Health and Social Care Scrutiny Sub-Committee Agenda

To: Councillor Carole Bonner (Chair)
Councillor Margaret Mead (Vice Chairman)
Councillors: Kathy Bee, Sean Fitzsimons, Andrew Pelling and Andy Stranack

Reserve Members: Councillors: Sue Bennett, Pat Clouder, Bernadette Khan, Manju Shahul-Hameed, James Thompson and David Wood

Non Voting Co-opted HealthWatch Croydon Member (Vacant).

A meeting of the **HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE** which you are hereby summoned to attend, will be held on **Tuesday 21st March 2017** at **6:30pm** in **Council Chamber, Town Hall, Katharine Street, Croydon, CR0 1NX**

JACQUELINE HARRIS-BAKER
Acting Council Solicitor and Acting Monitoring Officer
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www.croydon.gov.uk/agenda
16 March 2017

PRE MEETING FOR COMMITTEE MEMBERS ONLY:
Committee Room F4 at 6.00pm
Committee Members are expected to attend

If on the day you are delayed or unable to attend please contact x 62317 or the Town Hall Reception Desk direct on 0208 760 5525.

Members of the Public are welcome to attend this meeting. If you require any assistance, please contact the Scrutiny Team as detailed above.

AGENDA - PART A

1. Apologies for absence

2. Minutes of the Last Meeting
(a) 8 December 2016
(b) 17 January 2017 (Page 1)

to agree the minutes of the meeting held on 8 December 2016 and 17 January 2017

3. Disclosure of Interest

In accordance with the Council's Code of Conduct and the statutory provisions of the Localism Act, Members and co-opted Members of the Council are reminded that it is a requirement to register disclosable pecuniary interests (DPIs) and gifts and hospitality in excess of £50. In addition, Members and co-opted Members are reminded that unless their disclosable pecuniary interest is registered on the register of interests or is the subject of a pending notification to the Monitoring Officer, they are required to disclose those disclosable pecuniary interests at the meeting. This should be done by completing the Disclosure of Interest form and handing it to the Business Manager at the start of the meeting. The Chairman will then invite Members to make their disclosure orally at the commencement of Agenda item 3. Completed disclosure forms will be provided to the Monitoring Officer for inclusion on the Register of Members' Interests.

4. Urgent Business (if any)

To receive notice from the Chair of any business not on the Agenda which should, in the opinion of the Chair, by reason of special circumstances, be considered as a matter of urgency.

5. Exempt Items

To confirm the allocation of business between Part A and Part B of the Agenda.

6. SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST ANNUAL UPDATE REPORT (Page 15)

SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST ANNUAL UPDATE REPORT

7. THE WORK OF THE HEALTH AND WELLBEING BOARD (Page 31)

THE WORK OF THE HEALTH AND WELLBEING BOARD

8. CHS FINANCIAL RECOVERY – PROGRESS REPORT (Page 61)

CHS FINANCIAL RECOVERY – PROGRESS REPORT

9. South West London Joint Health and Overview Scrutiny Committee (oral update)

South West London Joint Health and Overview Scrutiny Committee (oral update)

10. PAN London Joint Health and Overview Scrutiny Forum (oral update)

PAN London Joint Health and Overview Scrutiny Forum (oral update)

11. Work Programme 2016/17 (attached) (Page 71)

Work Programme 2016/17 (attached)

12. CROYDON SAFEGUARDING ADULT BOARD (Page 75)

CROYDON SAFEGUARDING ADULT BOARD

13. TO REVIEW THE DECISION OF THE CCG TO VARY THE PROVISION OF IVF AND ICSI ASSISTED CONCEPTION SERVICES (Page 85)

TO REVIEW THE DECISION OF THE CCG TO VARY THE PROVISION OF IVF AND ICSI ASSISTED CONCEPTION SERVICES

14. [The following motion is to be moved and seconded as the "camera resolution" where it is proposed to move into part B of a meeting]

That, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information falling within those paragraphs indicated in Part 1 of Schedule 12A of the Local Government Act 1972, as amended.

AGENDA - PART B

None

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HEALTH AND SOCIAL CARE SCRUTINY SUB COMMITTEE

Thursday 8 December 2016, 6.30pm, Council Chamber, Town Hall, Katharine Street, Croydon.

MINUTES PART A

Present: Councillor Carole Bonner (Chair)
Councillors: Kathy Bee, Sue Bennett, Sean Fitzsimons, Andrew Pelling and Andrew Stranack

Also in attendance for part or all of the meeting:
Councillors: Bernadette Khan, Joy Prince and Colton Young

Also in Attendance Mike Bell, Chairman, Croydon Health Services NHS Trust, John Goulston, Chief Executive, Croydon Health Services NHS Trust, Paula Swann, Chief Officer CCG, Dr Tony Brzezicki, Clinical Lead, CCG, Mike Sexton, Director of Finance - CCG, Stephen Warren, Director of Commissioning – CCG and Rachel Flowers, Director of Public Health

A70/16 **Apologies for absence** Councillor Margaret Mead with Councillor Sue Bennett deputising.

A71/16 **Disclosure of Interest**

At 6.35pm, Councillor Andy Stranack made a disclosure not on his annual register of interest that he is currently a Committee Member of the Outcome Based Commissioning for over 65s Specialist Group.

A72/16 **Urgent Business**

None

A73/16 **Exempt Items**

None

A74/16 **Update on the Croydon Health Services NHS Trust Financial Recovery Plan.** (agenda item 6)

Mike Bell, Chairman, Croydon Health Services NHS Trust (CHS), supported John Goulston, Chief Executive, CHS, presented the Trusts updated financial recovery plan. The senior team were pleased to inform Members that the Trust had successfully delivered two months of the recovery plan which realised a saving of £32.8m and remain committed to

delivering the sustainability and transformation plan without compromising the quality of existing services. The Trust are confident that month 8 would be achieved in a similar way.

The Trust will report to NHS Improvement on 24 January 2017, to review month 8 and 9, and update the agreed milestones to the end of March 2017. NHS Improvement will seek assurances from the Trust Board that these milestones will be achieved. If the Trust can pass these tests then this should result in a way out of special financial measures. Moving forward the Trust will see the current financial deficit steadily reduced in 2017/18 and 2018/19 to 19m, without compromising on performance.

During 2016/17 the Trust had agreed to limit the use of agency staff and this had been achieved over the previous 6 months, in part by the workforce transformation process. One of the initiatives involved the introduction of a new level in nursing called the nurse associate who will perform duties and work in the role of a super healthcare assistant. The first cohort are due to start working in January 2017.

An expected reduction in expenditure had been attributed to the Trust's plans to move towards a paperless environment. This would happen initially on the ITU ward and in outpatient departments from 1 April 2017. Procurement of a new system to assist staff with medical records and retrieving data should realise a reduced expenditure of £18m this year.

Partnership working between the CCG and CHS continues to strengthen, and officers reported that the financial successes were not at the expense of the CCG. Both organisations are committed to the alliance which will deliver OBC for over 65s.

The Trust confirmed that services would not be reduced in 17/18 and would improve services, using various methods of co-locating teams, streamlining the assessment process and working across the multi-disciplinary teams. Staff will work hard in 2017/18 to reduce duplication, to challenge the workforce to problem solve to achieve the "perfect patient journey".

Each area within the acute arm of the Trust is working to CQC parameters. The friends and family test provides some data regarding the patient perspective, however the Board needs to be looking at different methods of collating live data, one example is a programme of mystery shopping and peer reviews look at specific areas across the service. Results will be reported to the Committee during the presentation of the Trust quality account.

The Committee were pleased to see the Senior Management team again, and concluded that an increase in specific data currently marked as a red risk

should form part of the presentation of the quality account. It was encouraging and nice to see the schedule of what is coming up.

The Committee recorded a vote of thanks to the Trust and emergency services and showed their appreciation for the help and support that was given to the community during the and post the tram derailment in Croydon. The Chairman and CEO reported that they are always proud to service and that Croydon had a health services that could be depended upon.

A75/16 South West London Sustainability and Transformation Plan (STP) – Croydon Focus

The Committee having previously received a presentation regarding the South West London STP plans, they welcomed the opportunity to receive the detail with a Croydon focus. As the STP is a shared risk between the commissioner and provider, officers from both organisations were in attendance to make a presentation and receive questions from the Committee. The Committee were in agreement that developments of the STP were an important area that they needed to keep a watching brief. The lack of consultation and information from NHS England was a disappointment which the Committee dad previously communicated to NHS England. The lack of transparency and instruction given to health professionals, not to share information with politicians and the public was not in keeping with the spirit of scrutiny. Members were questioning if NHS England recognised local scrutiny's statutory role and the role of NHS England to consult. The positive working relationships with CCG and CHS could have been at risk due to this instruction as it was an example of poor engagement and that the access to and flow of knowledge was being ignored and the lack of transparency to enable the statutory role of scrutiny.

Social Care and the importance of its successful delivery to various initiatives that are due to come online is an area that the Committee recognised needs support and focus. There was agreement that this area of work should be reflected in the current and future work programmes. Despite this poor start local scrutiny has gone some way to build the confidence by its continued review of the local health economy's financial recovery.

Key messages and outcomes of the STP are to deliver a 5 year saving and transformation plan. On 14 November 2017 this sector plan was published and outlined how the significant challenges that health are facing would be addressed, the estates review and the appropriate venues for future service delivery.

Taking into account the local health and social care landscape, the Committee asked officers if specific Croydon challenges had been aligned with those across the sector. It was reported that there had been

a general focus on prevention, supporting self-management and improved quality of delivered. Hospital provision was viewed on a sector wide basis with a view of specialist care being delivered elsewhere across the sector.

The Committee agreed that the presentation had been a useful update.

A76/16 CCG FINANCIAL RECOVERY PLAN

Dr Tony Brezicki, Clinical Lead, CCG and Paula Swann, Chief Officer, CCG was in attendance for this item, supported by Stephen Warren, Director of Commissioning and Mike Sexton, Director of Finance; to report to the Committee the outcome of the financial recovery plan review by NHS England.

Officers reported on changes made since the submission of the recovery plan in October 2017 and looked at the continued challenges going forward. What short term measures in this financial year and longer term initiatives. The Croydon health economy is reliant on a balance of a number of vehicles and NHS Business rules

The Committee asked officers what the sanctions are if targets are not met. It was reported that specific measures and financial reviews are in place to move out of special measures.

The CCG are reported that services are working better, timetabling for the future assists with this. The amended prescribing protocol are now underway. The new IVF protocol would commence in the New Year. Officers are due to report to the CCG Board what savings can be made. The final submission to NHS England scheduled in December 2016.

The Chair concluded that it was useful for the committee to get the update and that officers had presented a good report.

A78/16 South West London Joint Health Overview Scrutiny Committee

The Committee were due to meet again on Wednesday 18 January 2017 to discuss further the sector STP following submission to NHS England and what the schedule and content of public consultation will look like.

The Chair agreed to keep the Committee informed

A78/16 South East London Joint Health Overview Scrutiny Committee

The South East London Joint Health Overview Scrutiny Committee scrutinising the public consultation and delivery of a single place of safety as proposed by the South London and Maudsley Foundation Trust; are not due to meet. The Trust await the outcome of the formal agreement serving each borough in relation to payment of central services.

The Chair agreed to keep the Committee updated.

PAN LONDON Joint Health Overview Scrutiny Committee Forum

Following a L&D event hosted by the Centre for Public Scrutiny (CfPS) where SW London JHOSC members attended to be briefed on how best to scrutinise the sustainable and transformation plans of the NHS locally; it become evident that most authorities across the country had little or no briefing from their respective CCGs. It was agreed that London would convene a meeting of a PAN JHOSC forum to discuss how best to scrutinise the STP locally and across London as there would an overlap from sectors.

The first of these meeting took place hosts and Chaired by Camden Council. A second meeting will take place to continue to monitor the STP in a PAN London approach.

The Chair agreed to keep the Committee updated

A79/16 WORK PROGRAMME 2016/17 (agenda item 11)

The Committee were in agreement that to work programme needed to reflect the changes and concerns in relation to social care. It was recognised that social are is wrapped around the OBC, STP and BCF, however a specific focus on the social care overspend is required.

The Committee **RESOLVED** to delegate the review of social care and how the Committee could scrutinise it to the Chair and Vice Chairman

Meeting ended at 9:18pm

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HEALTH AND SOCIAL CARE SCRUTINY SUB COMMITTEE

Tuesday 17 January 2017, 6.30pm, Council Chamber, Town Hall, Katharine Street, Croydon

Present: Councillor Carole Bonner (Chair)
Councillor Margaret Mead (Vice Chairman)
Councillors: Kathy Bee, Sean Fitzsimons, Andrew Pelling and Andy Stranack

Also in attendance for part or all of the meeting:
Councillors: Alisa Flemming and Maggie Mansell

Also In Attendance Councillor Louisa Woodley, Cabinet Member for Families, Health and Social Care, Barbara Peacock, Executive Director, People, Rachel Flowers, Director of Public Health, Stephen Warren, Director of Commissioning, Clinical Commissioning Group, Janice Still, Clinical Commissioning Group, Martin Ellis CCG, Caroline Baxter, Dr John Chan, GP, Clinical Commissioning Group and Rachel Soni, Adult Health and Integration, Croydon Council.

A01/17 Apologies for Absence

None

A02/17 Co-option to the Health and Social Care Scrutiny Sub Committee (agenda item 2)

A vacancy occurred due to Mr Darren Morgan, HealthWatch Croydon having stood down from his position as a Co-optee representing HealthWatch Croydon. Mr Jai Jayaraman, HealthWatch Interim CEO had advised that he would contact the Committee once a replacement had been appointed.

The Committee **RESOLVED** to note this information.

A03/17 Minutes of the meeting held on 8 November 2016

Minutes of the meeting held on 8 November 2016 were agreed and signed as an accurate record of the meeting.

A04/17 Disclosure of Interest

At 6.35pm, Councillor Andy Stranack disclosed that he was a member of the Specialist User Group reviewing Outcome Based Commissioning for Over 65s.

A05/17 Urgent Business

None

A06/17 Exempt Items

None

A07/17 Cabinet Member Question Time: Cabinet Member for Families, Health and Social Care, Councillor Louisa Woodley (agenda item 7)

Councillor Louisa Woodley supported by her senior management team, Barbara Peacock, Executive Director and Rachel Flowers, Director of Public Health and Martin Ellis were in attendance to provide Members with a whistle stop tour of the families, health and social care portfolio.

Healthier food choices were discussed in relation to BME groups on lower incomes and how they are being encouraged to make healthier food choices. The promotion of healthier schools with 30% of Croydon schools committed to the programme.

The "Go On" – digital age has started to build relationships between the younger and older generation with the elders learning from the younger users. The department are using a digital health programme which is the first of its kind. Public Health England stated "all providers should follow Croydon's lead".

The Committee were concerned that the department continues to be consistently overspent and queried why as the overall budget is known. It was reported that the authority is consistently underfunded per head of population, currently there is a recognised gap of £800k. Central government are aware and are in agreement that the social care budget is underfunded.

Members enquired how the department assess its services against other authorities. Officers reported that there are peer review meeting across authorities in a safe environment officers can share experiences and give examples. It was reported that financial pressures are evident across the country in the area of adult social care.

Other boroughs had been able to use reserves to balance their books, Croydon doesn't have this. Officers are yet to visit other boroughs to make comparisons but had spoken to peers and concluded that Croydon are working better than some other areas.

Mental health is the most challenging and the one area that Croydon would like to make a difference.

Staffing continues to be a key area of concern, the department needs to recruit and retain permanent staff on either a long and short term contract. Structure will be reviewed with the restructure of 0-65 services. The authority would like to train more of our own staff currently agency and interim staff are covering the service. Over the last 12 months 33 new social workers had been recruited and retained.

Councillor Woodley was proud to announce that the Gateway service had attracted two visits from the Select Committee. The service will be expanding, using Fieldway as a successful pilot, opening a new centre in New Addington which would also connect the two communities.

Members discussed what action were being taken to improve how people can work independently by increasing the number of people who are receiving personal budgets. Personal budget champions that are service users are championing personal budgets. .

The Committee discussed how staff are being retained against the wage gap that Croydon experiences against other inner London authorities. Officers reported that a defined training path was in place to attract and retain staff and a broad package is offered at all levels.

Additional information on person budgets could it include comparisons with other budgets.

The Committee concluded that they would like to keep a watching brief on personal budgets. It was agreed that the committee wanted to see what had changed for those older carers with children with learning disabilities.

It would also be useful to have a greater understanding of the programme of the review of care packages and across the department, the Committee would like to review what is not working well.

A08/17 **Transforming Services for People with Learning Disabilities** (agenda item 8)

CCG officers in attendances to present this items and to respond to the Committees questions were Stephen Warren, Director of Commissioning supported by Caroline Baxter, Croydon Council.

The Committee heard the case for change in the delivery of services for people with learning disabilities, this had been necessary as demand had increased with older and younger people requiring assistance.

Officers recognised case management was important to ensure clients regular review of need and have increased capacity to deal with the additional workload. Considerations included the review and refresh of staffing skill mix and appropriate care and support for those older clients with ageing parents.

Members discussed the Cherry Orchard Road Day service and asked had had been the timescales and the outcome of the consultation process. Officers were in a position to report that the facility is currently being refurbed and service users will have the opportunity to decide if they want to be relocated back to Cherry Orchard Road, initial feedback is that the clients are happy with the alternative facility. Member would be kept informed. Members wanted to be clear that the users and carers understand that this is likely to be a permanent move? Officers confirmed that no decision has been made regarding the Cherry Orchard site and the future provision could accommodate half the site being dedicated for returning clients.

Discussions around the open public office confirmed that commissioning patterns had not altered considerably and that officers continue to have conversations with users, carers and their families to ascertain the level of their expectations. The end of January beginning of February officers hoped to have more information.

The Committee were concerned that many elderly clients would require more support and asked if any work was being done with this group of people to ensure that they are receiving the right level of support. Officers reported that most of the well-established, older cohort are no longer with us and that they are working to ensure the best possible support for those that remain. Offers of counselling to parents with children with learning disabilities is available as one main concern is that life expectancy can be shorter.

The Committee when considering the service asked what evaluation of the model of care would look like. The team confirmed that changes should result in customer satisfaction and some evidence that the service was making a difference. Happier and healthier and that the client group is happy to live in the particular setting.

The Committee concluded that the issue was a work in progress and would like to consider developments over the next 12 months to have a better understanding of how the Council is meeting the needs of this client group.

A09/17 **Outcome Based Commissioning for Over 65s – The Croydon Alliance** (agenda item 9)

Representatives of the Croydon Alliance were in attendance to report to the Committee, this included Stephen Warren, Director of Commissioning CCG, Martin Ellis, CCG, Rachel Soni, Head of Adults, Health and Integration, Croydon Council, Barbara Peacock, Executive Director for People, Kate Pierpoint, Age Uk Croydon, Dr John Chan, Clinical Lead, Croydon GP Collaboration and Janice Still, CCG Janice Still, John Goulston CHS had sent his apologies.

The Alliance reported that the Outcome Based Commissioning for Over 65s had been presented at December meeting of the Cabinet. This is the first year of a 10 year running contract, where the financial risk of £223m per annum had been split between CCG, £180m, £44m Adult Social Care and £30m is third party spend, however the bigger risk sits with the Council as the responsible organisation delivering social care. All parties have the belief that this is the right approach to deliver future adult social care.

Members raised concern that the Alliance agreement term of 10 years could have sustainability risks. Officers agreed that there is a risk which is why the contract is split 1 year followed by 9 years. The Committee considered that the two areas nationally that has explored an alliance model had both failed. Officers confirmed that they went "too fast" and that the guidance had been changed following these false starts. Croydon is in a "good place" with the models of care and the multidisciplinary team working, it is a good new story for Croydon.

The Alliance is committed to a long-term contract to ensure that the services transformation can take place. Across the authority, officers are signed up to long term contract.

The Committee asked the Alliance how the Health Scrutiny Sub Committee should scrutinise outcomes, as the contract is complex and recognised that as a committee there is a need for an exercise in how to scrutinise OBC in the future. Some of the areas of performance which could be reviewed are the measurement of progress, evidence of budget management etc.

The Alliance discussed timescales and that overall the OBC has slipped about a year, 23 Dec was a new deadline for the heads of terms to be signed off. A lot of work has been done to complete on the Alliance, with a start date of 1 April 2017.

Officers confirmed that the OBC should achieve 5% savings year on year for the 10 year term. This will be achieved by moving care to a different format, focusing on out of hospital locations, keeping people fit and well, strengthening community services as hospital provision is very expensive, transformation is the key.

The Committee were concerned that if savings are not realised who will happened to the budget. Officers reported that the transformations that are required are very important, as a major plan for all Alliance partners. Realistically it is going to take a few years to deliver.

The Committee concluded that they are more assured by the presentation and that as the Alliance are conducting the reviews that as things develop if these could be brought back to scrutiny.

A10/17 CCG Progress Report on the Primary Care Variation Reduction Strategy
(agenda item 10)

Officers in attendance to present this item from the CCG were Stephen Warren, Director of Commissioning, supported by Janice Still, CCG

Members agreed to receive this report and to forward any questions and issues to officers directly. It was also agreed to bring this item back to a future meeting for further scrutiny.

A11/17 Annual Report of the Director of Public Health (agenda item 11)

Presenting officer Rachel Flowers, Director of Public Health was pleased to present this annual report to the Committee. Rachel discussed the approach she used which had resulted in a piece work that demonstrates the positives around live changes. The report had been positively received by the Cabinet, giving a timely insight into the Croydon prospective of social isolation which had been the subject of media attention.

The report would be used as a baseline measurement of where we are at currently and how to measure trends going forward. This was meant to be a useful tool to measure against outcomes in other areas, a helpful benchmark.

The Committee asked what thinking there may around the annual report for next year. The Director was keen to retain the opportunity to select the topic herself which she did not want to divulge at this time but could report that the final document would be accessible and readable.

A12/17 South West London Joint Overview and Scrutiny Committee
(agenda item 12)

The JHOSC are due to meet tomorrow 18 January 2017 in Merton to review the draft South West London STP. The Chair would update the Committee at the next meeting.

A13/17 South East London Joint Overview and Scrutiny Committee
(agenda item 13)

The JHOSC had not met since the last meeting of the Sub Committee.

The single place of safety had was due to open once all boroughs were in agreement regarding centralised costs.

A14/17 **Work Programme 2016/17** (agenda item 14)

The Chair and Vice Chairman agreed to follow up the issue regarding financial special measures with the CCG and CHS and if appropriate receive a report at the next meeting.

Meeting ended 9:38pm

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For general release

REPORT TO:	**Health and Social Care Scrutiny Sub Committee 21st March 2017**
AGENDA ITEM:	**6**
SUBJECT:	**South London and Maudsley NHS FT – annual update report**
LEAD OFFICER:	**Neil Robertson, Service Director and Croydon Lead South London and Maudsley NHS Foundation Trust (SLaM)**
CABINET MEMBER:	**N/A**
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	**South London and Maudsley NHS Foundation Trust (SLaM)**

ORIGIN OF ITEM:	This item has been included in the Committee's work programme.
BRIEF FOR THE COMMITTEE:	To receive the annual update of the successes, challenges, constraints and financial pressures the Trust faces whilst still continuing to deliver a high quality service please focus on the following: - Some patients' stories - CQC Inspection outcome and Quality Account issues - Social Care update - Central Place of Safety - Outcome based commissioning - Workforce development - Research
CORPORATE PRIORITY/POLICY CONTEXT:	
FINANCIAL IMPACT	
FORWARD PLAN KEY DECISION REFERENCE NO: N/A	
RECOMMENDATION: The committee is requested to comment and note the contents of this report.	

1. SUMMARY

This report provides an annual update from South London and Maudsley NHS FT. Specific themes were addressed at last year's update, which included CAMHS, demand for mental health acute care and the Trust's forward plans against NHS planning guidance. This update report will focus on the issues set out above which were identified by the Chair as of particular interest to the Committee as well as a Social Care update.

2. PATIENTS STORIES

The Trust Board continues to receive a patient story at the beginning of each meeting. An improved process has been designed and from October 2016 changes to the way the Board receives feedback from CAGs about service user and carer experience were implemented.

The monthly patient story has been replaced with a more in-depth summary report which focuses on a specific service (ward or team level). The report identifies key themes from service user/carer feedback and how the service has responded to the feedback. The team is required to send a report back to the Board four months later to outline what the impact of their actions has been.

The nature of the patient story has changed as well in that it needs to be reflective of an issue raised by a service user or carer to the ward/team with a clear outcome based on the feedback.

Example One: The Introduction of Individual Patient Mobile Phones in a Forensic Secure Environment

Historically, in High and Medium Secure Forensic secure services mobile phones are a banned item. The ban on mobile phones is due to the potential risk of harm to vulnerable patients and visitors from the inappropriate use of mobile devices, e.g. access to detrimental material and or taking unauthorised photographs or video recordings which could interfere with patient safety, dignity and privacy and compromise patient confidentiality. In addition, the use of mobile phones can be intrusive and impact adversely on the environment of others. Patients have access to a pay phone on each ward with approximately 15 patients sharing.

In August 2015 the patient representative monthly meeting was established chaired by the Service Director and co-facilitated by a Senior Occupational Therapist (OT). Each of the 8 forensic wards within the forensic inpatient services elected a patient representative to attend the meeting to represent the patients from their respective ward.

The overall aim and purpose of the Patient Representative Meeting is to discuss concerns and examples of good practice raised by patients in forensic inpatient Secure Services and discuss potential resolutions and ensuring consistent approaches where possible and to provide a face to face link between patients and

CAG senior management. One of the Patient Representatives on a monthly basis attends the Forensic Offender Health Senior Management Team (SMT) and discusses issues with Senior Management so that issues are resolved or new ways of working are collaboratively negotiated and developed.

One of the issues raised by the Patient Representatives was the ban on mobile phones. Having one pay phone for approximately 15 patients was considered by the patients to be restrictive; the pay phone tariff was expensive; it did not promote the relationship and communication with families and friends and also did not promote normalisation with the use of the mobile phone in daily life.

The introduction of patient mobile phones was discussed by the Forensic Offender Health SMT in collaboration with a Patient Representative and it was agreed that the Senior OT who co-facilitates the Patient Representative meeting would produce a draft local protocol. It was agreed that the patient mobile phones would initially be introduced on the Tier 2 (rehabilitation) wards – Brook and Effra and also Waddon. It was agreed that the mobile phone would be 'dumb' and not a 'smart' phone. As such the mobile phones agreed do not have internet or photo capability. Patients are responsible for the purchase of their own phone, from a jointly approved SMT and patient list, with the exception of those in receipt of destitute funds.

Example Two - Westways Rehabilitation Inpatient Unit, Psychosis CAG

The Trust smoke-free policy was introduced in October 2014 and has been challenging for both patients and staff, especially on longer-stay units like Westways rehabilitation ward, Bethlem Royal Hospital. In January 2016, the team decided to implement the second stage of being smoke free. This included not facilitating any smoking activities and not storing tobacco and lighters for the patients. This meant that patients could not bring their tobacco and lighters to the ward. This was particularly challenging, with no smoking on site and no easy way for people to smoke on short leaves.

The journey started with staff members and building their confidence and skills in implementing the policy and working with the cultural move from smoking to fresh air breaks. The team was trained up and worked together to implement the SLaM smoke free policy and effective management of tobacco dependence for those on the ward. Over 80% of staff members were trained in smoking cessation level 1 and two in smoking cessation level 2, giving them skills in facilitating smoking cessation groups. The team recognised that this was challenging for patients and identified ways of supporting patients and each other. Smoke-free advisors were invited to team meetings and patients' community meetings to discuss possible challenges arising from the Trust initiative, what it means for individuals and how to manage.

From January 2016, a smoking cessation group was started once a week. This group was co-facilitated by the Bethlem site smoke-free advisor and a level 2 trained member of staff from our team. The group was attended regularly by about 60-80% of the patients who smoked.

It continues to be a challenge. Patient feedback in community meetings and 1:1

sessions that they feel their autonomy and choice are frustrated. Some want to continue smoking and there are attempts to get round the policy such as the smuggling in of odd cigarettes. On the other hand most want to improve their health and the team has been able to link in to this and promote all round wellbeing to break the reliance on smoking.

People are not forced to stop smoking. Team efforts are geared towards helping people manage their tobacco dependence while they are in hospital. Rather than leaving them to crave for nicotine, staff helps people to try different nicotine products to manage their withdrawal. It is a health-promotion intervention to support people to improve their physical and mental health.

People are encouraged to talk and discuss their thoughts and ideas. The team is not saying they cannot smoke at all, rather that it will not facilitate them to smoke, in the same way it we would not facilitate them to use alcohol or legal highs.

Example Three: Patient Advice and Liaison Service (PALS)
An individual rang about his brother who has severe anxiety and is unable to leave his house because of it. His brother had been referred to and accepted for treatment for his anxiety but did not feel he would be able to attend because he was unable to leave his house. The enquirer wishes to know if his brother could receive home treatment because he only lived five minutes away from the Anxiety Centre. The enquirer was also thinking about making a complaint.

PALS passed on concerns to relevant psychology team and included links to other resources on anxiety and panic attacks in addition to the Trust 24 hour support line number, general carer's information and carer's information aimed at anxiety problems. PALS included complaints details but suggested to the enquirer that it might be worthwhile waiting to see what the psychology team has proposed.

Psychology team formulated a step by step plan; a telephone assessment appointment was arranged; it was agreed to accommodate one or two sessions in the clients home alongside a gradual exposure to support leaving the home followed by regular therapy appointments. No complaint was made.

3. CARE QUALITY COMMISSION (CQC) UPDATE AND QUALITY ACCOUNTS

The table below outlines the current Trust rating as a result of the CQC compliance inspection carried out on 21 – 25 September 2015

Overall rating for services at this Provider	Good
Are Mental Health Services safe?	Requires improvement
Are Mental Health Services effective?	Good
Are Mental Health Services caring?	Good
Are Mental Health Services responsive?	Good
Are Mental Health Services well-led?	Good

Table One: CQC current Inspection ratings.

