HEALTH SCRUTINY SUB-COMMITTEE

Thursday, 5 October 2017 at 6.30 p.m.

MP701, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG.

This meeting is open to the public to attend.

Members:

Chair: Councillor Clare Harrisson
Vice-Chair**:** Councillor Dave Chesterton

Councillor Khales Uddin Ahmed, Councillor Abdul Asad, Councillor Peter Golds and Councillor Muhammad Ansar Mustaquim

Substitutes:
Councillor Andrew Wood, Councillor Candida Ronald, Councillor Mahbub Alam, Councillor Md. Maium Miah and Councillor Rajib Ahmed

Co-opted Members:

David Burbidge	Healthwatch Tower Hamlets Representative
Tim Oliver	Healthwatch Tower Hamlets

[The quorum for this body is 3 voting Members]

Contact for further enquiries:
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Web: http://www.towerhamlets.gov.uk/committee

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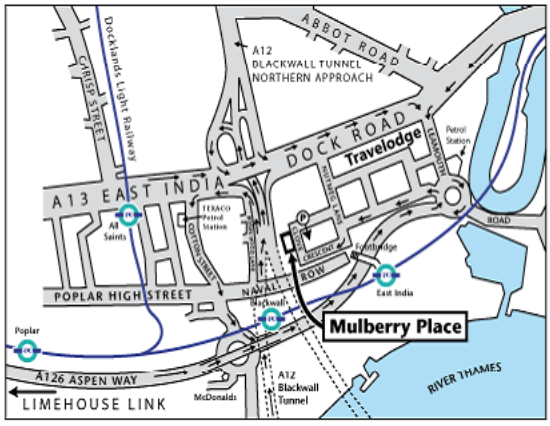

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PAGE NUMBER(S)

APOLOGIES FOR ABSENCE

1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS 5 - 8

To note any declarations of interest made by Members, including those restricting Members from voting on the questions detailed in Section 106 of the Local Government Finance Act, 1992. See attached note from the Monitoring Officer.

2. MINUTES OF THE PREVIOUS MEETING(S) 9 - 18

To confirm as a correct record the minutes of the last meeting of the Health Scrutiny Sub-Committee

3. REPORTS FOR CONSIDERATION

3 .1 Self-Care and Prevention 19 - 20

This report aims to provide the Health Scrutiny Sub-Committee with an overview of Self Care & Prevention and develop an understanding of the impact it has on resident's health and social care. This report aims to:

•Set out what the self–care and prevention agenda is, detail what the benefits of this model is, and discuss how this is being implemented in LBTH.

•Develop an understanding of what the assumptions around self-care and prevention set out in the STP mean for the design of local health services.

•Discuss residents understanding of self-care and prevention. What degree of behaviour change is required for them to make an impact on health/social care sustainability?

3 .2 Aging Well Strategy 21 - 22

Tower Hamlets council recently introduced the Aging Well strategy. This report provides the Health Scrutiny Sub-Committee with an overview of the Aging Well strategy, insight into the implementation of the strategy, and details its impact on residents health and wellbeing

3 .3 Health and Wellbeing Strategy 23 - 24

The Tower Hamlets Health and Wellbeing Strategy 2017-2020 sets out a framework to improve the health and wellbeing of the local population. This report provides the Health Scrutiny Sub-Committee with an overview of the Health & Wellbeing Strategy and reviews how the four key priority areas in the strategy are being implemented.

3 .4 Low Value Medicines Consultation **25 - 46**

This paper summarises the consultation run by NHS England (NHSE) and NHS Clinical Commissioners as part of a plan to develop new guidance on prescribing. It is hoped this guidance could help the NHS save money, while continuing to deliver the best possible outcomes for patients. There is an NHSE requirement that the consultation is discussed at the local overview and scrutiny committee.

