Thurrock - An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future

Health and Wellbeing Overview and Scrutiny Committee

The meeting will be held at **7.00 pm** on **5 March 2020**

Committee Room 1, Civic Offices, New Road, Grays, Essex, RM17 6SL

Membership:

Councillors Victoria Holloway (Chair), Shane Ralph (Vice-Chair), Fraser Massey, Sara Muldowney, Joycelyn Redsell and Elizabeth Rigby

Ian Evans (Thurrock Coalition Representative) and Kim James (Healthwatch Thurrock Representative)

Substitutes:

Councillors Alex Anderson, Tom Kelly, Cathy Kent, Sue Sammons and Sue Shinnick

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Agenda

Open to Public and Press

		Page
1.	**Apologies for Absence**	
2.	**Minutes**	**5 - 14**
	To approve as a correct record the minutes of the Health and Wellbeing Overview and Scrutiny Committee meeting held on 23 January 2020.	
3.	**Urgent Items**	
	To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.	

4.	**Declarations of Interests**	
5.	**Healthwatch**	
6.	**Verbal Update on CCG Merger and Single Accountable Officer**	
7.	**CCG Merger Consultation: Working Together for Mid and South Essex**	**15 - 28**
8.	**Specialist Fertility - Thurrock CCG**	**29 - 48**
9.	**Post 18 Autism Support Service**	**49 - 56**
10.	**Orsett Hospital Task and Finish Group Update Report - Report to follow**	
11.	**Verbal Update Targeted Lung Health Checks**	
12.	**Work Programme**	**57 - 60**

Queries regarding this Agenda or notification of apologies:

Please contact Jenny Shade, Senior Democratic Services Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **26 February 2020**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

Breaching those parts identified as a pecuniary interest is potentially a criminal offence

Helpful Reminders for Members

- *Is your register of interests up to date?*
- *In particular have you declared to the Monitoring Officer all disclosable pecuniary interests?*
- *Have you checked the register to ensure that they have been recorded correctly?*

When should you declare an interest *at a meeting?*

- **What matters are being discussed at the meeting?** (including Council, Cabinet, Committees, Subs, Joint Committees and Joint Subs); or
- If you are a Cabinet Member making decisions other than in Cabinet **what matter is before you for single member decision?**

Does the business to be transacted at the meeting

- **relate to; or**
- **likely to affect**

any of your registered interests and in particular any of your Disclosable Pecuniary Interests?

Disclosable Pecuniary Interests shall include your interests or those of:

- your spouse or civil partner's
- a person you are living with as husband/ wife
- a person you are living with as if you were civil partners

where you are aware that this other person has the interest.

A detailed description of a disclosable pecuniary interest is included in the Members Code of Conduct at Chapter 7 of the Constitution. **Please seek advice from the Monitoring Officer about disclosable pecuniary interests.**

What is a Non-Pecuniary interest? – this is an interest which is not pecuniary (as defined) but is nonetheless so significant that a member of the public with knowledge of the relevant facts, would reasonably regard to be so significant that it would materially impact upon your judgement of the public interest.

Pecuniary

If the interest is not already in the register you must (unless the interest has been agreed by the Monitoring Officer to be sensitive) disclose the existence and nature of the interest to the meeting

If the Interest is not entered in the register and is not the subject of a pending notification you must within 28 days notify the Monitoring Officer of the interest for inclusion in the register

Unless you have received dispensation upon previous application from the Monitoring Officer, you must:

- **Not participate or participate further in any discussion of the matter at a meeting;**
- **Not participate in any vote or further vote taken at the meeting; and**
- **leave the room while the item is being considered/voted upon**

If you are a Cabinet Member you may make arrangements for the matter to be dealt with by a third person but take no further steps

Non- pecuniary

Declare the nature and extent of your interest including enough detail to allow a member of the public to understand its nature

You may participate and vote in the usual way but you should seek advice on Predetermination and Bias from the Monitoring Officer.

Our Vision and Priorities for Thurrock

An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future.

1. **People** – a borough where people of all ages are proud to work and play, live and stay

    - High quality, consistent and accessible public services which are right first time
    - Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing
    - Communities are empowered to make choices and be safer and stronger together

2. **Place** – a heritage-rich borough which is ambitious for its future

    - Roads, houses and public spaces that connect people and places
    - Clean environments that everyone has reason to take pride in
    - Fewer public buildings with better services

3. **Prosperity** – a borough which enables everyone to achieve their aspirations

    - Attractive opportunities for businesses and investors to enhance the local economy
    - Vocational and academic education, skills and job opportunities for all
    - Commercial, entrepreneurial and connected public services

Minutes of the Meeting of the Health and Wellbeing Overview and Scrutiny Committee held on 23 January 2020 at 7.00 pm

Present:	Councillors Victoria Holloway (Chair), Shane Ralph (Vice-Chair), Sara Muldowney and Joycelyn Redsell Kim James, Healthwatch Thurrock Representative
Apologies:	Councillor Elizabeth Rigby Ian Evans, Thurrock Coalition
In attendance:	Roger Harris, Corporate Director of Adults, Housing and Health/Interim Director of Children's Services Ian Wake, Director of Public Health Mandy Ansell, Accountable Officer, Clinical Commissioning Group Ceri Armstrong, Senior Health and Social Care Development Manager Andy Brogan, Executive Chief Operating Officer/Deputy Chief Executive, Essex Partnership University NHS Foundation Trust Dr Laura Addis, Consultant Clinical Psychologist, Head of Service for South West Essex Adult Community Psychology Mark Tebbs, Director of Commissioning, NHS Thurrock CCG Jenny Shade, Senior Democratic Services Officer

Before the start of the Meeting, all present were advised that the meeting may be filmed and was being recorded, with the audio recording to be made available on the Council's website.

30. Minutes

The minutes of the Health and Wellbeing Overview and Scrutiny Committee held on the 7 November 2019 were approved as a correct record.

31. Urgent Items

No urgent items were raised.

32. Declarations of Interests

Councillor Ralph declared a non-pecuniary interest that he ran courses for Thurrock Mind and for the Recovery College.

33. Healthwatch

Kim James, Healthwatch representative, had no items to raise.

34. Verbal Update on CCG Merger and Single Accountable Officer

Mandy Ansell, Accountable Officer Thurrock Clinical Commissioning Group, provided the following updates:

- Interviews were held on Wednesday 22 January 2020 for the post of the Joint Accountable Officer. To which no result was known at this time.

- On the merger there was work being undertaken with stakeholder engagement and a vote would be required between member practices in Mid and South Essex on that merger.

- The documentation for the stakeholder engagement, for patients and community, was under consultation and out for comment. To which two comments had been received from two general practitioners stating that the consultation information appeared too positive.

Kim James, Healthwatch representative, stated that the survey had now been updated to include the local focus rather than just requesting views on the whole STP.

Roger Harris, Corporate Director of Adults Housing and Health, reiterated the committee's concerns of opposing the establishment of a single Clinical Commissioning Group and had written on behalf of the Chair to Ann Radmore, NHS England, putting forward that the Managing Director post proposed for Thurrock should be a jointly appointed post. That the response received back from NHS England had been unclear with no view either way on the appointment but stated that would be a matter for the Joint Accountable Officer when appointed. With Thurrock's view remaining that having that post for Thurrock as a joint appointment between the NHS and Thurrock would be positive. A Memorandum of Understanding on the Wider Governance Model had been prepared to identify what should be undertaken at system wide level in Mid and South Essex and what should be undertaken at Thurrock level. With a separate governance group being established to ensure agreements could be reached.

Ian Wake, Director of Public Health, stated that a draft Memorandum of Understanding had been prepared which had been signed by the Integrated Care Partnership and expected the governance group to report back by March 2020. That it was now a strategic opportunity and important to get the finances right to ensure the system addressed health and inequality to direct resources to the areas of greatest need. There was also a strategic risk for Thurrock where local programmes reduce demand at hospital level and where another area increases demand where the savings would have historically come back to Thurrock may disappear into another deficit elsewhere in the system.

The Chair thanked officers for the update and questioned when the structures would be known and when people would be in place. Mandy Ansell stated the

Joint Accountable Officer would need to be appointed first and then the second tier. All directors across the Clinical Commissioning Groups had already received letters informed them that they would be the next tier. The start date for the Joint Accountable Officer would be immediate if an internal candidate was appointed or where notice may need to be given it could be as much as six months before the successful applicant could start.

Members agreed to include a further Verbal Update and to invite Mike Thorne, Independent STP Chair, to the 5 March 2020 committee.

35. Adult Social Care - Fees & Charges Pricing Strategy 2020/21

Roger Harris, Corporate Director Adults Housing and Health, presented the report that set out the charges in relation to services within the remit of the Health and Wellbeing Overview and Scrutiny Committee with any new charges taking effect from 1 April 2020. Roger Harris was pleased to announce that no increases had been proposed. Members were updated on the fees and charges under consideration on the Domiciliary Care hourly rate. At present the Council paid providers £16.25 per hour whereas the amount charged to service users remained at £13.00 per hour. This amount had not increased for the last five years and if it were increased could generate an additional £250K for Adult Social Care services.

Councillor Redsell stated that although the hourly rate had not been increased for the past five years when would the next review be undertaken. Roger Harris stated that this review was undertaken annually.

RESOLVED

1. **That the Health and Wellbeing Overview and Scrutiny Committee noted the revised fees and commented on the proposals currently being considered within the remit of this committee.**

2. **That the Health and Wellbeing Overview and Scrutiny Committee noted that Director delegated authority would be sough via Cabinet to allow Fees and Charges to be varied within a financial year in response to commercial and legal requirements.**

36. Services for People with Personality Disorders and Complex Needs

Andy Brogan, Executive Chief Operating Officer/Deputy Chief Executive, Essex Partnership University NHS Foundation Trust, updated Members on the progress made since the last report had been presented in January 2018. Members were provided with background information on the development of services for People with Personality Disorders and Complex Needs. The service such as training for staff, skills training, group interventions had been piloted successfully to test elements of the model. Members were referred to the adjustments being made in the existing service, the progress during 2019 and what the next steps entailed. Members were also referred to the summary pathway shown in Appendix 1.

Dr Laura Addis, Consultant Clinical Psychologist, Head of Service for South West Essex Adult Community Psychology, updated Members on the implementation of the model that varied across the STP, in the South more had been undertaken due to there being more Personality Disorder Leads in place. In the South East, training plans had been developed within a number of specialist teams to understand more about personality disorders and how these would be presented, a high intensity user's project had been rolled out. Working with Mental Health Liaison Teams to under their presentations, upskilling of Local Coordinators and formulating to understand the traumas experienced so that a detailed pathway could be put in place. Stakeholder events, focus groups and workshops had been undertaken in participation with partners. Integrated working had been commenced with IAPT providers and further training on personality disorders had been carried out.

Councillor Redsell questioned how the services would work if there was not a core model. Laura Addis confirmed that there was an overall model of delivery which looked at services cross the system. There would also be local variations based on need and work would be undertaken with partners in those areas.

Members agreed that further clarity and description was required on services being delivered.

Ian Wake, Director of Public Heath, welcomed the report that had reflected the work undertaken over the last 18 months.

Kim James, Healthwatch representative, thanked the Chair and stated how pleased that when this Healthwatch's concern was raised and highlighted it was looked into and actioned swiftly and was glad that the project was now happening. Kim James questioned whether further training could be undertaken with voluntary groups such as Citizen Advice and on behalf of service users thanked everyone involved.

The Chair echoed the comments made and stated this piece of work had been a real significant development and questioned whether this training could be incorporated into workforces such as in Libraries, Hubs, Housing Team and the Police. Andy Brogan stated the plan was to train everyone the basic skills on how to cope when put in a difficult situation.

Mark Tebbs informed Members that training continued with the "Suicide Reduction" programme and work had been undertaken with stakeholders to increase the training links between services, such as Citizen Advice, with the training focus being on primary care and those other risk groups.

Roger Harris stated there were concerns around Anti-Social Behaviour particularly in the Housing Team when dealing with users and questioned whether this could be a further sub-set of this service. An important element required was to focus on those particularly hard to reach. Laura Addis stated

that Anti-Social Behaviour had not been included in the pathway nevertheless this could be included.

Mark Tebbs referred Members to an up and running STP project, Serenity Integrated Mentoring (SIM) which was a model of care using specialist Police Officers within the community mental health services to help support service users struggling with complex, behavioural disorders. This model of care was in the process of being evaluated in the hope to expand and replicate in Thurrock.