Following the full CQC Compliance inspection of the Trust in September 2015, the CQC carried out a week long compliance re-inspection of the acute pathway during the week commencing 30th January 2017. This re-inspection involved the CQC inspection Team visiting 21 Inpatient wards in the acute pathway. The re-inspection centered on checking the implementation of both the MUST and SHOULD DO compliance action plans following the Compliance CQC Inspection in September 2015. The visit also included a Mental Health Act review (MHAR) of two Inpatient Wards

Wards inspected outlined below:

Monday	Tuesday	Wednesday	Thursday
Ruskin Ward	John Dickson Ward	ES2	Lambeth Triage
Luther King Ward	Bridge House	AL3	Powell Ward
Wharton Ward	Lewisham Triage	Nelson Ward	Johnson Ward
Croydon Triage	Gresham 2	LEO	
Gresham PICU	Clare Ward MHRA	Clare	
		JBU	
		Gresham 1	
		Eden Ward	
		Powell MHAR	

Table Two: Wards inspected during CQC Inspection 30/01/17-03/02/17. Wards highlighted in red are Croydon facilities.

3.2 Verbal feedback from the CQC inspection

Following the February re-inspection, the overall the tone of the feedback was positive and supportive of the progress that the Trust has made over the last 15 months. The next step will be for the inspectors to produce a draft of their report in the next 6-8 weeks. The Trust will have an opportunity to correct matters of fact, and following publication will be required to develop a further action plan.

Of the must do's from the previous inspection, they found that the Trust had resolved most of them and made significant progress on the remainder. On this basis, the Trust will not be issued with any enforcement notices and they recognised our positive

progress, particularly in the Safety domain which had previously been assessed as inadequate.

Positive feedback from the inspectors included:

- The new Acute Care CAG was highlighted by inspectors as a better way of organising services and one that is making a real difference.

- Our work to improve care planning and risk assessment with the new electronic record tools was positively commended.

- Inspectors noted the success of our work to reduce the use of out of area beds.

- Our Home Treatment Teams were said to be working very well and inspectors praised the regular contact with wards at the teams meeting and assessing patients.

- Physical care of patients was good with good practice including support for smoking cessation.

- We are working hard at meeting nursing shortages, for example, through the development of the Band 4 Assistant Practitioner pilot aimed at allowing support workers to undertake further training and develop additional skills.

- We have done well reducing the use of restraints and minimizing ligatures.

- Service user feedback was overall very positive across all sites.

- Lambeth teams demonstrated particularly good safeguarding, some of the best that the CQC had seen, alongside strong risk management and Mental Capacity Act practice.

Areas that the CQC highlighted where we need to continue to make progress included:

- The environment on some of our wards still needs to be improved, including ensuring a rapid response to identified ligature risks.

- Safeguarding referrals at the Royal Bethlem Hospital were not always reported and recorded.

- Staffing issues including the impact of vacancies on patient experience such as reduced leave or activities on the wards.

- We have further work to do in providing live and useful information at a ward level that supports really effective local leadership.

- Inspectors said that we could improve communication to staff where we are making changes to our services as not all staff felt they were kept informed.

- Access to drinks for patients at night time needs to be more consistent across the Trust.

- The safe storage of patients' personal belongings could be improved

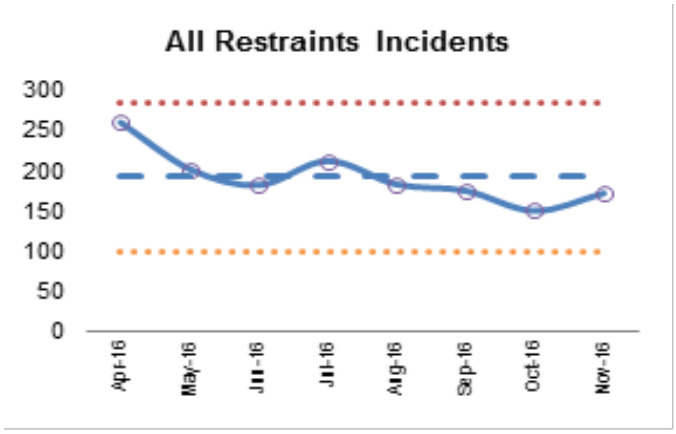
- There was scope to improve communication between wards and community mental health teams

3.3 Quality Priorities 2016/2017

The following outlines the quality priorities for 2016/17:

This year have seen some improvements in some of the quality priorities set which have aligned with existing quality improvement work and CQC action plans.

A reduction in restrictive interventions

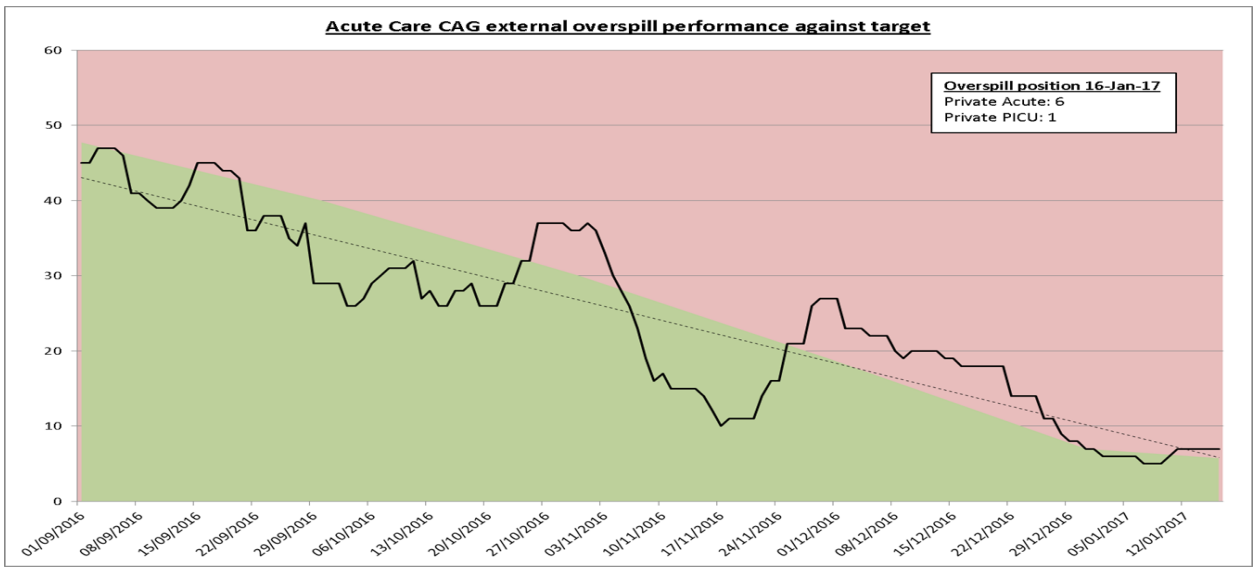


Risk assessments and Care Plans

Improvements identified by the CQC during the re-inspection regarding Risk Assessments and Care Plans. This is as a result of the new Electronic Patient Journey record Risk Assessment and Care planning Tool developed and subsequently rolled out.

Care closer to home

Reduction in the use of external overspill beds



Community Physical Healthcare Monitoring

The community physical health screen was launched in November 2016, and is now fully implemented on the Trust electronic clinical record.

Environment

The Trust benchmarks again the NHS Patient-Led Assessment of Care Environment (PLACE) framework. The Trust's average score for 2016 is 95%.

Year	Site	Cleanliness	Food and Hydration	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance
2016	All Sites	99.26%	88.07%	96.24%	97.84%
2016	National Average	98.06%	88.07%	84.16%	93.37%
2016	% above National Average	1.20%	0.00%	12.08%	4.47%

3.4 Areas requiring continued improvement for 2017/2018

A SLaM Quality Priority setting event has been arranged for external and internal stakeholders for the 22/02/17, some of the suggested priorities to roll over into 2017/2018 are as follows:

- Digital Health
- Carers assessments
- Reducing restrictive Interventions
- Staffing levels

Following this event the priorities will be set for 2017/2018 and inform much of the quality improvement work going forward.

4. SOCIAL CARE UPDATE

The last 12 months have included significant challenges with the Local Authority, the Clinical Commissioning Group and the Trust all experiencing significant demand pressures. Croydon Integrated Adult Mental Health Services in Croydon is formed of a partnership between health and social care and has sought innovative and creative solutions to the challenges faced. Community teams, including their social care staff, have realigned alongside GP network creating a more joined up service for residents.

The number of people recorded as Delayed Transfers of Care in hospital saw a steep increase in 2016 with the number peaking at 30 in August 2016. A number of actions have been taken throughout the year to address this issue including weekly meetings involving the Trust, the Local Authority and the CCG to look at individual cases to remove barriers to discharge. As part of that work accommodation has been a key feature so fast-track processes are now in place for agreeing funding for care packages or residential placements and reprioritising people eligible for supported housing. Health and social care staff are working closely with the Council's SNAP team to ensure the borough's residents are able to step-down into more independent forms of accommodation as they progress in their recovery. The Head of Mental Health Social Care, the CCG Head of Mental Health Commissioning and Clinical Service Leads from SLaM join a weekly surge call coordinated by NHS England to ensure Delayed Transfers of Care are addressed.

The Director of Social Care led on the engagement work in relation to the Centralised Place of Safety and the four boroughs. A memorandum of understanding has now

been signed off by each of the Directors of Adult Social Services in Croydon, Lewisham, Southwark and Lambeth, agreeing operational procedures which each borough will follow. The Centralised Place of Safety has now opened and early feedback from the AMHP Leads in the four boroughs suggests that the new facility and associated procedures are working well so far.

4.1 Social Care Strategy

The Director of Social Care is leading on a Social Care Strategy which has three main work streams:

- **Social care performance and personalisation.** A social care performance dashboard has been developed which, for the first time, sets out the key performance indicators in the Adult Social Care Outcomes Framework which SLaM is responsible for delivering on behalf of Croydon Council within the Section 75 Partnership Agreement. The Section 75 agreement is in draft following legal advice from SLaM and Croydon Council. A final draft of the agreement and schedules is expected over the coming weeks and will then go to sign off by each organisation. The full social care performance dashboard will be fully functional by the end of March 2017, to enable operational managers in SLaM to performance manage social care outcomes in the same way as health care outcomes. The Head of Mental Health Social Care in Croydon has also delivered a 'master class' in social care to ensure all managers are clear on the statutory duties they are responsible for delivering on behalf of Croydon Council. Work is on-going in relation to the implementation of the Care Act duties. An introductory course to the Care Act and personalisation has been delivered in the Recovery College by the Director of Social Care and Croydon social workers. The carers' assessment in SLaM has been reviewed and replaced by a 'Carers' Engagement and Support Plan' to improve engagement with identified carers and increase the uptake of carers' assessments. This has been developed within SLaM and has clear links to Croydon Council's guidance and forms when a statutory assessment under the Care Act is indicated.

- **Professional Social Work.** There are 2 programmes of work which Croydon Council is collaborating with SLaM to promote and improve professional mental health social work in integrated services: 'Think Ahead' and 'Social Work for Better Mental Health'. 'Think Ahead' is a fast track scheme for graduates to become mental health social workers. It blends world-class academic learning with extensive on-the-job experience, over the course of a two year period. Croydon Council and SLaM's joint application to the Think Ahead programme has been successful and Croydon integrated mental health teams will be hosting a unit of 4 participants in September 2017. 'Social Work for Better Mental Health' is a national programme, commissioned by the Chief Social Worker for Adults in England, Lyn Romeo, to ensure that the role of mental health social work is clearly defined within integrated services and is fit for purpose. Croydon Council social workers are actively participating in the programme which will result in an improvement action plan for professional social work.

- **Safeguarding Adults and Children.** Over the last 12 months, work has continued to develop systems and processes within SLaM to enable better quality and more accurate reporting of safeguarding activity for both adults and

children. Templates have been designed in both areas for staff to record safeguarding activity which will enable more robust performance management. Data is now being collected and presented to the Trust-wide Safeguarding Adults and Children's Committees for scrutiny and challenge.

5. CENTRAL PLACE OF SAFETY

Section 136 of the Mental Health Act (1983) gives the power to the police to detain someone that they believe to require urgent care due to being mentally disordered. Use of this section requires the police to fulfill a number of conditions for its use to be lawful. A place of safety, which is usually a hospital, is a safe environment where the child or adult can be conveyed to undergo assessment and formulate plans for the next stages of treatment and/or care.

In London, 75% of section 136 detentions occur out of hours and the person's experience of this intervention is reported as mixed. To improve crisis care, in particular the interventions of a place of safety, the London Crisis Commissioning Standards were developed in 2014 to ensure effective crisis care and specifications for places of safety. One particular challenge for London has been the use of police cells as places of safety, which is contrary to the Mental Health Act. The London wide partnership approach to crisis care has seen a significant reduction in the use of police cells in as a place of safety between 2013 and 2016. Use of police cells across London and the rest of the country result in hospital based places of safety being full or not being adequately resourced at a particular point in time.

In response to the challenges, SLaM has developed centralized place of safety to provide safe and effective care. The centralized facility is based at the Maudsley and offers a newly refurbished environment that serves Corydon, Lambeth, Lewisham and Southwark. This 24 hours service provides a dedicated nursing and medical team who are committed to emergency care to people who have been detained under section 136 of the Mental Health Act. The service model is underpinned by the specification of a health based placed of safety pathway (2016).

To date, the Central Place of Safety is fully operational, with Lewisham being the last borough to move on the 7th of February 2017. The Memorandum of Understanding for the place of safety was signed off by the Croydon Director of Social Care on the 16th December 2016 following collaboration with the Trust's Director of Social care.

The service is actively taking part in the pilot being delivered via the Healthy London Partnership. Specifically SLAM's Place of Safety will be seeking to measure performance and patient outcomes as described in the newly launched specification for the London 136 pathway. This is an important step in improving care for patients who present in crisis and have urgent care needs.

6. OUTCOME BASED COMMISSIONING FOR MENTAL HEALTH OF OLDER ADULTS

SLaM is one of the six partners in the Alliance seeking to redefine the services offered to older people in Croydon. The alliance approach has significant potential benefits for mental health services as whilst the contractual value may be relatively small (<5%),

the potential impact across the population is much greater. Since October 2016 there have been a number of changes to the programme in order to improve joint working between providers, the CCG and the Local Authority. The Croydon Alliance has recognised the need to further develop its governance processes to ensure mental health plans are developed with appropriate support from SLaM and are aligned around NICE guidance and reference evidence based models of care.

A key element of the Alliance work affecting the way care is provided is the development of the multi-disciplinary Integrated Community Networks (ICNs). SLaM will continue to work with providers via ICNs in supporting older people to stay well and independent with open access to secondary care services as appropriate. SLaM MHOA is currently involved in exploratory discussions around the development of Complex Care Hubs in setting out how specialist mental health resources will be involved. SLaM is keen to explore how new integrated roles, such as Personal Independence Coordinators, can be actively involved and supported in delivering improved mental health outcomes and in further developing Alliance initiatives on improving the quality of care home provision within the borough .

We understand that the Scrutiny Committee will be receiving a report from the Alliance.

7. WORKFORCE DEVELOPMENT

The National Staff Survey provides a valuable source of feedback from staff, which enables us to focus on areas of improvement in order to improve staff experience and engagement, and therefore improve on patient experience too. The overall response rate to the 2015 national staff survey was 38%, which was a reduction on the 2014 response rate of 42%.

SLaM is working hard to better engage our staff and understand their experience. We are committed to improve our staff uptake of the survey. We are also focusing our future workforce strategy to better meet the needs of BME staff and ensuring that everybody knows how to seek support if they are feeling bullied or harassed.

The Trust scored better than average for: staff receiving an appraisal in the previous 12 months (96% vs. 89% national average); effective team working (78% vs. 76% national average); staff ability to contribute to improvements at work (76% vs. 73% national average); quality of non-mandatory training, learning or development (82% vs. 80% national average); and effective use of patient/service user feedback (76% vs. 74% national average).

The Trust has also implemented measures such as the 4 Steps to Safety programme and simulation training in order to improve safety of staff and patients within our teams.

As mentioned above, we are continuing work to support the on-going development of the Trust's BME Network and develop activities, priorities and terms of reference including formal nominations for the Chair and vice Chair roles.

Although we have not yet received the results for the 2016 survey, we recognise that we are at the beginning of the improvement journey. We believe that there are a number of reasons issues that impact on survey uptake by our staff. This includes: work pressures impacting on the priority of the survey; the need for better staff engagement by the Trust, which we are prioritising; staff seeing their feedback acted on, which again is another priority for the Trust.

Since June 2016 the Trust has started to implement a 5-year Quality Improvement (QI) Programme. This will involve the systematic roll out of training for all staff so that everyone is able to implement the service improvement methodologies. We believe this will build on our positive scores around staff ability to contribute to improvements at work and learning opportunities, but also overall staff engagement. In addition, developing a QI culture, as seen in other local Trust's, positively impacts on safety, effectiveness of care and treatment and service user experience. The Trust have delivered four training programmes and are about to deliver training that will skill up our staff to provide QI coaching. The courses have evaluated well and resulted in delivering over 60 QI projects in the first waves. Our QI team is now setting up a training programme that will provide senior staff with the skills to coach teams in delivering their service improvement projects.

Other workforce priorities in coming year include recruiting to our staffing vacancies and a reduction in our reliance on temporary staffing, in particular agency spend. Recruitment and retention is a challenge across all London Mental Health Trust's. Over the last year we have run a successful recruitment campaign for ward nurses, which have benefited the Bethlem Royal Hospital site. The Trust is now developing a strategy for community nurses, with a particular emphasis on our Croydon teams. The Trust is considering all option in relation to addressing the difficulties in recruiting to Croydon when compared to inner London Boroughs.

Other strategies in relation to recruitment include the introduction of a Band 4 Assistant Practitioner role, which uses the Higher Apprenticeship model and will provide individuals in the roles with a foundation degree which can contribute to the credits and training acquired through formal clinical training. Our intention is to support employment of our local communities and also grow our clinical workforce of the future, and hopefully mitigate gaps created by drop in training numbers following the removal of the healthcare training bursary.

Retention strategies are also being developed in order to help retain our workforce. Two of our clinical academic groups are conducting a pilot where the service and directors reach out to new employee and those staff who have been employed for one and two years. This includes offering a meeting with individuals to support workforce engagement. The approach has been received positively by the staff concerned.

The Trust is working hard to reduce the use of agency in our inpatient and community settings. The use of agency is the last resort in order to ensure that our inpatient areas meet the required national standards for Safer Staffing. Where temporary staff is required we use NHS Professionals (NHSP), which is a national pool of bank staff. Where NHSP cannot fill an inpatient shift they will put this out to nursing agencies that meet the approved training and competency standards for the NHS.

Finally, the Trust's chief operating officer is working with a number of housing associations to identify synergies that will provide affordable housing for our clinical staff. This work was launched in October 2016 following a multi-stakeholder housing summit which explored opportunities for our service user and staff.

9. RESEARCH

The Trust has a close clinical and academic partnership with the Institute of Psychiatry, Psychology and Neuroscience (IoPPN) King's College London. The Institute is Europe's largest centre for research and post-graduate education in psychiatry, psychology, basic and clinical neuroscience.

South London and Maudsley is committed to ensuring that all research being undertaken is of high scientific quality and of a high ethical standard.

Together with the Institute, we host the National Institute of Health research (NIHR) Mental Health Biomedical Research Centre and Dementia Unit. These centres aim to speed up the process by which the latest medical research findings are used to improve patient care. The National Institute of Health Research Biomedical Research Centre at the

Below is a summary of just some of the research studies that are being undertaken in partnership with the Trust and the Institute.

Example one - The Cognitive Remediation in Bipolar (CRiB) Study

CRiB study is investigating whether a new psychological therapy, cognitive remediation (CRT), can improve thinking skills and general functioning in people with bipolar disorder. Patients aged 18-65, who have a diagnosis of bipolar disorder and are currently not experiencing any disabling symptoms of depression or mania, are eligible to take part. Half the participants will be randomly allocated to receive CRT, including training sessions with a therapist for 12 weeks, while the rest will continue any treatments they might currently receive. All participants will undergo 3 neuropsychological assessments over a 25-week period.

Example two - The Lithium versus Quetiapine in Depression (LQD) study

LQD is comparing the effectiveness of two commonly used and recommended therapies (lithium and quetiapine) when taken alongside another antidepressant. This clinical trial is currently recruiting patients who have failed to respond to at least two antidepressant medications (commonly defined as treatment resistant depression). Patients take part in the study over the course of one year. Evidence shows that both lithium and quetiapine can help people with treatment resistant depression (they are already known to be more effective than a placebo), but we do not know which is *more* effective. Knowing this could improve the care that many patients receive.

Example three – RADAR-CNS and IMPARTS Studies

RADAR-CNS programme, which is an international, pre-competitive, private public partnership funded by the European Commission and industries, in which we are assessing whether data flows from smart phones and wearable devices can be used to inform clinical decision making, in particular by identifying a set of markers which might indicate someone was about to experience a relapse from depression because of a change in their sleep speech or social activity.

An example of bridging the gap between mental and physical health is the IMPARTS programme in which we are using tablets in waiting rooms of general hospitals to identify people who are experiencing significant mental health problems, including depression or anxiety, as well as measuring their experiences of physical symptoms and disability. IMPARTS allows us to signpost people to receive care they need, as well as training staff in physical health environments to start conversations with patients about mental health issues. The programme has been implemented across King's College Hospital and Guy's and St Thomas' Hospital NHS FT and we are exploring wider roll out.

Example four - Intranasal ketamine for Treatment Resistant Depression

This study is evaluating the long-term safety and efficacy of ketamine (given as a nasal spray) in addition to an antidepressant in people with treatment resistant depression. Patients above the age of 18, who have been diagnosed with major depressive disorder and have not responded to at least 2 antidepressant treatments, may be eligible to participate. All patients enrolled in the study receive ketamine treatment for up to one year and undergo frequent health, safety and efficacy checks throughout the duration of the trial.

Example five: Randomized placebo-controlled trial on short- and long-term effectiveness, Safety and adherence during treatment with Olanzapine vs. placebo for patients with Anorexia nervosa (SAOLA)

This study will assess the safety and usefulness of olanzapine tablets for patients diagnosed with Anorexia Nervosa. Patients (both those staying overnight in hospital and those receiving treatment services during the day) who are at least 18 years old may take part in the study. All patients will receive standard treatment for Anorexia Nervosa, plus a course of either olanzapine tablets or dummy tablets. All patients enrolled in the study, which lasts for up to one year, will undergo frequent health, safety and progress checks throughout the length of the trial.

Finally, to support the recruitment of patients in all clinical trials, the Trust has implemented a strategy to identify patients from our clinical teams. The initiative has been very successful and one Croydon community mental health team received a reward from the Trust and Institute for their achievement in engaging their patients in research.

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BACKGROUND DOCUMENTS: None

REPORT TO:	**Health and Social Care Scrutiny Sub Committee 21 March 2017**
AGENDA ITEM:	**7**
SUBJECT:	**The work of the health and wellbeing board 2016/17**
LEAD OFFICER:	**Barbara Peacock** **Executive Director, People**
LEAD MEMBER:	**Councillor Maggie Mansell** **Chair, Croydon health and wellbeing board**
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	**Councillor Maggie Mansell**
ORIGIN OF ITEM:	This item is contained within the initial work programme 2016/17 for the Health, Social Care and Housing Scrutiny Sub Committee.
BRIEF FOR THE COMMITTEE:	To receive an update of the work of the health and wellbeing board.

1 EXECUTIVE SUMMARY

1.1 This report summarises the work undertaken by Croydon health and wellbeing board during the fourth year of its operation. The Board was established on 1 April 2013 as a committee of Croydon Council. A shadow health and wellbeing board had been operating for the two preceding years.

1.2 The report sets out the core functions of the Board and gives examples of how the Board has discharged those functions. It also describes how board development has been taken forward.

1.3 Examples of key achievements of the Board are described, including the encouragement of greater integration and partnership working, promoting health and wellbeing, assessing need and informing strategy.

2 DETAIL

2.1 The Health and Social Care Act 2102 created statutory health and wellbeing boards as committees of the local authority. Their purpose, as set out in the Act, is 'to secure better health and wellbeing outcomes for the whole population, better quality of care for all patients and care users, and better value for the taxpayer'. As stated in section 3 of the Constitution of the London Borough of Croydon: rules of procedure of the Croydon health and wellbeing board the purpose of the health and wellbeing board is to 'advance the health and wellbeing of the people in its area'.[1]The core functions of the Board are set out in section 4 of the rules of procedure. These are to:

- *Advance and improve the health and wellbeing of the people of Croydon by promoting integration and partnership working between the NHS, social care, children's services, public health, independent, voluntary and community sector and any other local health and social care providers and commissioners.*

- *Provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of health and social care services.*

- *Exercise the functions of a local authority and its partner commissioning consortia under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 ("the 2007 Act") [Note these refer to the duties to prepare a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy].*

- *Give the Council its opinion on whether the Council is discharging its duty under section 116B of the 2007 Act ("in exercising any function the council is to have regard to the Health and Wellbeing Strategy" –[Note the role of the Board is to consider whether to give the Council an opinion on whether the Council has had regard to the strategy in exercising its functions]*

1 The Constitution of the London Borough of Croydon: rules of procedure of the Croydon health and wellbeing board

- *Any other functions of the authority as the Council may arrange (excluding the functions of the Council by virtue of section 244 of the National Health Service Act 2006 – note; Health scrutiny is excluded from the functions of the Board).*

Promotion of integration and partnership working

2.2 Examples of how the health and wellbeing board has taken forward its role in promoting integration and partnership working are set out below:

Better care fund

2.3 Building on earlier work on reablement, the health and wellbeing board has continued to oversee the delivery of integrated care through Croydon's Better Care Fund. This is a programme of activity for the use of just over £23 million of existing NHS funding pooled through a section 75 agreement and used to deliver a range of social care initiatives.

2.4 The Better Care Fund supports integration between health and social care to provide a whole system approach to improving outcomes through investing in community based services and by doing so reduce demand on acute services. Through the Better Care Fund, the CCG and the council jointly manage a programme which seeks to achieve the following goals:

- Reduce avoidable emergency admissions to hospital
- Reduce delayed transfers of care from hospital
- Demonstrate the effectiveness of reablement
- Reduce permanent admissions to residential and nursing homes
- Improve patient and service user experience

2.5 The Board receives regular reports on the use of the Better Care Fund and progress against key outcome measures

Outcomes based commissioning

2.6 With the support of the Board, Croydon Clinical Commissioning Group and Croydon Council have worked collaboratively to develop a transformation programme to enable improvements to be achieved through a whole systems approach to health and social care for older people. The vision is that, through a whole-system approach delivered by our Accountable Provider Alliance, people experience coordinated care and support in the most appropriate setting, which is truly person centred and helps them to maintain their independence into later life. With an ageing population, the focus of the programme is on services for the over 65s and the outcomes that local residents have said are important to them – those factors that make a genuine difference to their health, well-being and quality of life. There will be ongoing work aimed at early identification of need and intervention to reduce early loss of capacity. We aim to spend more on prevention and community based services and less on acute and high dependency long term care.

2.7 The Outcomes Based Commissioning programme aligns with the aims of the Better Care Fund which are that health and social care services must work together to meet individual needs, to improve outcomes for the public, provide better value of money and be more sustainable. The programme builds on a long history of joint work in Croydon, including recent developments in delivering whole person integrated care through Transforming Adult Community Services.

Public protection

2.8 The health and wellbeing board receives the annual reports of the children's and adults and safeguarding boards for information. The Board also agreed to the establishment of a health protection forum to advise the director of public health and, through him, the Board on threats to the health of the population. The forum provides regular updates on its work to the Board.

Partnership groups

2.9 The rules of procedure for the health and wellbeing board state that:

As far as is allowed by law the Board may arrange for any of its functions to be discharged by a Sub-Committee or by an Officer of one of the statutory Board members, provided that any such arrangements do not include delegation of any decision which creates a contractual commitment which responsibility shall remain the sole responsibility of the full Board. The Board may appoint working groups of Members and/ or Officers to consider specific matters and report back to the Board with recommendations.

2.10 Following a review the health and wellbeing board agreed on 12 June 2013 that the following partnership groups should be accountable to the Board and would take forward elements of its work including delivery of the joint health and wellbeing strategy:.

i. joint strategic needs assessment steering group
ii. carers partnership group
iii. drug and alcohol action team (DAAT)

iv. learning disability partnership group
v. mental health partnership group
vi. maternity services liaison committee
vii. sexual health & HIV partnership group
viii. the healthy behaviours alliance
ix. older people and people with physical disabilities & sensory impairment

2.11 The Board executive group agreed to review board governance in 2016, including the configuration of partnership groups. This work was deferred following the announcement of a review of the Local Strategic Partnership. The review of the Board and other theme partnerships within the LSP will now take place in 2017.

2.12 The children and families partnership – 'Be Healthy' sub-group retains its existing accountability to the children and families partnership board. This group provides reports as appropriate to the health and wellbeing board. The DAAT also reports to Safer Croydon and the children and families partnership board.

2.13 The Board has considered a number of issues related to children over the past year:

- Overarching commissioning priorities for children's services for the year, consistent with the Children and Families Plan.
- An update on maximising household income, relating to the Board priority of reducing child poverty
- The Local Children's Safeguarding Board Annual Review has also been considered by the Board.

Use of National Health Service Act 2006 flexibilities

2.14 The Better Care Fund involves an integrated approach in transforming health and social care services delivered in the community using pooled funds transferred from Croydon CCG's revenue allocation and the council's capital allocation.

2.15 With the support of the Board, the council has implemented a section 75 agreement with Croydon Health Services to ensure the delivery of child and sexual health services funded through the public health grant.

Joint strategic needs assessment and the joint health and wellbeing strategy

2.16 The Health and Social Care Act 2012 amended section 116 of the Local Government and Public Involvement in Health Act 2007 to require local authorities and their partner CCGs to prepare joint strategic needs assessments (JSNAs). The Act also inserted new sections, 116A and 116B, into the 2007 Act. New section 116A requires that local authorities and their partner CCGs develop joint health and wellbeing strategies (JHWSs) for meeting the needs identified in JSNAs. New section 116B requires local authorities, NHS England (in relation to its local commissioning responsibilities) and CCGs to have regard to relevant JSNAs and JHWSs when carrying out their functions.