3 .5 TH CCG Finance Update **47 - 56**

NHS Tower Hamlets CCG faces an unprecedented shortfall of £18 million this year. This shortfall is mainly due to the greater demand on services from the local population, greater complexity of patients being treated and a change in the allocation formula received from national government. This trajectory is expected to continue over the next few years. The CCG is sharing its financial position with local partners, including its membership, local patients and the public, allowing the opportunity for stakeholders to both understand and discuss the financial pressures faced by the CCG

4. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

Next Meeting of the Sub-Committee

The next meeting of the Health Scrutiny Sub-Committee will be held on Monday, 8 January 2018 at 6.30 p.m. in MP701, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG.

DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Members' Code of Conduct at Part 5.1 of the Council's Constitution.

Please note that the question of whether a Member has an interest in any matter, and whether or not that interest is a Disclosable Pecuniary Interest, is for that Member to decide. Advice is available from officers as listed below but they cannot make the decision for the Member. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending a meeting.

Interests and Disclosable Pecuniary Interests (DPIs)

You have an interest in any business of the authority where that business relates to or is likely to affect any of the persons, bodies or matters listed in section 4.1 (a) of the Code of Conduct; and might reasonably be regarded as affecting the well-being or financial position of yourself, a member of your family or a person with whom you have a close association, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the ward affected.

You must notify the Monitoring Officer in writing of any such interest, for inclusion in the Register of Members' Interests which is available for public inspection and on the Council's Website.

Once you have recorded an interest in the Register, you are not then required to declare that interest at each meeting where the business is discussed, unless the interest is a Disclosable Pecuniary Interest (DPI).

A DPI is defined in Regulations as a pecuniary interest of any of the descriptions listed at **Appendix A** overleaf. Please note that a Member's DPIs include his/her own relevant interests and also those of his/her spouse or civil partner; or a person with whom the Member is living as husband and wife; or a person with whom the Member is living as if they were civil partners; if the Member is aware that that other person has the interest.

Effect of a Disclosable Pecuniary Interest on participation at meetings

Where you have a DPI in any business of the Council you must, unless you have obtained a dispensation from the authority's Monitoring Officer following consideration by the Dispensations Sub-Committee of the Standards Advisory Committee:-

- not seek to improperly influence a decision about that business; and
- not exercise executive functions in relation to that business.

If you are present at a meeting where that business is discussed, you must:-

- Disclose to the meeting the existence and nature of the interest at the start of the meeting or when the interest becomes apparent, if later; and
- Leave the room (including any public viewing area) for the duration of consideration and decision on the item and not seek to influence the debate or decision

When declaring a DPI, Members should specify the nature of the interest and the agenda item to which the interest relates. This procedure is designed to assist the public's understanding of the meeting and to enable a full record to be made in the minutes of the meeting.

Where you have a DPI in any business of the authority which is not included in the Member's register of interests and you attend a meeting of the authority at which the business is considered, in addition to disclosing the interest to that meeting, you must also within 28 days notify the Monitoring Officer of the interest for inclusion in the Register.

Further advice

For further advice please contact:

Melanie Clay, Corporate Director of Law, Probity & Governance & Monitoring Officer, Telephone Number: 020 7364 4800

APPENDIX A: Definition of a Disclosable Pecuniary Interest

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority— (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	Any tenancy where (to the Member's knowledge)— (a) the landlord is the relevant authority; and (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where— (a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

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LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE

HELD AT 6.35 PM ON THURSDAY, 29 JUNE 2017

C1, 1ST FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON, E14 2BG

Members Present:

Councillor Clare Harrisson (Chair)
Councillor Peter Golds
Councillor Dave Chesterton
Councillor Muhammad Ansar Mustaquim
Councillor Denise Jones

Co-opted Members Present:

David Burbidge	Healthwatch Tower Hamlets Representative
Tim Oliver	Healthwatch Tower Hamlets Representative

Officers Present:

Daniel Kerr	Strategy, Policy & Performance Officer
Denise Radley	Corporate Director, Health, Adults & Community
Dr Somen Banerjee	Director of Public Health
	Committee Services Officer
	Legal Representative

Others Present:

Sarah Jenson	Barts Health, NHS Trust
Jackie Sullivan	Barts Health , NHS Trust
Simon Hall	NHS, Tower Hamlets Clinical Commissioning Group

1. APPOINTMENTS

Appointment of Chair

The Clerk opened the meeting and asked for nominations for a Chair for the meeting. The Clerk explained that the Chair's appointment would last for the duration of the meeting and not for the remaining meetings in the 2017/18 municipal year. It was noted that the Overview and Scrutiny Committee would appoint a permanent Chair at its next meeting on 20 July 2017.