Councillor Ralph appreciated the training programmes being undertaken and questioned had it been considered for users to carry cards and questioned whether it was the lack of psychologists that group sessions were being held instead of one-2-one sessions. Councillor Ralph questioned whether there was a tracking path when a child transitioned into an adult. Andy Brogan stated that people were treated on the best available evidence and treated as such. That sessions would be tailored to the need of people and how people presented themselves. With group sessions and one-2-one sessions being provided. Laura Addis stated that it would not be ideal to diagnose at a young age but to look at the right pathway for that person.

Councillor Ralph asked the number of spaces in the group therapy sessions. Laura Addis stated this was a maximum of 12 spaces.

Members agreed to add this item to the 2020/21 Work Programme.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee discussed and noted the current position regarding services for people who had a personality disorder.

At 7.50pm, Mark Tebbs, Dr Laura Addis and Andy Brogan left the committee room.

37. Thurrock Health and Social Care Transformation Prospectus

Ceri Armstrong, Senior Health and Social Care Development Officer, introduced the report and stated that the Thurrock Health and Social Care Transformation Prospectus had provided the opportunity to set out the approach to transforming the Health and Social Care landscape. The Prospectus summarised the steps taken since 2011, when the Adult Social Care-led inaugural approach known as ‘Building Positive Futures’ had been established, followed in 2015 by the NHS-led approach ‘For Thurrock in Thurrock’ and culminating in the current integrated system redesign programme - Better Care Together Thurrock. The Prospectus highlighted what had been achieved over the years, what was seen as the key reasons for success and the barriers that had been overcome to ensure progression.

The Chair thanked the Officer for a fantastic report.

Councillor Ralph questioned the need for the voluntary sector. Ceri Armstrong stated there was a very strong partnership with CVS, Healthwatch and Thurrock Coalition focusing on assets and strengths in the community and broader than the voluntary sector. Voluntary Sector organisations did receive funding from the Council but it was important to recognise the role of the community itself.

Roger Harris, stated that the Voluntary Sector valued its independence and he noted the Sector's connectivity with the community. Both the community and the Voluntary Sector were essential for the delivery of health and care transformation.

Councillor Muldowney commented the report was a fantastic achievement and expressed her views on how well the vision and out of the box working had been undertaken on these transformations. Councillor Muldowney stated that specific examples would be a benefit to Councillors to clarify certain points. Councillor Muldowney also questioned whether issues connected to changes made in Chadwell were being under-reported. Kim James also stated that Healthwatch had received a lot of calls expressing concerns but when residents were being directed to make formal complaints they were often very reluctant to do so.

Ceri Armstrong stated that the next step that would be to incorporate an appendix to the report that would help illustrate the journey with case studies and identify the impact that health and care transformation was having.

Councillor Redsell thanked Officers for the report and commented that the word "Care" covered a large area with elderly residents still not wanting to report issues as some still felt if they do they would lose their services. She also stated that Members should be used more to help Officers understand some of the case work that they deal with.

The Chair stated that the power imbalance was a key reason for some people not feeling comfortable with reporting issues and speaking about them. Councillor Holloway stated that to address that issue in her ward, she would post a leaflet through doors, say in three to four roads, telling residents when she would be in their area and if residents had an issue but did not want to come into the surgery they could put the leaflet in their window so that she could see it and then knock on their door. Roger Harris agreed that it was basically how people want to be treated and really importantly that residents were dealt with respect and dignity. Healthwatch added that they were currently working on a "Dignity Campaign".

Ian Wake agreed with comments made and having spoken to residents in Chadwell that had switched services to the new Wellbeing Team, he stated that they were so much happier and for some, just making that simple change had changed their lives.

Councillor Ralph noted the success of the Local Area Coordinators and how these had turned the lives around for some residents and had been a positive impact to the community. Ceri Armstrong thanked Councillor Ralph for the feedback and added that there were a number of examples of where residents were benefitting as a result of transformation work undertaken.

Councillor Redsell questioned whether services and help for dementia suffers and carers could be more joined up and be made known to residents.

The Chair thanked Officers for the report and stated that it would be very helpful especially for when new Members join the committee.

RESOLVED

That the Health and Wellbeing Overview and Scrutiny Committee endorsed the Prospectus and the significant change to the health and care system in Thurrock delivered since 2011.

38. Verbal Update on Targeted Lung Health Checks

Mandy Ansell, Accountable Officer Thurrock CCG, provided the following updates:

- The soft launch would take place in Thurrock, Orsett Surgery, at the end of February 2020 on a selected invitee list to test processes and smoking status register.
- Orsett Surgery had been identified as the least complete practice smoking register in a recent report undertaken.
- The go live of the Mobile Unit recently confirmed in Thurrock by the end of March 2020.
- Communications with patient groups and marketing will now commence.
- This site is the second site to go live in the country.
- A link to the Lung Health Check website live will be sent to Members separately from democratic services.
- Participant information and invitations would be issued shortly.
- The Mobile Unit had been commissioned by Luton and Dunstable Hospital for joint utilisation between Luton and Thurrock Clinical Commissioning Groups.
- NELFT had commissioned to resource the Mobile Unit with the lead clinical nurse already in place and formed part of the supporting respiratory team.

The Chair thanked the Officer for the update and questioned whether the number of general practitioners had increased in recording of patient smoker status. Mandy Ansell stated that numbers had started to increase. Kim James, Healthwatch representative, stated that Healthwatch had received a large number of calls of concerned residents as to why they were being asked by their general practitioner whether they smoked or not and this concern had been forwarded onto Primary Care Service.

Mandy Ansell, stated that the smoking status register was for all ages and once more information was available people may be more willing to come forward.

Councillor Redsell stated that it was a concern that smoking was still allowed outside hospitals, colleges and the Civic Offices.

Councillor Ralph questioned the data analysis of the soft launch to which Mandy Ansell stated that data had already been analysed by Cancer Alliance and that the programme was based on clinical evidence from other pilot sites most notably Manchester, Nottingham and Leeds.

The Chair thanked Officers for the work that had been undertaken and noted that much had happened since the report was presented to the committee in June 2019.

Councillor Muldowney congratulated Officers on being the second site and the number on the smoking status register was increased and targeted all age groups.

The Chair requested that a further verbal update be brought back to Committee in March 2020.

RESOLVED

That the Verbal Update on Targeted Lung Health Checks Report be added to the work programme for the 5 March 2020 committee.

39. Work Programme

Members discussed the work programme and agreed the following:

Add the Orsett Hospital Task and Finish Group Update Report to the 5 March 2020 committee.

Add the Targeted Lung Health Checks Verbal Report to the 5 March 2020 committee.

Add the Post 18 Autism Report to the 5 March 2020 committee.

To invite Mike Thorne, Independent Chair of the STP, to the 5 March 2020 for the Clinical Commissioning Group Merger and Joint Accountable Officer item.

Add the Personality Disorders and Complex Needs Report to the work programme for the 2020/21 municipal year.

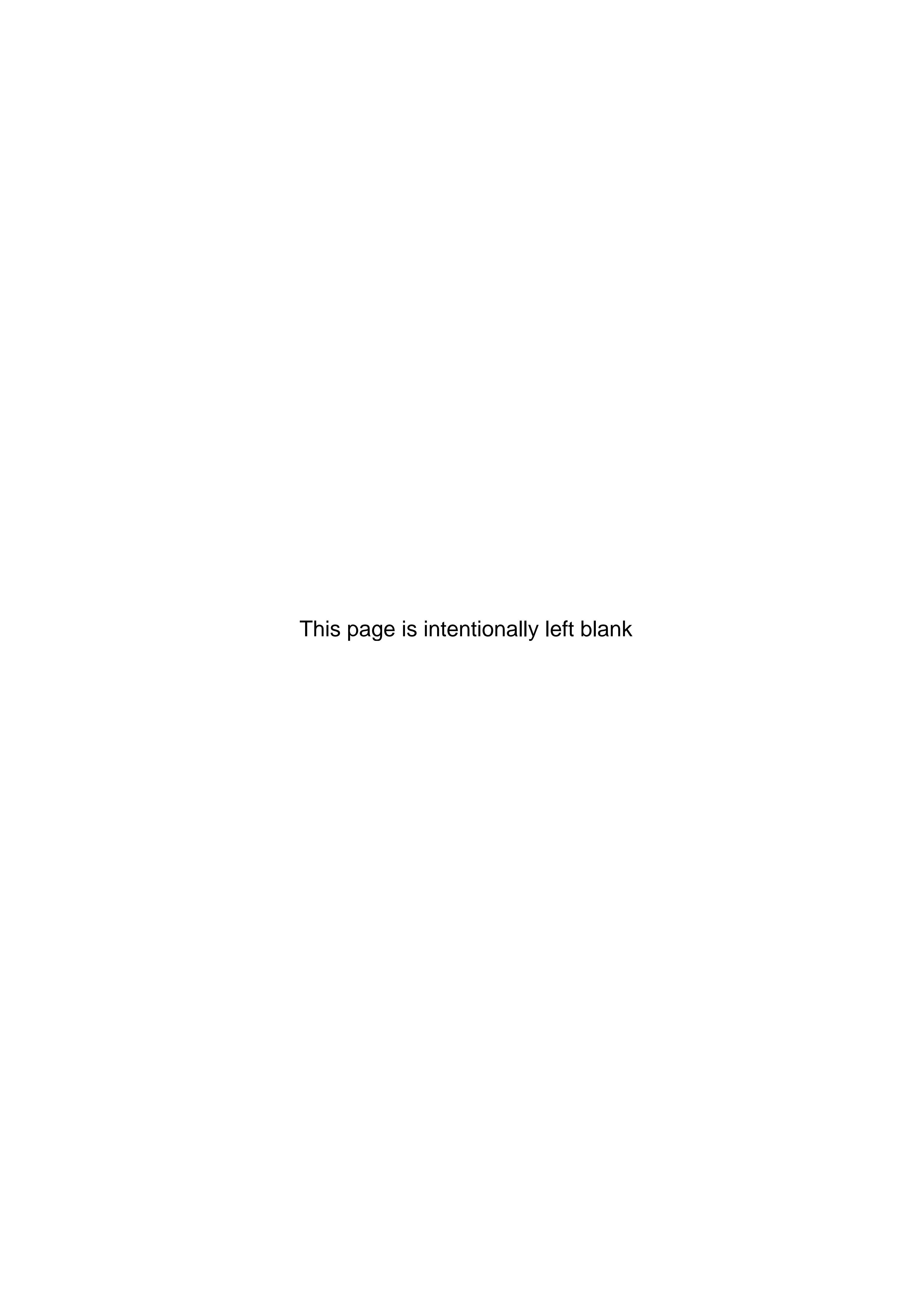
The meeting finished at 8.32 pm

Approved as a true and correct record

CHAIR

DATE

Any queries regarding these Minutes, please contact Democratic Services at Direct.Democracy@thurrock.gov.uk



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Health and Wellbeing Overview & Scrutiny Committee

Briefing Note: CCG Merger Consultation: Working Together for Mid and South Essex

Purpose of the briefing note: The above discussion document has been issued by the five Mid and South Essex CCG's (Thurrock; Basildon & Brentwood; Southend; Mid Essex & Castlepoint and Rochford). It is proposing to create a single CCG by 1 April 2021.

1.1 The benefits summarised are:

- Breaking down the barriers to joint working;
- Less time and resources on management;
- Ability to make commissioning decisions quicker;
- Economies of scale and reducing duplication.

1.2 It is stated clearly that this is not driven by costs but is seen as a way to develop better and quicker decision making and will not negatively affect patient care, indeed it is hoped it will improve patient care.

1.3 The concerns previously raised by the local authority have included:

- It is a geographical footprint that matches nothing else and provides particular challenges to existing local authority boundaries;
- There is little evidence that this will reduce bureaucracy;
- Whilst the need to commission some services across a bigger footprint is obvious, it does not state clearly in the document what those will be or what will remain at a local level;
- There is a danger that we will develop a one size fits all mentality despite what it states in the document;
- There is a risk that all the existing local arrangements around the Better Care Fund; the developments of the IMC programme; the Stronger Together Programme etc. could be weakened;
- It is not clear how the three HOSCs will work together to scrutinise the work of the larger CCG nor the relationship with the Health and Wellbeing Boards.

1.4 Member's views are sought.

1.5 The closing date for comments are 5 April 2020.

For any questions regarding this briefing note, please contact:

Name: Roger Harris
Telephone: 01375 652914
E-mail: RHarris@thurrock.gov.uk

Discussion Document

Working together for Mid and South Essex

Share your views on how NHS Clinical Commissioning Groups are proposing to work together in the future

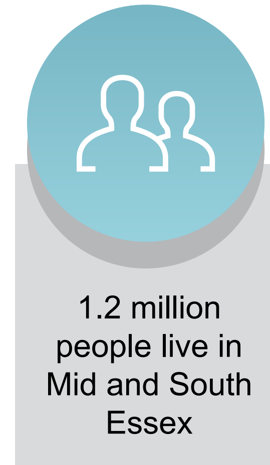
About this document

This document is asking for your views about how the five NHS Clinical Commissioning Groups (CCGs) in Mid and South Essex could work together in the future as one organisation.

