


Health and Wellbeing Board 07/07/15	 Tower Hamlets Health and Wellbeing Board
Report of the London Borough of Tower Hamlets	Classification: [Unrestricted]
Liver disease programme - update	

Lead Officer	Dr Somen Banerjee, Director of Public Health
Contact Officers	Dr Somen Banerjee
Executive Key Decision?	No

1. INTRODUCTION/SUMMARY

On 9 September 2014 a briefing paper was presented to the Tower Hamlets HWBB setting out the findings of a liver disease needs assessment for Tower Hamlets. The 2014 Public Health Outcomes Framework (PHOF) had found Tower Hamlets to have amongst the highest levels of premature deaths from liver disease in England. Causes of liver disease can be divided into four categories: non-alcoholic fatty liver disease, alcohol related liver disease, hepatitis B and hepatitis C. All of these are significant issues for Tower Hamlets.

The Health and Wellbeing Board had requested an update to the Board in nine months.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to note progress since the position set out at the September 2014 Board.

3. PROGRESS

The 2015 PHOF found that deaths from liver disease that are considered preventable in Tower Hamlets have decreased and are now similar to the average levels for England. These figures relate to the period 2011-13 and represent a positive trend for the borough.

In July 2014 a stakeholder workshop was held to agree priorities for the work programme. In April 2015 a learning event for primary care professionals was conducted to consolidate progress against the workplan.

<i>WORKSTREAM 1: Developing Guidelines for the treatment of Liver Disease</i>	<ul style="list-style-type: none"> • Guidelines created as a collaboration between CCG Clinical Lead and CEG • Primary care templates created • Communicated to primary care professionals
<i>WORKSTREAM 2: Unbundling of Liver Function Tests</i>	<ul style="list-style-type: none"> • Agreement reached with Barts laboratory about unbundling liver function tests, enabling specific tests to be requested and reducing unnecessary costs • Communicated to primary care professionals
<i>WORKSTREAM 3: Educational Work Stream</i>	<ul style="list-style-type: none"> • Protected Learning Time (PLT) event for primary care professionals held in April 2015.
<i>WORKSTREAM 4: Awareness Raising/ Public Engagement</i>	<ul style="list-style-type: none"> • Love your Liver event held in May 2015
<i>WORKSTREAM 5: Consider alcoholic liver disease and other drugs that have a negative impact on the liver</i>	<ul style="list-style-type: none"> • Incorporated into alcohol and drugs workstream
<i>WORKSTREAM 6: Local immunisation/ prevention strategy needs to be reviewed</i>	<ul style="list-style-type: none"> • Universal immunisation programme for hepatitis B planned for 2 years time
<i>WORKSTREAM 7: Treatment Pathway</i>	<ul style="list-style-type: none"> • Liver disease pathway mapped
<i>WORKSTREAM 8: Case Finding</i>	<ul style="list-style-type: none"> • Audit underway to understand delivery against NICE guidelines, 'Hepatitis B and C: ways to promote and offer testing to people at increased risk of infection'

4. REASONS FOR THE DECISIONS

4.1 The HWB has requested a progress update for information.

5. ALTERNATIVE OPTIONS

5.1 None

6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.1 There are no direct financial implications as a result of the recommendations in this report.

7. LEGAL COMMENTS

7.1 It is a function of the HWB to have oversight of the quality, safety, and performance mechanisms operated by its member organisations, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health.

7.2 Further, it is a function of the HWB to identify the needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.

7.3 When considering any response to the evidence regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at s.149 of the 2010 Act and requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

8. ONE TOWER HAMLETS CONSIDERATIONS

8.1 Premature mortality from liver disease is a significant health and health inequalities issue for the borough

9. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

9.1 Not applicable

10. RISK MANAGEMENT IMPLICATIONS

10.1 None

11. CRIME AND DISORDER REDUCTION IMPLICATIONS

11.1 Not relevant

12. EFFICIENCY STATEMENT

12.1 There is no council expenditure involved

Appendices

- None