2.17 The JSNA is the means by which the health and wellbeing board comes to understand the needs of the local population. The Croydon JSNA involves an annual cycle. Each year the JSNA programme involves and update of a key dataset, (which shows how Croydon compares with London and England across a wide range of indicators related to health and wellbeing), with a small number of detailed chapters on key topic areas. In Croydon, the key topics for each annual JSNA cycle are decided by the health and wellbeing board after a prioritisation process to produce a shortlist of proposed topics.

2.18 In 2017 needs assessment on social isolation was undertaken by the Director of Public Health in her first annual report rather than through the JSNA as originally planned. Recommendations were presented to the Board in December 2016 and will form the basis of the social isolation action plan that the Board will develop in 2017. Work was also undertaken to assess the needs of adults with learning disabilities to inform the reshaping of services.

2.19 Evidence from the JSNA forms the basis for selecting priorities for Croydon's joint health and wellbeing strategy. The current strategy was developed and published in early 2013. Under its vision statement the strategy details a number of outcomes the Board will work towards achieving. In order to realise these outcomes the health and wellbeing board identified six areas for improvement:

1. giving our children a good start in life
2. preventing illness and injury and helping people recover
3. preventing premature death and long term health conditions
4. supporting people to be resilient and independent
5. providing integrated, safe, high quality services
6. improving people's experience of care

2.20 For each of the improvement areas the strategy document sets out a small number of priorities for action and indicators to measure progress. Performance against the priority indicators is reported to the Board on a quarterly basis. The Board will review its priorities and produce a new joint health and wellbeing strategy in 2017/18.

2.21 In February 2017 the Board agreed to a new process for producing the JSNA. This will involve: retention of a key dataset to enable the health and wellbeing board and stakeholder organisations to have an overview of health and wellbeing needs in the borough; commissioner led process for identifying and conducting topic based needs assessment; a more rapid turnaround of needs assessments and a wider range of JSNA 'briefings' rather than a small number of detailed needs assessment.

Exercise of functions having regard to the JSNA and joint health and wellbeing strategy

Review of commissioning intentions and plans 2017/18

2.22 Clinical Commissioning Groups, NHS England and local authorities have a duty under the Health and Social Care Act 2012 to have regard to relevant joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWSs) in the exercise of relevant functions, including commissioning. In terms of the alignment of commissioning plans with the joint health and wellbeing strategy, the health and wellbeing board has the power to give its opinion to the local authority which established it on whether the authority is discharging its duty to have regard to relevant JSNAs and JHWSs. Furthermore, CCGs have a duty to involve the Board in preparing or significantly revising their commissioning plan – including consulting it on whether the plan has taken proper account of the JHWS. The health and wellbeing board has a duty to provide opinion on whether the CCG's commissioning plan has taken proper account of JHWS and has the power to provide NHS England with that opinion on the commissioning plan.

2.23 On 19 October 2016 the Board considered reports detailing how the draft commissioning intentions for the CCG and council (both on a single and joint basis) address the priorities identified in the joint health and wellbeing strategy 2013-18. Board members were asked to note that priorities have also been informed by national priorities set by NHS England, and needs identified through the updating of the JSNA, needs and issues identified by stakeholders and engagement with partners, service users, patients and the wider public. Final commissioning intentions, including the CCG operating plan, will be presented to the Board for review and comment on 5 April 2017.

Other functions

Pharmaceutical Needs Assessment

2.24 From 1st April 2013, every Health and Wellbeing Board in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA). The PNA informs NHS England's decisions on commissioning pharmaceutical services for the area.

2.1 Croydon, in line with national regulations, published its first PNA in March 2015. Every area is required to publish a refreshed PNA document within 3 years, i.e. by 1 April 2018. The PNA should include:

- A list of pharmacies in the area and the services they currently provide, including dispensing, health advice and promotion, flu vaccination, medicines reviews and local public health services, such as sexual health services.
- Relevant maps of providers of pharmaceutical services in the area.
- Services in neighbouring areas that might affect the need for pharmaceutical services locally.
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

2.25 The refreshed PNA is due to be agreed by the Board at its meeting on 7 February 2018.

Croydon Food Flagship

2.26 In April 2013 the health and wellbeing board agreed a proposal for Croydon to become a Heart Town. The plans included raising awareness of heart disease through a range of initiatives including schools activities, workplace health schemes and health and lifestyle information resources. A significant achievement has been the implementation of the Food Flagship programme between 2015 and 2017. The work was overseen by a community Food Partnership Board.

2.27 The Food Flagship has delivered a number of outcomes within schools including improving the quality of breakfast club food offerings, increasing the uptake of school meals, embedding learning about growing and cooking food into the curriculum and positively changing family eating habits outside school.

2.28 The community projects included the Croydon Community Food Learning Centre which delivered cooking and food growing courses for local residents or individuals who were Not in Employment, Education or Training or who had other identified health and/or social needs. Schools were supported to develop food growing clubs and 6 food growing spaces were built in local schools and the community. Teachers were given a one day course in nutrition and healthy eating.

2.29 Garden Organics trained residents as Master Gardeners to provide one to one supported to other residents who wanted to start or improve their food growing. Ten community food growing gardens were developed. Food Buddies were trained to attend community events and talk to the public about simple food growing techniques and healthy eating recipes.

2.30 The Healthy Food Businesses project developed and ran courses free of charge to Croydon residents wishing to set up healthy food businesses. Participants were also given post-course mentoring support and a small grant to develop their business and test trade.

2.31 GLA funding for the Food Flagship ends in March 2017 however legacy work that will be taken forward includes the School Food Plan, Croydon Food Partnership Board, Eat Well Croydon and support for growing and cooking initiatives including Croydon Community Food Learning Centre.

Board development

2.32 Collectively, health and wellbeing board members need to be confident in their system wide strategic leadership role, have the capability to deliver transformational change through the development of effective strategies to drive the successful commissioning and provision of services and be able to create improvements in the health and wellbeing of the local community.

2.33 In June 2016 the Board agreed that the CCG's clinical vice chair should become the second Board vice chair. The work of the Board is supported by a small executive group appointed by the Board. Membership of the executive group comprises the chair and the two vice chairs of the Board, the council's Executive Director of People, the CCG's Chief Operating Officer, the Director of Public Health, and the Chief Executive of Croydon Health Watch.

2.34 The executive group appointed by Croydon's Board has overseen a programme of board development, which builds on earlier work to develop the shadow health and wellbeing board. Developmental priorities for the Board are set out in the strategic risk register for the Board and with the identification of six development areas. The development areas remain:

1. Stakeholder and community engagement
2. External and self-assessment
3. Strategic alignment of Board work plan
4. Performance improvement
5. Promoting integration
6. Governance

2.35 Work has been undertaken on a self assessment exercise which will inform the broader Local Strategic Partnership review. Any changes to governance will be made in line with recommendations from the LSP review. Work on promoting integration has been taken forward through the core Board work programme with a wide range of service areas considered. Areas identified for further work in 2017 include improving stakeholder and community engagement, governance and performance.

2.36 The Board has sought input and engagement from members of the public in its meetings and broader work, including within the partnership groups accountable to the Board. Board meetings have dedicated time for public questions. In recent meeting members of the public present have been invited to join table discussions on strategic agenda items.

2.37 The Board has also agreed to sponsor a 2017 series of seminars on priorities identified by the Board. These are to include a range of stakeholders including service providers and members of the public. The first of these on dementia took place in January 2017 and has led to Board support for the establishment of a Croydon Dementia Action Alliance and agreement to work towards Dementia Friendly Town status over the next two years. Seminars on mental health and diabetes are planned for May 2017 and November 2017 respectively.

2.38 The Board's work plan has been developed, and is reviewed regularly, by members of the health and wellbeing board. It is shaped by the priorities set out in the joint health and wellbeing strategy. Consultation activity for the development of this document and other pieces of work led by the Board are set out in the relevant board papers.

2.39 The health and wellbeing board, as a committee of the council, has a statutory duty to promote equality as set out in the Equality Act 2010. As with other council committees, proposals coming to the Board require equality analysis if these involve a big change to a service or a small change that affects a lot of people. Guidance on equality analysis has been provided by the council's equalities team.

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APPENDICES
Appendix 1 Board work plan 2016/17
Appendix 2 Board work plan 2017/18

SUPPORTING DOCUMENTS
The joint strategic needs assessment can be accessed here

The joint health and wellbeing strategy 2013-18 can be accessed here

Minutes of the cabinet meeting of 11 March 2013 agreeing the proposal to establish a health and wellbeing board (item A44/13) can be accessed here

BACKGROUND DOCUMENTS: None

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Appendix 1 Topics covered at HWB meetings in 2016/17

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
13 April 2016	**Strategic items**				
	Improving people's satisfaction with care: learning from local best practice • Maternity services	To share learning on how services have improved people's experience of care	Improve people's satisfaction with care	Paula Swann	Caroline Boardman
	Business items				
	CCG operating plan 2016/17	The board has a duty to give an opinion on the alignment of the CCG's commissioning plan to the JHWS	n/a	Paula Swann	Fouzia Harrington
	Health and social care integration: Better Care Fund and Transforming Adult Community Services	To inform the board of progress on the work schedule of the Better Care Fund and provide an update on TACS	n/a	Paula Swann / Paul Greenhalgh	Paul Young / Vanda Learey
	People Gateway	To update the board of the work of the People Gateway	Household income is a key determinant of health. This item relates to the JHWS priority of	Paul Greenhalgh	Mark Fowler

Appendix 1 Topics covered at HWB meetings in 2016/17

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
			child poverty.		
	Report of the chair of the executive group • Performance report • Work plan • Risk	To inform the board of work undertaken by the executive group and consider the board risk register	n/a	Paul Greenhalgh	Steve Morton
8 June 2016	**Strategic items**				
	Prevention, self-care and shared decision making	To consider work to increase self-care and self-management	Promoting self-management and self-care	Paula Swann	Jimmy Burke
	Business items				
	Croydon Community Strategy	To consider the Community Strategy	n/a	Paul Greenhalgh / Paula Swann	Dave Morris
	South West London Sustainable Transformation Plan	To consider the South West London Sustainable Transformation Plan	n/a	Paula Swann	Fouzia Harrington
	Food Flagship annual report	To report on activity undertaken by the Food Flagship	Reduce overweight and obesity in children	Rachel Flowers	Ashley Brown
	Heart Town annual report	To report on activity undertaken by the Heart	Early detection & treatment of	Rachel Flowers	Steve Morton

Appendix 1 Topics covered at HWB meetings in 2016/17

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
		Town project	cardiovascular disease and diabetes		
	Report of the chair of the executive group • Work plan • Risk	To inform the board of work undertaken by the executive group and consider the board risk register		Paul Greenhalgh	Steve Morton
14 September 2016	**Strategic items**				
	Cancers	To discuss work to increase the early detection and treatment of cancers	Early detection and treatment of cancers	Paula Swann	Jimmy Burke
	JSNA key dataset 2016	To consider key challenges and needs identified by the key dataset	n/a	Rachel Flowers	Steve Morton / Craig Ferguson
	People's experience of using mental health day care services	To report to the board on work being undertaken to improve users' experiences of mental health day care services	Improve people's satisfaction with care	Paula Swann	Jennifer Francis / Paul Richards / Neil Turney
	Business items				
	Tobacco control update	To report to the board on	Reducing	Rachel Flowers	Bernadette Alves /

Appendix 1 Topics covered at HWB meetings in 2016/17

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
		work to reduce smoking prevalence	smoking prevalence		Mar Estupiñan
	Health Protection Forum update	To report to the board on work to main health protection in the borough	Preventing illness or injury	Rachel Flowers	Ellen Schwartz / Dawn Cox
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Charlie Ladyman	Darren Morgan / Tom Cox
	Report of the chair of the executive group • Work plan • Risk	To inform the board of work undertaken by the executive group and consider the board risk register	n/a	Barbara Peacock	Steve Morton
19 October 2016	**Strategic items**				
	Commissioning intentions 2016/17	The board has a duty to give an opinion on the alignment of the CCG's commissioning plan to the JHWS and the power to give its opinion to the council on whether the council is discharging its duty to have regard to the JSNA and JHWS.	Relates to a statutory function of the board	Paula Swann/Barbara Peacock	Stephen Warren / Pratima Solanki / Ian Lewis / Sarah Ireland
	Health as a social movement / Asset based	To consider how	All	Barbara Peacock /	Tbc

Appendix 1 Topics covered at HWB meetings in 2016/17

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
	approaches to improving health	individuals and communities can be supported to mobilise around health and wellbeing in Croydon		Sarah Burns	
	Business items				
	Joint commissioning executive report	To provide an overview of the work of the joint commissioning executive	All	Barbara Peacock / Paula Swann	Sarah Warman
	Safeguarding adults annual report	To inform the board of the work of the Safeguarding Adults Board	n/a	Barbara Peacock	Sean Olivier
	Safeguarding children annual report	To inform the board of the work of the Safeguarding Children Board	n/a	Barbara Peacock	Lorraine Burton / Maureen Floyd
	Better Care Fund	To inform the board of progress on the work schedule of the Better Care Fund	n/a	Paula Swann / Barbara Peacock	Paul Young / Steven Buck / Ivan Okyere-Boakye / Graham Terry
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Charlie Ladyman	Darren Morgan
	Report of the chair of the executive group	To inform the board of	n/a	Barbara Peacock	Steve Morton

Appendix 1 Topics covered at HWB meetings in 2016/17

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
	• Work plan • Risk	work undertaken by the executive group and consider the board risk register			
14 December 2016	**Strategic items**				
	Annual report of the director of public health 2016	To discuss the content of the director of public health's annual report and agree any actions for the board arising from it	Statutory report	Rachel Flowers	Anita Brako (Rachel to make presentation)
	Social isolation action plan	To consider and prioritise recommendations for inclusion in the social inclusion action plan	n/a	Rachel Flowers	Steve Morton
	Business items				
	Live Well Croydon	To inform the board of work to integrate healthy lifestyle support services	multiple	Rachel Flowers	Matt Phelan / Anita Brako (both attending)
	Health protection update	To inform the board of key health protection issues for the borough including uptake of immunisations & vaccinations	Improve the uptake of childhood immunisations	Rachel Flowers	Ellen Schwartz / Dawn Cox

Appendix 1 Topics covered at HWB meetings in 2016/17

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
	Pharmaceutical needs assessment (PNA) update	To consider any changes to the PNA and agree process for full update	n/a	Rachel Flowers	Claire Mundle (attending)
	JSNA programme for 2017	To agree the JSNA programme for 2017	n/a	Rachel Flowers	Craig Ferguson
	Outcomes based commissioning for over 65s	To update the board on progress since the last report on 10/02/16	Prevent illness and injury and promote recovery in the over 65s	Paula Swann / Barbara Peacock	Martin Ellis
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Jai Jayaraman	Darren Morgan
	Report of the chair of the executive group • Performance • Work plan • Risk	To inform the board of work undertaken by the executive group and consider the board risk register	n/a	Barbara Peacock	Steve Morton
25 January 2017	**Board seminar – dementia friendly communities**				
8 February 2017	**Strategic items**				
	Primary care co-commissioning	To consider the development of primary care co-commissioning	n/a	Paula Swann	tbc

Appendix 1 Topics covered at HWB meetings in 2016/17

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
		arrangements in Croydon			
	Business items				
	Better Care Fund	To inform the board of progress on the work schedule of the Better Care Fund	n/a	Paula Swann / Barbara Peacock	Paul Young & Ivan Okyere-Boakye / Graham Terry & Steven Buck
	JSNA programme for 2017	To agree the JSNA programme for 2017	n/a	Rachel Flowers	Craig Ferguson
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Update	Darren Morgan
	Report of the chair of the executive group • Work plan • Risk	To inform the board of work undertaken by the executive group, to consider performance and review the board risk register	n/a	Barbara Peacock	Steve Morton

Appendix 2 Topics due for consideration at HWB meetings in 2017/18

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
5 April 2017	**Strategic items**				
	Household income and child poverty update	To update the board on progress made	Reducing the proportion of children living in poverty / Reducing levels of worklessness and long term unemployment	Barbara Peacock	Mark Fowler -
	Together for Health update	To update on group treatment sessions for diabetes and other chronic conditions	Supporting people to be resilient and independent	Paula Swann	Emily Symington
	Business items				
	CCG operating plan 2017/18	The board has a statutory duty to give an opinion on the alignment of the CCG's commissioning plan to the JHWS	All	Paula Swann	Stephen Warren
	Council commissioning intentions 2017/18	The board has the power to give its opinion to the council on whether the	All	Barbara Peacock	Sarah Ireland

Appendix 2 Topics due for consideration at HWB meetings in 2017/18

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
		council is discharging its duty to have regard to the JSNA and JHWS in relation to commissioning decisions.			
	Health protection update - air quality	To inform the board of key health protection issues for the borough	Preventing illness and injury and helping people recover	Rachel Flowers / Andy Opie	Ellen Schwartz
	Social isolation action plan update	To update the board on progress with production of the social isolation action plan	Supporting people to be resilient and independent	Rachel Flowers	Jack Bedeman / Mar Estupinan
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	N/A	Jai Jayaraman (not verbal report) / Yinka Aloowooja
	Report of the chair of the executive group • Work plan • Risk	To inform the board of work undertaken by the executive group and consider the board risk register	n/a	Barbara Peacock	Steve Morton
May 2017 (date tbc)	**Board seminar – mental health strategy review (led by Cllr Woodley)**				

Appendix 2 Topics due for consideration at HWB meetings in 2017/18

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
7 June 2017	**Strategic items**				
	Making Croydon a dementia friendly borough	To update the board on work to become a Dementia Friendly borough	Supporting people to be resilient and independent	Maggie Mansell	tbc
	Disability and employment	To consider work to improve employment opportunities for people with disabilities	Supporting people to be resilient and independent	Barbara Peacock	Emma Lindsell / Mark Fowler
	Business items				
	South West London Strategic Transformation Plan	To update the board on implementation and development of the SW London and local plans	All	Paula Swann	Stephen Warren
	Delayed Transfers of Care	To update the board on work to reduce delayed transfers of care	Providing integrated, safe, high quality services	Paula Swann / Barbara Peacock	tbc
	Joint commissioning executive report	To provide an overview of the work of the joint commissioning executive	All	Barbara Peacock / Paula Swann	Sarah Ireland / Sarah Warman

Appendix 2 Topics due for consideration at HWB meetings in 2017/18

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
	Better Care Fund – pick DTOC in June	To inform the board of progress on the work schedule of the Better Care Fund	n/a	Paula Swann / Barbara Peacock	Steven Buck
	Food Flagship update	To inform the board of work undertaken by the Food Flagship programme		Rachel Flowers	Ashley Brown
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Jai Jayaraman	Darren Morgan
	Report of the chair of the executive group • Work plan • Risk	To inform the board of work undertaken by the executive group and consider the board risk register	n/a	Barbara Peacock	Jack Bedeman
13 September 2017	**Strategic items**				
	JSNA key dataset 2017	To consider key challenges and needs identified by the key dataset	n/a	Rachel Flowers	Ellen Schwartz / Craig Ferguson
	Progress with health and social care integration	To review work to integrate service provision in line with the statutory responsibility of the HWB to promote integration	Providing integrated, safe, high quality services	Barbara Peacock / Paula Swann	tbc

Appendix 2 Topics due for consideration at HWB meetings in 2017/18

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
	Business items				
	Review of the local strategic partnership and health and wellbeing board (including partnership group review)	To agree proposed changes to board governance arising from the review of the LSP and HWB	n/a	Barbara Peacock	Steve Morton
	Health protection update	To inform the board of key health protection issues for the borough	Preventing illness and injury and helping people recover	Rachel Flowers	Ellen Schwartz
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Jai Jayaraman	Darren Morgan
	Report of the chair of the executive group • Work plan • Full review and update of board risk register	To inform the board of work undertaken by the executive group and consider the updated board risk register	n/a	Barbara Peacock	Jack Bedeman
18 October 2017	**Strategic items**				
	Commissioning intentions 2017/18	The board has a duty to give an opinion on the alignment of the CCG's commissioning plan to the	All	Paula Swann/Barbara Peacock	Stephen Warren / Pratima Solanki / Ian Lewis / Sarah Ireland

Appendix 2 Topics due for consideration at HWB meetings in 2017/18

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
		JHWS and the power to give its opinion to the council on whether the council is discharging its duty to have regard to the JSNA and JHWS.			
	All Age Disability services	To inform the board of work to transform all age disability services	Supporting people to be resilient and independent	Barbara Peacock	Guy Van Dichele
	Business items				
	Safeguarding adults annual report	To inform the board of the work of the Safeguarding Adults Board	n/a	Barbara Peacock	Sean Olivier
	Safeguarding children annual report	To inform the board of the work of the Safeguarding Children Board	n/a	Barbara Peacock	Lorraine Burton / Maureen Floyd
	Joint commissioning executive report	To provide an overview of the work of the joint commissioning executive	All	Barbara Peacock / Paula Swann	Sarah Ireland / Sarah Warman
	Better Care Fund	To inform the board of progress on the work schedule of the Better	n/a	Paula Swann / Barbara Peacock	Paul Young & Ivan Okyere-Boakye / Graham Terry &

Appendix 2 Topics due for consideration at HWB meetings in 2017/18

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
		Care Fund			Steven Buck
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Jai Jayaraman	Darren Morgan
	Report of the chair of the executive group • Work plan • Risk	To inform the board of work undertaken by the executive group and consider the board risk register	n/a	Barbara Peacock	Jack Bedeman
November 2017 (date tbc)	**Board seminar – diabetes**				
13 December 2017	**Strategic items**				
	Community safety	To discuss the impact on crime and the fear of crime on health and wellbeing		Rachel Flowers	Andy Opie / Cheryl Wright
	Business items				
	JSNA programme for 2017	To agree the JSNA programme for 2017	n/a	Rachel Flowers	Ellen Schwartz / Craig Ferguson
	Health protection update	To inform the board of key health protection issues for the borough	Preventing illness and injury and helping people	Rachel Flowers	Ellen Schwartz

Appendix 2 Topics due for consideration at HWB meetings in 2017/18

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
			recover		
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Jai Jayaraman	Darren Morgan
	Report of the chair of the executive group • Work plan • Risk	To inform the board of work undertaken by the executive group and consider the board risk register	n/a	Barbara Peacock	Jack Bedeman
7 February 2018	**Strategic items**				
	Business items				
	Pharmaceutical Needs Assessment	To agree the PNA	The board has a statutory duty to agree a PNA for Croydon	Rachel Flowers	Tbc / Claire Mundle
	Joint commissioning executive report	To provide an overview of the work of the joint commissioning executive	All	Barbara Peacock / Paula Swann	Sarah Ireland / Sarah Warman

Appendix 2 Topics due for consideration at HWB meetings in 2017/18

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
	Better Care Fund	To inform the board of progress on the work schedule of the Better Care Fund	n/a	Paula Swann / Barbara Peacock	Paul Young & Ivan Okyere-Boakye / Graham Terry & Steven Buck
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Jai Jayaraman	Darren Morgan
	Report of the chair of the executive group • Work plan • Risk	To inform the board of work undertaken by the executive group and consider the board risk register	n/a	Barbara Peacock	Jack Bedeman

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HSC 20170321 AR08

Croydon Health Services NHS
NHS Trust

Update on the Trust's financial recovery plan

Croydon Council
Health & Social Care
Scrutiny Sub Committee

21 March 2017

Croydon Heath Services NHS Trust has exited Financial Special Measures.

Current position

NHS Improvement has taken Croydon Health Services (CHS) out of Financial Special Measures after just seven months.

NHS Improvement described the Trust as having made "significant improvements in its financial position," during the announcement on 20 February.

CHS is now on track for achieving an agreed deficit control total of £32.8m by 31 March 2017, prior to receiving Sustainability and Transformation Funding from NHS Improvement (see next slide).

CHS was one of the first five acute trusts across the country to be placed in Financial Special Measures in July 2016.

The intervention by NHS Improvement meant that each Trust was given intense scrutiny and tougher targets in order to turnaround rising financial deficits.

NHS Improvement challenged CHS to reduce its deficit by £7m more than planned in 2016/17, whilst achieving over £14m of agreed efficiency savings throughout the year.

At the same time, CHS had to maintain high-quality care and meet national standards for planned operations and cancer services, along with agreed trajectories for emergency care.

2016/17

The Trust's financial recovery plan has been carefully developed to reduce costs – without compromising patient care or safety.

Overview

Current forecasts show the Trust is about to £0.4m ahead of plan to meet its financial control total in 2016/17.

- **Each Clinical Directorate has detailed plans and the Trust has taken decisive action to reduce costs whilst continuing to focus on quality improvements.**
- **The Trust is working hard to limit use of expensive temporary staffing through ongoing recruitment to appoint more permanent staff. More than 30 nurses and midwives joined CHS in Jan 2017.**
- **Recovery plan also focuses on ensuing that every purchase decision offers value for money, and further improving productivity by minimising delays to increase access to services.**
- **In meeting the £32.8m financial control total in 2016/17, CHS would qualify for £7.35m Sustainability and Transformation Funding from NHS Improvement.**
- **STF would enable the Trust to reduce its deficit by more than a quarter to £26.1m (2016/17).**

Savings schemes have been scrutinised by the Trust's Clinical Cabinet to ensure no adverse affect to the quality, safety or performance of services.

- **FFT:** 93.7% of patients recommended our A&E care in Jan 2017, with 94.8% of inpatients recommending CUH.
- **A&E:** Latest published statistics show that CHS was eight in London for A&E performance (Jan 2017).
- **Winter:** Weekly figures show CUH had an average bed occupancy rate of 98.5% (27Feb to 5 Mar). Our staff are working exceptionally hard to cope with demand.
- **Pressures ulcers:** 3.54% - better than the national average of 4.24%
- **Falls with harm:** 0.22% - better than the national average of 0.51%

2017/18 and beyond

NHS Improvement has set CHS a deficit target of £19.135m in 2017/18, excluding the addition of £8.8m Sustainability and Transformation Funding (STF).

Financial recovery

CHS must reduce its financial deficit by almost half in 2017/18, and by a further £9m the year after (2018/19).

- **Receipt of STF could reduce the Trust's deficit to £10.3m in 2017/18, and £2m in 2018/19.**
- **To qualify for STF, savings must be delivered whilst maintaining quality and expected performance standards.**
- The Board is **confident** the Trust will meet its 2017/18 control total:
  - CHS has identified initiatives that can achieve up to £7.53m of the £10.81m CIP target required in the 17/18 plan.
  - In addition there is the full year delivery of the 2016/17 CIP and FSM actions of £3.5m
  - The Trust is rapidly compiling further CIPs to address the remaining gap and expects to have fully identified 2017/18 CIPs by the end March 2017
- The Trust's response to FSM has been the same as its approach to winter – and that is to engage clinicians and staff at all levels, and to take "collective ownership" in addressing the issue:

"The clinicians and managers were amongst the most well informed we have come across regarding the financial position of the Trust and what needs to be done. We were also impressed with the optimism and speed that the group formed to find more areas for cost improvement."

GE Healthcare Finnamore following Trust workshop (Dec 2016)

Sustaining recovery

What is different this year and going into 2017/18 to enable the Trust to retain financial grip and continued financial recovery?

The Trust has strengthened all existing measures and has improved the support mechanisms required to restore financial grip and discipline.

1. **Leadership and Ownership**
   - **Greater executive leadership for each work stream (workforce; service optimisation; productivity and technology optimisation). This is helping to ensure earlier development of plans compared with previous years.**
   - **More support to Clinical Directors. The Trust's clinical directorates have been restructured to give clinicians greater ownership of their services. There is now a leadership team in place that will help ensure clinical involvement earlier on to shape 2017/18 plans.**
2. **Improved finance support**
   - **During 2015/16 there were many vacancies in the Finance Team which resulted in mixed support for Clinical and Corporate teams. In 2016/17, Clinical Directorates have had dedicated support from a Business Partner as well as increased support from a substantively employed senior Finance Team.**
   - **Budgets were set by considering what was needed within each service to deliver contracted activity levels. There was a clear budget setting process, clear reporting of cost improvement plans and budget sign off by Clinical Directors and Associate Directors of Operations at the start of the year.**
3. **Improved business intelligence**
   - **Service line reporting data has been enhanced to help identify additional opportunities to grow services or improve efficiencies.**
   - **Further efficiencies will be identified through adopting the recommendations of the Lord Carter review.**
4. **Improved Transformation and PMO support and knowledge**
   - **2017/18 schemes are now being monitored via weekly with the Clinical Directorates, Chief Operating Officer, Deputy Director of Finance and Director of Transformation. This ensures more robust development and monitoring than in previous years with strong linkages between Operations, Finance and Transformation.**
5. **Continued Enhanced Controls**
   - Weekly review of pay KPIs including weekly temporary staffing spend and trends and business cases for any change to establishment or recruitment to posts (substantive or temporary) reviewed with DoHR, Don / Med Dire and CEO or COO sign off required.
6. **Closer scrutiny and governance**
   - **Progress is monitored by the Finance Improvement and Transformation Board (FITB) and is aligned with the Trust's**
   - NED review of CIP work streams**, including business as usual to ensure that the board continues to have assurance on CIP delivery and holds SROs to account**

Sustaining recovery

CHS has adopted the same rigour and focus on all workforce disciplines to ensure the Trust is recruiting the right numbers of staff with the right skills to meet patient need. The Trust has reduced agency costs from £26m in 2015/16 to £20m in 2016/17 and is now looking to reduce this to £14m in 2017/18 and to £8m by 31/3/19.

Long Term Workforce Planning

Workforce is our Greatest Asset

The Trust recognises that its workforce is not only its greatest asset in terms of delivering sustainable change but also is the primary driver of future costs, and in the context of financial special measures – cost control.

CHS workforce plans have been designed to consider specific local pressures but also to meet sector wide considerations – i.e. Sustainable Transformation Plans - and finally to support national strategy – i.e. new care models as per the Five Year Forward Plan.

The overriding outcome of all planning is to ensure that the Trust is recruiting the right numbers of staff with the right skills and behaviours to meet patient needs, recognising that the way CHS will deliver services will change through the lifetime of the Plan.