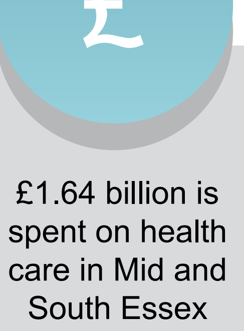
The proposals in this discussion document do not directly affect any other NHS organisations or NHS services for example the medicines you take or the way you access your local healthcare; however, the way we offer NHS services may change in the future, in line with the NHS Long Term Plan.

Background

NHS commissioning is the process of planning, agreeing, buying and monitoring health services. Clinical Commissioning Groups (CCGs) took over responsibility for this in April 2013. CCGs are organisations that combine the expertise of local doctors (GPs) and NHS managers; putting local clinical staff and members of the public at the very heart of decision making for their local population, to determine what health services to provide, where and how.



There are currently five NHS Clinical Commissioning Groups in Mid and South Essex:



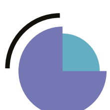
Mid and South Essex covers a population of 1.2 million, with a budget of £1.64 billion. This budget is used by the CCGs to ensure high quality and effective health and care services are delivered from hospitals and in the community.

The NHS Long Term Plan (LTP) (see also page 6) sets out the vision for commissioning to be more integrated and led across the health and care system rather than just at a health level. This brings together NHS providers, commissioners and local authorities to work in partnership in improving health and care in their area. For example, councils, community and hospital providers work together with GPs and commissioning groups to support and meet a local community's needs by forming Integrated Care Systems (ICS). The NHS Long Term Plan also states that there should typically be one strategic commissioner (CCG) in any emerging Integrated Care System (ICS).

Would you like this document in a different format or language?

To request this document in an alternative format or in a different language, please use the contact details below:

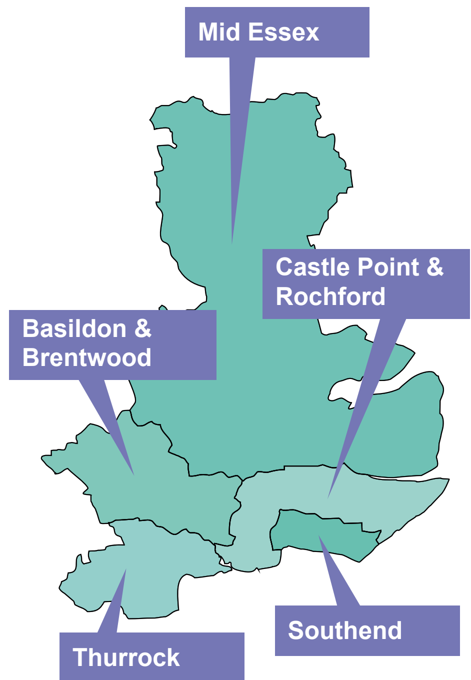
Email: thuccg.ccgtransformation@nhs.net
Phone: 01375 365 810
Address: Civic Offices, 2nd Floor, New Road, Grays, RM17 6SL



Foreword from the CCG Chairs

Our Integrated Care System covers the Mid and South Essex area (explained in more detail on pages 4 & 5). We propose mirroring the Integrated Care System with one strategic commissioner (CCG) and therefore merging the existing five CCGs. This will help us to better address the issues and needs of the 1.2 million people living across the areas we serve, whilst still ensuring decisions are based on local needs and driven by local clinicians.

As Chairs of the five NHS CCGs in Mid and South Essex it is our job to ensure that the CCGs continue to deliver their statutory duty to engage with patients and the public and involve you in decisions about your care. We want to ensure that the local population have a say in the way we develop into the future. We are keen to hear your views on proposed changes to the way we provide health and care for the people in our communities. You will read about the current system, challenges and changes that could happen, for example the merger of the CCGs. Please get involved by completing the survey (see page 10) or attending any meetings open to the public such as patient reference groups or CCG Governing Body meetings.



We encourage you to make your voice heard. The views of our partners and local people will be considered when developing our potential merger plans, and will be discussed at CCG Governing Body meetings and wider Council, Health and Wellbeing and Health Overview and Scrutiny Committees.

We have added a Glossary of Terms at the back of this document, to help you understand some of terminology used.

On behalf of the chairs of

- **Dr Adegboyega Tayo**, NHS Basildon and Brentwood CCG
- **Dr Sunil Gupta**, NHS Castle Point and Rochford CCG
- **Dr Anna Davey**, NHS Mid Essex CCG
- **Dr José Garcia Lobera**, NHS Southend CCG
- **Dr Anand Deshpande** (Outgoing Chair), NHS Thurrock CCG

More about Mid and South Essex

About Mid and South Essex communities

Mid and South Essex covers a large, diverse area, with large urban settlements and many smaller market towns and villages. While there are many examples of excellent care and thriving communities in Mid and South Essex, we also know there are people who struggle with their physical or mental wellbeing, who could benefit from more support to have a better quality of life.

With growth in our 1.2 million population expected to increase by 5% over the next five years and 15% in the next 20 years, there will be an ever growing demand for services, including for those people with more complex needs and multiple conditions. The largest increase is forecast among 75-79 year olds in the next five years and among the over 90 year old population by 2034.

How does NHS commissioning currently work in Mid and South Essex?

The five CCGs in Mid and South Essex are separate legal bodies with their own Governing Body structure. Each CCG has its own membership of local GP practices and a Governing Body with elected members from GP practices, lay members and senior management.

Two years ago, the CCGs began working together to commission some services across the whole area such as cancer care, hospital services and mental health.

Basildon and Brentwood CCG

HQ: Phoenix Court, Basildon

Patient population: 280,000

GP practices: 35

Primary Care Networks: 6

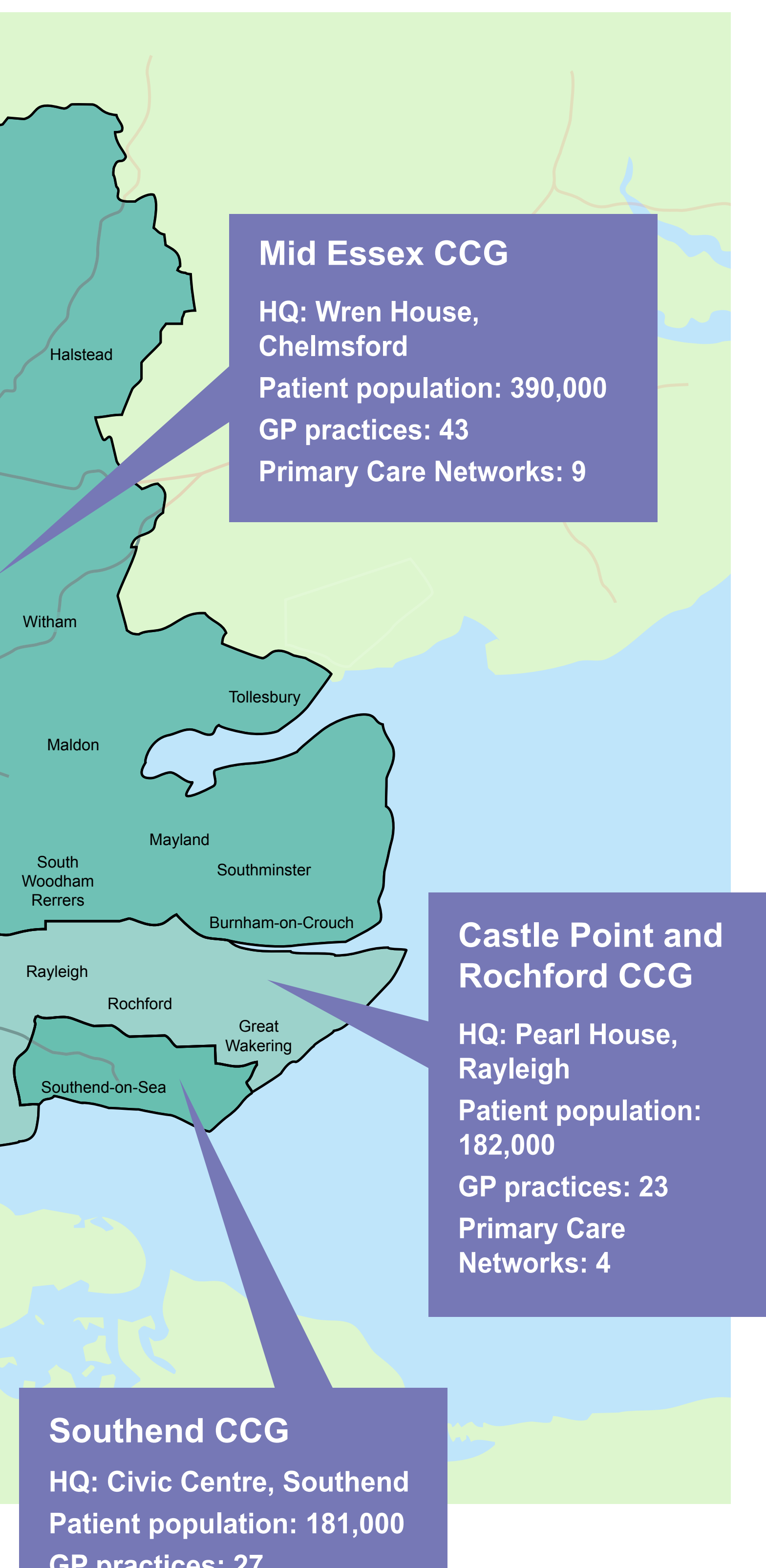
Thurrock CCG

HQ: Civic Offices, Grays

Patient population: 178,000

GP practices: 28

Primary Care Networks: 4



NHS organisations (including CCGs), the three local authorities and other health and care organisations also formed a partnership to work together on planning and improving health care services in Mid and South Essex. This partnership is known as the Mid and South Essex Health and Care Partnership (previously known as the Sustainability and Transformation Partnership or STP).

How might commissioning look in the future?

The five Governing Bodies from each CCG have made the decision to work on a formal merger application and to develop a single Joint Executive Team. This team will be headed by a single Accountable Officer instead of the four currently in place.

The new joint Executive Team will work on improving collaboration across health and care by moving towards an Integrated Care System model.

Integrated Care Systems bring together NHS, local authority, community and voluntary sector organisations to meet the needs of their population in a collaborative way. The ambition of the Mid and South Essex Health and Care Partnership is to become an Integrated Care System by April 2021 as set out in the NHS Long Term Plan.

One of our priorities in Mid and South Essex is on how we will deliver improved outcomes for our communities through our four emerging "places" – South East Essex, Thurrock, Mid Essex and Basildon and Brentwood. These areas will build strong, locally focused delivery plans to collaborate in the supply of health and care to meet the needs of local people.

Why do we need to make changes?

The NHS Long Term Plan was issued in January 2019 and sets out a vision for the NHS over the next 10 years and beyond. It states that, by April 2021, the NHS and our partners will be moving to create Integrated Care Systems (ICS) with primary and specialist care, physical and mental health services, and health with social care.

Our Integrated Care System would cover the area of Mid and South Essex. Below are some of the benefits that could be seen by merging into one organisation:

Benefits for patients:

- Patients and health care professionals have told us over the last few years that they want reduced waiting times, better access to community care, better mental health services and more of a focus on self-care and keeping communities healthy. We believe we will be better able to achieve these aims together.
- By having one CCG and one Governing Body we can spend less time and resources on management and focus more on improving services for the benefit of our residents.

Benefits for staff:

- Working together as one organisation will generate economies of scale and reduce duplication.
- Attracting and retaining staff by offering a broad range of opportunities within the Mid and South Essex Integrated Care System, supporting staff career progression.
- Create opportunities to work in a new way, making the best use of new technology and improve staff work-life balance.
- Provide more consistent leadership and direction for staff working across the Mid and South Essex Health and Care Partnership.

Benefits for partners:

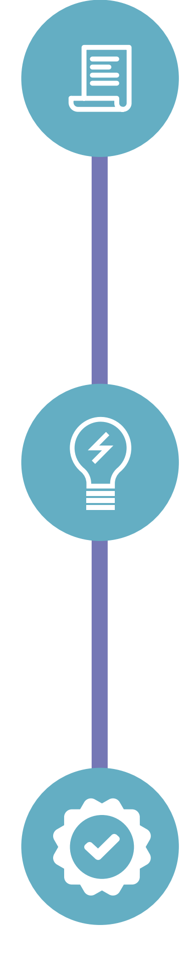
- Breaking down the barriers to joint working and paving the way for the Integrated Care System (ICS).
- Providing a single point of contact for organisations that work with us and a single vision for commissioning services.
- Support for existing partnerships and working relationships at place and neighbourhood levels.
- Ability to make commissioning decisions faster with only one decision making body for the whole of Mid and South Essex.