Councillor Jones moved that Councillor Clare Harrisson be appointed Chair of the Health Scrutiny Sub-Committee. The motion was seconded by Councillor Chesterton.

There being no further nominations, it was resolved that **Councillor Clare Harrisson** be appointed Chair of the Health Scrutiny Sub-Committee.

Appointment of Vice-Chair

The Chair asked for nominations for a Vice-Chair of the Health Scrutiny Sub-Committee for this meeting and the remaining meetings in the 2017/18 municipal year.

Councillor Jones moved that Councillor Dave Chesterton be appointed Vice-Chair of the Health Scrutiny Sub-Committee. The motion was seconded by the Chair.

There being no further nominations, it was resolved that **Councillor Dave Chesterton** be appointed Vice-Chair of the Health Scrutiny Sub-Committee.

Appointment of Inner North East London Joint Health and Scrutiny Committee (INEL JHOSC) Members

The Chair asked for nominations for 3 Member representatives (2 Labour and 1 Independent Group) for the remaining meetings of INEL JHOSC, for the 2017/18 municipal year.

Councillor Jones moved that Councillor Clare Harrisson be appointed as a Member representative on the INEL JHOSC. The motion was seconded by Councillor Chesterton.

It was resolved that **Councillor Clare Harrisson** be appointed as a Member representative on INEL JHOSC.

The Chair moved that Councillor Sharia Khatun be appointed as a Member representative on the INEL JHOSC. The motion was seconded by Councillor Jones.

It was resolved that **Councillor Sharia Khatun** be appointed as a Member representative for INEL JHOSC.

The Chair moved that Councillor Muhammad Ansar Mustaquim be appointed as a Member representative on the INEL JHOSC. The motion was seconded by Councillor Chesterton.

It was resolved that **Councillor Muhammad Ansar Mustaquim** be appointed as a Member representative for INEL JHOSC.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

(i) Councillor Shiria Khatun, for whom Councillor Denise Jones was substitute Member; and

(ii) Councillor Abdul Asad.

3. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were no declarations of interest.

4. MINUTES OF THE PREVIOUS MEETING(S)

The minutes were agreed and there were no matters arising.

5. REPORTS FOR CONSIDERATION

6. HEALTH SCRUTINY SUB-COMMITTEE TERMS OF REFERENCE, QUORUM, MEMBERSHIP AND DATES OF MEETINGS - TO FOLLOW

The Committee agreed to note the Health Scrutiny Sub-Committees terms of reference, quorum, membership and dates of future meetings as set out in appendices 1, 2 and 3 of the report. The Committee also noted that the Health Scrutiny Sub-Committee, scheduled for 9 October 2017 had been rearranged and that the date was to be confirmed.

7. NHS CYBER ATTACK UPDATE

Jackie Sullivan, Director at Royal London Hospital at Barts Health, together with Sarah Jenson – Chief Information Officer at Barts Health, provided a presentation on the cyber attack which took place on 12 May 2017 at the NHS Trust. The presentation covered the following points:

- That the virus was initially discovered in the x-ray machine, followed by more calls received indicating that PCs were also defective.
- Newham was the first site, within Barts Health, to be affected.
- A decision was made to shut down all technology to protect neighbouring providers and NHS systems.
- Work undertaken to segregate networks and to schedule engineer visits.
- Service areas within Barts Health were prioritised, for example, restoring the stroke and heart centres were first priority.
- The difficulty presented by the high level of media scrutiny and presence.