Focus (no. of £s indicates greater opportunity)	Medical	Nursing	AHP	A&C
Agency Reduction	£££	£	£	££
Workforce optimisation (including job planning for all disciplines)	£££	££	£	££
Optimise e-roster	££	£		£

1. **NHS Improvement Nursing Review**
   - **The NHSI Improvement Director (Nursing) undertook a site visit on the 15 December which included a visit to maternity, paediatrics, the Emergency Department and Edgecombe Unit. Three recommendations focus on direct cost reduction such as a reduction in the temporary staff fill rate, reduced hours to provide enhanced care and the creation of a pool of Healthcare Assistants dedicated to providing enhanced care.**

2. **Medical**
   - **In line with the NHS Emergency Care Improvement Programme, the Trust is reviewing consultant job rotas in the Emergency Department and implementing recommendations from a review of medical staffing productivity by speciality.**

3. **Admin and Clerical**
   - In order to deliver more benefits from the Trust's electronic patient record system (CRS Millennium), CHS has set up a technology optimisation programme arrive at reducing admin pay costs from going "paper lite**".**

Improvement journey

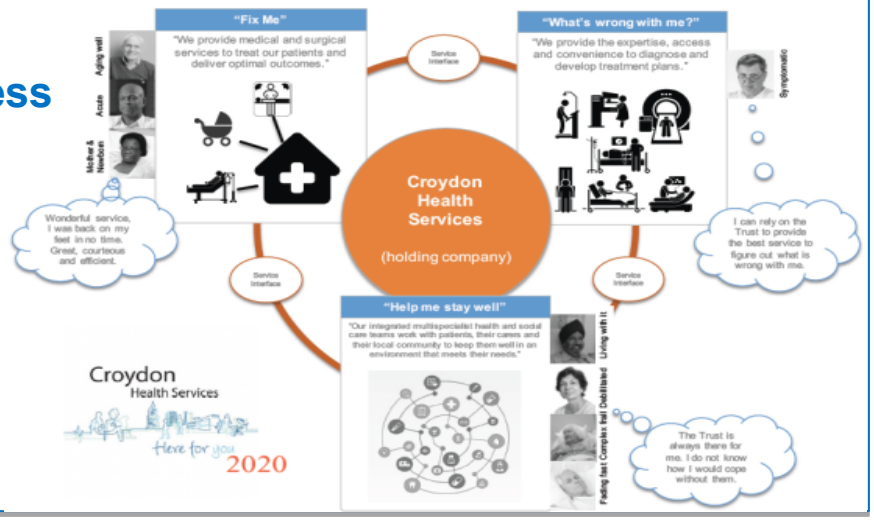
From a journey that started in 2015/16, the Trust has identified three business models (box a) that give focus and a road map to achieve consistent high-quality care and financial sustainability.

Strategy and culture

The Trust's improvement strategy is focused on meeting population changes – understanding their needs, wants and behaviours – and maximising the Trust's own strengths and capabilities to deliver patient-centred care.

- **Partnerships:** The Trust has formed a number of alliances and partnerships (box b) to develop new models of care for Croydon across primary, social care, mental health services and the voluntary sector, and our commissioners to transform services that will deliver better outcomes within the available financial envelope.
- **SWL STP: As part of the SWL STP transformation programme there are a number of opportunities and benefits that support the implementation of our business strategy in relation to clinical networking, service sustainability, technology and estates optimisation.**
- **The Croydon Transformation Delivery Board** has been established with the CCG and Alliance Partners to deliver the Croydon STP with specific Out of Hospital and Planned Care Business cases being developed.
- **'How we work' – to become sustainable requires the Trust to change the way it works. CHS adopted Listening into Action (LiA) to engage staff to encourage change and innovation at all levels. This is helping to improve the Trust's efficiency overall. To embed this further, the Trust supported 30 staff to become 'LiA coaches' with the aim of delivering 30 service improvements.**

Box A: New business models



Box B: Key Partnerships

- **Croydon Best Start – commenced in Summer 2016 -** combining our care with the local authority for the 0-5s
- **Croydon Urgent Care Alliance - CHS, GP Collaborative and independent sector** to run a network of urgent care services with local GPs from April 2017, to improve access to urgent care for minor illnesses and minor injury, helping to reduce the pressure in A&E
- **Croydon Accountable Care Alliance** – Commissioners, from 1/4/17 to deliver outcomes as defined by older people who use our services including: How to stay well, Integrated personal budgets for social care

Lessons learnt

In addition, the following lessons have enhanced the Trust's oversight and management of cost improvement planning going into 2017/18.

Oversight of Cost Improvement Planning

2016/17

Lesson 1:
Duplication of work stream development

Lesson 2:
Clear Senior Responsible Owner, operational leadership and support supports delivery at pace

Lesson 3:
Directorates & Transformation Team energy diluted across too many new projects given limited resource & financial constraints to deliver benefits

2017/18

Streamline Transformation Programmes
(from 4 to 3)
Create synergy between Productivity & Clinical Pathways
Ensure clear leadership and support with a matrix outlining each at the outset of the year

Primary Programmmes:
1. Enabling
2. Workforce
3. Productivity

Plus Directorate owned schemes < £250k

Focus on high efficiency high income projects or projects with significant non-financial benefits

Projects with Efficiency Savings or Income Below £250k

Directorate initiated & supported

Projects with Efficiency Savings or Income above £250k

Transformation Team end to end full project management support

Croydon Health Services NHS
NHS Trust

Update on the Trust's financial recovery plan

Comments and discussion

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For general release

REPORT TO:	**HEALTH AND SOCIAL CARE SCRUTINY SUB COMMITTEE 21 MARCH 2017**
AGENDA ITEM:	**11**
SUBJECT:	**HEALTH AND SOCIAL CARE SCRUTINY SUB COMMITTEE WORK PROGRAMME 2016/17**
LEAD OFFICER:	**Acting Borough Solicitor and Acting Monitoring Officer,**

ORIGIN OF ITEM:	The Scrutiny Work Programme is scheduled for consideration at every ordinary meeting of this Committee.
BRIEF FOR THE COMMITTEE:	To consider any additions, amendments or changes to the agreed work programme for the Committee in 2016/17.

1. EXECUTIVE SUMMARY

1.1 This agenda item details the Committee's proposed work programme for the remainder of the 2016/17 municipal year.

1.2 The Sub Committee has the opportunity to discuss any amendments or additions that it wishes to make to the work programme.

2. WORK PROGRAMME

2.1 The work programme is attached at **Appendix 1.**

3. RECOMMENDATIONS

3.1 Agree any changes or amendments to the Work Programme.

REPORT AUTHOR: Stephen Rowan,
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BACKGROUND DOCUMENTS: None.

APPENDIX 1

HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE
FOR 2016/17 WORK PROGRAMME

19 July 2016	Confirmation of the Chair and Vice Chairman	Committee Membership, Chairing and Terms of Reference	Healthwatch Croydon nomination	Croydon Clinical Commissioning Group Summary of priorities		**Regular Items** (Initial) HSC Scrutiny Sub-Committee work programme 2016/17 SWL JHOSC and Subs update SEL JHOSC HealthWatch Croydon
27 September 2016	Croydon CCG and Croydon Health Services Trust Special Measures			**Regular Items** HSC Scrutiny Sub-Committee work programme 2016/17 SWL JHOSC and Subs update SEL JHOSC Healthwatch Croydon		
18 October 2016	Croydon Health Services NHS Trust Financial Savings Plan	Croydon CCG Financial Savings Plan		Decommissioning Foxley Lane Women's Unit Engagement Plan	CCG Update on Urgent Care	**Regular Items** HSC Scrutiny Sub-Committee work programme 2016/17 HealthWatch Croydon

					SWL JHOSC and SEL JHOSC
8 November 2016	Adult Safeguarding Annual Report – to include the outcome of the CQC inspection of Croydon Care Homes based homes	CCG Outcome Based Commissioning for the over 65s	Mental Health (CCG Provision commissioning and Monitoring)	Better Care Fund	**Regular Items** HSC Sub-Committee work programme 2016/17 SWL JHOSC and Subs update SEL JHOSC Healthwatch Croydon
8 December 2016	South West London's Sustainability and Transformation Plan	CCG Financial Recovery Plan	CHS Financial Recovery Plan		**Regular Items** HSC Sub-Committee work programme 2016/17 SWL JHOSC and Subs update SEL JHOSC Healthwatch Croydon
17 January 2017	Cabinet Member for Families, Health and Social Care, Cllr Louisa Woodley	CCG Progress Report on the Primary Care Variation Reduction Strategy Outcome Based Commissioning for Over 65s – The Croydon Alliance	Transforming Services for people with Learning Disabilities Annual Report Public Health 2016		**Regular Items** HSC Scrutiny Sub-Committee work programme 2016/17 SWL JHOSC SEL JHOSC PAN London JHOSC Healthwatch Croydon

21 March 2017	Adult Safeguarding 6month review/update	The work of SLaM including an update on substance misuse	The Work of the Health and Wellbeing Board	CHS Financial Recovery Update	Results and Outcome of the Public Consultation on IVF	**Regular Items** HSC Scrutiny Sub-Committee work programme 2016/17 SWL JHOSC and Subs update SEL JHOSC Healthwatch Croydon
16 May 2017	Quality Accounts Croydon Health Services NHS Trust	Quality Accounts South London and Maudsley NHS Foundation Trust	CCG Financial Recovery Update	SWL JHOSC and Subs update SEL JHOSC Healthwatch Croydon Review of the Scrutiny Sub-Committee work programme and Topics for 2017/18		

Committee work programme suggestions for 2016/17
Men's Health
Allied Health Professional
Council meets on
23 May (Annual Council), 18July, 17 October, 5 December, 30 January 2017, 27 February (Council Tax), 18 April (Scrutiny Annual Report)
Cabinet meets on
20 June, 11 July, 19 September, 24 October, 14 November, 12 December, 23 January, 20 February (Council Tax), 20 March, 2 May 2017

REPORT TO:	**Health and Social Care Scrutiny Sub Committee 21 March 2017**
AGENDA ITEM:	**12**
SUBJECT:	**Adult Social Care: Croydon Safeguarding Adults Board**
LEAD OFFICER:	**Guy Van Dichele , Director of Adult Social Care & Disabilities**
CABINET MEMBER:	**Cllr Louisa Woodley, Cabinet Member for Families, Health & Social Care**
WARDS:	**ALL**

1. Introduction

The purpose of the report is to update the Health, Social Care and Scrutiny Sub Committee in regard to the work of the Croydon Safeguarding Adults Board (CSAB). Prior to the Care Act the Croydon Safeguarding Adults Board had been in place as a non-statutory safeguarding board in line with No Secrets Guidance (2000) This Report will outline the work of the CSAB by outlining:

- The Purpose of the Board
- Recent key developments.
- Policy and Procedures
- The work of the key committees which sit under the CSAB, including, the Intelligence Committee, which supports the work with the social care market. The social care market was the focus of the previous paper to this Sub-Committee in November 2016.
- In Appendix One there is the Glossary taken from the Annual Report which might help members and in Appendix 2 a case example of a Safeguarding Adult Review

2. Purpose of the Board

As already outlined the CSAB is now a statutory board for the and has the following functions with Croydon

- Assure itself that local safeguarding arrangements are in place as defined by the Care Act
- Prevent abuse and neglect where possible
- Provide a timely and proportionate response when abuse or neglect has occurred.
- The SAB must take the lead for adult safeguarding cross its locality and oversee and co-ordinate the effectiveness of the safeguarding work of its

member and partner agencies. It must also concern itself with a range of matters which can contribute to the prevention of abuse and neglect such as the:

- Safety of patients in local health services
- Quality of local care and support services
- Effectiveness of prisons in safeguarding offenders

3. Progress of the Board

For 2015-16 The CSAB identified six priority areas. The CSAB Annual Report (http://croydonsab.co.uk/wp-content/uploads/2016/11/CSAB-Annual-Report-2015-2016-final.pdf) sets out the progress on these key areas and RAG rates them, which is summarised in the table below

Priority Area	RAG	Comment
Develop effective governance arrangements for the CSAB	Green	Governance arrangements are in place and will be reviewed as Board develops
Communication and Promotion of Safeguarding	Green	Much work has been done in this area, leaflets / promotion
Safeguarding Adult Review Committee	Green	This is a key function of the Board (see Committees section below) and Appendix 1
Personalisation(Making Safeguarding Personal)	Amber	Making Safeguarding Personal is about ensuring the individual is at the centre of the Safeguarding Enquiry. In Croydon some good work has been undertaken by the CSAB Committees to ensure that local people ae involved and the foundations have been put in place but there is room for further development.
Performance and Quality Assurance Committee	Amber	Further developments have been made – including the introduction of a multi-agency dashboard which is in development. The Dashboard will give the CSAB a cross agency view on how well adult safeguarding in being managed. It brings together a range of performance indicators across the agencies.
Learning and Development Committee	Amber	There is a range of training and development opportunities in place but there needs to be further coordination and planning for the future as learning and development is essential in ensuring good safeguarding practice.

4. Recent Developments

Outlined below are some of the key developments which are improving the Boards effectiveness.

4.1. Placing the CSAB on a statutory footing has given the Board a new impetus. *The Annual Plan* published last year set out a clear vision for the Board in a document which was far more user friendly than previous versions. This report has

previously been shared, but as a reminder a link to the Report is enclosed (http://croydonsab.co.uk/wp-content/uploads/2016/11/CSAB-Annual-Report-2015-2016-final.pdf). The report is available to the Public on the new CSAB website which has been developed this year. (www.croydonsab.co.uk)

4.2. *Independent Chair*. The recruitment of a new chair for the CSAB, who is also the chair of the Croydon Children Safeguarding Board. The reason for this is to ensure there are strong links between both Boards and that there is joint work on strategic areas such as domestic violence, modern slavery and radicalisation, which impact on both adults and children.

4.3. *Leadership Executive.* This has been established and includes wider partners beyond the statutory members on the Board. It has agreed shared funding to support these arrangements. This group plays a significant role in setting the strategic direction of the CSAB to ensure it meets it core objectives.

4.4. *Joint Adults and Children's Safeguarding Committee*. This is a new Committee which will focus on joint policies between the Children and Adult Safeguarding Boards and will focus on strategic cross cutting issues. It is chaired by the Independent Chair, Sarah Baker

4.5. *Development Day of the CSAB.* Recently CSAB met to review the progress that CSAB had made since the Care Act was implemented and to begin developing the strategic plan for next year. This was a lively and productive event, which showed, without being complacent, that the CSAB had made significant progress since the implementation of the Care Act. There was much discussion about the priorities for the next year. It was recognised that the CSAB was now working very closely with other Multi- Agency Boards and that priorities need to compliment rather than duplicate. For example Domestic Violence is a key priority for all but this is led by Safer Croydon Partnership and the CSAB support this priority through tits joint work .

4.6 Strategic Plan. Following a steer from the working day the CSAB Chair has been working to develop a draft of the next Strategic Plan. The Care Act (Schedule 2) has given Safeguarding Adults Boards the statutory duty of publishing a Strategic Plan. The previous Strategic Plan had identified a number of priorities which the Annual Plan reported on progress. The unanimous view was there needed to be fewer priorities which complimented rather than duplicated the work of other Boards. The draft priorities that were identified were:

- **Seek out the voice of the adult.** Although there has been an area of focus through such initiatives as Making Safeguarding Personal the view of CSAB members that this is an area priority which continues to need more focus.
- **To ensure that learning and development reflects local need and is responsive to change.** Learning and Development of people involved in safeguarding work is key to good safe practice.
- **Improve awareness and application of the Mental Capacity Act (MCA)**. MCA should be an integral part of practice, when working with people with significant care and support needs.

These priorities have still to be agreed through CSAB governance process but one in place will underpin the work of the CSAB Committees discussed later in the report.

5. Policies and Procedures

5.1. The Care and Support Statutory Guidance (14.137) stipulates that there is collaboration between partners to create a 'framework of inter-agency arrangements' to protect adults. The Policy and Procedures are the responsibility of the CSAB and are vital to give a framework for safe safeguarding practice. Croydon have supported the development and use the Pan London Procedures administered by Association of Adult Social Services (ADASS). This ensures there are consistent procedures across London. Enclosed is a link to these for information.

(https://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures)

5.2. These Policies and Procedures are updated at regular intervals, the last update being August. Croydon are fully represented on the groups responsible for this work. CSAB also have developed local procedures to meet local situations, such as Self Neglect and managing concerns in respect of providers.

6. Safeguarding Activity

6.1. Pages 10-12 of the Annual Report highlights the safeguarding activity, in Croydon. The report highlights that there were 1638 safeguarding concerns reported last year, over 65% went on to further enquires under S42 of the Care Act. This was a significant increase from the previous year and current estimates strongly suggest there will be a further increase this year. Not all cases raised as safeguarding concerns transpire to be safeguarding matters requiring a full s42 Safeguarding Enquiry. In fact sometimes this can be unhelpful to the person at the centre of the Enquiry, Therefore, Croydon Council have now developed a function within the People's Directorate Central Duty Team whereby all Safeguarding Concerns are triaged before S42 Enquiries start. This has proved to be successful. Although the numbers of concerns are increasing a smaller percentage are going on to enquiries with others being managed with a more appropriate response.

7. Croydon Safeguarding Adults Board Committees.

As briefly noted CSAB have several Committees which focus on key areas of activity and drive forward the day to day work which supports the CSAB priorities.

7.1. *Joint Chairs Committee*, This Committee brings together the chairs of those committees below to ensure that there is synergy between all of their work plans.

7.2. *The Health Committee.* This Committee brings together the NHS organisations / Public Health in Croydon to focus on safeguarding adults and enables Health to bring concerns and recommendations to the CSAB. It is a key group in driving the CSAB priorities within the NHS.

7.4. *Performance and Quality Assurance Committee*. This Committee focuses on the multi- agency performance in safeguarding. The Groups has developed a multi-agency dashboard which is currently being updated. Focusing on Safeguarding performance is a key function of the CSAB in support of its key objective. A key area of work has been the development of a multi-agency

7.5. *Safeguarding Adults Review Committee*. The Care Act (S42) requires that a Safeguarding Adults Review is undertaken, where someone may have died as a result of serious abuse / neglect or that someone experienced serious abuse / neglect that resulted in a major impact on their lives. The role of the committee is to decide whether a case should be subject of a SAR and how this would be conducted as there are several ways of doing this proportionate to the circumstances of a case.

7.6. *Mental Capacity Act and Deprivation of Liberty Safeguarding Committee*. The role of the Committee is to support and ensure the principles of the Mental Capacity Act are embedded in Safeguarding work.

7.7. *Learning and Reflection Committee*. This Committee is essential to ensure improvements in safeguarding practice. It oversees the programme for learning and development across the Agencies.

7.8. *Public Awareness and Information Dissemination Committee (PAID)*. This is a key group in developing the interface with the public, particularly those who use services. A key focus recently is developing initiatives to ensure that unrepresented groups are given a stronger voice. It also has a major role in ensuring Making Safeguarding Personal is the foundation of safeguarding practice.

7.9. *Intelligence Committee.* The work of this CSAB Committee was discussed in depth at the last Health and Social Care Scrutiny Sub Committee. The Intelligence Committee brings together relevant colleagues from safeguarding, operational services, commissioning, contracting and health teams to share information that is of concern in respect of Providers. It also shares, examples of good practice and general information – for example information from contract management visits. The Committee is responsible for the Provider Concerns process and it has developed good links with CQC. Currently there are no Providers in Croydon rated as Inadequate. The table below gives a current summary of CQC ratings. There is one Provider rated as Outstanding – Croydon Shared Lives Service. Over 80% of Providers are rated as Good in Croydon.

Outstanding	1
Good	169
Requires Improvement	40
Inadequate	0

8. Conclusion

The report has set out the work that the Croydon Safeguarding Adults Board has undertaken since the implementation of the Care Act. The CSAB has good inter-agency support and has set out a structure to support future development. A key achievement is having in place a someone with experience and knowledge to chair both the Children and Adult Safeguarding Board. This is leading to stronger links between both Boards and will help to develop consistent safeguarding services across all ages.

9. Recommendation

The Committee are asked to support the work of the Croydon Safeguarding Adults Board as outlined in the report.

REPORT AUTHOR: Guy Van Dichele, Director of Adult Social Care & Disabilities

BACKGROUND DOCUMENTS: None

Mr. A1 – Safeguarding Adult Review

The purpose of a Safeguarding Adults Review (SAR) is neither to investigate nor to apportion blame with the aim for professionals and agencies to learn lessons and adjust practice in the light of lessons learnt.

The CSAB commissioned a SAR into the death of Mr A1 during 2014. The Executive summary of the SAR is due to be published on the CSAB website.

Background and History:

Mr. A1 was a gentleman with a severe learning disability and epilepsy who died on 14th July 2013 in Croydon University Hospital.

Mr. A1 experienced an institutional lifestyle after spending many years living in a long stay hospital, St Lawrence's, and then moving with some of the same staff to a care home, The Gables, in 1990.

The Gables was run and managed by the NHS Trust that eventually became Surrey and Borders Partnership NHS Trust. It was set up as part of the national movement to care for people with a learning disability in smaller community based homes rather than big institutions.

The Gables was taken over by The Brandon Trust before a decision was taken a few years later for it to close. As part of the closure plan Mr. A1 was transferred to the Tree Tops, a residential home run by Totem Care on the 13th July 2013.

During the period of transition from The Gables to Tree Tops, Mr. A1 became unwell and was seen by a GP at Birdhurst Medical Practice and then again by the out of hours GP service at The Gables. As a result of the out of hour's assessment, Mr. A1 was taken to Croydon University Hospital where he was given an abdominal x-ray, blood tests and catheterised, before being discharged.

The lack of a personalised approach to care meant that Mr. A1's needs, wishes and preferences were not always 'listened' to or perceived. It was, for example, not until a visiting optician diagnosed Mr. A1 as blind in his left eye and partially sighted in his right that staff were aware he had an impairment.

Appendix 2

Glossary

This glossary is not an exhaustive list, but explains some of the key words or terms that are used in Safeguarding Adults work and in the Annual Report

Abuse includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and institutional abuse.

ACPO (Association of Chief Police Officers), an organisation that leads the development of police policy in England, Wales and Northern Ire-land.

ADASS (Association of Directors of Adult Social Services) is the national leadership association for directors of local authority adult social care services.

Adult Services arrange social care and support for adults who need extra support. This includes older people, people with learning disabilities, physically disabled people, people with mental health problems, drug and alcohol misusers and carers. Adult social care services include the provision by local authorities and others of care homes, day centres, equipment and adaptations, meals and home care Adult social care also includes services that are provided to carers.

Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.

Alert is a concern that a person at risk is or may be a victim of abuse, neglect or exploitation. An alert may be a result of a disclosure, an inci-dent, or other signs or indicators.

Central Referral Unit is where all adult safeguarding referrals to the police are received, risk assessed, graded and allocated for action by the most appropriate police team and/or partner agency.

CCGs (Clinical Commissioning Groups) were formally established on 1 April 2013 to replace Primary Care Trusts and are responsible for the planning and commissioning of local health services for the local population.

Clinical Governance is the framework through which the National Health Service (NHS) improves the quality of its services and ensures high standards of care.

Community Safety Partnerships bring agencies and communities together to tackle crime within their communities. Community Safety Partner-ships (CSPs) are made up of representatives from the responsible authorities, these are Police, police authorities, local authorities, Fire and Rescue authorities, Clinical Commissioning Groups and Probation

CPS (Crown Prosecution Service) is the government department responsible for prosecuting criminal cases investigated by the police in England and Wales.

CQC (Care Quality Commission) is responsible for the registration and regulation of health and social care in England.

DASH (Domestic Abuse, Stalking and Harassment and 'Honour'- Based Violence) risk identification checklist (RIC) is a tool used to help front-line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.

Disclosure and Barring Service (DBS) was established in 2012 through the Protection of Freedoms Act and merges two former organisations, the Criminal Records Bureau and the Independent Safeguarding Authority. The DBS is designed to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults. The DBS search police records and barring lists of prospective employees and issue DBS certificates. They also manage central barred lists of people who are known to have caused harm to vulnerable adults.

DOLS (Deprivation of Liberty Safeguards) are measures to protect people who lack the mental capacity to make certain decisions for them-selves. They came into effect in April 2009 using the principles of the *Mental Capacity Act 2005*, and apply to people in care homes or hospitals where they may be deprived of their liberty.

Domestic Homicide Reviews are commissioned by local Safer Communities Partnerships in response to deaths caused through domestic violence. They are subject to the guidance issued by the Home Office in 2006 under the *Domestic Violence Crime and Victims Act 2004*. The basis for the domestic homicide review (DHR) process is to ensure agencies are responding appropriately to victims of domestic abuse offering and/or putting in place suitable support mechanisms, procedures, resources and interventions with an aim to avoid future incidents of domestic homicide and violence.

Family Group Conferences (FGC) are used to try and empower people to work out solutions to their own problems. A trained FGC coordinator can support the person at risk and their family or wider support network to reach an agreement about why the harm occurred, what needs to be done to repair the harm and what needs to be put into place to prevent it from happening again.

HealthWatch is the new independent consumer champion created to gather and represent the views of the public. It exists in two distinct forms - local Healthwatch and Healthwatch England at a national level. The aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality. Local Healthwatch has taken on the work of the Local Involvement Networks (LINks).

Health and Well-being Board a statutory, multi-organisation committee of NHS and local authority commissioners, co-ordinated by the local authority which gives strategic leadership across Hampshire regarding the commissioning of health and social care services.

MAPPA (Multi-agency Public Protection Arrangements) are statutory arrangements for managing sexual and violent offenders.

MARAC (Multi-agency Risk Assessment Conference) is the multi-agency forum of organisations that manage high risk cases of domestic abuse, stalk-ing and 'honour'-based violence.

MASH (Multi Agency Safeguarding Hub) is a joint service made up of Police, Adult Services and the NHS. Information from different agencies is collated and used to decide what action to take. This means the agencies will be able to act quickly in a co-ordinated and consistent way, ensuring that the person at risk is kept safe.

Mate Crime occurs when a person is harmed or taken advantage of by someone they thought was their friend. There is limited information on the prevalence of Mate Crime nationally; however there has been an increase in the number of safeguarding alerts that involve Mate Crime across Hampshire in recent years.

Mental Capacity refers to whether someone has the mental capacity to make a decision or not. The Mental Capacity Act 2005 and the code of practice outlines how agencies should support someone who lacks the capacity to make a decision

NHS (National Health Service) is the publicly funded health care system in the UK.
OPG (Office of the Public Guardian), established in October 2007, supports the Public Guardian in registering enduring powers of attorney, lasting powers of attorney and supervising Court of Protection appointed deputies.

PALS (Patient Advice and Liaison Service) is an NHS service created to provide advice and support to NHS patients and their relatives and carers.

Safer Neighbourhood Teams are local police working with local people and partner agencies to identify and tackle issues of concern in their area to make neighbourhoods safer.

SAR (Safeguarding Adult Review) undertaken by a Safeguarding Adults Board when a serious case of adult abuse takes place. The aim is for agencies and individuals to learn lessons to improve the way in which they work.

SI (Serious Incident) is a term used for serious incidents in the NHS. It is defined as an incident that occurred in relation to NHS-funded ser-vices resulting in serious harm or unexpected or avoidable death of one or more patients, staff, visitors or members of the public.

Wilful Neglect or Ill Treatment is an intentional or deliberate omission or failure to carry out an act of care by someone who has care of a per-son who lacks capacity to care for them. *Section 44* of the *Mental Capacity Act 2005* makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity.

REPORT TO:	**Health and Social Care Scrutiny Sub Committee** **21 March 2017**
AGENDA ITEM:	**13**
SUBJECT:	**To review the decision of the CCG to vary the provision of IVF and ICSI Assisted Conception Services**
LEAD OFFICER:	**Paula Swann, Chief Officer Croydon CCG**
CABINET MEMBER:	**N/A**
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	**Paula Swann, Chief Officer, Croydon CCG** **Stephen Warren – Director of Commissioning**

ORIGIN OF ITEM:	**This item has been offered to the committee by CCG officers to share the decision to vary the provision of IVF and ICSI Assisted Conception Services.**
BRIEF FOR THE COMMITTEE:	Croydon CCG has a substantial financial challenge. We must live within our resources and focus them on the greatest health needs of our population to secure the best possible health outcomes for our local people. This means prioritising some services over others. To ensure financial sustainability the CCG is required to deliver £36m (7% of resources) in savings in 2017-18. To that end the CCG has considered its policy on funding and commissioning an element of the specialist assisted conception services, IVF (In Vitro Fertilisation) and ICSI (Intracytoplasmic sperm injection) services. On the 27th September 2016 the CCG advised the Health, Social Care & Housing Committee (OSC) of its approach to achieving financial recovery and set out a number of areas that it proposed to engage and/or consult on. It set out schemes that either offered limited clinical effectiveness and/or poor value for money and proposed that these services were either recommissioned, which could include providing them differently, or in some cases reducing the provision or changing thresholds of these services in Croydon. This included the proposal to reduce the provision of IVF and ICSI and to undertake consultation on this proposal.

	On the 16th December 2016 the CCG shared with OSC members for comment i) draft IVF Consultation document and ii) Draft Consultation Plan to OSC with a view to carrying out a consultation process from 4th January to 1 March 2017 in line with the plan. The Governing Body (GB) at its meeting on the 14th March carefully considered the proposal to stop the routine provision of IVF and ICSI services and the response from the consultation. ▪ In making the decision the CCG GB reviewed the: rationale ▪ Public and Patient Consultation Report (Appendix B) ▪ Prioritisation Matrix (Appendix C) ▪ Equality Impact Assessment (Appendix D) Alternative Provider provision (Appendix E). It decided to fund IVF and ICSI only for those with exceptional clinical circumstances. It also agreed that the decision would be implemented from the 14 March (except for applications received by 14 March which meet the approval criteria and approved cases on the waiting list). The GB also considered whether the CCG should specify any eligibility criteria exceptions or, as recommended, solely utilise the Individual Funding Request (IFR) process. It concluded that it would be difficult to agree any specific criteria and these also reflected views obtained during the public consultation. The GB also agreed to continue to review the decision on an annual basis in line with other service priorities and the CCG's financial position. This has been a very difficult decision for the Governing Body as it will result in a small cohort of patients who will not receive NHS treatment and could impact on the parenting ambitions of some Croydon couples. However, it cannot be taken in isolation from consideration of the need to ensure continued provision of other higher priority services such as CAMHs or Urgent Care.
CORPORATE PRIORITY/POLICY CONTEXT: This decision supports the CCG's Financial Recovery Plan.	