Financial benefits:

- NHS England and NHS Improvement require the running costs of CCGs to be reduced so that more money can be invested in patient care.
- Merging the CCGs will enable less money to be spent on management costs and create more time to work on the issues that really matter to our residents..

What are potential risks and concerns?

There are always risks and concerns with any organisational change; these must be managed properly. Some of this issues have been identified below.



Loss of local influence. This concern has been suggested by local partners and GPs, that a large organisation will not effectively be able to give proper consideration to local views. This will be addressed by the four place based offices, headed by a Managing Director who will feed into the one CCG. You can read more about this on pages 5 & 9. It will also be addressed by the commitment to continue our legal duty to involve and make decisions based on what's right for our population.

A year of change will divert attention from the real issues affecting our local health economy such as waiting times for treatment. The NHS Long Term Plan is an attempt at a national level to address known issues with NHS services. Ensuring there is better local organisation of NHS commissioning will help us purchase whole-population wide services more efficiently while still ensuring a local focus for commissioning services at a place-based level. Meanwhile our work continues in the current structure to ensure we get the best possible deal for our population.

Wouldn't reorganisation mean job losses and costs associated with this? The motivation for this change is not saving costs but better organisation and delivery of NHS commissioning. Our current structure of five CCGs is funded from within the running cost allowance provided to the CCGs which comes to £22.7 million in 2020/21; any new merged CCG would have the same running cost allowance as the current five CCGs. In a scenario of a single merged CCG there would be just one set of Executive Directors and one Governing Body. The savings on this could mean that the running cost allocation is available for other posts. For example this may include funding more GP time to support local commissioning initiatives or having more public involvement with the single Governing Body.

Why not keep five CCGs?

We have achieved positive changes as five, smaller CCGs since 2013 but decision-making across the 'wider system' is slow and expensive. Merging to one CCG would help us meet new demands and priorities needed to support our communities, while also meeting our financial challenge across the whole of Mid and South Essex.

We are keen to hear views on what the CCGs are currently doing well to guide us as we move forward into the future. Any decisions around a merger will make sure that the new organisation will maintain and build upon all the good working practices and relationships the five individual CCGs were able to achieve.

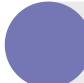
Do these proposals affect other NHS organisations or services?

This discussion document specifically concerns the five CCGs in Mid and South Essex. The proposals in this document do not directly affect any other NHS organisations or NHS services. For example, the proposals will not directly affect the medicines you receive.

We are seeking your views on the following changes

During early discussions among Governing Body members from all five CCGs in Mid and South Essex, there were two specific areas that needed to be addressed:

- Ensuring our work is focused both locally and also on the whole of Mid and South Essex.



- Ensuring our work continues to be clinically-led. This means local doctors and nurses leading our work and our decision making.

We believe these concerns can be addressed by:

Clinical Leadership

Ensuring there are clinicians drawn from our local areas, elected to the new Governing Body and providing leadership in the new CCG's work. Clinicians will be supported by lay members to ensure the views of patients are represented at the Governing Body.

Each place (Basildon and Brentwood, Thurrock, South East Essex and Mid Essex) will have a locality leader and local partnership group where health, council, voluntary sector and other partners work together to plan and deliver services in that local area. This is where strong, locally-focused decisions can continue to be made.

New “Primary Care Networks” (PCNs) have been developed across Mid and South Essex to bring GP services, community, mental health and social care teams closer together. Each Primary Care Network is clinically led and will be able to ensure local services are tailored to local need. There are 28 Primary Care Networks in total across Mid and South Essex.

For Local Services

Retaining local forums such as GP Clinical Committees and Cabinets and forums with member GP Practices to discuss CCG business - if GP Practices wish to do so.

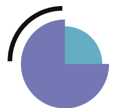
Our new management structure will include four Director level roles responsible for strengthening locality working and developing ‘places’ in Basildon and Brentwood, Mid Essex, South East Essex and Thurrock. All Primary Care Networks will belong to one of the four ‘places’.

We will continue to develop local place based engagement and involvement opportunities to ensure that patients have a strong voice and help to shape our strategies, plans and activity across the places we serve.

Local Visibility

Dedicated teams will work within our four ‘places’ across Mid and South Essex. Each team will build on existing strategies and plans to develop services in their area.

We would hold Governing Body meetings in public in different parts of Mid and South Essex so members of the public can attend as and where they wish.



Share your feedback with us

How long do I have to give feedback?

You can respond to this proposal over the period **14 February 2020 until 05 April 2020**.

How can I have my say?

If the CCG merger proceeds, it is important that we protect what is working well to ensure commissioning meets local needs.

As the Governing Bodies consider coming together, we want to hear from anyone who wishes to share their views on the proposals and ideas on what this will mean and how best a CCG merger could take place.

To give us your views please complete our online survey at:
www.surveymonkey.co.uk/r/midandsouthessexCCGs

Alternatively, to request a hard copy or another accessible format of the survey please email: thuccg.ccgtransformation@nhs.net, or call: 01375 365 810

There will be an opportunity to attend a public meeting in your CCG area in March and the dates for these will be confirmed on your CCG's website.

What happens next?

The deadline to give feedback on this proposal is 05 April 2020. All the comments and feedback will be reviewed by the present five CCGs to help inform the final proposals for a single CCG organisational structure and define the benefits to be delivered from this change. The final proposals for a single CCG together with the defined benefits will be sent out to the membership of the current CCGs to be voted on in the Summer 2020.

A merger application with the outcome from the membership vote will be put to the five CCG Governing Bodies for consideration and if supported submitted to NHS England and Improvement in September 2020.

NHS England and Improvement will make the final decision regarding the merger application and the future of the CCGs in Mid and South Essex sometime later in 2020. Their decision will be made public as soon as possible.

Clinical Commissioning Groups (CCG) are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

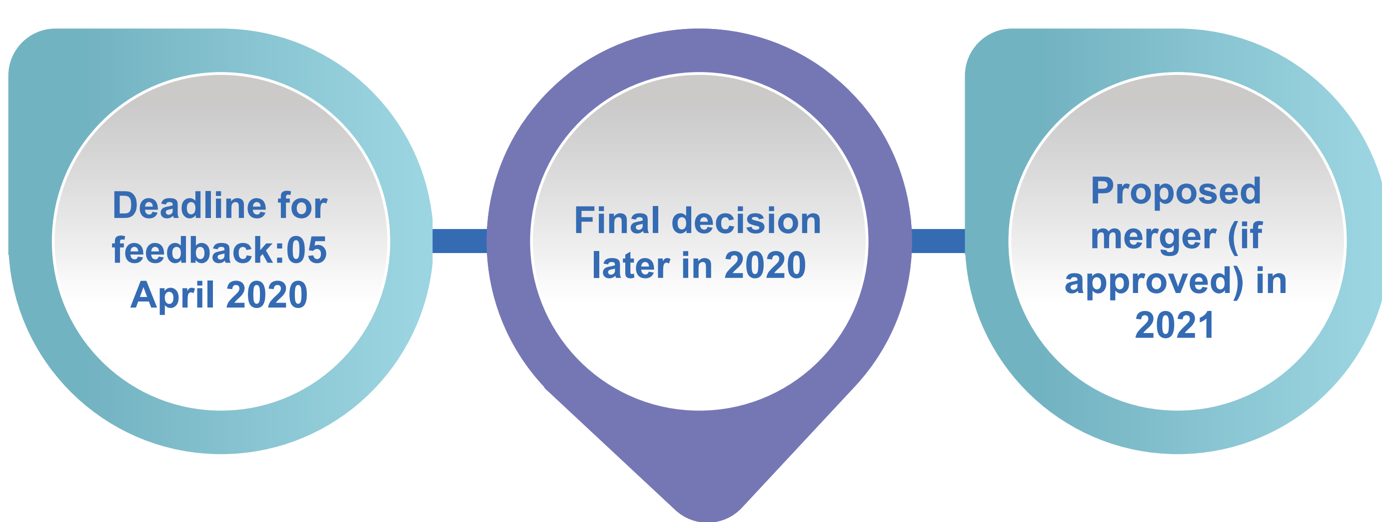
Integrated Care Systems (ICS) bring together NHS, local authority, community and voluntary sector organisations to meet the needs of their population in a collaborative way and, in some cases this involves pooling budgets.

The NHS Long Term Plan (**LTP)** sets out the main ambitions of the NHS and how it plans to meet the needs of the public into the future.

NHS England and Improvement is the organisation that leads the National Health Service (NHS) in England and is responsible for overseeing our commissioning activities.

Primary Care Networks (PCN) are a key part of the NHS Long Term Plan and bring together GP practices into a network, typically covering 30,000-50,000 patients. The networks will provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve.

Sustainability and Transformation Partnerships (STP) are areas covering all of England, where local NHS organisations and councils have shared proposals to improve health and care in the areas they serve. The STP in Mid and South Essex is now known as the Mid and South Essex Health and Care Partnership.



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اگر یہ دستاویز آپ کو دیگر کسی زبان یا فارمیٹ میں چاہیے ہو، تو براہ کرم ہماری پیشنٹ لیزان سروس **(PALS)** کے ساتھ ٹیلیفون نمبر **01245 459 459** پر یا بذریعہ ای میل thuccg.ccgtransformation@nhs.net رابطہ کریں۔

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दि आपको किसी अन्य भाषा या वैकल्पिक प्रारूप में इस दस्तावेज़ की आवश्यकता है, तो कृपया हमारी रोगी सलाह और संपर्क सेवा (PALS) 01245 459 459 पर संपर्क करें या thuccg.ccgtransformation@nhs.net पर ईमेल भेजें।

This document was produced by NHS Thurrock CCG on behalf of Mid and South Essex Health and Care Partnership.

5 March 2020	ITEM: 8
Health and Wellbeing Overview and Scrutiny Committee	
Specialist Fertility – Thurrock CCG	
Wards and communities affected: Thurrock Residents and those registered with a Thurrock GP.	**Key Decision:** HOSC are asked to note the changes to the Specialist Fertility Policy for Thurrock CCG.
Report of: Helen Farmer, Assistant Director of Integrated Commissioning Thurrock CCG	
Accountable Director: Ian Stidston Interim Director of Commissioning Thurrock CCG	
This report is for Public	

Executive Summary

Infertility is when a couple cannot get pregnant (conceive) despite having regular unprotected sex. Around 1 in 7 heterosexual couples in the UK may have difficulty conceiving. This is approximately 3.5 million people in the UK. About 84% of couples will conceive naturally within a year if they have regular unprotected sex. For couples who have been trying to conceive for more than 3 years without success, the likelihood of getting pregnant naturally within the next year is 25% or less.

The paper attached was presented and approved by Thurrock CCG Board and the new policy and criteria applied from the 1st April 2020. The paper provides a review of our local offer in context to the national and regional picture and concludes with considerations for Thurrock CCG Board members to in relation to amending the current policy.

The new policy outlines the offer for couples on the NHS which will be 2 cycles of IVF opposed to the current 3 IVF cycles. Thurrock CCG remains one of only 23% of CCGs offering 2 cycles with 62% offering 1 IVF cycle and recognises the importance and significant impact for those couples who require support with fertility.

The anticipated outcome would be greater clarity for service providers, consistency of approach within Thurrock and improvement to pre specialist intervention information and advice available for couples facing fertility concerns.

Local variations in treatment funding decisions are clearly undesirable, but there is little guidance at national level on the process of setting priorities for funding in regards to fertility. Development of policy which describes criteria and processes clearly will however provide and ensure consistency in decision making and approach for Thurrock residents.

Specialist Fertility – Thurrock CCG

A review of the current Specialist Fertility Policy and pathway for Thurrock CCG was initiated following a 45% increase in demand in Quarter 1-3 in 2018/19 leading to a predicted cost pressure of £96,978 by the end of the financial year and an indication that this trend would continue into the future.

The paper provides a review of our local offer in context to the national and regional picture and concludes with considerations for Thurrock CCG Board members to in relation to amending the current policy. The anticipated outcome would be greater clarity for service providers, consistency of approach within Thurrock and improvement to pre specialist intervention information and advice available for couples facing fertility concerns.

Specialist fertility is within the service restriction policy; currently the 5 Mid and South Essex CCGs have a wide variation in the specialist fertility offer for couples. Local variations in treatment funding decisions are clearly undesirable, but there is little guidance at national level on the process of setting priorities for funding in regards to fertility. Development of policy which describes criteria and processes clearly will however provide and ensure consistency in decision making and approach for Thurrock residents.