- Systems were largely restored by 24 May 2017. Since that date significant work was undertaken on recovery plans.
- The fact that the cyber attack was treated as a London-wide major incident, as when trauma centres were closed, increased pressure was put on other trauma centres.
- There were 120 in-patient cancellations, which all would be re-booked and seen before the end of July 2017.
- The fact that imaging was an area of concern as, since the attack, waiting times had increased from 6 weeks to 12 weeks.
- That the NHS Trust was vulnerable to the cyber attack due to a Microsoft Windows vulnerability as all medical equipment ran on a Windows operating system.

Members then asked questions on points of detail.

The Chair asked what arrangements had been put in place to provide protection from such attacks in the future. Ms Jenson said that there was no guarantee that such an incident would not occur again, nor that the anti-virus protection would release a security to prevent future similar incidents. She also stated that it was unknown whether the NHS Trust would recover more quickly from such incidents in the future. She added that relevant staff were looking into how the Trust could recover more quickly in the future. Ms Sullivan referred to the many positives, including the innovative workarounds that allowed staff to provide a service, such as burning discs in order to view images and the improved performance of many staff members – as there were no computers, staff had to verbally communicate with each other. She added that the Trust had learnt from the experience and referred to the Trust's absolute commitment to patient care. She referred to a Harm Review which was being undertaken to ensure that the incident had not indirectly caused harm to any patients.

Councillor Chesterton asked whether there were significant financial costs as a result of the attack. Ms Jenson confirmed that the exact costs were still being calculated. She added that the Trust had needed specialist helps with some areas, which was expensive. Councillor Chesterton asked that when the calculations were complete that they were fed back to the Committee as it was important to know the financial consequences of the cyber attack. Ms Sullivan explained that it would be difficult to provide exact figures. She pointed out that there had been a lot of good, which would be difficult to put a valuation on. She confirmed that with regard to the large costs, they could provide details.

Councillor Chesterton pointed out that there was a cost to not investing in the future and suggested upgrading systems by purchasing technology that was at less risk to attack. Ms Jenson explained that none of the systems used by her teams were affected as they shut everything down. She confirmed that of the 12,000 PCs approximately 7% were infected.

Councillor Jones asked whether costs could be recovered through insurance. She also said she was pleased to see that patients' individual notes would be

available when they moved home or changed surgeries. Ms Jenson said that it was the intention to move away from paper files. She added that insurance had not been considered and that it was something they would look into. Mr Simon Hall, NHS Tower Hamlets Clinical Commissioning Group, said that with the issue of notes, they were trying to take a more joined up approach. He stressed the importance of continuity of care and patients' having access to their notes. He added that GPs are linked in the London Borough of Tower Hamlets. Referring to the cyber incident, Mr Hall said that it was important to find more sophisticated ways of communicating, giving the example of staff using whats app while emails were down.

David Burbidge, representative of Healthwatch Tower Hamlets, pointed out that operations had been cancelled before the cyber attack and that Barts had been operating on a 17 year old system. He stated that there had been no investment in IT and referred to the fact that a brand new hospital with brand new computers was relying on old software. He gave the example of patients turning up to appointments that had been cancelled, of which they had received no notification. He asked whether more could have been done. Ms Jenson explained that there was a complex layer of technologies and stated that servers and x-ray machines were not supported by Microsoft.

Mr Burbidge also referred to the money which patients spent on travelling to relevant appointments and that those in receipt of benefits had a statutory right to claim expenses. He said that a common complaint was that the fact that expenses were available to be claimed was information that was not made as available as it could have been. Ms Sullivan explained that all relevant data on patients were not available due to computer access issues. She confirmed that they contacted who they could but did not know who they were expecting. She referred to the fact that messages were posted on social media sites. She said that surgeries were cancelled as they did not have access to blood work or imaging, so undertaking surgeries would have been dangerous. Ms Sullivan said that most surgeries were cancelled within 3 days of the cyber attack. She also referred to the problems experiences by dental surgeries, which rely on imaging.

Maternity Unit

The Chair asked for an update on the maternity unit at the Royal London Hospital.