FINANCIAL IMPACT

The annual cost of providing the service is £888k. The full year effect of savings are likely to be £829k.

1. RECOMMENDATION to the Committee

To discuss, consider and note the decision of the Croydon CCG Governing Body on the 14th March to vary the provision of IVF and ICSI services in Croydon.

4. CONSULTATION

The CCG consulted from 4 January to 1st March 2017 and the detailed report is attached at Appendix B. A summary is provided in Section 9 of the Report.

5. HUMAN RESOURCES IMPACT

There may be an impact on staff that currently provide IVF/ICSI services in CHS if they cannot be redeployed.

6. EQUALITIES IMPACT

A full equalities impact has been completed and is attached at Appendix D

9. PARTNERSHIP AND COLLABORATIVE WORKING

Croydon CCG is working collaboratively with SW London CCGs around potential areas of decommissioning including IVF services.

CONTACT OFFICER: Stephen Warren, Director of Commissioning at Croydon CCG
stephen.warren@croydonccg.nhs.uk

BACKGROUND DOCUMENTS: None

IVF and ICSI routine funding – The Case for Change

1. Background

Croydon CCG has a substantial financial challenge. We must live within our resources and focus them on the greatest health needs of our population to secure the best possible health outcomes for our local people. This means prioritising some services over others.

To ensure financial sustainability the CCG is required to deliver £18.4m of QIPP savings in 2016/17 as well as £36m in savings in 2017-18. To that end the CCG must consider changing its policy on commissioning specialist assisted conception services which includes decommissioning this service and ceasing routine funding of assisted conception services

On the 4th October 2016 the Governing Body approved a paper setting out the CCG's Financial Savings Plan 2016/17 and 2017/18. This paper included the recommendation to engage with the public on proposals to reduce service provision as part of the CCGs Financial Savings Plans for 16/17 and 17/18. It set out schemes that offered limited clinical effectiveness and/or poor value for money and proposed that these services were either recommissioned, which could include providing them differently, or in some cases reducing the provision or changing thresholds of these services in Croydon. The areas considered included:

- Assisted fertility treatment services (IVF- in vitro fertilisation and ICSI – intra-cytoplasmic sperm injection) – reduction in provision
- Foxley Lane Mental Health Ward to be decommissioned and reprovided in the community
- Reduced provision in a number of Prescribing related areas including gluten-free and emollients, self-care medication, vitamin D for maintenance and specialist baby milks.

Croydon CCG has a strong track record of addressing its financial challenge. The CCG has delivered a continually improved financial position including £49.5m million of QIPP savings (Quality, Innovation, Productivity and Prevention) over the last four years.

Our focus is on transforming services to make them more efficient, effective and sustainable. We have a clinically led service redesign approach which includes:

- Outcomes Based Commissioning (OBC) programme for patients over 65 years old alongside Croydon Council
- New network of urgent care services launching in April 2017
- Real improvements in cancer, mental health and A&E, urgent care and community services

In order to deliver a sustainable financial position the CCG has had to further develop our Improvement and Financial Recovery Plan and make tough decisions, working with the public, patients and partners and stakeholders to consider how the CCG can effectively focus its resources to greatest need to deliver better outcomes. Croydon CCG is facing its biggest financial challenge yet.

The CCG needs to make savings of almost £36 million in the next financial year, which is around 6% of the commissioning budget for local health services of £482.3 million. As a result of these challenges, the CCG identified a number of areas where it could make potential savings that would contribute towards helping the CCG get into financial balance. These areas

of potential savings were then assessed against a set of criteria before being developed further.

Within this requirement we have had to ensure we engage appropriately and proportionately with local people and stakeholders and partners over these decisions and ultimately look at each within the wider context of prioritising the limited resources available to us.

Despite our continued efforts over the last four years of delivering savings, there has been an increasing need to consider other areas including re-commissioning, reducing provision and disinvestment decisions. The significant in-year savings we are required to make will inevitably mean service changes.

Croydon CCG is aware of and committed to fulfilling our responsibilities under section 14Z2 of the Health and Social Care Act (2012). The CCG are also bound by the NHS Constitution and the rights of all patients to be involved in decision making processes which affect them. As an NHS body, the CCG has a responsibility to put patients at the heart of everything the CCG do and that the CCG are accountable to the public, communities and patients the CCG serve.

2. The Case for Decommissioning IVF and ICSI services

Croydon CCG commissions a NHS funded specialist tertiary fertility unit, to provide tertiary fertility services for assisted conception including Intra-cytoplasmic sperm injection (ICSI) and in-vitro fertilisation (IVF) fertility services including frozen embryo transfers (FETs) under a block contract the value for 2017/18 would be £887,595.

Under patient choice patients can opt to receive assisted conception at another NHS funded specialist fertility unit e.g. King's College Hospital, Guys and St Thomas' Hospital. In 2015/16 £72,442 was spent on IVF/ICS at other Trusts.

Croydon CCG currently funds one cycle for IVF with or without ICSI, for women under 39 years who have had unexplained infertility for at least three years.

Although there is NICE Fertility Pathway guidance, many other CCGs have recently implemented changes to their local policies following local consultations and in effect, reduced the scope and availability of NHS funded specialist assisted conception services as part of their QIPP plans. Nationally, four CCGs do not routinely provide funding for IVF and ICSI for their local populations.

All but one CCG in London offers one cycle of IVF+/-ICSI (Camden CCG offers three cycles). Only Wandsworth CCG in London has extended the age range for treatment to 42years. Nationally, a number of CCGs are reducing the provision of IVF cycles to one cycle in order to reduce expenditure or support an increase in the age range. Nationally there is also a variation in the number of frozen embryo transfers that are funded from unlimited down to no embryo transfers funded.

3. Criteria for consideration

In order to develop the proposals for making savings in NHS commissioning in the borough, Croydon CCG drew up assessment criteria that contains a number of domains and considerations in making these decisions. It is based on the NHS national priority selector. Each proposal was measured against the criteria before the CCG took them any further to ensure that all proposals are subject to rigorous assessment.

The assessment criteria have been co-produced with Croydon CCG's PPI Forum and include a range of questions for commissioners to consider under the following headings:

- patient benefit
- clinical benefit
- national priority
- local priority
- stakeholders
- buildings and equipment
- work-force
- service delivery
- financial benefit
- investment required
- future impact

Each scheme considered by the CCG as part of the Financial Savings Plan has been rigorously assessed against these criteria. The following section outlines how these proposals were assessed and therefore taken forward and presented to the public in the recent engagement process.

The prioritisation matrix is attached (Appendix C)

4. Assessment against the Criteria

On average, 94 couples are funded to receive treatment for assisted conception every year in Croydon. 188 residents equates approximately 0.047% of the population of Croydon.

On assessing this proposal against the CCG investment criteria, stopping routine funding will deliver financial benefits due to savings made from the decommissioning of the block contract and only funding through an Individual Funding Request process.

Nationally, the levels of service offered varies considerably, with four CCG's routinely offering no treatment, 1 of which has no defined exception criteria. IVF/ICSI treatment is widely available for self-funding patients, with costs varying between both private and NHS providers with self-funding routes. There is no national tariff for these treatments

After careful clinical consideration and discussion, IVF and ICSI has been put forward as a service that is of a lower clinical priority for Croydon than other services given the CCG's considerable financial challenge. The CCG acknowledges that while this proposal will affect a limited number of couples in Croydon each year, that impact to those couples has the potential to be great.

5. Service Information

Croydon CCG currently funds one cycle of IVF (with or without ICSI) funded cycle, with a maximum of two further frozen embryo transfers from the original harvest. These must be utilised within two years and are only available if the original treatment does not lead to a live birth.

Treatment for IVF is applied for through the CCG's Effective Commissioning Initiative (ECI) Policy and sometimes by Individual Funding Request (IFR) for exceptional circumstances.

As per Table 1, an average of 94 patients/couples received IVF/ICSI treatment each year for the past 4 years under the Croydon Health Services block contract. This equates to approximately 0.023% of the CCG population.

Whilst this is a very small percentage of the population, it is important to remember that this is a service that seeks to fulfil the parenting ambitions of couples. Therefore, a wider social value and socio economic benefit can be attached to the work beyond that of enriching the lives of those directly receiving treatment. This was very clearly conveyed during the consultation exercise. Points were made about population increases being economically important, familial support in older age saving money on care, and social value within communities.

Many more residents are engaged with the wider Fertility Service at CHS, with the service open to approximately 400 patients[1]. This service is not funded from the IVF block contract and is not under consideration for decommissioning. These elements can be seen within the current care pathway below which is illustrated at Appendix A.

6. Current contractual arrangements

The current block contract has been in place since 2009. It has not undergone any significant review in that period. The table below shows the contract value per year and the number of completed cycles. NB this does not include failed cycles

Table 1: block contract costs/productivity

Year	Completed cycles	Block Contract value (including oocyte recovery)	Cost per cycle
2013-14	112	£807 490	£7 210
2014-15	86	£845 713	£9 834
2015-16	71	£820 199	£11 552
2016-17	108 (projected)	£845 249	£7 826
Average	94	£829 663	£8 803 Derived from total costs/total cycles

*data extracted from CSU SLAM cube

Definition of Cycle

A full cycle of IVF is one in which one or two embryos produced from eggs collected after ovarian stimulation are replaced into the womb as fresh embryos (where possible), with any remaining good-quality embryos frozen for use later. When these frozen embryos are used later, this is still considered to be part of the same cycle.

7. The options

The options below formed the basis of the public consultation. Other options around reducing costs were explored as part of the process but did not yield sufficient savings to make them viable.

1. No Change

Continue to fund IVF and ICSI under the existing Croydon CCG policy (2014/15 South West London Effective Commissioning Initiative, July 2014 ver. 1.6) and via the current block contract arrangement

This would maintain the IVF treatment for Croydon residents at cost in 2017/18 of £959 595 (assuming similar levels of cost with other providers to previous years). It would offer no savings toward the 2017/18 target of £36m.

2. Cease routine funding of IVF and ICSI services

There would be no funding for these services outside of the Individual Funding Request (IFR) mechanism for clinically exceptional circumstances. IFR is a well established process which considers in exceptional circumstances applications from a GP or consultant.

This would release savings of circa £281 000 for the year 2017/18 and circa £829 000 for 2018/19. This is due to the six month contract notice period as described above.

Risks and issues

Mental health impact - Not having access to IVF via the NHS could increase the number of infertile couples with anxiety, depression and relationship problems.

To mitigate this issues raised through the consultation consideration will need to be given to ensuring adequate access from commissioned mental health services to provide support.

Wider service effect - The fertility service at CHS will not be able to sustain itself without the block contract income. Therefore:

There would be no NHS provision within Croydon for those patients in the system who will qualify for continuation of their treatment under the existing criteria - currently circa 58 patients (Feb 2017). Arrangements may need to be made with other centres. The same issue will be relevant for any patients who qualify for IVF/ICSI due to exceptional circumstances (IFR) under the new criteria.

The wider fertility service at CHS which is not under consideration for decommissioning may close as a result of the potential removal of the block contract for IVF. This would lead to no provision for the circa 400 patients (Feb 2017) currently receiving treatment and gain provision would need to be accessed out of Borough if required.

To mitigate the above impact new provider/s would need to be found and contracted for the wider fertility service. Timescales are estimated to be between three and six months from notice being served to CHS. There are several providers in the local area that may be able to undertake this activity. The current providers are detailed in Appendix E.

Lack of public support for the proposal – If the proposal goes ahead, there will be a greater disparity between the provision for assisted conception and the current NICE guidelines. Public consultation reveals strong negative reaction to plans to stop this treatment particularly for those directly affected.

More expensive per case treatment – There will still be recourse to funding via the IFR mechanism for exceptional cases. It is possible that those treatments approved by the panel will be disproportionately expensive due to the low volume and therefore lack of commissioning power.

This would need to be mitigated by ensuring that alternative provision can commissioned as required from alternative providers.

8. The National Context

Of the 209 CCGs in England, 125 CCGs fund one cycle of treatment. 46 CCGs fund two cycles of treatment and only 34 CCGs fund three cycles. 4 CCGs do not routinely fund any treatment.

Of those 4, 3 have defined eligibility criteria around certain conditions as follows (all taken from relevant CCG literature):

South Norfolk

- Patients undergoing cancer treatments
- Patients who have a disease or condition requiring a medical or surgical treatment that has a significant likelihood of making them infertile
- Couples who meet current eligibility criteria in which the male partner has a chronic viral infection where there is high risk of viral transmission to the female partner and potentially any unborn child (such as HIV or Hepatitis C), would also be offered ICSI.

Mid Essex

- Cancer patients who wish to preserve fertility before treatment
- Men who are HIV positive and where there is a high risk of viral transmission to their female partner

North East Essex

"only where there is a need to prevent the transmission of chronic viral infections, during conception, such as HIV, Hep C etc. which requires the use of ICSI technology. This is subject to patients meeting the eligibility criteria detailed below and in the North East Essex Fertility Services Policy." (Criteria are age, bmi, smoking etc.)

Basildon and Brentwood

Basildon and Brentwood are the only CCG to currently not have any specified criteria, leaving the only path for treatment via an individual funding request.

"Clinically exceptional cases would be considered by application to the CCG's Individual Funding Request Panel. The CCG would keep and monitor the impact of the change on both services and people with fertility problems. There would be a review of the policy annually and further changes could be applied, including a return to wider access to specialist fertility services, if this was considered to be affordable."

8 Equality impact assessment

An Equality Impact Assessment was completed and the complete report is attached as Appendix D. In line with the report's recommendation, the engagement process took into account the BAME profile of recent and current users and ensured that these communities were well represented in the consultation. Outreach was undertaken in areas of higher deprivation as recommended in the EIA. The report has recommended that women aged 18-39 and same sex couples should be allowed to submit IFR requests in line with any other group.

9 The findings of the public consultation feedback

An eight week period of consultation about the proposed changes to IVF took place between Wednesday 4 January 17 and Wednesday 1 March 2017. A formal consultation document and survey were developed, along with posters and leaflets. Throughout the consultation

period the CCG engaged face to face with over 330 Croydon residents, patients and professionals at two public meetings, and over 20 drop in and outreach sessions at different locations across the borough. A total of 467 written responses were received through the online or paper survey.

The main aims of consultation are to:

- gather opinion on proposed changes to the service
- understand the impact the change might have on Croydon residents
- identify ways to mitigate/lessen the impact of possible changes on patients and their families
- gather views and opinions as to what might form an exception criteria if routine funding ceased

The full findings of the consultation process should be read alongside this report which is attached at Appendix B.

The results of the on-line and paper survey indicated that:

The majority of respondents, 77 per cent, think Croydon CCG should opt to maintain one cycle of IVF for women 39 years old or younger. Just under a quarter of respondents, 23 per cent, think the CCG should stop the routine provision of IVF.

Survey respondents were asked if they had any specific concerns with the proposal to stop the routine provision of IVF. The main concerns were:

- The affordability of private IVF treatment and the impact on low income families
- Fertility as a right
- Unfairness of choosing to stop funding IVF
- Creation of a postcode lottery for IVF
- Impact on couples who cannot have children
- Impact on other services if IVF is decommissioned
- Impact on Croydon University Hospital IVF clinic
- Infertility as a medical condition is not being treated, whereas self-imposed lifestyle illnesses are
- The proposal is not in line with NICE guidelines

A summary of the key issues and the CCG response is provided below.

Issues	**Response**
Is it possible for the CCG to share funding of IVF treatment with patients or to part fund areas of the treatment, for example funding the fertility drugs?	The CCG has taken legal advice about the possibility of sharing cost with patients or means testing. It has been advised neither of these options are legal as they would contravene the central principle of the NHS: being free at the point of delivery, as stated in the NHS Act 2006.
A few patients are undergoing fertility tests, have had their treatment delayed or are waiting the required three years until they become eligible for treatment. If the CCG decided to stop the routine provision of IVF, could it provide clarification of the funding position for these groups?	The proposal does not affect those people who have already started IVF treatment or those whose referral forms have been received by the CCG and who meet the current criteria for funding. If the Governing Body decides to cease the routine provision of IVF, people who have yet to meet eligibility criteria of having been

	actively trying to conceive for three years or who have not had their funding approved by the time the decision is taken and the waiting list closes would not receive NHS funding for treatment unless they are put forward as clinically exceptional and considered by the IFR panel.
The consultation survey asked if any groups should be exempt from the proposal to cease the routine provision of IVF. Could commissioners clarify how, in general, eligibility criteria ('exemptions' in the proposal question) are different to exceptional circumstances for Individual Funding Requests?	Currently, IVF has a set of eligibility criteria: women have to be 39 years old or younger, have been trying for a child for three years and have a BMI in the range of 19-30 kg/m2. 'Exemptions' would become a defined set of eligibility criteria, for example have had cancer or be under the age of 30. Everyone meeting these criteria would be able to receive treatment. By contrast, the exceptional circumstances for Individual Funding Requests have no specific criteria. Instead, an exceptional clinical circumstance is one that suggests the patient is: • Significantly different from the general population of patients with the condition in question; and • Likely to gain significantly more benefit from the intervention than might be normally expected for the average patient with the condition. The fact that a treatment is likely to be effective for a patient is not, in itself, a basis for exceptionality.
Themes	
The affordability of private IVF treatment and the impact on low income families	The CCG understands the costs of private IVF treatment are high and may not be affordable for all couples. This is not a decision the CCG would choose to take if it did not have substantial savings to make.
Infertility is recognised as a disease by the World Health Organisation. There is a concern that Croydon CCG does not recognise infertility as a medical condition. There were also concerns that people with self-induced illnesses from poor lifestyle choices would have treatment fully funded.	The CCG is not questioning whether or not infertility is a medical condition. Given the need to make substantial savings, it has proposed other forms of healthcare take a priority over IVF services. Croydon CCG already places restrictions on access to certain services for smokers and people suffering from obesity. This includes access to IVF, where both partners have to have been non-smokers for six months prior to treatment and have a BMI in the range of 19-30 kg/m2. It cannot legally cease the provision of urgent care for people with

	lifestyle illnesses.
A further step away from NICE guidelines and creation of a postcode lottery.	NICE guidelines are not sets of rules about what should be commissioned. They are guidelines. The purpose of the CCG system is to determine local NHS priorities and to commission in line with these. With limited finances, the CCG cannot afford to commission all services in line with NICE guidelines. There are already variances around the provision of IVF across the country and it is likely other CCGs will be reviewing their local provision under budgetary pressures.
There were concerns about the potential increase in demand for mental health services resulting from the impact on infertile couples and possible increase in multiple births from overseas treatment	The CCG recognises the raised risk of mental health problems in those with infertility. The cost savings have been calculated taking account of the potential increased demand for mental health services but we would envisage these being accommodated within currently commissioned mental health services.
Concern a decision to stop the routine provision of IVF will result in the closure of Croydon University Hospital and require travel for Croydon residents who will need frequent appointments for IVF treatment	Croydon CCG is not the only CCG to use CUH fertility clinic. However, we recognise there is a concern about the viability of the CUH clinic if Croydon ceases funding IVF. We realise IVF can be an intense treatment requiring a lot of visits to the clinic, making local services desirable. Human Fertilisation and Embryology Association website allows a search for local IVF providers. It lists 20 providers within a ten mile radius.

As part of the consultation (full report Appendix B) responders and attendees to events were asked what, if any, exemptions should be defined if routine provision was discontinued:

“Most respondents did not suggest exemptions and it is important to note some people who did suggest exemptions stated they thought they would be unfair”

10. Governing Body Discussion and Agreement

The Governing Body at its meeting on the 14th March considered the feedback from the Consultation on the decommissioning of Assisted Conception Services and following this discussed and approved the recommendation to cease routine funding of Assisted Conception Services.

This decision would be implemented from the 14th March (except for applications received by 14th March which meet the approval criteria and approved cases on the waiting list).

The GB also noted and agreed the recommendation that in exceptional circumstances applications for Individual Funding Reviews (IFR) from a GP or consultant would be considered.

The GB also considered whether the CCG should specify any eligibility criteria exceptions or, as recommended, solely utilise the IFR process. It concluded that it would be difficult to agree any specific criteria and this also reflected the outcome of the public consultation.

The GB also agreed to continue to review the decision on an annual basis in line with other service priorities and the CCG's financial position.

This has been a very difficult decision for the Governing Body as it will result in a cohort of patients who will not receive NHS treatment and impact on the parenting ambitions of Croydon couples. However, it cannot be taken in isolation from consideration of the need to ensure continued provision of other higher priority services

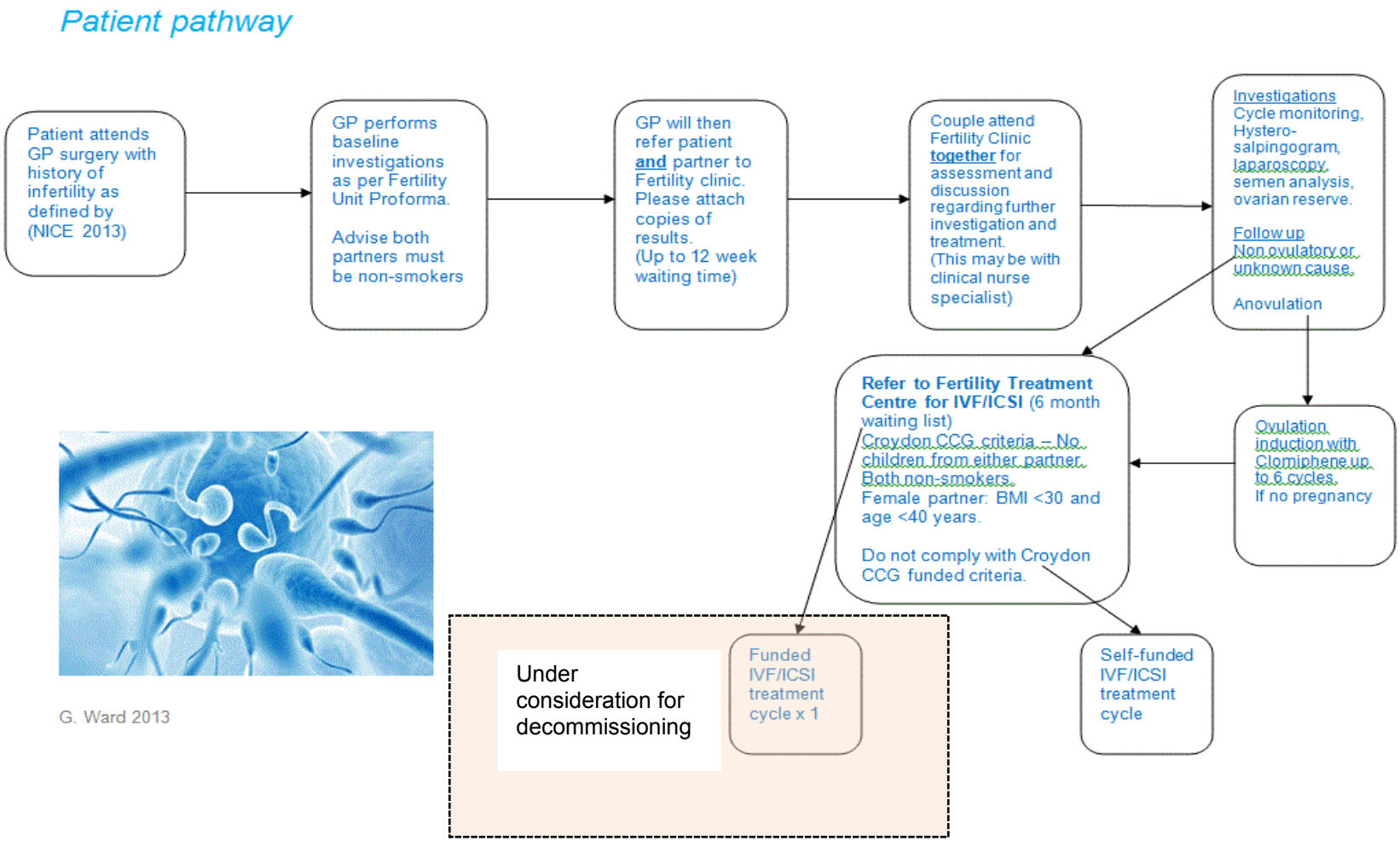
Report authors:

Aarti Joshi
Associate Director – Planned Care Commissioning, Service Redesign and QIPP Development

Tom Cleary Commissioning Programme Lead

Thursday 16th March 2017

Appendix A: Current Pathway for Fertility Services at Croydon Health Services



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NHS
Croydon
Clinical Commissioning Group

IVF and ICSI Routine Funding

CCCG Governing Body 14th March

Longer, healthier lives for all the people in Croydon

Financial challenges

Over the last four years, Croydon CCG has been redesigning services and delivering efficiencies.

We have achieved over £50m of efficiencies already without withdrawing the provision of services but our finances are still under even greater challenge.

The CCG was put in special measures in 2016. This means we cannot spend more money than we are allocated. We need to find considerable savings of around £36 million to achieve financial balance.

Financial challenges

We have to take difficult decisions to ensure services are in place for the most vulnerable and have the best health outcomes for Croydon residents overall

Last year, Croydon CCG conducted a review of the services it commissions to consider:

- cost effectiveness
- clinical outcomes
- how essential services are to keep people well and save lives

How have we saved money so far?

- Reducing costs of back office and administration
- Re-commissioning services to get better value for money for the NHS
- Strengthening thresholds for existing policies
- Reducing provision

Service changes

A series of changes have been proposed and engaged on:

- Foxley Lane women's service

- Stopping the routine prescribing of:
  - gluten-free products
  - vitamin D for maintenance
  - self-care medication
  - baby milks and specialist infant formulas

Further changes to services will be required over the next couple of years

Clinicians are now proposing other types of healthcare take priority over IVF/ICSI, to keep people healthy and save lives

The proposal

Croydon CCG is proposing to stop the routine provision of IVF. If the service remains in place savings will have to found elsewhere.

If the proposal to decommission IVF is agreed, it is proposed that a clinician (GP or consultant) will be able to make an Individual Funding Request on behalf of a couple where there are exceptional circumstances. This request will be considered by a local panel of health experts.

What is IVF?

Whilst most women fall pregnant within two years, around 10% of couples are unsuccessful

There is a wide range of factors that contribute to infertility, and three main types of treatment:

- medical treatment
- surgical treatment
- assisted conception

Assisted conception techniques include IVF and ICSI

National guidelines

Best practice guidelines are produced by the National Institute for Health and Care Excellence (NICE). CCGs decide on the level of assisted conception provided

NICE recommends women under 40 are offered three cycles and 40 to 42 year olds one cycle

In London only one CCG offers three cycles of IVF

Croydon CCG's current policy

Patients are offered one cycle of treatment for IVF, without or without ICSI

The service is available to women under 39 years old who have had unexplained infertility for at least three years

Use and effectiveness

In Croydon, about 150 couples use the service every year, with a six month waiting list. 94 couples, on average, of these 150 were new cycles of IVF. The remaining couples were completing an existing cycle.

There are currently around 60 couples on the waiting list

National live birth rates in 2013 vary according to age, from 32.8% for 18-34 year olds to 21.8% for 38 to 39 year olds

IVF in Croydon

The IVF service is commissioned by NHS Croydon CCG

It is delivered by Croydon Health Services NHS Trust

People can choose to use other clinics if this is their preference

Cost

The treatment at Croydon University Hospital is paid for as a block contract - the annual cost of providing IVF is £887,595 (2017-18)

Depending on the number of women treated per annum, the cost varies

Average cost for treatment is around £8,803

In 2015/16 £72,442 was spent on IVF treatment for Croydon registered patients at other hospital trusts

What did we consult on?

Option One

No change. Savings made from other NHS services.

Option Two

Stop routine provision of IVF in Croydon

A GP or clinician will be able to make an Individual Funding Request for patients where there are exceptional clinical circumstances

Ways of consulting

We consulted by:

- Survey – online and paper copies at GP surgeries and at Croydon University Hospital
- Drop in sessions with service users at Croydon Town Hall
- Outreach work, particularly in lower income areas and with groups who are less likely to respond to consultations

How we consulted with local people?

We have consulted with the following groups:

- Current and past patients of Croydon University Hospital IVF clinic
- Patients currently undergoing fertility tests
- Patient forums and patient representatives
- Croydon voluntary and community groups
- Healthwatch Croydon
- Health Overview and Scrutiny Committee (Croydon Council)

Information is available on our websites www.croydonccg.nhs.uk

IVF/ICSI Consultation – Participants

Participants

- 330 Croydon residents, patients, stakeholders and healthcare professionals were spoken to during the consultation
- 2 x public meetings
- 20+ drop in and outreach sessions at different locations across the borough. 467 written responses to the Consultation survey.

The results of the consultation show that the majority of survey respondents, 77%, opted to maintain the current service as it is.

23%, thought the CCG should stop funding the routine provision of the IVF service

IVF/ICSI Consultation – Main Themes

Formal eight-week consultation from 4 January to 1 March 2017

Main themes from respondents

- IVF would not be affordable privately for many Croydon residents and could the CCG consider shared funding or means testing
- Proposals seemed unfair and in danger of creating a postcode lottery
- Future impact: on couples, mental health services and current service at Croydon University Hospital
- Infertility is a medical condition and should receive treatment as with other medical conditions
- Croydon CCG proposal does not follow NICE guidelines

Exemptions

Majority of respondents felt to make exemptions was unfair. Of those suggested exemptions, most frequently proposed were low income groups or younger age range (25 – 35)

The CCG acknowledges that this is a very difficult decision as it impacts on the parenting ambitions of Croydon couples

However it cannot be taken in isolation from consideration of the need to ensure continued provision of other higher priority services

Governing Body Recommendation

The GB is asked to agree the detailed recommendation at as outlined in the report namely to:

- Consider the feedback from the Consultation
- Discuss and approve the recommendation to cease funding routine funding of Assisted Conception Services
- Consider whether the CCG should specify any eligibility or exceptions
- Consider whether if agreed the decisions should be reviewed on an annual basis in line with other service priorities and CCGs financial position

What would this mean to current patients

People currently on the IVF waiting list or in IVF treatment will not be affected by the changes

If the proposal is accepted by the CCG's Governing Body, the waiting list will close today

Longer, healthier lives for all the people in Croydon

NHS Croydon Clinical Commissioning Group

Patient and Public Consultation Report

Proposal to decommission IVF services

Summary of consultation from Wednesday 4 January 2017 to Wednesday 1 March 2017

Contents

Executive Summary

This report provides a description of the consultation activities Croydon Clinical Commissioning Group has undertaken during the formal consultation period for IVF and ICSI and an overview of the responses we have received.