The review has taken the following into consideration:

- The national and local Mid and South Essex STP landscape
- Performance and activity data
- The experience within the local fertility clinic at BTUH.
- Review of other CCG approaches
- Evidence based practice
- Procurement of Specialist Service on an Mid and South Essex STP basis from April 2020.
- Guidance for CCGs in regards to fertility preservation has been issued from NHSE (May 2019)
- Commissioning Guidance for Fertility Treatment HFEA (June 2019)
- Fertility problems :assessment and treatment NICE Clinical Guidance 156 Feb 2013 (updated Sept 2017)

Introduction

Infertility is when a couple cannot get pregnant (conceive) despite having regular unprotected sex. Around 1 in 7 heterosexual couples in the UK may have difficulty conceiving. This is approximately 3.5 million people in the UK. About 84% of couples will conceive naturally within a year if they have regular unprotected sex. For couples who have been trying to conceive for more than 3 years without success, the likelihood of getting pregnant naturally within the next year is 25% or less.

Infertility is only usually diagnosed when a couple have not managed to conceive after a year of trying.

There are 2 types of infertility:
Primary infertility – where someone who has never conceived a child in the past has difficulty conceiving

Secondary infertility – where someone has had 1 or more pregnancies in the past, but is having difficulty conceiving again

Treatment for Infertility
Medical treatment – for lack of regular ovulation

Surgical procedures – such as treatment for endometriosis, repair of the fallopian tubes, or removal of scarring (adhesions) within the womb or abdominal cavity

Assisted conception – this may be intrauterine insemination (IUI) or in vitro fertilisation (IVF)

Risk factors
There are also a number of factors that can affect fertility in both men and women.

These include:
Age – female fertility and, to a lesser extent, male fertility decline with age; in women, the biggest decrease in fertility begins during the mid-30s

Weight – being overweight or obese (having a BMI of 30 or over) reduces fertility; in women, being overweight or severely underweight can affect ovulation

Sexually transmitted infections (STIs) – several STIs, including chlamydia, can affect fertility

Smoking – can affect fertility in both sexes: smoking (including passive smoking) affects a woman's chance of conceiving, while in men there's an association between smoking and reduced semen quality;

Alcohol – for women planning to get pregnant, the safest approach is not to drink alcohol at all to keep risks to your baby to a minimum; for men, drinking too much alcohol can affect the quality of sperm (the chief medical officers for the UK recommend men and women should drink no more than 14 units of alcohol a week, which should be spread evenly over 3 days or more)

Environmental factors – exposure to certain pesticides, solvents and metals has been shown to affect fertility, particularly in men

Stress – can affect your relationship with your partner and cause a loss of sex drive; in severe cases, stress may also affect ovulation and sperm production

Chances of success
The chance of a live birth following infertility treatment is consistent for the first three cycles of treatment, but the effectiveness after three cycles is less certain*

The most significant factor affecting the chances of a live birth following infertility treatment varies with female age and the optimal female age range for in vitro fertilisation is 23-39 years. Chances of a live birth per treatment cycle are:

- greater than 20% for women aged 23-35 years
- 15% for women aged 36-38 years
- 10% for women aged 39 years

- ➢ 6% for women aged 40 years or older*

*NICE: Fertility: assessment and treatment for people with fertility problems, 2013

Why Commission fertility treatment?

HFEA Commissioning Guidance 2019 identified the positive economic effect of commissioning fertility treatment and includes:

- Reduces rates of mental health issues relating to infertility in couples, and the costs associated with this
- Reduces the incidences of multiple births, which can be very costly to neonatal services and long term health and social care services
- Reduces reproductive tourism, where people travel abroad for fertility treatment, which often leads to health complications or multiple births absorbed by the NHS
- Generates long term financial gain, as the resultant child makes a significant contribution to the economy.

Current Pathway

NICE (CG 156) has recommendations on fertility treatments but it remains guidance with no national requirements to ensure parity therefore fertility treatment funded by the NHS and the eligibility criteria varies across the UK. It is the Local Clinical Commissioning Groups who have the responsibility for deciding on the local offer.

In 2017 there were around 54,700 patients who sought fertility treatment. There were approximately 70,000 cycles of IVF and around 5,500 cycles of donor insemination treatment. For IVF treatments, about 40% were funded by the NHS (compared to around 16% of DI treatments). (Human Fertilisation & Embryology Authority HFEA 2019).

Investigation, diagnosis and conservative treatments for infertility are routinely available on the NHS. Types of treatment available in primary and secondary care include:

- ➢ Advice on lifestyle changes to aid a natural conception such as weight loss and smoking cessation.
- ➢ Medical treatment for lack of regular ovulation.
- ➢ Surgical procedures – such as treatment for endometriosis.

If infertility is diagnosed, or after all treatments and recommended lifestyle changes have been tried and infertility remains unexplained, a referral to an Assisted Conception Unit for IVF / ICSI may be considered for assisted conception such as: In-vitro fertilisation (IVF) or Intracytoplasmic sperm injection (ICSI).

Where appropriate the GP may opt to refer a couple to the local NHS Consultant for routine investigations, treatments and surgery, for Thurrock the fertility clinic is part of the gynaecology service at BTUH. Once couples have gone through the primary and secondary care sub fertility pathways appropriate to individual cases and an NHS Consultant has deemed them clinically ready for IVF/ICSI the hospital facilitates an onward referral to an Assisted Conception Unit (ACU) where

the couple will complete their treatment. Staff locally assesses a couple's eligibility for NHS funding according to each CCG's eligibility criteria.

NHS East and North Hertfordshire manage the ACU Contract on behalf of the CCGs in the East of England. The CCGs have received notice from ENHCCG in regards to their role as host/lead commissioners and from April 2020 the contract will be managed by the Mid and South Essex STP. A re-procurement process has been initiated. Currently there are 5 ACU which couples can choose from and include:

- Bourn Hall Clinic
- Guys and St Thomas
- Centre for Reproductive and Genetic health
- Create health Clinic
- London Women's Clinic

Couples can research the provider websites for outcome details and seek impartial information about the clinics through the Human Fertilisation & Embryology Authority website www.hfea.gov.uk.

The majority of activity for Thurrock is at Borne Hall Clinic: There website published the following success rates (Dec 2018)

Treatment	Aged 37 and under	Aged 38 and above
IVF with ICSI day 5 Blastocyst transfer	50.0% (176/352)	34.7% (33/95)
IVF with day 5 Blastocyst transfer	57.9% (120/207)	32.0% (24/75)
All treatments (IVF, ICSI, IMSI, Eeva and Blastocyst transfer)	46.5% (355/763)	23.5% (77/327)

Mid and South Essex 5 CCGs criteria for the range of fertility processes and treatments vary considerably and reflect the national picture. This is illustrated in a recent survey by Fertility Network UK of IVF Cycles for Essex below (table A) and also provided context to the national picture across all CCGs in England table B. At the time of survey there were 208 CCGs in England.

Essex CCG Table A	IVF Cycles offered
Thurrock CCG	3
Castle Point and Rochford CCG	2
Southend CCG	1
West Essex CCG	1
Basildon and Brentwood CCG	0
Mid Essex CCG	0
North Essex Essex CCG	0

Table B National % of CCGs offering			
0 Cycles	1 Cycle	2 cycles	3 cycles
3.4%	62.0%	23%	11.5%

Alongside the number of IVF cycles and ICSI offer access criteria applied across areas vary. Criteria for consideration include risk factors, age, and residency, children within the relationship or previous relationships and criteria applying to couples rather than the individual undergoing fertility interventions.

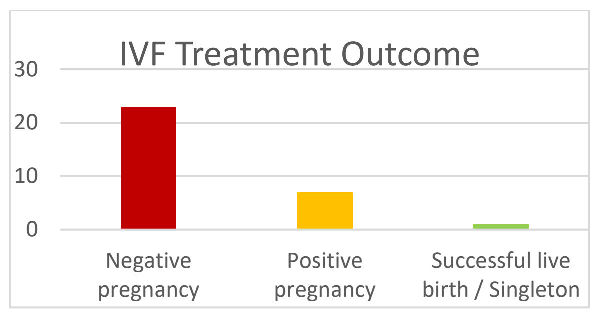
A summary of current criteria for assisted fertility can be found in appendix B.

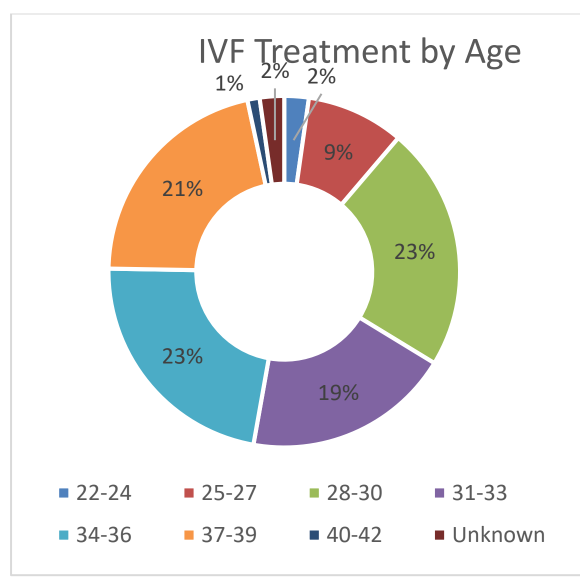
The review included discussions with the lead consultant and fertility team at BTUH and this highlighted a number of themes

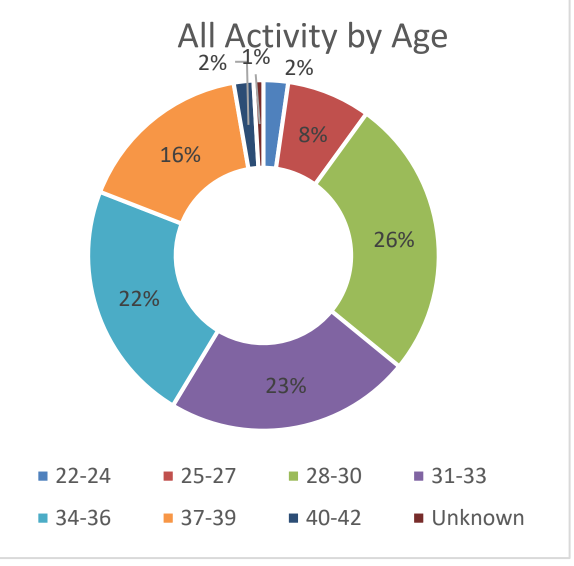
- Variation in criteria is confusing for both for frontline staff and couples. Implementing the effect of a 'post code' lottery in regards to criteria directly with service users the variation becomes acutely transparent.
- Criteria does not appear to have a consistent approach and Information for couples is of poor quality.
- BTUH staff often need to contact the SRP team for clarification.
- GP's do not routinely use the specialist referral template, although the service continues to accept.
- The BTUH team would be supportive of developing accessible information materials and resources for service users.

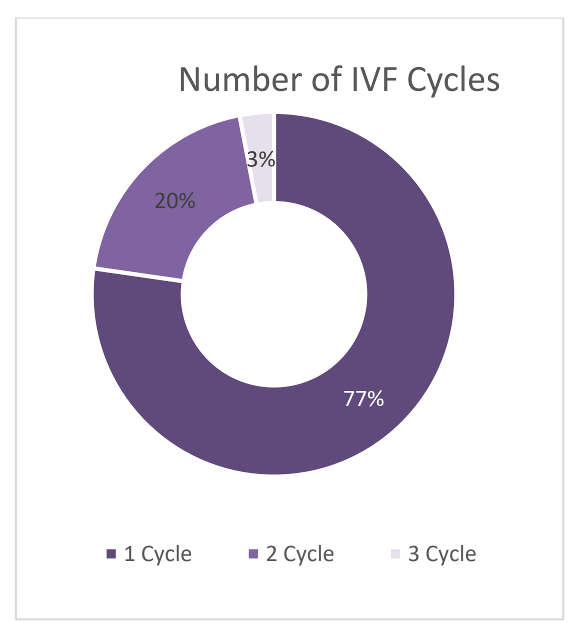
Finance and Performance

The data available from 5 Specialist fertility centres for Thurrock CCG has been presented in the graphs below. These illustrate the outcomes in respect of pregnancy, the age of the women undergoing IVF and fertility treatments and followed by the percentage of these women who have undergone I, 2 or 3 IVF cycles. There is caution regarding the data as this is not consistent in terms of times frames and details provided as providers vary in the quality of data submitted. However it does provide an indication of possible impact regarding changes to the criteria.









