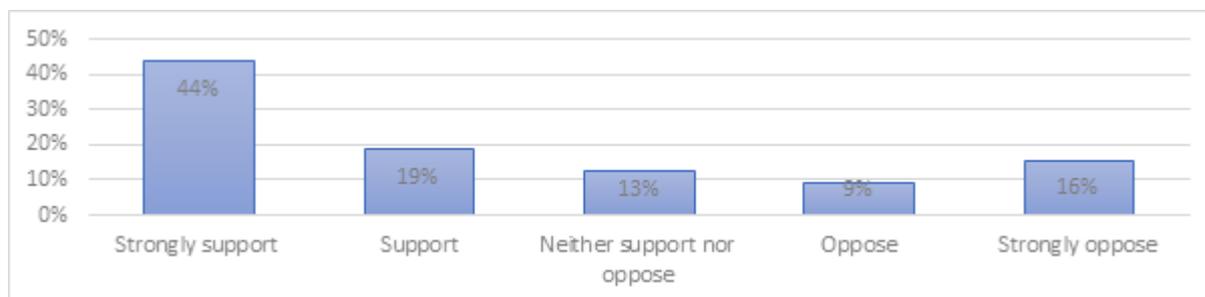
#### 3.7 Breast reductions – support for proposals as presented



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.”

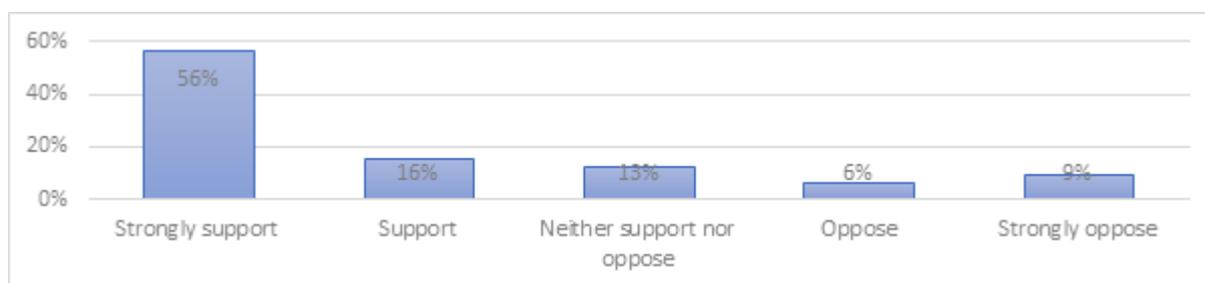
### 3.10 Female sterilisation – support for proposals as presented



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.”

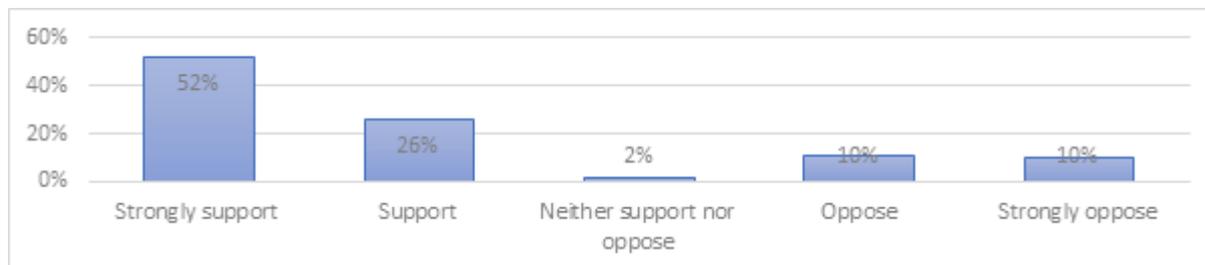
### 3.13 Male sterilisation – support for proposals as presented



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/>