The formal eight-week period consultation about the proposed changes to IVF took place between Wednesday 4 January 17 and Wednesday 1 March 2017.

The consultation offered two options:

1. No change to the existing IVF service
2. To cease the routine provision of IVF. Individual Funding Requests would continue to be available.

The full consultation document can be read here.

Throughout the consultation period the CCG engaged face to face with over 330 Croydon residents, patients and professionals at two public meetings, over 20 drop in and outreach sessions at different locations across the borough. We have received a total of 467 written responses through the online or paper survey.

The results of the consultation show that the majority of survey respondents, 77%, replied Croydon CCG should opt to maintain one cycle of IVF for women 39 years old or younger. Just under a quarter of respondents, 23%, thought the CCG should stop the routine provision of the IVF service.

Exemptions

The survey asked respondents if any exemptions should be considered if Croydon CCG does stop funding IVF. Most participants did not put forward exemptions. Of those who did, the most frequently proposed were:

- Unfair to have exemptions
- Low income groups
- Younger age range
- In treatment but not on the waiting list

Themes

Survey respondents were asked if they had any specific concerns with the proposal to stop the routine provision of IVF or anything else they would like to tell the CCG about the proposal. The main themes were:

- Affordability
- Fertility as a right
- Unfairness
- Postcode lottery
- Impact on couples
- Impact on other services
- Impact on Croydon University Hospital
- Infertility as a medical condition not lifestyle illness
- Proposal not in line with NICE guidelines
- Support for the proposal
- Criticisms of the consultation exercise

Suggested actions to address concerns

Survey respondents were asked if there were specific actions the CCG could take to address their concerns about the proposal. The key actions were:

- Investigate shared funding and means testing
- Reduce staff and inefficiency
- Better public education around fertility
- Lobby government for more funds
- Target other services for savings
- Provide more counselling or self-help groups
- Promote natural fertility methods and adoption
- Pool funding/collaborate with other CCGs

Background

Croydon CCG has consulted on a proposal to cease the routine provision of IVF and ICSI. The proposal specified that Independent Funding Requests would continue to be considered if provision was stopped routinely[1].

Infertility is defined as the failure to fall pregnant after regular unprotected sexual intercourse for two years in the absence of known reproductive pathology (where no reason can be found).

There are three main types of infertility treatment –

- medical management (such as drugs for ovulation induction),
- surgical treatment (e.g. laparoscopy for endometrial ablation)
- assisted conception

Assisted conception is a collective name for treatments designed to lead to conception by means other than sexual intercourse.

The proposal only relates to the funding for assisted conception treatments IVF and ICSI.

In Vitro Fertilisation (IVF) is a technique by which eggs are collected from a woman and fertilised with a man's sperm outside the body. Usually one or two resulting embryos are then transferred to the womb. If one of them attaches successfully, it results in a pregnancy. One full cycle of IVF with or without ICSI, should comprise of 1 episode of ovarian stimulation, egg retrieval, fertilisation and the transfer of any resultant fresh or frozen embryo(s)

Intracytoplasmic sperm injection (ICSI) is a variation of IVF in which a single sperm is injected into an egg.

Croydon currently funds one cycle of IVF/ICSI at Croydon University Hospital under a block contract. The eligibility criteria are that the woman should be 39 years or younger, with 3 years of unexplained infertility.

Objectives of the consultation

The aims of the consultation were to:

- Engage with statutory partners, equalities groups and Croydon Health Overview and Scrutiny Committee;

1 An Individual Funding Request is where a doctor thinks a patient would benefit from a treatment that is not usually funded for others. The IFR is reviewed by a panel who decide whether or not to fund the treatment.

- Work with our community and voluntary sector partners, including Healthwatch Croydon, to identify key target groups for the consultation, including seldom heard groups;

- Consult with current and potential IVF service users, our community and voluntary sector stakeholders and the public to hear their views around the proposed change to the assisted conception pathway.

Financial pressures on the NHS in Croydon

In July 2016, Croydon CCG was put in financial special measures by NHS England. Croydon CCG is required to make significant savings this and next financial year, needing to deliver a total of £35 million in 2017/18 which is around 6% of our commissioning budget of £482.3 million.

This leaves the local NHS with a substantial financial challenge. We must live within our means and focus our resources on the greatest health needs of our population to make sure we can secure the best possible health outcomes for local people. We must make sure that every pound we spend is focused on that will have the biggest impact on the health of local people.

There is not enough money for us to do everything we want for the people of Croydon. This is why we need to reduce our spending in some areas of our health budget. We have to prioritise and make tough decisions to secure the future of local health services for everyone. This is why the CCG has put this proposal forward.

Developing the assessment criteria with Croydon residents

In order to develop the proposals for making savings in NHS commissioning in the borough, Croydon CCG drew up assessment criteria that contains a number of domains and considerations. Each proposal would need to be measured against these criteria before the CCG took them any further to ensure that all proposals are subject to rigorous assessment. The developed criteria include assessment against patient benefit, service delivery and future impact.

Given that these and other proposals for change will impact upon Croydon residents using health services it was imperative that patients and the public were able to have significant input into the development of the considerations against which all proposals will be assessed.

Croydon CCG holds Patient and Public Involvement Forums, which are open meetings for local people held every quarter. The forums are an opportunity for Croydon CCG to share its early thinking on commissioning areas and hear the views of patients, stakeholders and

members of the public.

The CCG's October 2016 forum meeting was used as an opportunity to work with interested patients to help us to develop the assessment criteria against which the CCG develops its proposals to support the financial recovery plan. Participants, who included representatives from the community and voluntary sector, worked with members of the senior management team to refine the domains and criteria and work up additional criteria that they felt was important to patients and carers.

The participants were asked to discuss the assessment tool and suggest any other considerations they thought the CCG should take into account when assessing each proposal for change and which domains they felt were the least important when assessing proposals.

As a result of the PPI forum several new additions were made to the criteria and an additional priority area was included: future impact. These additional criteria were largely concerned with patient access, safety and health inequalities and included:

- To what extent would the proposal impact upon equity of access for all residents across the borough?
- What is the scale of potential impact on a patient's quality of life from these changes?

This approved version of the assessment criteria is now being used by the CCG's project management office. It is this set of assessment criteria that has been used in public forums as part of the presentation of the IVF decommissioning proposal.

Consultation methods

This section summarises the engagement around the proposal to decommission the IVF service. Full details of the consultation activity are included in Appendix B.

An eight week period of consultation about the proposed changes to IVF took place between Wednesday 4 January 17 and Wednesday 1 March 2017. The engagement period was timed to avoid the Christmas season to maximise the promotion of the consultation outside of the festive slow down. A consultation plan was developed and shared with Croydon Health Overview and Scrutiny Committee before the launch for comment.

As well as being open to the general public, the consultation focused on reaching out to the following groups:

- Current and past service users of IVF
- Those with higher risks of infertility

- BAME groups
- Residents of wards with higher levels of deprivation: Thornton Heath, New Addington, Broad Green and Norbury

A formal consultation document and survey were developed, along with posters and leaflets. The consultation offered two options:

1. No change to the existing IVF service
2. To cease the routine provision of IVF. Individual Funding Requests would continue to be available.

The consultation was formally opened on Wednesday 4 January when materials were published on the website and a media release was sent to the local press. A letter highlighting the consultation and email links to copies of the engagement document were sent to NHS staff, MPs, councillors, GPs, partners, stakeholders, local community and voluntary sector groups, and members of Croydon CCG's patient and public involvement network. Relevant organisations, such as Fertility Fairness and support groups for those suffering from conditions which increase infertility, were also informed about the consultation. Partner organisations, including Healthwatch Croydon, published details of the consultation on their website.

Throughout the consultation period, the CCG used twitter to highlight the consultation and promote the public meetings. Hard copies of the consultation document and survey were sent to local fertility treatment clinics, local GP practices and made available at the public meetings. A second wave of promotion involved posters promoting the consultation exercise and a second public meeting. This was sent to Croydon University Hospital (CUH), Croydon GP practices and community pharmacies. IVF service users and those undergoing tests were informed of the consultation exercise by letters sent by CUH on behalf of the CCG. The final week of the consultation exercise and public meeting were promoted through a second press release to the local media.

The consultation was featured in articles by Croydon's two local newspapers: the Croydon Guardian and the Croydon Advertiser which helped raise awareness of the consultation and attract responses. The CCG's consultations and engagements were also mentioned in articles in the Evening Standard

Two public meetings were held on Tuesday 24 January and Wednesday 1 March 2017. The first meeting was publicised on the CCG website, in the consultation document, the media release, through twitter and by email cascade. The second meeting was advertised on posters, through letters to those undergoing fertility testing and twitter, and direct email to everyone who had answered the survey and left contact details. The two-hour public meetings were attended by the Clinical Chair and Chief Officer of Croydon CCG. Croydon University Hospital staff also attended the first public meeting. The first half of the meeting

consisted of presentations and an extensive Question and Answer session. The second half of the meeting involved table discussions about any concerns people had in relation to the consultation. Full records of the meetings were minuted and links are provided at Appendix A.

Two drop-ins sessions were held at Croydon Town Hall for those either under-going IVF or having received IVF treatment at Croydon University Hospital who wanted to give their views in person. An additional one-to-one meeting was held with a patient unable to attend either session. Notes were taken of the main issues highlighted by attendees.

Healthwatch provided details of a range of protected characteristics groups to involve in the consultation exercise. These groups were contacted and two BME Forum meetings were attended. The mid-point review of the consultation exercise identified an under-representation of older people, those of Asian heritage and from wards with higher levels of deprivation. An extensive programme of outreach activities was undertaken to improve response rates, including attending three older people's activity centres, two days of drop-ins at BAME businesses and thirteen drop-ins at medical centres and libraries in targeted areas of Croydon. At these outreach drop-in sessions Engagement staff explained the proposal and helped respondents to complete the survey.

People were also able to email, phone or write to the Patient and Public Involvement Manager to leave comments.

The following table summarises the engagement and numbers of participants involved:

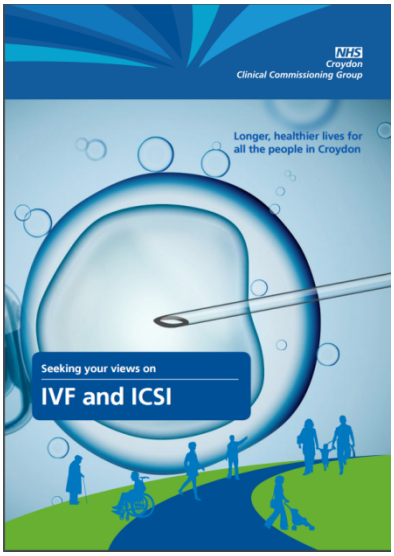
Activity	Reach	Numbers attending	Date
Consultation materials released and uploaded to CCG website	All Croydon	n/a	4 Jan
Notice sent to PPI Contacts via Get Involved	CGG Network – patients and CVS	300+	4 Jan
Notice sent to Stakeholders and Members	Stakeholder and members list	60+	4 Jan
Online and paper survey	All	467	Launched 4 Jan
Consultation documents sent to CUH	Service users	n/a	20 Jan & 24 Jan
Consultation documents sent to all GP Practices	57 GP Practices	n/a	19 Jan
Letter sent to all current users of IVF services in Croydon and those on waiting list	Current users of IVF services in Croydon and those on waiting list (via CUH)	n/k	23 Jan & 1 Feb
BME Groups contacted	Croydon BME Forum	40+	30 Jan, 31 Jan and 2 Feb

and meetings	Broad Green Asian Women's Group		
Outreach sessions	Croydon wide	200+	various
First Public Meeting CCG	Croydon wide	56 signed up	24 Jan
Drop-in sessions for IVF service users	IVF service users	4	2 Feb and 6 Feb
One-to-one	IVF service user	1	21 Feb
Second Public Meeting CCG	Croydon wide	32 signed up	1 March

Table 1: Summary of consultation activities

Transparency

This report provides a description of the engagement activities during the formal consultation period and an overview of the results. The results of this work can be shown in different ways as set out in this report, for example returned surveys provide clear written evidence; in depth feedback at events is noted and written up following the events.



The proposals were subject to examination by Croydon Health, Social Care and Housing Scrutiny Sub Committee which senior members of the CCG attended on Tuesday 18 October 2016. The engagement plan was circulated to members of the committee for comment in the week commencing 12 December 2016.

As part of the next steps of this work the outcome of patient and public engagement activities will be shared with all stakeholders and members of the public who have agreed to be contacted by the CCG PPI team.

This report will be presented to the Governing Body at their meeting in public on Tuesday 14 March 2017 as part of the final decision making on the proposed changes to prescribing in Croydon. Croydon Health, Social Care and Housing Scrutiny Sub Committee will be informed of the decision.

Communication materials

The following materials were used during the engagement process

Consultation document
Consultation survey
Poster and leaflets

Response

There were 467 responses to the survey. This included surveys completed online, received as a hard copy or collected as part of the outreach. The majority of the people who responded to the survey said they were doing so as a local resident.

Are you responding as...	Percentage	Number
Local resident	92%	428
Representative of an organisation	2%	7
Clinician or other healthcare worker	5%	22
Other	7%	33
	total	464

Table 2: Response by respondent type

Twenty of the respondents specified they were responding as people who were using or had used fertility services or IVF. It should be noted that people could select multiple respondent types, such as local resident and healthcare worker, which is why the numbers and percentages do not tally to the total.

Overall, 88 people registered to attend the two public meetings. Two couples and an individual attended the drop-in sessions, with an additional meeting arranged for someone to give their views face-to-face who could not attend the drop-in sessions. In total, twelve letters, phone calls, emails and online responses were received from members of the public. Formal responses were received on behalf of Fertility Fairness and the British Menopause Society. Additionally, Chris Philps MP forwarded a letter from the Under Secretary of State for Public Health and Innovation.

Demography: reach of engagement

Where possible, Croydon CCG collects demographic data relating to participants involved in the consultation. Not all respondents complete this information; however for this survey there was a high response rate for the demographic data, giving a clear indication of the reach of the engagement. As with all the tables of findings in the report, rounding to the nearest whole number means percentages may not add up to 100 per cent.

- ### Ethnicity

Croydon has the twelfth largest proportion of BME residents in London, comprising 43 per cent of the total population. The 2011 census shows the ethnicity breakdown for Croydon as follows:

	Local Population	IVF service users	Survey respondents
White	55%	45%	53% (243)
Black or Black British	20%	10%	17% (77)

Asian, Asian British or Chinese	16%	34%	23% (105)
Mixed	7%	1%	2% (11)
Other	2%		1% (4)
Prefer not to say/not stated		10%	3% (13)
Total			453

Table 3: Ethnic profile of survey respondents

Croydon Health Services provided the CCG with details of the ethnicity of IVF service users from 2015-17. As the table above shows, the ethnic profile of IVF service users varies from the local population as a whole. In particular, there was a higher percentage of IVF service users with Asian heritage and a lower percentage of white and black service users.

The profile of the survey respondents falls in between the local and service user profiles for all ethnicities. No group appears to be significantly over or under-represented.

- **Age**

Overall population statistics from the 2011 Census show the age profile of Croydon is segmented as follows:

- Pre-school age band - 0-4yr olds make up 8% of the total borough population
- School age band - 5-19yr olds make up 19% of the total borough population
- Working age band - 20-64yr olds make up 61% of the total borough population
- Older people age band - 65+yr olds make up 12% of the total borough population[2]

By comparison, from the IVF service use information provided by Croydon Health Services for 2015-17, 3 per cent of service users were aged 22-25, 54 percent were aged 26-35 and 43 per cent were aged 36 - 40.

	Percentage	Number
16-24	7%	31
25-34	29%	133
35-44	27%	124
45-54	13%	57
55-64	10%	46
65-74	7%	33
75+	5%	21
Prefer not to say	2%	10
	Total	455

Table 4: Age profile of survey respondents

2 Strategic Intelligence Unit (2012) Croydon Borough Profile 2012

As the table above shows, there is a concentration of survey respondents in the age ranges 25-44 - the age profile of IVF service users. Following the mid-point review of the consultation exercise, older people were identified as an under-represented group in the survey. Three older people's day centres were attended by engagement staff to ensure older people had a voice in the consultation. Several older people stated they felt this was a decision they should not contribute to since the service was not one they could use and they had already had their families. This reluctance to express an opinion about the service probably explains the low response rate from a group who are normally over-represented in survey responses.

- **Gender**

- 49 per cent of the Croydon population is male
- 51 per cent of the Croydon population is female

	Percentage	Number
Male	26%	120
Female	72%	325
Prefer not to say	2%	8
	Total	453

Table5: Gender profile of survey respondents

Table 5 shows women are over-represented in the survey respondents. This is common in relation to health surveys. Several of the men approached by engagement staff to give their views suggested this was a question for women rather than men, even though both sexes are impacted by infertility. This may account for the imbalance in respondents even though both genders were targeted equally.

- **Sexuality**

Of the total Croydon population, 3.2% or 11,629 people are estimated to be lesbian, gay or bisexual.

	Percentage	Number
Bisexual	1%	6
Gay	1%	3
Heterosexual	90%	397
Lesbian	1%	3
Prefer not to say	8%	33
	Total	441

Table 6: Sexuality of survey respondents

The table above shows the sexuality of the survey respondents is similar to the population as a whole.

Meeting the collective participation duty

This engagement report will be reviewed by NHS Croydon CCG Senior Management Team (SMT) ahead of its submission for consideration by the Governing Body, as part of the formal reporting procedures that will inform the decision to be taken by the Governing Body regarding IVF provision in Croydon on Tuesday 14 March 2017.

We consider that the engagement undertaken during this period was done so in the in accordance with section 14Z2 of the Health and Social Care Act (2012) and in the spirit of meaningful participation, particularly in, “Make(ing) arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways) [in the development and consideration or proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them].

Findings

Introduction

This section will review the findings from the survey, meetings, drop-in sessions, formal responses and emails. It will provide the statistics for quantitative survey questions and numbers of people cited specific exemptions that should be considered. A number of themes emerged during the consultation process. These have been identified through coding answers. The main themes were highly consistent across the meetings and the responses to the open questions in the survey.

It is worth noting the consultation attracted a few very long responses. With around 30,000 words of open question and email responses in total, and many suggestions made by only one person, it is not possible to represent every single point made in the findings. Instead, this report will focus on the key themes and actions identified across the consultation exercise.

Summary of responses from organisations

Formal response from Fertility Fairness
Fertility Fairness is an umbrella group of organisations working in the field of infertility. They provided Croydon CCG with a formal consultation response. Their response suggests Croydon CCG has proposed severe restrictions on access to IVF treatment which amount to an essential decommissioning of specialist fertility services. They remind the CCG that blanket bans on any treatment are not permitted and argue maintaining an administratively burdensome IFR process of availability would not amount to providing an IVF service.

Fertility Fairness argued if the CCG approved this policy change it would become one of only five in the entire country not to offer any IVF treatment, exacerbating the postcode lottery and geographical inequality of access to fertility services. They questioned why the CCG classified fertility treatment as less deserving of funding than other non-life threatening conditions and reiterated that NICE has assessed IVF to be a cost-effective procedure for the clinical success rate.

At the first public meeting, Fertility Fairness also reminded CCG staff that Nicola Blackwood, Under Secretary of State for Public Health and Innovation, had told a backbench debate she would ask NHS England to recommend CCGs follow the NICE guidelines of three cycles of IVF treatment.

British Menopause Society

The British Menopause Society coordinated responses from clinicians working in the field of premature ovarian insufficiency and early menopause. The responses pointed out that of all the health conditions created by early menopause, the loss of fertility was often the most stressful. They argued IVF allows a significant proportion of women, often with refractory infertility, to achieve a successful outcome and therefore offers considerable benefits to patients with infertility. One of the responses provided By BMS questioned the statistics used in the consultation document to illustrate the success rate of IVF and suggested the opportunity to use frozen embryos if the fresh IVF cycle is unsuccessful further increases the cumulative success rate per cycle for women undergoing IVF.

Additionally, a response from the BMS argued it is important to maintain a strong publicly funded IVF service for many reasons, including research and development, setting standards and keeping down the fees charged in the private sector.

Chris Philps, MP
Nicola Blackwood, Under Secretary of State for Public Health and Innovation responded to a query from Chris Philps MP on behalf of a constituent. Mr Philps forward the letter to the CCG. In it, the Under Secretary explained she would be writing to NHS England to communicate to CCGs the expectation that they should be commissioning all services, including IVF, in line with NICE guidelines. Additionally, she noted NHSE would be benchmarking IVF costs and Human Fertilisation and Embryology Association had developed commissioning guidance.

Survey responses by question

This section will provide a brief overview of the survey findings by question.

1. Having read the document, I understand the reasons the local NHS is proposing to stop funding IVF and ISCI.

	Percentage	Number
Strongly Agree	25%	102
Agree	42%	172
Don't know	3%	13
Disagree	5%	22
Strongly Disagree	24%	97
	total	406

Table 7: Understanding of the proposal

Table 7 shows 67 per cent of respondents agree or strongly agree that they understand the reasons the local NHS is proposing to stop funding IVF. A substantial amount of respondents, 24 per cent, strongly disagreed that they understood the reasons for the proposal. There were a limited number of comments from respondents suggesting there

was a lack of information about what other services or areas could be targeted for savings if the proposal is rejected, which could explain some of the lack of understanding. However, it is also possible the wording of the question was ambiguous in its meaning, with some responding they did not understand because they did not accept the reasons. In future, this wording will not be used in consultation documents.

2. Which option do you think Croydon CCG should choose?

	Percentage	Number
No change to the service	77%	350
Decommission IVF	23%	106
	Total	456

Table 8: Percentage agreement by option

Table 8 shows the majority of respondents, 77 per cent, think Croydon CCG should opt to maintain one cycle of IVF for women 39 years old or younger. Just under a quarter of respondents, 23 per cent, think the CCG should stop the routine provision of IVF.

Are you responding as...	No change to the service	Decommission IVF
Local resident	320	99
Representative of an organisation	7	0
Clinician or other healthcare worker	16	6
Other	31	2

Table 9: Cross tabulation of option choice by respondent type

Further analysis by respondent type reveals local residents and healthcare workers have a similar level of support for maintaining the IVF service to the overall level. However, those responding as a representative of an organisation or 'other' were far more likely to suggest the local IVF offer should continue as is.

Exemptions

The survey asked respondents if any exemptions should be considered if Croydon CCG does stop funding IVF. Attendees at the two public meetings were also asked to consider if certain groups should be exempt from the proposal. This section will summarise the results, providing total numbers of survey respondents who cited the key groups to be exempt and acknowledging the views of the attendees of the public meetings. Most respondents did not suggest exemptions and it is important to note some people who did suggest exemptions stated they thought they would be unfair.

Medical conditions

The largest stated set of exemptions was for people suffering from illnesses or medical conditions. Overall, 49 respondents suggested some form of illness related exemption.

Rather than specifying a specific condition, 19 respondents suggested people with medical conditions, generally, should be exempted.

"People with medical conditions that affect fertility."

Another 19 respondents said there should be exemptions for people with cancer or who had become infertile due to cancer treatment. Many of these responses came from face-to-face survey completions where the researcher had given examples of groups of people who might need IVF treatment.

Other named medical conditions included Polycystic Ovaries (4), endometriosis (1), autoimmune disease (1), HIV/Hep C (1) fibroids (1) and anxiety (1)

Two people suggested those who had become infertile through medical mismanagement should be exempt. Three people stated that infertility was a medical condition and should therefore be treated as an exemption.

Low income

The second highest group for exemptions involved those on low incomes (28). Most responses either mentioned continuing to provide IVF for people on low incomes (14), those on benefits (3) or means testing, with those who can afford not being eligible for NHS treatment (7). Another four respondents suggested anyone who cannot afford to pay for treatment, generally, should be exempt from the proposal.

"There should be allowance made for people who will not be able to afford IVF or ICSI privately. Poor people will be disadvantaged as always."

By contrast, four respondents said IVF should not be available to people on benefits and three said tax payers should continue to be offered IVF.

Unfair to make exemptions

The question of exemptions was highlighted as being contentious by some of those attending the public meeting. When asked to discuss exemptions in the table discussions, a few attendees suggested it was a 'no win' question: if they named exemptions then only those people would get IVF; if they did not name exemptions then no one would get IVF if the proposal was accepted by the Governing Body.

Similarly, 16 survey respondents suggested it would be unfair to stop providing routine IVF but to make some exemptions.

"Removing treatment but making exceptions is insulting to the infertile people you choose to abandon."

"No, I think it would be unfair to fund some types of infertility and not others."

At the first public meeting, some CUH staff claimed Individual Funding Requests tended to prioritise people who suffered from cancer. While they did not argue it would be unfair to make exemptions for cancer patients, they did feel the IFR system was unfair for people with other conditions. It seems, appropriate to mention this point here albeit with an acknowledgement that it is a materially different point to the question of making some groups exempt from the proposal.

Lower age limit

Overall, 13 people suggested those under a lower specified age should be exempt, with another seven people simply stating 'young people' should be exempt from the proposal without giving a specific age and two said the age range should be reduced.

Of those specifying a reduced age, most (8) said IVF should continue to be available for people under the age of 35. Other answers included one person saying the range should be changed to 25-35 and another saying 25-30, three proposed reducing the top age by a year to under 38, one to under 37 and one to under 30.

Other reduced criteria for access

As well as those who suggested a lower age limit for treatment, five respondents proposed exemptions should involve increasing the starting age for eligibility: one suggested starting at 25, one at 30, and one changing the age range to 30-40. Other related responses included one person arguing the CCG should give older people priority as they had less time available to seek other opportunities and a further person suggested reducing other criteria but not the upper age limit.

Additionally, four respondents suggested further tightening the access to IVF beyond the current restrictions around BMI and smoking, with another two saying people who smoke should not be able to receive IVF treatment at all. Two respondents suggested increasing the period of trying to get pregnant to five years from three.

Increased criteria

A substantial number of people (24) specifying exemptions made suggestions which would imply increasing the criteria for eligibility beyond the current offer. Most of those suggesting increased criteria felt everyone without children should have access to IVF. Four argued the age range should be increased beyond 39 and three thought the period couples had been trying to get pregnant should be reduced.

In treatment but not on the waiting list

The consultation document stated those either already in treatment or on the waiting list for IVF will continue to receive treatment even if the CCG makes the decision to decommission the service. In addition to this exemption, five respondents thought people who were already in the process of fertility consultation or waiting the necessary three year period to become eligible for IVF should be exempt from the proposal.

"I believe that anyone who has gone through the consultation process for the period of time that would make you eligible for IVF (under the current process) should be the exemption as they have already suffered 2 or more years of trying without successful results and the mental strain this puts on your life and relationships."

Main themes

Survey respondents were asked if they had any specific concerns with the proposal to stop the routine provision of IVF or anything else they would like to tell the CCG about the proposal. The responses were analysed and grouped by theme, with both questions providing similar types of answers. The questions raised and comments given at meetings were also grouped by theme, alongside written and telephone responses. The key themes are discussed in this section.

1. Affordability

The affordability of purchasing IVF privately was the most mentioned concern, both in terms of the costs of private treatment and the impact on low income groups.

- **High costs of IVF**

Many people mentioned the cost for one cycle of private IVF treatment was prohibitively expensive for couples. The high cost of housing in London meant even couples with both partners working could find it difficult to save enough money to pay for IVF.

"My husband and I both work full time in professional industries and are unable to afford ivf privately."

A couple of respondents were concerned the costs of privately funded IVF could rise if clinics did not also treat NHS patients.

- **Income inequalities**

There were particular concerns about the impact of the proposal on people with low incomes. Several respondents suggested if routine provision of IVF is ceased then there will be a health divide between those who can afford private treatment and those who do not earn enough to afford to pay to have children.

"Finances will dictate who can have families if this proposal is introduced."

"This disadvantages the poor, people with money will be able to have babies but not the poor."

2. Impact on patients

The second most common concern among the survey respondents was the impact not being able to access IVF treatment would have on couples, particularly women, and the family more broadly. Often the comments were focused on the emotional impact, with concern the CCG would not take into account the 'deep longing' people have for children and the 'devastation' not being able to have them causes.

- **Family breakdown**

They were several comments suggesting a lack of children can lead to family breakdown and would end relationships. A few respondents and public meeting attendees talked about their worries for their future if they had not children to look after them in their old age.

"I think that this could be seriously detrimental to the psychological and emotional wellbeing of the people unable to naturally conceive. This in turn results in break up and people needing therapy to deal with the impact not having a family could have on them."

- **Mental health**

As well as concerns about the social and emotional impacts that could result from the proposal, many comments were made about the impacts on mental health. A representative of the Fertility Network pointed to a recent study that conducted showing the correlation between infertility and depression.

"A recent comprehensive study was carried out by Middlesex University and Fertility Network and showed that of those facing infertility 90% will experience depression."

3. Fertility as a right

One of the strongest themes emerging from the consultation was the idea that everyone either 'deserves' or has 'a right' to have children, making the provision of IVF a necessity for those who cannot get pregnant without assistance. There were a few different

arguments put forward by survey respondents. One involved a sense that having children was a central purpose in life, so having a family was a right. People who could be good parents were seen as deserving the opportunity to have a family life. Finally, there was a more medical argument, with people suggesting those who needed IVF had a right to expect necessary medical treatment for their condition.

"People who have tried every option and then can't afford to have IVF - that's unfair. Everyone deserves a child. This might be a small number of people but they still matter."

"It is a medical right to have the funded option to try for a baby."

A small number of participants put forward the opposite argument, suggesting it was simply an unfortunate fact of life that some people could not have children.

4. Medical condition not lifestyle problem

Infertility as a medical condition was a key theme in the survey responses and at the public meetings. Several comments pointed to the World Health Organisation's definition of infertility as a disease. In this, some suggested the CCG was making decisions about the worthiness of different medical conditions and concluding infertility was less worthy of treatment than other illnesses.

"Who are you to decide that people who need Assisted Conception services are less worthy of receiving those services on the NHS than any other health condition. This is not a personal choice, it is a medical condition."