Cycles	No	%
1 Cycle	51	77%
2 Cycle	13	20%
3 Cycle	2	3%
	66	

Financial Information

The table below demonstrates the increase in expenditure for specialist fertility treatments; this includes a range of interventions. This shows an increase in expenditure for Thurrock of 38% in comparison to Southend and Castle Point and Rochford CCGs who both have shown a decrease of 11% and 4% respectively.

Bourne Hall and London Women Clinic have seen the greatest increase in activity for Thurrock.

The current tariff is set by the lead commissioners on behalf of the CCGs in the East of England, however NHS England have published benchmark prices (2019) table 1.2. This will inform the procurement but has a potential risk of increasing the cost pressure as there is a current variation in tariffs across the providers. Bourne Hall tariff is the highest this is in line with the average tariff reported across England (Fertility Network UK) whilst LWC is one of the lowest.

Thurrock

	2016/17		2017/18		2018/19	
Provider	**IVF Cycles**	**Cost (£)**	**IVF Cycles**	**Cost (£)**	**IVF Cycles**	**Cost (£)**
Create Health	1	£2,500	3	£7,500	6	£7,800
LWC	12	£34,500	16	£46,000	68	£111,775
Guys	13	£38,935	14	£41,944	1	£2,998
Bourn Hall	36	£120,173	21	£70,140	59	£126,870
CRGH	3	£10,050	6	£20,100	4	£8,400
Total	**65**	**£206,158**	**60**	**£185,684**	**138**	**£257,843**

Southend

	2016/17		2017/18		2018/19	
Provider	**IVF Cycles**	**Cost (£)**	**IVF Cycles**	**Cost (£)**	**IVF Cycles**	**Cost (£)**
Create Health	3	£7,500	4	£10,000	4	£4,000
LWC	7	£20,125	8	£23,000	10	£19,600
Guys	4	£11,980	13	£38,974	12	£20,042
Bourn Hall	40	£133,037	39	£130,260	42	£85,329
CRGH	8	£26,800	5	£16,750	32	£66,250
Total	**62**	**£199,442**	**69**	**£218,984**	**100**	**£195,221**

CPR

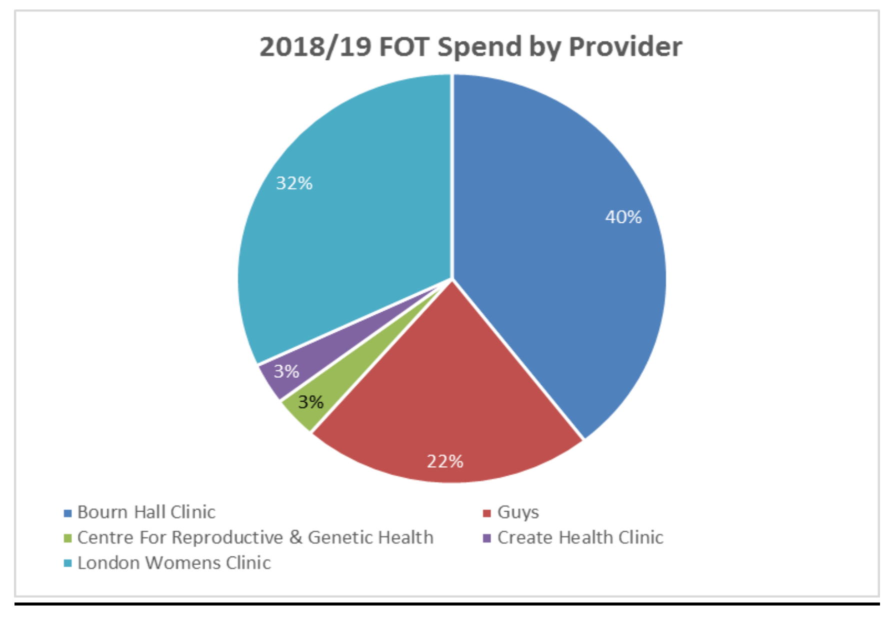
	2016/17		2017/18		2018/19	
Provider	**IVF Cycles**	**Cost (£)**	**IVF Cycles**	**Cost (£)**	**IVF Cycles**	**Cost (£)**
Create Health	1	£2,500	6	£15,000	4	£3,200
LWC	3	£8,625	7	£20,125	6	£7,850
Guys	2	£5,990	3	£8,994	11	£41,400
Bourn Hall	42	£138,961	36	£120,240	36	£73,540
CRGH	4	£13,400	3	£10,050	20	£41,400
Total	**52**	**£169,476**	**55**	**£174,409**	**77**	**£167,390**

Table 1.2 NHSE/I Bench Mark information 2019.These reflect bundled packages of care, rather than individual HRGs, which do not currently reflect all the elemnents of care.

Benchmark prices for IVF services					
IVF and intracytoplasmic sperm injection (ICSI)					
	Women aged 37 and under	Woman aged 38 or older, or previous non-responder			
IVF (price to include one fresh and one frozen cycle)	3,100	3,500			
ICSI (price to include one fresh and one frozen cycle)	3,500	4,000			
To include drugs, scans and all components of the service including freezing of gametes and embryos for 2 years from the point the woman is seen by the cons					
Subsequent frozen cycles	1,000	1,000			
To include average drug costs and all appropriate care in the service specification. There is no need to have age-differential prices for a frozen cycle.					

Current Specialist Fertility Provider Contract Tariffs

Package	Create Health	LWC	Guys	Bourn Hall	CRGH
In Vitro Fertilisation (IVF) with or without Intrcytoplasmic Injection (ICSI)	£2,500	£2,875	£2,995	£3,340	£3,350
Frozen Embryo Transfer	£500	£650	£677.70	£850	£750
Embryo/Blastocyst Freezing and Storage	£100	£400	£275	£200	£750
Surgical Sperm Recovery (Testicular Epididymal Sperm Aspiration (TESA)/Percutaneous Sperm Aspiration (PESA) including storage where required)	£500	£950	£1,575	£1,950	£950
Intrauterine Insemination (IUI) - Unstimulated	£450	£500	£958.50	£650	£700
Donor Oocyte Cycle	£3,500	£4,500	£4,915.80	£6,400	£4,000
Refunds for abandoned cycles	£700	£300	£2,995	£1,500	£2,500
Donor Sperm Insemination	£750	£900	£4,915.80	£4,150	£1,450
Egg Storage for Patients Undergoing Cancer Treatments	£2,000	£2,000	£927.90	£2,950	£4,000
Sperm Storage for Patients Undergoing Cancer Treatments	£150	£500	£927.90	£200	£750



Equality Impact assessment and Engagement

EQIA has been completed and attached for information. The EQIA has been completed and approved by the Quality team. This indicated a low level engagement approach.

The Director of Commissioning and Commissioner met with the patient representative which was a very informative conversation, exploring the need for improved information and support for women and partners and an acknowledgement that the specialist fertility offer needs to have greater clarity. There was also a discussion exploring how we could support reducing stigma and providing support for couples facing such challenges. The recent National Fertility Week and radio 2 Campaign has produced some effective approaches and materials to consider.

Although disappointed that Thurrock CCG were proposing changes to criteria around age and for those where couples have children either within their relationship or in previous partnerships there was an understanding regarding the challenges faced due to the variation in offer seen nationally.

EHIA.xlsx

<u>Considerations for Thurrock CCG Board Members</u>

1. Thurrock amends the current criteria and policy for Specialist Fertility treatments to reflect the detailed criteria in Appendix A.

Nb: A summary of some of the key differences to current criteria is set out in table 1.3

2. Thurrock CCG to work in partnership with the BTUH fertility team and local women and partners ambassadors to design and produce information which promotes fertility and informs couples about their fertility options.
3. The planned procurement for 2020 supports further development of advice and guidance opportunities for women and their partners.
4. If approved by the Board the recommendation is to implement within 4 weeks.
5. Thurrock is well known currently for the full 3 cycle offer this change may attract negative publicity.

Table 1.3 Criteria	Thurrock Proposal	Current Thurrock Criteria	Rationale for change	CP&R CCG	Southend CCG.
Criteria Application	Criteria applicable to the couple	Individual women receiving IVF	Stable relationship/ cohabit	Couple	Couple
Age range	23-39 (39+ 364 days)	Up to 42	Optimum fertility age range Success rate reduces to 6% over the age of 40 Low activity in regards to women in the 40-42 age range.	Up to age of 42	Up to the age of 40
Infertility	2 years of infertility	2 years of infertility	NICE Guidelines 'A women of reproductive age who has not conceived after one year of unprotected vaginal sexual intercourse, in the absence of any known cause of infertility, should be offered further clinical assessment and investigation along with her partner (NICE Clinical Guideline 156)'.	3 years	3 years

Family	Children in the current relationship or previous relationships including adoption.	No current criteria	Alignment with other CCG areas		
Intra uterine Insemination IUI	3 cycles of IUI	12 Cycles	Alignment	12 self funded	12 self funded
IVF Cycle	2 Cycle IVF Move to CCG definition of the IVF Cycle	3 Cycles of IVF	CCGs in England : 1 Cycle 62% of CCGs 2 Cycles 23% 3 Cycles 11.5% Activity 1 cycle 77% 2 cycles 20% 3 cycles 3 %	<40 yrs 2 cycles 40-42 yrs 1 cycle	<40 1 cycle
Donor Gametes	Funding for one batch(5)	unlimited	Alignment		

Appendix A

ELIGIBILITY CRITERIA

All couples must be registered with a General Practitioner within the boundaries of the CCG and be eligible for NHS treatment. The couple with the identified fertility problem must be registered with a Thurrock CCG GP practice and live within Thurrock council boundary that or, if unregistered, their usual place of residence is within the Thurrock CCG boundary. The period of residence in Thurrock CCG/Council boundaries must be a minimum of 12 months.

Patients whose sperm or eggs have been stored prior to chemotherapy or radiotherapy will be entitled to NHS funded infertility treatment provided they meet the eligibility criteria.

- Couples should be living together.
- The partner who is to receive treatment must be aged between 23 and 39 years old (up to 39 years and 364 days) at the time of treatment
- Couples who have been diagnosed as having a male factor or female factor problems or have had unexplained infertility for at least 2 years, taking into consideration both age and waiting list times.
- Persons aged less than 23 years old will be considered for treatment where medical investigations have confirmed that conception is impossible without fertility treatment, e.g. following unsuccessful fallopian tube surgery.
- The female partner should not have had any previous NHS funded attempts at IVF or ICSI and not more than three NHS funded attempts at IUI
- Women will only be considered for treatment if their BMI is between 19 and 30 (Kg/m2) Women with BMI >30 should be referred to the appropriate obesity management pathway.
- Men with a BMI of >35 will not be considered for treatment and should be referred to appropriate obesity management pathway.
- Couples should be non-smoking at the time of treatment. Couples who smoke should be referred to smoking cessation service.
- IVF cannot be used as a substitute for reversal of sterilisation.
- There are no problems with signing a form concerning the welfare of the child.
- There must be no other medical problems making the chance of success less than 20%
- This service will only be available at agreed providers and will include all clinically prescribed drugs.
- Fertility treatment will only be offered to couples where the following two criteria are met: a) where there are no living children in the current relationship b) where neither partner has children from previous relationships. This includes any adopted child within their current or previous relationships.
- If 3 or more IVF cycles have been funded privately (a cycle defined as stimulation and egg collection) then couples would not be eligible for NHS funded IVF.

- No individual (male or female) can access more than the number of NHS funded fertility treatments under any circumstances, wherever funded, even if they are in a new relationship
- If the treating clinician believes there are exceptional circumstances an application can be made to the Individual Funding Request Team for consideration. Only clinically exceptional cases will be considered by an IFR Panel.
- Eligible Couples will be offered: 3 cycles of IUI, and/or 2 full cycles of IVF+/-ICSI (CCG definition of a full cycle)

Surrogate Pregnancy

The implications of a number of important legal points related to surrogate pregnancy mean that fertility treatment involving a surrogate mother will not be funded.

Same Sex Couples

As a consequence of the above legal opinion related to surrogacy, assisted conception for couples where both partners are male will not be funded by Thurrock CCG.

Where both partners are female, funding can be provided as long as the relevant criteria above are met. Infertility needs to be demonstrated in the partner who is seeking to become pregnant; that partner has to have undergone at least six rounds of self-funded IUI, but should not have had more than two previous attempts at IVF or ICSI (either NHS or privately funded).

If six cycles of privately funded IUI have been unsuccessful, the couple will be eligible for one NHS funded cycle of IVF or ICSI.

A final criterion for these couples is that they meet the HFEA requirements for parenthood and that both partners consent to be parents of the child. The HFEA guidance and a suitable statement for both partners to sign are available on request

Single Women

Funding of assisted conception for single women is not available in Thurrock CCG.

Definition of one full cycle:

The CCG defines a full cycle (which is different to the NICE definition) as up to one fresh and one frozen embryo transfer. This will include the cost of freezing and storage. For patients who do not achieve a live birth with the fresh embryo transfer, the CCG will also fund the transfer of one frozen embryos. The age of mother at the time that the embryos are frozen is required to be within the age limits set out in the policy. This also applies to the age at transfer.

Donor Gametes - Egg Donation/Donor Insemination

The CCG will fund up to one batch (usually 5) of donor oocytes. Where more than two viable embryos are generated the CCG will only fund the transfer of up to two in line with the rest of the policy. Any remaining embryos will be subject to the same criteria as if the oocytes were the couple's own.

The CCG will fund one batch of donor sperm.

Sperm Washing (for HIV and Other Viral Infections)

Sperm washing is not a treatment for infertility and therefore is not covered by this policy. NICE guidelines should be followed.

FERTILITY PRESERVATION TECHNIQUES

The following preservation techniques: semen cryostorage, oocyte cryostorage, embryo cryostorage, will be funded by Thurrock CCG in the following circumstances:

- Where a man or a woman requires urgent medical or surgical treatment that is likely to have a permanent harmful effect on subsequent sperm or egg production. Such treatment includes radiotherapy or chemotherapy for malignant disease
- It is important to note that the eggs are extracted for cryostorage using drugs and procedures of egg collection normally used for assisted conception; therefore the funding includes assisted conception drugs and procedures as well as the storage costs. This will not progress to IVF/ ICSI or any other assisted conception procedures to form an embryo in these cases, unless this is sought separately later through the assisted conception pathway.

Note:

- Women should be offered oocyte or embryo cryostorage (without simultaneous assisted conception treatment) as appropriate if they are well enough to undergo ovarian stimulation and egg collection, provided this will not worsen their condition and that sufficient time is available.
- Women preparing for medical treatment that is likely to make them infertile should be informed that oocyte cryostorage has very limited success, and that cryopreservation of ovarian tissue is still in an early stage of development and is not funded.

Storage

If agreed, will be funded for five (5) years. The HFEA would grant a license to cryostore oocytes for ten years. The further extension up to ten years can still be offered to the patient but as a self-funded process.

- Will not be available where a man or woman chooses to undergo medical or surgical treatment whose primary purpose is that it will render her infertile, such as sterilisation.

- Will not be available where a man or woman requests cryostorage for personal lifestyle reasons, such as wishing to delay trying to conceive.
- Following a successful pregnancy and live birth NHS funding will cease for storage.
- NHS Funding for storage will cease after completion of all NHS funded treatment

Post-storage Treatment

Funding of assisted conception treatments will be made available on the same basis as other patients who have not received NHS funded storage i.e the eligibility criteria for assisted conception treatment, IVF+_ICSI and embryo transfer will be applied as it in in force at the time the IVF+_ICSI and embryo transfer is requested.

Once the period of NHS funding ceases, patients can elect to self-fund for a further period, not to exceed appropriate HFEA regulations on length of storage.

Sperm, Embryo or Oocyte Cryostorage

Funding for fertility preservation will be offered to patients who have a disease or a condition requiring urgent medically necessary treatment that has a significant likelihood of making them infertile and those whose medical treatment may compromise fertility.

The following fertility preservation methods will be considered for funding:

- Sperm retrieval and cryo-storage
- Ovarian stimulation, egg collection and either egg or embryo cryo-storage

Suitable embryo's that are not transferred in IVF/ICSI cycle - Storage will be funded for a minimum period of one (1) year.

M&SECCGs will fund storage of embryo, eggs and sperm:

- until the age of 25 if harvested before 20th birthday
- for 5 years if harvested between 20th and 38th birthday

until 43rd birthday if harvested after the age of 38

People who move out of area during treatment

Anyone who moves out of the CCG's boundary or deregisters from their Thurrock CCG GP practice will no longer be eligible for funding; this will be the case even if they are mid treatment. The CCG will fund cryostorage for any gametes or embryos for three months after move out of boundary / deregistration from Thurrock CCG GP practice, whichever comes first. If the affected patient's (s') new CCG does fund storage then storage maybe self-funded. If funding is not agreed after 3 months

(or the CCG is not contacted with exceptional circumstances before the 3 months have elapsed) the gametes / embryos will be allowed to perish.

References

National Institute for Health and Clinical Excellence. NICE Clinical Guidelines 156: Fertility: Assessment and treatment for people with fertility problems, February 2013.

Badawy SZ, Lopez A, Sarkar S, Dye T. *Cumulative Pregnancy Rates and Probability of Pregnancy in Various Indications for Intrauterine Insemination*. Arch Androl. 1996 Nov -Dec;37(3):171-7.

Cohlen BJ, Vandekerckhove P, te Velde ER, Habbema JD. *Timed intercourse versus intra-uterine insemination with or without ovarian hyperstimulation for subfertility in men.* Cochrane Database Syst Rev 2000;(2):CD000360.

Department of Health. *Regulated Fertility Services: A commissioning aid.* June 2009
Kanani N. *A Review of ICSI: Indications, Cost Effectiveness and Safety.* NHS Bromley, June 2010

van Rumste MM, Evers JL, Farquhar CM, Blake DA. *Intra-cytoplasmic sperm injection versus partial zona dissection, subzonal insemination and conventional techniques for oocyte insemination during in vitro fertilisation.* Cochrane Database Syst Rev. 2000;(2):CD001301.

NICE Guidance (CG 156, Feb 2013) have been noted but, due to resources prioritization, assisted conception will continue to be funded according to the current criteria.

Cheshire and Merseyside Speci lalised Services Commissioning team Addendum to the Cheshire and Merseyside fertility Policy. May 07 Appendix 1 Legal Advice from Hill Dickenson

Surwar U. Fertility treatment for single women and same sex couples. SE London and Public Health Acute Commissioning Group. June 2011

Stonewall Guidance Fertility

Commissioning guidance for fertility treatment HFEA 2019

Appendix B
Assisted Conception Criteria

Basildon & Brentwood CCG

No longer fund Assisted Conception

Castle Point & Rochford CCG

Unexplained infertility for **3 years** or more of regular intercourse or an equivalent 12 self-funded cycles of artificial insemination over a period of 3 years.
There is no criterion for cases with a diagnosed cause of infertility.

Women <40yrs – **2 full cycles**. If the woman reaches the age of 40 during treatment, complete the current full cycle but do not offer further full cycles.

Women 40-42yrs – **1 full cycle** if the following 3 criteria is met:-

- Never previously had IVF treatment
- No evidence of low ovarian reserve
- There has been a discussion of the additional implications of IVF and pregnancy at this age

THE COUPLE SHOULD BE REGISTERED WITH A GP IN CASTLE POINT & ROCHFORD CCG FOR 3+ YEARS.

Southend CCG

Unexplained infertility for **3 years** or more of regular intercourse or an equivalent 12 self-funded cycles of artificial insemination over a period of 3 years.
There is no criterion for cases with a diagnosed cause of infertility.

Women <40yrs who meet all eligibility criteria will be eligible for funding of **1 full cycle** of IVF.
If the women reaches the age of 40 during treatment, the cycle will be completed.

IVF for women aged 40 years and over **will not be funded** by the CCG.

THE COUPLE SHOULD BE REGISTERED WITH A GP IN NHS SOUTHEND CCG FOR 12+ MONTHS.

Thurrock CCG

Unexplained infertility for **2 years** of regular unprotected intercourse.

In women <40 years who have not conceived after **2 years** of 12 cycles of IUI are eligible for **3 cycles** of IVF.

Women 40-42 who have not conceived after **2 years** or 12 cycles of IUI – offer **1 full cycle** with or without ICS if the following 3 criteria is met:

- Never previously had IVF treatment
- No evidence of low ovarian reserve
- There has been a discussion of the additional implications of IVF and pregnancy at this age

THE PERSON WITH THE IDENTIFIED FERTILITY PROBLEM MUST BE REGISTERED WITH A THURROCK CCG GP AND LIVE WITHIN THAT BOUNDARY FOR 12+ MONTHS.

IF THEY ARE UNREGISTERED AT ANY GP SURGERY - THEIR USUAL PLACE OF RESIDENCE MUST BE WITHIN THE THURROCK CCG BOUNDARY AND HAVE BEEN RESIDENT FOR 12+MONTHS.

5 March 2020	ITEM: 9
Health and Wellbeing Overview and Scrutiny Committee	
Post 18 Autism Support Service	
Ward: All	**Key Decision:** Key
Report of: Catherine Wilson, Strategic Lead Commissioning and Procurement Adults Housing and Health and Children's Services	
Accountable Assistant Director: Michele Lucas, Education and Skills	
Accountable Director: Roger Harris, Corporate Director Adults, Housing and Health and Interim Director Children's Services	
This report is Public	

Executive Summary

Adult Social Care and Education have undertaken significant work to establish the options available to deliver support to young people aged 18 to 25 with Autism and behaviour that challenges services. With the advent of the Autism Act 2014, our local Autism Action Plan and our Preparing for Adulthood Strategy 2019-2022 it is clear that community and service response require significant development.

Our local specialist school Treetops has implemented a well-respected approach to supporting and educating young people with Autism and challenging behaviour. The approach, Applied Behaviour Analysis and Positive Behaviour Support (ABA), is one that delivers individualised methods of teaching. This approach supports all aspects of learning and everyday life designed to reinforce patterns of behaviour that are positive reducing behaviour that challenges.

To test the requirements a pilot was developed for a local service and based on the positive outcomes of that pilot a service has been designed to offer a local provision.

Adult Social Care and Education are now in a position to tender for a Framework to deliver ABA services within Thurrock.

1. Recommendation(s)

1.1 That Health and Wellbeing Overview and Scrutiny Committee are aware that the tender is progressing to establish a Framework Agreement for a Post 18 Autism Support Service for Thurrock.

1.2 That Health and Wellbeing Overview and Scrutiny Committee have the opportunity to comment on the tender.

2. Introduction and Background

2.1 Adult Social Care and Education has recognised the need for a local Post 18 Autism Support Service for young people aged 18 to 25 who would otherwise be at risk of being placed in expensive out of borough residential care.

Autism is a lifelong developmental disability and although some people can live relatively independently, others have highly complex needs requiring a lifetime of specialist care and support.

2.2 Each young person will requires a bespoke care package to suit their individual needs, where it suits them best including in the community, family home or in young people's own homes.

2.3 Provision will support young people in learning life skills to prepare and transition into adulthood and will enable them to remain in their local community living semi independently or potentially, independently.

2.4 The population of young people aged 18 to 24 years old in Thurrock identified on the Autistic Spectrum in 2019 is 130 projected to grow to 158 young people by 2030.

This equates to an increase of 22% or about 28 young people therefore demand for provision is likely to continue to grow, reflecting an increasing population of young people in Thurrock diagnosed on the Autism spectrum.

The population may rise further with planning permission for a third specialist school in Thurrock, in addition to Treetops and Beacon Hill Academy as more families may move into the borough.

2.5 It is projected that up to 10 young people a year will require access to the Post 18 Autism Service. The cost of provision to each young person will be divided between Education and Adult Social Care based on the needs of the young person and the type of provision delivered to each individual.

2.6 The transitions panel will monitor and agree the young people eligible for provision each year and inform decisions regarding directorate financial contributions for each young person.

2.7 The pilot project for Post 18 Autism Support in Thurrock has been delivered by a local provider based in the community and they have delivered the existing provision since September 2017.

2.8 The criteria for participation in the pilot included young people with a diagnosis of autism being able to move on and live semi independently, or

independently, with appropriate support. These young people had very high levels of need and also had behaviour considered challenging to services.

2.9 The aim of the 2 year pilot was to devise, develop and implement a programme that would:

- Teach skills needed for individuals to be as independent as possible;
- Teach procedures that are systematically implemented by a Board Certified Behaviour Analysist devising each individuals programme and training staff to implement that programme;
- Collate data which is monitored weekly to ensure the effectiveness of the programme and that each individual is making progress; and
- Use errorless teaching increasing functional skills reinforcing positive behaviours and decreasing behaviours that prevent individuals from accessing the community.

2.10 The pilot has provided evidence of need and demonstrated the following successful outcomes:

- Increased skills to participate in community and lifestyle activities with reduced support;
- Increased community activities and participation including work experience and traveling to destinations on public transport;
- Reduction in challenging behaviours;
- Successful healthcare visits and medical examinations and procedures;
- Collaborative working with parents / carers and medical teams; and
- Successful transitions from the 2-year pilot programme into supported living accommodation.