One of the themes emerging from the survey was the idea of IVF treatment being a *necessary service* to treat a medical condition.

- **Punishing responsible people**

A discussion at the final public meeting related to the feeling of some of the attendees that they were being singled out by being infertile - if they had other conditions they would have access to treatment. Several people argued this was the only treatment they has asked for from the NHS as they lived otherwise healthy lives. A couple of respondents suggested a decision to stop the provision of IVF would be punishing people who had been responsible in life, waiting until they were financially secure before having children - only to later realise the drop in fertility for women in their 30s.

- **Should target lifestyle illnesses**

Several survey respondents and public meeting attendees contrasted the potential loss of IVF treatment for people who were infertile through no fault of their own with the continuation of treatment for people with lifestyle conditions. In particular, smokers, people with obesity and those who required medical assistance because of alcohol were seen as

being able to prevent their own conditions, and could therefore be targeted for budgetary savings.

"Why not cut back funding for obesity or areas that people have control over their health & make bad choices?"

5. Postcode lottery

Another frequently mentioned concern was the 'postcode lottery' in fertility treatment that would be caused by stopping the routine provision of IVF in Croydon. While people generally understood the CCG had to make decisions locally, this did not reduce their concerns about 'tax payers' paying the same amount towards the health service yet getting a lower level of fertility treatment in London than in the North of England.

"I worry that this creates a postcode lottery for fertility treatment. Couples in Croydon have just as much right to fertility services as anyone else."

By contrast, a couple of comments suggested if Croydon CCG stop the provision of IVF this would lead to other CCGs taking the same decision, with one person claiming this would result in the privatisation of an element of the NHS.

6. Not in line with NICE guidelines

A substantial number of survey respondents suggested one of their concerns was the failure of the CCG to follow the NICE guidelines for IVF.

"1 in 6 couples in Croydon will be facing Infertility which is recognised by W.H.O as a disease and is a medical necessity. The NICE guidelines are already far from being adhered to by the CCG to totally cut would be immoral."

A few survey respondents and public meeting attendees made reference to the backbench discussion on IVF funding, pointing out the Under Secretary of State for Public Health and Innovation's comments about asking NHS England to recommend CCGs follow NICE guidelines for IVF.

"Parliament discussed IVF provision of 3 IVF cycles in line with NICE guidance on 19 January and encouraged CCGs to fund the recommendations."

- **A further step away from NICE guidelines**

One particular argument made by a small number of participants in the consultation was that since the CCG was already not following NICE guidelines by only offering one cycle of IVF, this amounted to the service having faced cuts already. Therefore, following this logic,

they felt it was unreasonable to cut this service further unless all other services had already faced cuts.

A few people mentioned how valuable it was to continue to provide the one cycle of IVF currently being offered, even if the full NICE guidelines were not implemented. The first cycle was viewed as giving valuable information about the next cycles of IVF, for example around drug levels, as well as giving patient insight into the challenges of the process.

" IVF is not a process anyone would undertake lightly, and giving women just 1 cycle enables them to make a more informed decision about the financial lengths they are happy to go to if further cycles are required."

7. Impact on other services

A few comments argued the savings made through cutting IVF would be limited by the increased demand on other services. In particular, some of the cost savings would be offset by a rise in people needing to ask mental health services to treat the anxiety and depression caused by being unable to have children. Additionally, there were concerns people on low incomes would access cheaper private IVF treatment abroad, where there were not such tight regulations around how many fertilised eggs could be transferred, resulting in higher numbers of expensive multiple births locally.

"You are risking the CCG spending more money through mental health, pre term and multiple birth."

Several participants also suggested any savings made would be short term as there would be more isolated elderly people and fewer tax payers resulting from fewer births if IVF provision was reduced.

8. Impact on Croydon University Hospital clinic

There were a limited number of concerns about the impact of the proposal on Croydon University Hospital's fertility clinic. A few people suggested stopping funding for IVF would make the clinic unviable, with a couple claiming the CCG would be closing the clinic with the proposal, impacting on the clinic's team as well as disrupting continuity of care.

"I am concerned that removal of the block contract closes the Croydon Fertility unit and will affect access not only to the IVF pathway but also the diagnostics and expertise of the staff..."

In the public meetings, there were a couple of questions asked about local access to IVF if the CUH clinic closed. It was pointed out the those being treated needed to have a lot of appointments which limited the ability of those in work to travel to other areas for treatment.

9. Fairness

Fairness was a key theme in the responses to questions about concerns. The word 'unfair' was used 34 times by survey respondents expressing, largely in relation to other themes already highlighted in this section.

"This is a deeply unfair discriminatory policy akin to eugenics.

"Croydon already only provides one round of IVF unlike other boroughs, to not provide it at all is very unfair for residents."

10. Criticisms of the consultation

There were a few comments criticising the consultation exercise, with this being a particular issue in the second public meeting. The predominant concern was a lack of details presented about where the savings would be found if IVF provision was not reduced. This was also a frequently asked question when conducting face-to-face surveys as part of the outreach exercise.

"Although it is clear that the CGC does need to save money, it would be helpful to know which other areas are under consideration for funding cuts. It is hard to make a judgement - I don't think that IVF is a fundamental right, but I would be happier if I knew what cutting IVF funding would mean for other areas e.g. Continuing to fund something like cancer research as opposed to other 'lifestyle' related issues. I appreciate that this is highly complex, but don't think that suggesting cuts to one service without reference to the bigger picture enables me to sufficiently understand the different options."

The lack of alternative areas for savings led some attendees of the final public meeting to suggest it felt like the CCG had no option other than to decommission routine IVF. One emailed letter was received by the CCG arguing the decision appeared to have been made regardless of the results of the consultation. Additionally, a couple of survey responses following the meeting echoed this concern.

"It looks like the decision has already been made."

A smaller number of respondents were concerned the consultation exercise had not received the attention it should have, suggesting it should be debated on bigger scale and given more media coverage.

11. Support for the proposal

There were two emails and several open comments supporting the proposal to stop the routine provision of IVF. Most of these responses suggested there was a need to protect other services, particularly emergency care. A small number of people spoke about the

care they urgently needed and how funding for services that treated people who were very ill or in pain should be protected.

"Given that NHS is so cash strapped, it is better to spend the money on urgent care such as Cancer, Mental Health and Elderly Care."

"This is a difficult decision to make but the NHS should be spending money on saving lives, not creating lives."

Actions to address concerns

Survey respondents were asked if there were specific actions the CCG could take to address their concerns about the proposal. By far the largest number of responses suggested it should continue to fund IVF. A range of individual actions were mentioned. Those receiving a few suggestions in common will be highlighted in this section.

Shared funding and means testing
The main actions suggested, particularly at the first public meeting, involved finding ways to share the costs of IVF between the NHS and individuals. Attendees asked if some form of shared funding could be investigated, possibly around the CCG funding fertility drugs and patients funding the rest of their treatment privately. Other funding options suggested include a grant scheme or assistance in raising funds through charitable donations.

In the survey, several respondents suggested some form of means testing to ensure those on low incomes could continue to have their treatment on the NHS.

"I think the access to a funded cycle should be means-tested."

One of the key principles of the NHS is that it is free at the point of use. However, commissioners will be asked to explore the legality of shared funding.

Lobby government
A small number of survey respondents acknowledged the funding restrictions on the CCG but felt the NHS as a whole should be doing more to pressurise central government for a better funding deal. The actions recommended included lobbying government for more funding or to raise taxation levels so the health service could be better financed.

"CCG's should coordinate lobbying Government for more funding"

Reduce staff and inefficiency
Several respondents and meeting attendees felt there were still substantial inefficiencies in the NHS that should be addressed before any services are decommissioned. Ideas for

improvement included reductions in management staff, increased automation around appointments, further shifts towards digital communication and better recovery of costs incurred by health tourism.

"Reduce management staff in the hospital. Look at ways to reduce administrative costs such as not posting (at the same time) lots of separate letters to patients."

One emailed response suggested there was known overcharging for unit costs of equipment and medicines throughout the NHS, which required a systematic evaluation of prices paid by commissioners. A few respondents pointed out the local costs for a cycle of IVF were above the national average, with one recommending a renegotiation of treatment away from the block contract.

Target other services
A few survey respondents suggested IVF could continue to be funded by targeting other services for cost savings, although most did not identify what these services should be. At the second public meeting, there was some discussion about the possibility of doing more to prevent the lifestyle conditions that are putting pressure on NHS funds or reduce access to services for people whose conditions are self-induced. One emailed letter to the CCG provided information about the costs of conditions caused by smoking, excessive alcohol consumption and obesity.

"Below are extracts from two news articles, mainly about the astronomical yet avoidable cost of obesity to the NHS. £10bn a year for Type II Diabetes! Can Croydon CCG do more to prevent and reduce obesity in Croydon?"

Better public education around fertility
The need to provide better public education around the factors affecting fertility was commented on by a few respondents.

Provide more counselling or self-help groups
A small number of respondents suggested the CCG could help people who might be affected by a lack of access to IVF by providing either more counselling or establishing self-help groups.

"Set up IVF help groups."

Promote natural fertility methods and adoption
A few responses made suggestions about how people could be helped to have children without the use of IVF. This included the use of natural fertility methods and using the CCG's website to promote adoption.

"Education on alternative natural non-invasive fertility treatment e.g. NaPro Technology. Link up with adoption agencies to promote adoption as a fulfilling alternative to having biological children."

Pool funding/collaborate with other CCGs

Following the suggestion by the Under Secretary for Public Health, Nicola Blackwood, that CCGs should pool their resources to provide IVF treatment, two respondents suggested this as an action the CCG should investigate.

Concluding remarks

The findings from the survey are outlined above. It is not the purpose of this report to suggest conclusions or recommendations for decision makers. Instead, this section will highlight some issues raised by the consultation which commissioner are asked to clarify or explore further.

1. Is it possible for the CCG to share funding of IVF treatment with patients or to part fund areas of the treatment, for example funding the fertility drugs?

2. A few patients are undergoing fertility tests, have had their treatment delayed or are waiting the required three years until they become eligible for treatment. If the CCG decided to stop the routine provision of IVF, could it provide clarification of the funding position for these groups?

3. The consultation survey asked if any groups should be exempt from the proposal to cease the routine provision of IVF. Could commissioners clarify how, in general, eligibility criteria ('exemptions' in the proposal question) are different to exceptional circumstances for Individual Funding Requests?

Get involved

If you would like to find out more about getting involved and having your say about the work of Croydon CCG you can contact us at **getinvolved@croydonccg.nhs.uk** or phone us on **020 3668 1384**

Follow us on Twitter **@NHSCroydonCCG**

For more information go to our website at **www.croydonccg.nhs.uk**

Appendices

Appendix A: Supporting documents

Document	Source / URL Link
Proposed changes to IVF consultation document	http://www.croydonccg.nhs.uk/news-publications/news/ivf%20docs/consultation%20doc%20IVF.pdf
Mid-term review	
Minutes from the two public meetings	
IVF Equalities Impact Assessment	Provided with Governing Body papers
Croydon CCG Website link	http://www.croydonccg.nhs.uk/news-publications/news/Pages/The-future-of-IVF-services-in-Croydon.aspx
Croydon IVF survey	https://www.surveymonkey.co.uk/r/KXN9GHL

Appendix B: Engagement log

This document is the full record of all the engagement activity, meetings and outreach events that the CCG undertook in the consultation process for proposed changes to IVF

XEngagement activity for IVF consultation					
Date of activity or dates activity ran	**Type of activity e.g. press release, mailshot, meeting**	**Target audience e.g. Stakeholders, public, community group**	**How were participants informed e.g. agenda item, advertisement**	**No of attendees, hits etc**	**Evidence link e.g. folder or weblink**
18th October	Attendance at HOSC meeting to announce future proposal	HOSC	Agenda item	n/a	https://secure.croydon.gov.uk/akscroydon/users/public/admin/kab14.pl?operation=SUBMIT&meet=8&cmte=HSC&grpid=public&arc=1
16.12.16	Meeting to explain proposal to CHS	n/a	n/a	n/a	Email trail
19.12.16	CVA emailed and ask to identify groups	n/a	n/a	n/a	Email trail
19.12.16	Meeting with Healthwatch to explain proposal and ask for help to identify groups to consult with	n/a	n/a	n/a	Email trail
16.12.16	Circulation of consultation plan	HOSC	Email from CO	n/a	Email trail

	to HOSC for comment				
04.01.2017	Consultation launch - Press release	Local newspapers and general public	Email, website	n/a	http://www.croydonccg.nhs.uk/news-publications/news/ivf%20docs/IVF%20press%20release.pdf
04.01.2017	Consultaton launch - Website	General public	Website	n/a	http://www.croydonccg.nhs.uk/news-publications/news/Pages/The-future-of-IVF-services-in-Croydon.aspx
04.01.2017	Consultation launch - Document	General public	website, twitter, press release	n/a	http://www.croydonccg.nhs.uk/news-publications/news/ivf%20docs/consultation%20doc%20IVF.pdf
04.01.2017	Consultation launch - Online survey	General public	website, twitter, press release	n/a	https://www.surveymonkey.co.uk/r/KXN9GHL
04.01.2017	Promotion of public meeting	General public	website, twitter, press release,CVS	n/a	https://www.eventbrite.co.uk/e/proposed-changes-to-ivf-public-meeting-tickets-30692160077
04.01.2017	Consultaton launch- Mailshot announcing consultation open	Stakeholders: MPs, Fertility First, Fertility Network; Croydon University Hospital; Chair of the Health and Wellbeing Board; OSC Members; GB CCG members; GP membership; all CCG staff;	email	300+	Email trail

		Community Pharmacists; All CSU staff; PPI contacts, CVS; Healthwatch; Children's Centres contact			
05.01.2017	Healthwatch promote consultation	General public	Consultation and public meeting advertised on Healthwatch website	n/a	http://www.healthwatchcroydon.co.uk/events
11.01.17	Healthwatch send list of groups	protected characteristics	List	n/a	email trail
10.01.17	Evening Standard article	General public	News article	n/a	http://www.standard.co.uk/news/health/smokers-and-obese-londoners-could-be-refused-surgery-in-bid-to-save-nhs-cash-a3436771.html
11.01.17	Croydon Advertiser article	Croydon residents	News article	n/a	http://www.croydonadvertiser.co.uk/the-nhs-in-croydon-wants-your-opinion-on-plans-to-cut-ivf-for-all-couples-in-the-borough/story-30050704-detail/story.html
12.01.17	Croydon Guardian article	Croydon residents	News article	n/a	http://www.croydonguardian.co.uk/news/15016005.Croydon_healthcare_providers_consider_limiting_access_to_IVF_treatment_to_fill___30m_black_hole/?ref=mr&lp=17
12.01.17	CCG tweet request to	Croydon residents	Tweet	n/a	https://twitter.com/NHSCroydonCCG

	respond to survey				
12.01.17	London Informer tweets article	London residents	Tweet	n/a	http://london-informer.com/264205/croydon-healthcare-providers-consider-limiting-access-to-ivf-treatment-to-fill-30m-black-hole/
12.01.17	DailySurrey tweets survey link	Surrey residents	Tweet	n/a	https://twitter.com/search?f=tweets&q=croydon%20ivf&src=typd
19.01.17	Hard copies of consultation document sent to all GP surgeries	NHS patients	Consultation document	57 GP practices	
19.01.17	Letters to all IVF service users sent by CUH	Service users	Letter	n/k	CUH email chain
21.01.17	Religious Organisations contacted -temple/mosques	Croydon residents	Drop in/questionnaires	1 survey completed	Email trail
24.01.17	Public meeting	General public, PPI and stakeholders	Consultation document, website, emails, article in paper	55 attendees	https://www.eventbrite.co.uk/myevent?eid=30692160077
25.01.17	Survey of local Afro/Carribbean businesses users	Croydon	Drop in/questionnaires	20 surveys completed	
27.01.17	Obesity groups contacted	Croydon residents	Phone call	n/a	
27.01.17	Verity - PCOS/Endometriosisc ontacted	Voluntary Organisation	Phone call/email/questionnaire	n/a	Email trail
27.01.17	Daisy Network - Early menopause	Voluntary Organisation	Engagement/using their contacts	n/a	Email trail

	contacted				
27.01.17	British Menopause Society contacted	Voluntary Organisation	Engagement/using their contacts	n/a	Email trail
27.01.17	Religious Organisation - Afro/Carrib	Church members	Consultation/presentation and questionnaires	n/a	Completed questionnaires
27.01.1	McMillian contacted	Voluntary Organisation	Phone call	n/a	
30.01.17	Hear Conference contacted -LGBTQI	Voluntary Organisation	Networking	n/a	Email trail
30.01.17	Asian Womens Group contacted	Community Group based at Broad Green Library	Talk/going through the document	17 Asian women (25-50)	Email trail
31.01.17	BME Forum -attended	Voluntary Organisation	Networking/drop in/questionnaires	10 attendees	Email trail
2.02.17	BME Forum attended - BAME (Diabetes)	Voluntary Organisation	Engagement/presentation and questionnaires	25 attendees	Email trail
2.02.17	Drop in at town hall	IVF service users	Letter	2 attendees	Notes
11.01.17 and 13.02.17	Tweets to BME Forum and Muslim London	Voluntary Organisation	Tweet	n/a	https://twitter.com/NHSCroydonCCG
04.02.17	Letters to fertility treatment users sent by CUH	Fertility service users	Letter and link to survey	n/k	CUH email chain
04.02.17	Mid-point consultation review	n/a	n/a	n/a	Midpoint review report

04.02.17	Posters and leaflets circulated to CUH, GPs and Community Pharmacies	NHS users	Poster, leaflets	57 GP practices and Community pharmacies	
6.02.17	Drop in at town hall	IVF service users	letter	2 attendees	minutes
07.02.17	Poster and leaflets to Croydon Central library	Library users	Poster, leaflets	n/a	
07.02.17	Poster and leaflets to Thornton Heath library	Library users	Poster, leaflets	n/a	
07.02.17	Drop-in Local Asian Businesses users	Thornton Heath residents	Drop in/questionnaires	20 surveys completed	Completed questionnaires
07.02.17	Drop-in Thornton Heath Library	Thornton Heath library users	Drop in/questionnaires	10 surveys completed	Completed questionnaires
07.02.17	Faith Organisations	Thornton Heath	Visited proposed engagement	5 surveys completed	Completed questionnaires
08.02.17	Asian Cancer Support Group	Voluntary Organisation	Email	n/a	Email trail
08.02.17	SE Cancer Help Centre	Voluntary Organisation	Email	n/a	Email trail
08.02.17	Asian Fertility Group	Voluntary Organisation	Email	n/a	Email trail
15.02.17	Drop-in New Addington Older People's Centre	New Addington	Drop in/questionnaires	4 surveys completed	Completed questionnaires
15.02.17	Drop-in New Addington Health Centre	NHS patients in New Addington	Drop in/questionnaires	3 surveys completed	Completed questionnaires

13.02.17	Contacted those who responded to the survey to alert them to the additional public meeting	Survey respondents	Email		Email trail
16.02.17	Drop in Selsdon Medical Centre	NHS patients	Drop in/questionnaires	12 surveys completed	Completed questionnaires
20.02.17	Drop in elderly luncheon club	Local residents	Drop in/questionnaires	3 surveys completed	Completed questionnaires
20.02.17	On-street survey of Croydon Town Centre users	Local shoppers	Stopping passersby to ask for views	6 surveys completed with shoppers	Completed questionnaires
20.02.17	Request for Healthwatch to promote second public meeting	Voluntary Organisation	Healthwatch promotes second public meeting on their websites	n/a	http://www.healthwatchcroydon.co.uk/events
17.02.17 and 19.02.17 and others	Tweets about IVF consultation and public meeting	All following IVF hashtag and CroydonCCG	Regular tweets about the survey and public meetings	n/a	https://twitter.com/NHSCroydonCCG
20.02.17	Drop in Hayling Park Medical Centre	NHS patients	Drop in/questionnaires	2 surveys completed	Completed questionnaires
21.02.17	On-street survey of Croydon Town Centre users	Local shoppers	Stopping passersby to ask for views	4 surveys completed with shoppers	Completed questionnaires
21.02.17	One to one with IVF service user	Service users	Letter	1 attendee	Notes
13.02.17	Fertility Network promotes consultation on	Network members	Survey links	n/a	http://fertilitynetworkuk.org/proposals-for-more-cuts-to-ivf-richmond-and-croydon/

	their website				
22.02.17	Drop-in Egerton Road Walk-in Centre	NHS patients in Central Croydon	Drop in/questionnaires	7 surveys completed	Completed questionnaires
15.02.17 and 14.01.17	Mumsnet discussion started by resident and CCG tweet to Mumsnet	Mumsnet users	Tweet, forum discussion and link to survey	n/a	https://www.mumsnet.com/Talk/infertility/2855342-Croydon-CCG-proposal-to-cut-all-IVF-ICSI-funding
22.02.17	Drop in South Norwood Medical Practice	NHS patients	Drop in/questionnaires	15 surveys completed	Completed questionnaires
22.02.17	South Norwood Library	Library users	Drop in/questionnaires	5 surveys completed	Completed questionnaires
22.02.17	Winterbourne Childrens Centre	Centre users	Drop in/questionnaires	10 surveys completed	Completed questionnaires
23.02.17	Drop in Leander Rd Medical Practice	NHS patients in Thornton Heath	Drop in/questionnaires	20 surveys completed	Completed questionnaires
23.02.17	Drop-in London Road Medical Centre	NHS patients in Broad Green	Drop in/questionnaires	10 surveys completed	Completed questionnaires
24.02.17	Drop-in Age UK healthy hub	Older people	Drop in/questionnaires	8 surveys completes	Completed questionnaires
27.02.17	Norbury Library	Norbury residents	Talk on recent changes to prescribing and FL and current IVF consultation	3 local residents	
28.02.17	Drop in Parchmore Medical Practice	NHS patients in Thornton Heath	Drop in/questionnaires	15 surveys completed	Completed questionnaires

01.03.17	Public meeting	General public and stakeholders	Tweet, emails to survey respondents, letters to fertility service users, posters	33 registered to attend	https://www.eventbrite.co.uk/myevent?eid=31444508371

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NHS Croydon CCG assessment criteria Decommissioning of IVF/ICSI

Score the potential initiative 1 - 5 against each question using the guide below highlighted in green

Domain	Q	Score of 1 means - Minimal Adverse Impact / Score of 5 means - Significant Adverse Impact	Score 1 - 5	Comments Please use this space to provide context to
Patient Benefit	1.1	To what extent would the proposal reduce accessibility for users of the affected services?	4	Individual Funding Requests will continue to be available. Those who can afford will be able to have privately funded treatment.
	1.2	How many patients would be impacted by reduced access as a result of the initiative?	1	94 couples per annum (on average) (0.047% of CCG population)
	1.3	To what extent would the proposal contribute to reducing health inequalities?	4	The proposal will have the potential for increasing health inequalities.
	1.4	To what extent would the proposal impact upon equity of access for **all** residents across the Borough?	1	The proposal involves a small number of people
	1.5	What is the scale of potential impact on a patient's quality of life from these changes?	4	There could be an impact on family life. Will need to offer IAPT service
	1.6	How likely is an exceptions criteria?	1	None identified
Clinical Benefit	2.1	To what extent would the proposal detract from the implementation of clinical practices designed to improve quality of life e.g., admission avoidance or case management?	n/a	
	2.2	To what extent would the proposal adversely impact the achievement of evidence based outcomes?	3	There will be a reduction in outcomes, although the treatment has a limited level of effectiveness
	2.3	How safe is the proposal for patients?	2	Some risk of mental health issues
National Priority	3	To what extent would the proposal address the key national priorities set out in the operating framework and in the DH's reform agenda?	1	
Local Priority	4.1	To what extent would the proposal address key local priorities and objectives?	1	
	4.2	To what extent is there pressure for change in the area of the proposal from people or organizations outside the local health community (e.g. patient groups or politicians)?	4	
	4.3	To what extent is there pressure for change in the area of the proposal from internal factors (e.g. workforce, equipment, changes to regulations, alternative providers)?	2	
Stakeholders	5.1	To what extent are stakeholders within the local community supportive of this proposal (e.g., local acute Trust, PEC, PbC Clusters, social care, local mental health trust)?	3	Croydon Hospital Services and public health are not fully supportive. PH have concerns about health inequalities

	5.2	What is the likely reaction of local patient groups and politicians to the proposal (e.g. Overview & scrutiny committee, local involvement network/Patient Public Involvement Forum)?	3	Some concern was raised by a member of the HOSC in relation to inequalities and one cycle of treatment providing insight in the condition and treatment,
	5.3	How much can patients support the CCG to implement the change?	n/a	
	5.4	How much support would patient groups need to manage the change?	3	
	5.5	How much capacity does the CVS to support the change and/or deliver the service more effectively?	2	Could provide support around mental health issues and advising on IFR
Buildings & Equip	6.1	To what extend would this proposal require changes to buildings and equipment?	n/a	
	6.2	How accessible is the building/equipment (DDA)?	n/a	
	6.3	How much will it cost to ensure DDA compliance?	n/a	
Work-force	7.1	To what extent would the proposal require the current workforce to be redeployed?	2	CUH is concerned about the viability of the service if IVF is not funded by CCG. Service staff would need to be redeployed.
	7.2	To what extent are any new or additional skills that are required for the proposal scarce or reliant on long term training once staff have been appointed?	n/a	
	7.3	How seamlessly could staff be deployed to support the change?	n/a	
Service Delivery	8.1	To what extent does this proposal represent a complex service change (e.g., extent and number of changes, inter dependencies with other projects)?	4	The change requires consultation around interdependencies
	8.2	To what extent would the proposal affect the viability of other services?	3	Fertility services could be de-stabilised. CUH raised a potential impact on scanning services.
	8.3	Is there a provider capable of delivering the service required through this proposal?	3	Yet to be identified
	8.4	Has this proposal been undertaken successfully elsewhere?	3	1 CCG in England - Basildon and Brentwood
	8.5	How easily and swiftly could this proposal be implemented?	3	Six months contract notice, ongoing storage of frozen materials, potential challenge to consultation
	8.6	How flexible can the services be, e.g. on-line elements, increased as well as decreased as demand is better managed?	n/a	
Financial Benefit	9.1	Would the proposal require additional financial investment?	1	
	9.2	To what extent would the initiative result in financial savings?	1	
	9.3	How long would it before the initiative produced financial savings?	3	Six months - clear waiting list, if there is no challenge to consultation
	9.4	How much does this proposal contribute to the financial strategy?	2	Reduced returns
	9.5	To what extent is the proposal good value for money in the longer term?	2	May want to reinvest in this service in the future
	9.6	How much of the service can be deliver through cheaper and safer ways? e.g. On-line elements	n/a	
Investment Required	10.1	How much additional investment would the proposal require?	n/a	
Future Impact	11.1	How significant are the potential longer term impacts of the proposal for patients, staff, carers and Croydon residents?	2	Significant impact on a small number of residents

	11.2	How much will the proposal impact on existing health inequalities in Croydon in 10, 20 years' time?	3	Significant impact on a small number of residents
	11.3	To what extent will the proposal impact upon equity of access for Croydon patients and public in 10, 20 years' time?	3	Cumulative figures could mean an impact on 1 880 couples over 20 years
Priority assessment score			75	

IVF/ICSI Assisted Conception Service

Equalities Impact Assessment

1. Introduction and Background

Infertility is defined as the failure to fall pregnant after regular unprotected sexual intercourse for two years in the absence of known reproductive pathology (where no reason can be found).

There are three main types of infertility treatment –

- medical management (such as drugs for ovulation induction),
- surgical treatment (e.g. laparoscopy for endometrial ablation)
- assisted conception

Assisted conception is a collective name for treatments designed to lead to conception by means other than sexual intercourse.
NHS Croydon CCG is proposing to decommission IVF and ICSI services in Croydon. This proposal is currently the subject of a formal public consultation, which runs from 4 January 2017 to 1 March 2016 inclusive.

In Vitro Fertilisation (IVF) is a technique by which eggs are collected from a woman and fertilised with a man's sperm outside the body. Usually one or two resulting embryos are then transferred to the womb. If one of them attaches successfully, it results in a pregnancy. One full cycle of IVF with or without ICSI, should comprise of one episode of ovarian stimulation, egg retrieval, fertilisation and the transfer of any resultant fresh or frozen embryo(s).

Intracytoplasmic sperm injection (ICSI) is a variation of IVF in which a single sperm is injected into an egg.

The CCG are proposing to change assisted conception funding and this will only affect IVF and ICSI.
Croydon currently funds one cycle of IVF/ICSI at CUH under a block contract (criteria 39 years or younger, waiting time for unexplained infertility 3 years). 130 cycles were provided under this block in 2013/14 at a cost of £763,690 (equals £5,875 per cycle in that year). In the current year, 2016-17, the forecast outturn is 150 cycles.

The consultation document presents two options for patients, public and stakeholders to comment on. They are:

Option 1 - No change to the existing service

This option would mean women under 39 who meet the clinical criteria will continue to be offered one cycle of IVF on the NHS as outlined in our current policy.

If the CCG went ahead with this option, we would need to look to other areas of healthcare in order to make the savings we need to make.

Option 2 - Decommission IVF and ICSI services

The CCG would no longer routinely fund IVF or ICSI services on the NHS for Croydon residents.

If the CCG decided to stop funding IVF and ICSI services this would mean that couples living in Croydon would no longer be able to routinely access these services through the NHS.

However, Croydon residents experiencing fertility problems, at any age in the reproductive range, would still be able to consult their GP and where appropriate, be referred to a specialist for further investigation and other necessary medical or surgical treatments. In exceptional circumstances, an application from a GP or consultant could be made to the Individual Funding Request (IFR) panel.

An Individual Funding Request is where a doctor thinks a patient would benefit from a treatment that is not usually funded for others. Each request would be reviewed by a panel made up of clinicians and commissioners from Croydon CCG who would then decide whether or not to fund the treatment, based on the individual clinical circumstances of each couple.

IFR is a well-established process which covers a wide range of services.

2. Legal Context

Meeting the collective participation duty

The Health and Social Care Act 2012 introduced significant amendments to the NHS Act 2006, especially with regard to how NHS commissioners will function.