2.11 The approach used by the provider with young people accessing their service is the Applied Behaviour Approach (ABA). This has been the most common based approach used in Thurrock including within specialist education provision however we recognise that there are other approaches e.g. Positive Behavioural Support (PBS) that might be delivered.

2.12 Existing Post 18 educational support for young people with a diagnosis on the Autistic Spectrum in Thurrock includes provision of two specialist schools; Treetops and Beacon Hill Academy with planning permission for a further specialist school.

2.13 Additionally, Post 18 educational support in Thurrock is provided at Palmer's Campus USP College, South Essex College and Thurrock Adult Community College (TACC).

2.14 Further specialist educational support not delivered at school is provided by Olive AP Academy.

2.15 The educational element of provision will support learning and development post 18 together with a social aspect to support the development of life skills.

2.16 Education, Health and Care Plan's (EHCP) that young people will have will identify education, health and social care needs beyond 18 and will remain in place, if required, until the young person reaches the age of 25.

2.17 The provider will work within the parameters of Thurrock's Autism pathway and the Preparing for Adulthood Strategy 2019-2022.

3. Issues, Options and Analysis of Options

3.1 **T**here is a lack of specialist support in the borough for young people with autism and additional disabilities with behaviours that challenge services. This has resulted in these young people being placed in expensive out of borough residential care away from local support networks and their communities.

It is important to consider that the potential providers are able to deliver varying approaches but must be familiar with the Applied Behaviour Approach (ABA) as young people accessing this service from Thurrock will be most familiar with this approach.

It is imperative that the approach offered to young people and their parents/ carers and families, is person centred and bespoke to each young person. We acknowledge approaches offered by a potential provider may differ from ABA.

It is important in establishing a Framework that a responsive service is delivered allowing a number of expert providers to be sourced to deliver specialist approaches to meet the needs of each young person.

4. Reasons for Recommendation

4.1 To ensure that Health Overview and Scrutiny Committee are aware that Thurrock Council are commissioning a Post 18 Autism Support Service for young people aged 18 to 25 with a diagnosis of autism and disabilities that challenge service responses.

4.2 To ensure that Overview and Scrutiny Committee have the opportunity to comment on the tender process.

5. Consultation

5.1 Professionals

5.1.1 Consultation with key stakeholders has been undertaken, including but not exhaustive of:

- Childrens Social Care colleagues;
- Adults Social Care colleagues;

- Thurrock Adult Community College (TACC);
- Specialist Schools - Treetops and Beacon Hill Academy;
- Autism Action Group (AAG) and
- Community and Voluntary Sector (CVS).

5.1.2 A joint Thurrock Childrens and Adult's commissioning market engagement event was held in October 2019.This event was advertised via Eventbrite. Additionally, the event was sent to colleagues in Essex County Council and London Borough authorities asking for awareness of the event to be raised via their networks and commissioned providers.

5.1.3 The event was successful with 10 organisations attending and expressing an informal interest in the delivery of community based Post 18 Autism Services in Thurrock.

5.1.4 A number of these providers deliver services similar to the existing pilot provision. They engaged at the event in a dialogue about delivering innovative approaches and bespoke care packages to each young person and their family/carers within the principles of wellbeing and place based commissioning.

5.1.5 Feedback from the event has informed the development of the service specification.

5.2 **Public**

5.2.1 There is an opportunity to ensure that we co-design provision with young people, parents/carers and their families.

5.2.2 Consultation are being carried out in partnership with our operational colleagues in Children's and Adult's Social Care including our Preparing for Adulthood colleagues.

5.2.3 This will be undertaken using a variety of communication methods, including but not exhaustive of:

- Meetings;
- Telephone;
- Email; and
- Questionnaire.

5.2.4 This is to ensure that people with lived experience of autism and their parents/carers and families can contribute to the development of services. Feedback from young people, parents/carers and families will inform further development of the service specification.

5.3 **Tender timeline**

5.3.1 It is estimated that the tender will be published in late March 2020 with the contract award scheduled in late May to early June 2020.

5.3.2 The contract mobilisation period is scheduled to start from the 1st August 2020.

6. Impact on corporate policies, priorities, performance and community impact

6.1 The delivery of the Post 18 Autism Service outlined in this report impact the following Council Priorities:

- **People** – a borough where people of all ages are proud to work and play, live and stay; and
- **Prosperity** – a borough, which enables everyone to achieve their aspirations.

7. Implications

7.1 **Financial**

Implications verified by: **David May**

Strategic Lead Finance

Eligibility for this service will be determined by an Education Health and Care Plan (EHCP) assessment. EHCP's are funded from a combination of Social Care, Health and the Dedicated Schools Grant depending on the specific requirements of each plan. This service is an increase over current provision but represents increased value for money and the minimisation of external high cost provisions. The increase in budget from 2021/22 will need to be prioritised from existing budgets and demographic growth.

7.2 **Legal**

Implications verified by: **Courage Emovon**

Strategic Lead / Deputy Head of Legal Services / Deputy Monitoring Officer

The Care Act 2014 provides a legal framework for Adult Social Care and places a legal duty on Council's to promote people's wellbeing. The Council must comply with the provisions of the Public Contract Regulations 2015 and the Council's Contract Procedure Rules in the proposed procurement of a post 18 Autism Support Services.

7.3 **Diversity and Equality**

Implications verified by: **Natalie Smith**

Community Development and Equalities Manager

The service outlined within this report will provide support to some of the most vulnerable young people in Thurrock and is intended to prevent these young people from being placed in out of borough, expensive residential care.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder, or Impact on Looked After Children)

N/A

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

N/A

9. Appendices to the report

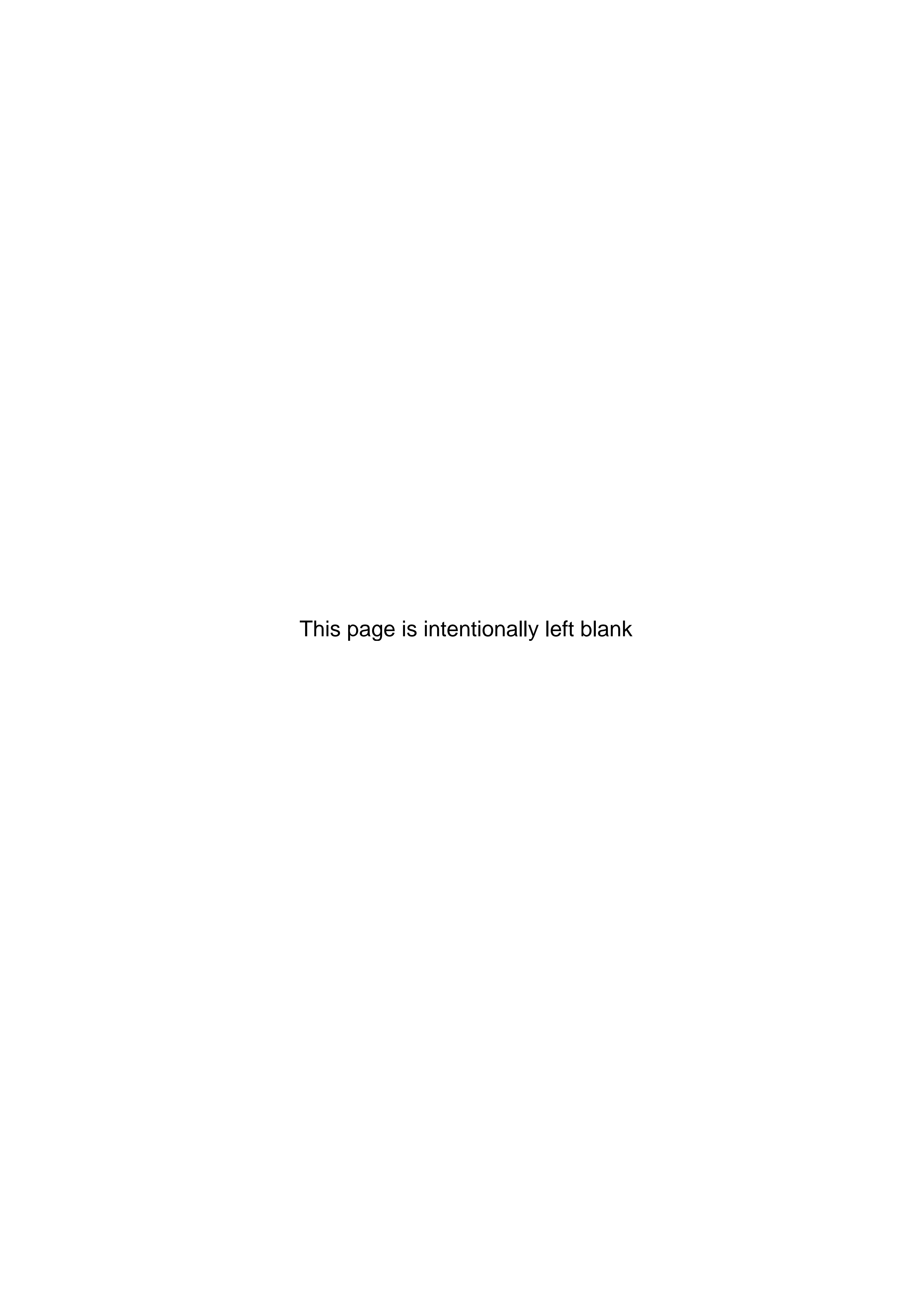
N/A

Report Author:

Allison Buchanan

Children's Commissioner

Children's Services



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Health Overview & Scrutiny Committee
Work Programme
2019/2020

Dates of Meetings: 13 June 2019, 5 September 2019, 7 November 2019, 23 January 2020, 5 March 2020

Topic	Lead Officer	Requested by Officer/Member
13 June 2019		
HealthWatch	Kim James	Officers
Mid & South Essex Sustainability and Transformation Partnership (STP)	Roger Harris / Mandy Ansell	Officers
Targeted Lung Health Checks Programme	Mandy Ansell / Sam Brown	Officers
Primary Care Networks – Presentation Only	Mandy Ansell / Rahul Chaudhari	Officers
5 September 2019		
HealthWatch	Kim James	Officers
24-7 Mental Health Emergency Response and Crisis Care Service	Mark Tebbs	Members
Mid & South Essex Health & Care Partnership Update	Mandy Ansell / Roger Harris	Officers
Whole Systems Obesity Strategy Delivery and Outcomes Framework	Faith Stow	Officers
Reduction of Thurrock Clinical Commissioning Group 2019-20	Roger Harris / Ian Wake	Officers
Primary Care Networks	Mandy Ansell / Rahul Chaudhari	Members
2018/19 Annual Complaints and Representations Report – Adult Social Care	Lee Henley	Officers
7 November 2019		

HealthWatch	Kim James	Officers
Flash Glucose Monitoring Report	Mandy Ansell	Members
Sexual Violence and Abuse Joint Strategic Needs Assessment	Ian Wake / Maria Payne / Sareena Gill	Members
Targeted Lung Health Checks Programme	Mandy Ansell / Sam Brown	Officers
Charging Review Adult Social Care Services 2020/21	Roger Harris / Catherine Wilson	Officers
Library Peer Challenge Report	Natalie Warren	Officers
Verbal Update on CCG Merger and Accountable Officer	Roger Harris / Mandy Ansell	Officers
23 January 2020		
HealthWatch	Kim James	Officers
Adult Social Care - Fees & Charges Pricing Strategy 2020/21	Roger Harris	Officers
Services for People with Personality Disorders/ Complex Needs	Mark Tebbs	Officers
Thurrock Health and Social Care Transformation Prospectus	Ceri Armstrong	Officers
Verbal Update on CCG Merger and Single Accountable Officer	Roger Harris / Mandy Ansell	Officers
Verbal Update on Targeted Lung Health Checks	Mandy Ansell / Sam Brown	Members
5 March 2020		
HealthWatch	Kim James	Officers
Update on CCG Merger and Single Accountable Officer	Roger Harris / Mandy Ansell	Officers
Post 18 Autism Support Service	Catherine Wilson	Officers
Orsett Hospital Task and Finish Group Update Report	Roger Harris	Members

Proposed changes to Clinical Commissioning Groups in Mid and South Essex	Roger Harris	Members
Specialist Fertility – Thurrock CCG	Helen Farmer	Officers
Targeted Lung Health Checks Verbal Report	Mandy Ansell	Members

Further reports (date to be agreed):

- Integrated Medical Centres

Reports for 2020/21:

- Update on the Whole Systems Obesity Strategy Delivery and Outcomes Framework
- Personality Disorders and Complex Needs Report
- Update on Cancer Waiting Times
- Case for Change 2

Clerk: Jenny Shade
Last Updated: January 2020

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