These amendments include two complementary duties for clinical commissioning groups with respect to patient and public participation. The individual participation duty seeks to ensure that NHS organisations promote the involvement of patients, and their carers and representatives (if any), in decisions which relate to i) the prevention or diagnosis of illness, or ii) their care or treatment.

The second duty places a requirement on CCGs and NHS England to ensure public involvement and consultation in commissioning processes and decisions. It includes involvement of the public, patients and carers in:

- planning of commissioning arrangements, which might include consideration of allocation of resources, needs assessment and service specification.
- proposed changes to services which may impact on patients.

Section 14Z2 of the Health and Social Care Act (2012) applies to the proposed decommissioning of IVF/ISCI services.

Health Inequalities

The NHS Constitution states that the NHS has a duty to "...pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population". This is reflected in the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), which introduced for the first time legal duties to reduce health inequalities, with specific duties on CCGs and NHS England.

These duties include a responsibility to contribute towards a reduction in health inequalities and to "Give regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities".

The Public Sector Equality Duty

The Public Sector Equality Duty (2011) was created under the Equality Act 2010 and replaced the race, disability and gender equality duties. Croydon CCG is subject to the general Public Sector Equality Duty required by s.149 of the Equality Act 2010 S.149 of the Act states that the CCG must "have due regard to the need to:

1. Eliminate discrimination, harassment, victimisation, and any other conduct prohibited by the Act;
2. Advance equality of opportunity between persons who share a relevant protected characteristic* and persons who do not share it;
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it."

*The nine protected characteristic groups are the subject of analysis in the final section of this report.

Having due regard for advancing equality (2nd aim) involves:

- Removing or minimising disadvantages experienced by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Carrying out an Equality Analysis helps organisations to show due regard to the needs of people with protected characteristics. The purpose of Equality Analysis is twofold:

1. To identify unintended consequences and mitigate them as far as is possible.
2. To actively consider how change to policy, function or service development might support the advancement of equality and fostering of good relations.

An Equality Analysis focuses on identifying whether any equality groups/protected characteristics will be adversely affected by planned proposals.

The equality groups are those identified by the Equality Act 2010 (called protected characteristics): age, gender, gender reassignment, religion or belief, disability, ethnicity, sexual orientation, pregnancy and maternity and marriage and civil partnership.

3. Croydon Demographics – a summary

This section provides a snapshot of the demographic makeup of Croydon, including the protected characteristics, deprivation and other groups/communities.

Population and Population Growth

Croydon has a population of approximately Croydon has an estimated 381,000 residents which makes it the second most populated borough in London. The population of Croydon is predicted to rise by 3% over the next decade.

Age

Overall population statistics from the 2011 Census show the age profile of Croydon is segmented as follows:

- Pre-school age band - 0-4yr olds make up 8% of the total borough population
- School age band - 5-19yr olds make up 19% of the total borough population
- Working age band - 20-64yr olds make up 61% of the total borough population
- Older people age band - 65+yr olds make up 12% of the total borough population[1]

Marriage/Civil Partnership

From the 2011 Census marital status figures for Croydon show 40.4% of people are married, 9.0% cohabit with a member of the opposite sex, 1.1% live with a partner of the same sex, 32.5% are single and have never married or been in a registered same sex partnership, 9.3% are separated or divorced. There are 18,401 widowed people living in Croydon.[2]

Disability

16.96% (38,500) Working age people in Croydon have a disability[3].

Mental Health

One in six adults in Croydon has a mental health need[4].

Ethnicity and Migration

1 Strategic Intelligence Unit (2012) Croydon Borough Profile 2012
2 http://localstats.co.uk/census-demographics/england/london/croydon
3 *Croydon Joint Strategic Needs Assessment*
4 *Croydon Integrated Mental Health Strategy for 2014 – 2019 Strategy*

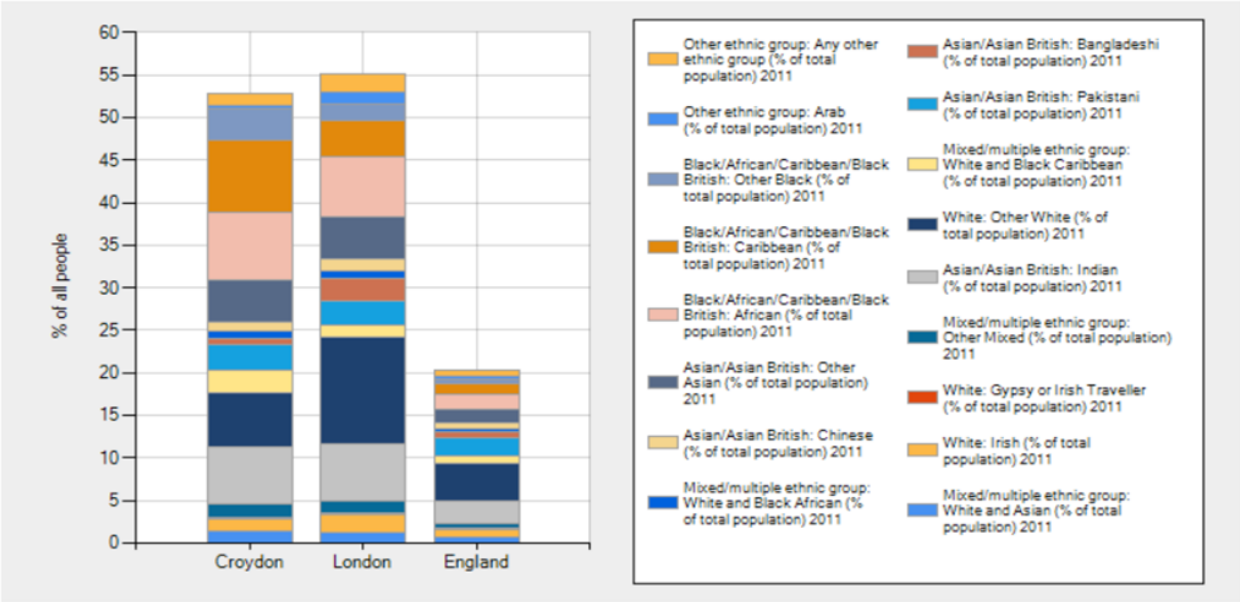
Approximately, 44.91% of Croydon's population are recorded as non-White in the 2011 Census. The most common languages spoken by people in Croydon other than English are Tamil, Urdu, Guajarati and Polish.

Croydon has 6,000-7,000 new immigrants from outside the UK per year and at least 3,000 emigrants.

The main areas immigrants have been coming from in recent years are:

- South Asia (India, Pakistan and Sri Lanka: 2,300 people per year)
- Eastern Europe (Poland, Romania, Lithuania, Bulgaria, Hungary: 1,100 people per year)
- Certain countries in Africa (Ghana and Nigeria: 500 people per year)

The chart below shows the ethnicity profile of ethnic minority groups in the local area and comparators



Gender

Approximately 51.50% of the population is female[2].

Sexual orientation

Of the total Croydon population, 3.2% or 11,629 people are estimated to be lesbian, gay or bisexual.

Religion and Faith

56.42% of Croydon's population identified itself as being Christian, followed by 19.9% who identified with no religion, 8.12% as Muslim, 5.98% as Hindu, 0.66% as Buddhist and 0.59% with other religions[5.]

Gender reassignment

The CCG have no figures relating to the number of transgendered people or Croydon residents who have been/are in the process of gender reassignment.

Pregnancy and Maternity

Croydon has a younger than average population, compared to neighbouring boroughs, this is reflected in the number of live births per year. In 2013 5,605 live births were recorded in Croydon[6]

Croydon has a higher than regional and England average rate of teenage conceptions, 32 per 1,000 females aged 15-17.

An average of 94 patients/couples resident in Croydon received IVF/ICSI treatment each year (2012 -16) at Croydon University Hospital. This equates to approximately 0.023% of the CCG population.

Approximately 400 Croydon residents access other services within the wider fertility service in Croydon.

5 *Croydon Borough Profile Quarterly Update January 2014*
6 Public Health England (2015) Croydon Child Health Profile

4. Prevalence of IVF service use in Equality Groups/ Protected Characteristics

The details presented below show the breakdown of users of IVF/ICSI services in Croydon in 2015-16 and 2016-17 broken down by:

- Age
- Ethnicity
- Ward/deprivation

All data has been provided by Croydon University Hospital, the main provider of IVF/ICSI services in Croydon.

Table 1 – Ethnic breakdown

Ethnicity	2015-16	2016-17
Asian	16	28
Asian other	0	1
Black	4	2
Black African	2	4
Black British	4	2
Black Caribbean	0	1
Black other	0	1
British Asian	13	9
British Indian	1	0
Chinese	0	3
Mixed White Caribbean	0	2
Mixed White/Asian	1	0
Not stated	8	13
White British	27	36
White Irish	0	1
White other	18	13
TOTAL:	**94**	**116**

Figure 1 - Ethnicity breakdown 2015-2016

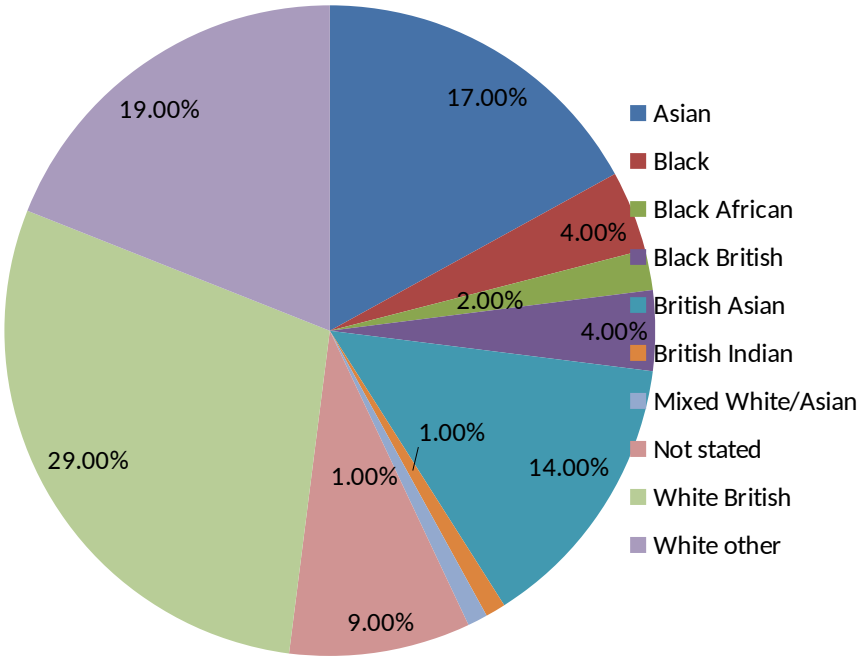


Figure 2 - Ethnicity breakdown 2016-2017

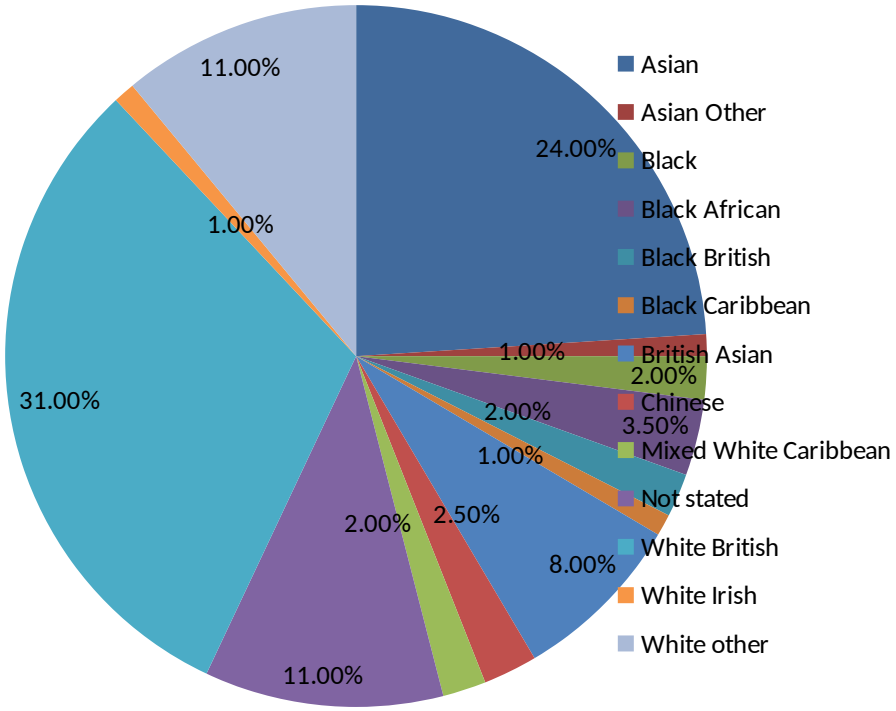


Table 2 – Age breakdown

Age	2015-16	2016-17
22-25	5	2
26-30	15	23
31-35	35	40
36-40	39	51
TOTAL:	**94**	**116**

Please note the figures in the table above are the number of individual patients. The graph shows the total percentage of patients in each age bracket, which present a slightly different figure.

Figure 3 – Age breakdown of IVF/ICSI patients 2015-2016

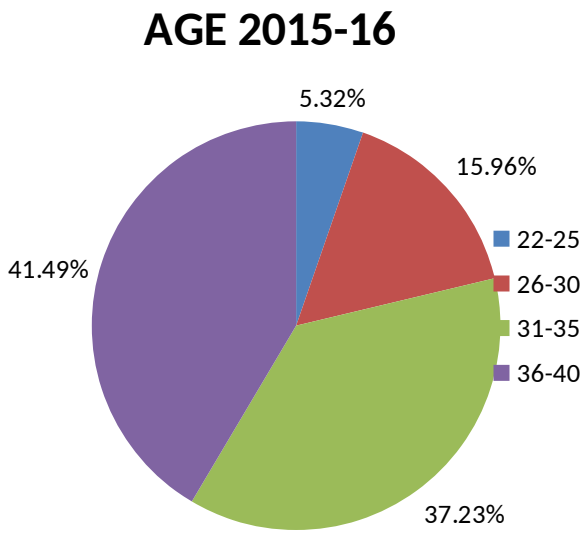
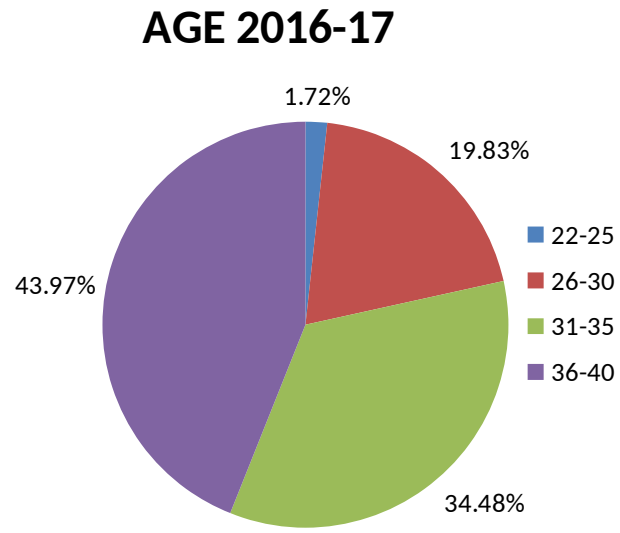


Figure 4 – Age breakdown of IVF/ICSI patients 2016-2017



Deprivation

The patients data provided for 2016-17 only included postcodes, this data was analysed against ward level Super Output Area data (SOA)[7]. SOA data is based on 32,844 area based inter-ward locations which break down the areas into populations of approximately 1,500 residents.

This helps to assess local wards at a micro-level which recognises the wide variation within wards in relation to deprivation. This is particularly pertinent to Croydon which has very wide variations in the levels of deprivation within wards. Analysing the data in this way also ensures that the original patient data is fully anonymised.

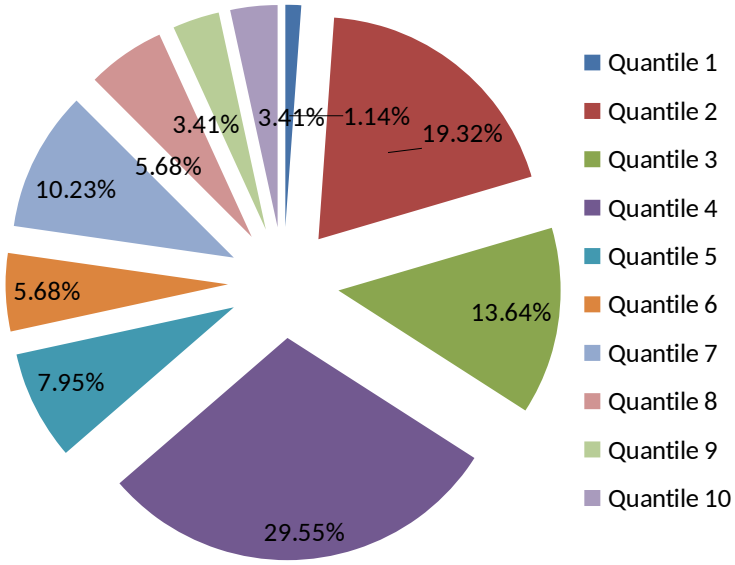
SOA data ranks the 32,844 areas into quantiles. The quantiles range from 1 to 10. The first quantile represents the wards which lay within the 10% of most deprived areas of the country. The tenth quantile represents the wards which lay within the least deprived areas of the county.

Table 3 – Deprivation quantiles

Deprivation Quantile	Number of patients	Percentage
1 – most deprived	1	1%
2	17	19%
3	12	14%
4	26	30%
5	7	8%
6	5	6%
7	9	10%
8	5	6%
9	3	3%
10 – least deprived	3	3%

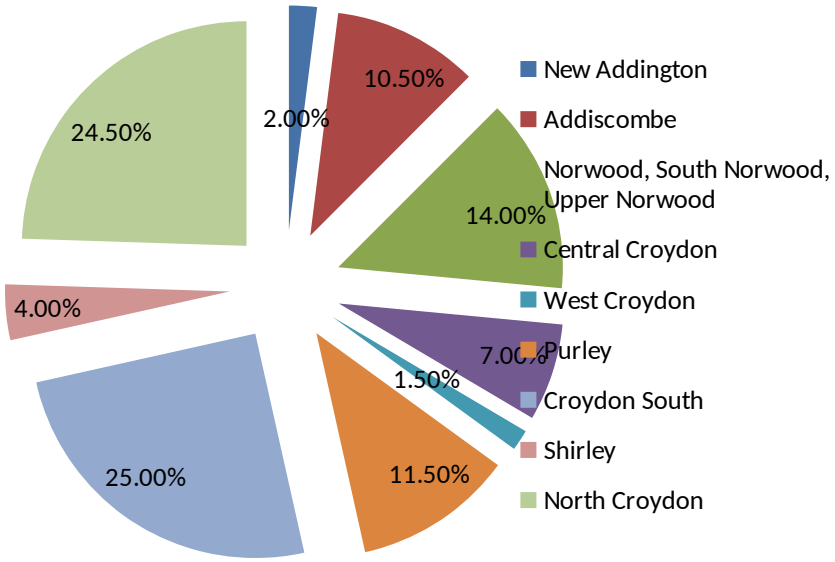
Figure 5 - Breakdown of 2016-17 users by deprivation quantiles

7 https://data.gov.uk/dataset/english-indices-of-deprivation-2015-lsoa-level



The consultation survey asked people to state which are of Croydon they lived in. This question was optional and a total of 394 people answered. Of these 379 gave a recognisable Croydon postcode or area. The chart below shows the breakdown of area by response. A mid-point review during the Consultation indicated a low response rate from more deprived wards, e.g. South Norwood, Thornton Heath. The survey respondents do not match the profile of IVF/ICSI patients with an over representation towards Croydon residents living in the lower 4 quantiles of deprivation. Given the disproportionate impact that any decision to decommission NHS funded IVF/ICSI services would have on Croydon residents with low/lower than average income, as highlighted by survey respondents, it was considered valid to target areas with higher levels of income deprivation during the Consultation.

Figure 6 – Breakdown of consultation survey respondents by area



5. Impacts on protected characteristics and other groups in Croydon

The proposal to decommission IVF/ICSI services have been analysed against groups sharing the nine protected characteristics and deprivation, to understand any unequal impacts on particular groups. This section outlines the findings of that analysis under each heading. At the end of the section is a table which describes the impact, be they positive, negative or neutral against the protected characteristic and mitigations against the identified impacts.

Age

NHS Croydon CCG's current policy sets an upper age limit of 39 years of age for women to be eligible for IVF/ICSI treatment. The lower age limit is 18 years of age. The NICE guidance on IVF treatment recommends an upper age limit of 42 years of age. The proposal to decommission this service would, therefore, impact on the age band 18 to 39 of eligible women in Croydon. Data from the last two financial years show that over three quarters of users fall into the higher end of the age bracket, 31 to 40 years of age. Therefore this age group would be the most affected.

It is anticipated that requests made through an Individual Funding Request (IFR) would also only be open to women within this same age band (18-39).

Marriage/Civil Partnership

The current CCG policy does not discriminate between people who are married/in a civil partnership or unmarried.

Disability

Disability status is not included in the dataset sent over from the current largest provider; therefore we do not have local data on the number of patients who consider themselves to have a disability. Wider evidence suggests that for people with a disability or long-term health condition, fertility may be impacted. Some physical disabilities may also restrict a person's ability to engage in sexual intercourse, meaning that natural conception would not be possible. Some medical treatments can cause long-term infertility, for example, chemotherapy treatments.

Evidence suggests that around a third of all disabled adults of working age are living in low-income households. This is twice the rate of that for non-disabled adults. This could impact upon disabled Croydon resident's ability to pay for IVF/ICSI treatment privately.

There may be some impact on fertility for patients with existing mental severe and enduring mental health conditions. However, this is difficult to assess on a population basis.

Race and Ethnicity

The numbers of patients with Asian heritage who have used the service in the last 2 years are substantially over represented in relation to the overall population of Croydon – 34% of service users compared to around 10% Croydon residents. IVF patients from Black African and Black Caribbean heritage are underrepresented as a percentage of the Croydon BAME profile.

Evidence indicates that members of BAME communities are more likely to live in areas of high deprivation and suffer disproportionate levels of health inequalities[8].

Gender

Although the service predominantly delivers direct treatment to women, men also undergo fertility testing and procedures as part of IVF/ICSI.

Currently NICE guidelines recommend same-sex couples are entitled to treatment on the NHS following 6 cycles of self-funded intrauterine insemination, unless they are couples with a diagnosed cause of absolute infertility which precludes any possibility of natural conception, and who meet other eligibility criteria, who have immediate access to NHS funded assisted reproduction services.

Sexual Orientation

The current NHS Croydon policy states that “Sub fertility treatment will be funded for women in same sex couples or women not in a partnership if those seeking treatment are demonstrably sub fertile. In the case of women in same sex couples in which only one partner is sub fertile, clinicians should discuss the possibility of the other partner receiving treatment before proceeding to interventions involving the sub fertile partner. NHS funding will not be available for access to insemination facilities for fertile women who are part of a same sex partnership or those not in a partnership”.

Religion

The provider has not provided data relating to patients religion and therefore the CCG does not have access to this data.

There is on-going debate within many recognised religions about the use of IVF/ICSI services which is summarised here

Gender Reassignment

No relevant data or evidence can be sourced to assess the impact upon Croydon residents who are undergoing or have undergone gender reassignment treatment.

Pregnancy/Maternity

8 https://www.evidence.nhs.uk/Search?q=health+inequalities+in+black+minority+group+in+uk

Article 8 of the Human Rights Act (1998) provides the right to a private and family life. The most high profile case law in relation to this (Evans vs United Kingdom, 2007) helped to establish, that Article 8 should not be interpreted to include an inherent right to IVF treatment. And its spirit represents an existing family not an intended family.

Deprivation

Croydon is the 19th most deprived borough in London and the level of deprivation in Croydon is lower than the England average. However, between 2004 and 2010, levels of deprivation in Croydon increased more than in any other borough in south London. This downward trend has not shown signs of reversal to date.

IVF/ICSI services are available privately in a number of locations within a 10 mile radius of Croydon. Given the number of private providers and the variations in the level and type of treatment a women may need as part of her IVF treatment it is very difficult to provide an average cost to patients who access IVF/ICSI services through private providers.

The CCG have provided a figure of £5,575 per cycle as an average cost to the NHS within Croydon in the consultation document. If IVF/ICSI services are decommissioned by the CCG and a patient is not eligible for NHS funding through the IFR process this cost will fall to individuals to cover.

The analysis presented earlier in this report on the deprivation quantiles plotted against the postcodes of patients in 2016-17 shows that the majority of current patients live within the 40% of the most deprived areas in the country.

Summary of Impact against Equality/Protected Group

Equality/Protected Group	Positive impact	Negative impact	Neutral Impact	Explanation	Mitigation
Age	✓	✓		Removal of routine access to treatment for IVF/ICSI services in Croydon would impact upon all women aged 18-39 who would have otherwise been eligible for NHS funded treatment. Some clinics who offer privately funded IVF/ICSI treatment have a higher upper age thresholds and/or less restrictive age requirements.	It is recommended that the age range of women eligible for treatment in Croydon CCG's current policy is reflected in any IFR considerations to ensure women this cohort of women are not disadvantaged as a result of the decommissioning of IVF/ICSI IN Croydon
Marriage/Civil Partnership			✓	The decommissioning of IVF/ICSI services would impact equally on all future eligible patients regardless of relationship status.	None
Disability		✓	✓	The proposal to decommission the	Additional Increased Access to Psychological Therapies (IAPT)

				current IVF/ICSI service may have an impact on the mental health of some patients and the ability of disabled people to access IVF/ICSI services. Infertility can have a significant impact on the health and well-being of individuals and wider family members. Although the CCG will have a process in place for individuals with exceptional circumstances to apply through the IFR process, this option will not be open to all currently eligible residents. The decommissioning of IVF/ICSI services would apply to all Croydon residents.	provision may be required in the short to medium term to support people who would be most impacted by the proposal to decommission services. This may require specialist couples therapy as well as individual therapy services
Race and Ethnicity		✓	✓	Some BAME groups may be affected disproportionally by the	The engagement process should take into account the BAME

				decommissioning of IVF/ICSI services, in part due to other external factors including income, social and health inequalities. The decommissioning of IVF/ICSI services would apply to all Croydon residents, regardless of race and ethnicity.	profile of recent and current users and ensure that these communities are well represented to explore any additional impacts on specific ethnic groups.
Gender			✓	The proposal applies equally to both male-female couples and same-sex couples who are seeking NHS funded assisted conception	Should IVF/ICSI services be de-commissioned in Croydon both male-female and same-sex couples could apply for treatment through the IFR process
Sexual orientation			✓	If the proposal to decommission services is adopted it will have a comparable impact on both male-female couples and female	Should IVF/ICSI services be de-commissioned in Croydon both male-female and same-sex couples could apply for treatment through the

				same-sex couple.	IFR process.
Religion			✓	Should IVF/ICSI services be de-commissioned in Croydon it is not ✓anticipated that religious belief will impact significantly on residents who seek these treatments.	None
Gender reassignment			✓	There are no identified impacts upon Croydon residents who share this protected characteristic	None
Pregnancy/Maternity	✓	✓		The cost of private IVF/ICSI treatment may prohibit a small number of Croydon women from, potentially, becoming pregnant. This assumes that they apply through the IFR process and are unsuccessful.	Croydon residents who can afford to pursue private treatment may find that their options for treatment are enhanced due to a less restrictive eligibility criteria e.g. length of time spent trying to become

					pregnant, age limits
Deprivation		✓	✓	For some Croydon residents the withdrawal of NHS funded services with make it financially unviable to access IVF/ICSI treatment. Over a third of current users live in the top five quantiles, which indicate they are living in areas with lower levels of deprivation, which may mean they have the possibility of self-funding. However, the quantiles are based on area and do not take into account income levels so this finding should be viewed with caution.	The engagement process should take into account the potential impact of deprivation on access to IVF/ICSI services and ensure that these communities are well represented to explore any additional impacts on lower income groups.
Gender reassignment			✓	There are no identified impacts upon Croydon residents who share this	None

				protected characteristic	
Pregnancy/Maternity	✓	✓		The cost of private IVF/ICSI treatment may prohibit a small number of Croydon women from, potentially, becoming pregnant. This assumes that they apply through the IFR process and are unsuccessful.	Croydon residents who can afford to pursue private treatment may find that their options for treatment are enhanced due to a less restrictive eligibility criteria e.g. length of time spent trying to become pregnant, age limits

Ros Spinks

Patient and Public Involvement Manager

January 2017

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OTHER SERVICE PROVIDERS

Name	Services offered	Distance from Central Croydon
Fertility in Community	**Funding for treatment:** Treats NHS patients,Treats private patients **Treatments:** Insemination	0.5
Shirley Oaks Hospital	**Funding for treatment:** Treats private patients **Treatments:** Insemination	2
Epsom And St Helier NHS Trust	**Funding for treatment:** Treats NHS patients,Treats private patients	3.6
CREATE Centre for Reproduction and Advanced Technology	**Funding for treatment:** Treats NHS patients,Treats private patients **Treatments:** Insemination,IVF,ICSI	6.1
King's Hewitt Fertility Centre	**Funding for treatment:** Treats NHS patients,Treats private patients **Treatments:** Insemination,IVF,ICSI	6.7
Concept Fertility	**Funding for treatment:** Treats private patients **Treatments:** Insemination,IVF,ICSI	7.4
NewLife Fertility Centre	**Funding for treatment:** Treats private patients **Treatments:** Insemination,IVF,ICSI,PGD,PGS	7.6
The Lister Fertility Clinic	**Funding for treatment:** Treats private patients **Treatments:** Insemination,GIFT,IVF,ICSI,PGD,PGS	8.2
Kingston Hospital ACU	**Funding for treatment:** Treats NHS patients,Treats private patients	8.4
Chelsea & Westminster Hospital	**Funding for treatment:** Treats NHS patients,Treats private patients **Treatments:** Insemination,IVF,ICSI	8.5
Guys Hospital	**Funding for treatment**: Treats NHS patients,Treats private patients **Treatments**: Insemination,GIFT,IVF,ICSI,PGD	9.2
The Bridge Centre	**Funding for treatment:** Treats NHS patients,Treats private patients	9.2

Appendix E

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