Ms Sullivan made the following points:

- That the maternity unit was completed in April 2016.
- The unit was then inspected by the Care Quality Commission (CQC) in July 2016 and found the unit to be inadequate, particularly around being safe and well led.
- That since that finding, a Maternity Partnership Board had been set up which had its first meeting in November 2016.
- The Board was well-represented and included Councillor Clare Harrisson, representatives from CCG and patients.

- The main themes that the Board focussed on were culture, partnership working and security of the unit.
- Recruitment of midwives was a challenge, but fill rate had increased from 84% to 90%.
- The appointment of a maternity matron and the difference the appointment had made to the unit.
- The work undertaken with mothers – many wanted their partners to stay at the unit. There were concerns about how other mothers would feel about. A system was being trialled for 3 months, which will be reviewed by the Maternity Partnership Board.
- Due to criticism received that fathers did not feel involved, a "Dad's Club" had been set up.
- Feedback suggested the maternity unit has improved – feedback cards are being improved to provide more pertinent information.
- Work is undergoing around observing practices and feeding back to relevant teams.
- Mindfulness sessions were being given to staff.
- Team talks provided for staff to keep them engaged.
- Posters have been produced in 11 languages to inform people how and where to get help.
- That there had been issues around the security of the unit. The CQC had identified instances where the required two labels on babies in the unit were not in place. As a result, daily checks have been introduced and labels had been re-designed so that they were softer on the skin.
- The Trust's Abduction Policy was not being tested and many members of staff were not aware of the policy. Knowledge of the policy was now being tested and changes and outcomes were logged.
- CQC visited unannounced and gave positive feedback, including improved staffing levels.
- A recruitment drive to employ local people through Strategic Partnership Board and to employ more young people through apprenticeship schemes.

Councillor Chesterton pointed out that the opening of the maternity ward was cancelled due to the cyber attack and asked whether there were plans to reschedule. Ms Sullivan confirmed that there were plans to reschedule and stated that given the situation they were in during the cyber attack, it did not seem appropriate to proceed with the ward's opening.

The Chair described the work undertaken to improve the maternity unit as impressive and looked forward to a detailed report to be submitted to the Committee in autumn.

8. REABLEMENT SERVICE SCRUTINY REVIEW REPORT

The Chair introduced the paper which provided a report and recommendations of the Health Scrutiny Sub-Committee's review of the LBTH

Reablement Service. She said that she could see the value of the service to the Council and pointed out that there were areas for improvement, including:

- Patients' discharge and relationship with the hospital
- Communications and scrutiny
- Wider partners

Mr Burbidge expressed concerns that the Older People's Reference Group were not aware of the reablement service and were not able to provide observations on the service. He also sought reassurance that if the Better Care Fund was taken away that funding would still be available for the reablement service.

Paul Swindells, Reablement Team Manager, stated that one of the main themes in the recommendations was how they engage with service users. He pointed out that, as an adult social care service, they hadn't engaged with users as effectively as they should have. He added that they were now considering how to acquire meaningful feedback.

Mr Swindells explained that other main themes in the recommendations referred to the need to engage more with partners, including partners not associated with health and how to spread the word about the reablement service. He said that feedback indicated that people viewed reablement in a negative way and that there were misunderstandings about the service's purpose.

Ms Sullivan acknowledged that discharge practices could be improved and stated that patient reviews were regularly undertaken. She said that conversations were happening with the Director of Nursing in relation to when it is appropriate to discharge a patient and said that at present, they were trying to discharge before noon.

Councillor Chesterton referred to blister medical packs and the fact that it was difficult to assign responsibility to put them together. He suggested the possibility of volunteers at the hospital making up blister packs. Ms Sullivan responded that she would look into the issue but took the view that it was unlikely that pharmacists would be comfortable with volunteers dealing with medication.

Tim Oliver, a representative from Healthwatch Tower Hamlets, asked about the possibility of, after being discharged discharge, the patient's prescription being sent straight to the pharmacy as this might free up some time for the hospital. Mr Hall and Ms Sullivan agreed to take the suggestion away for further discussion.

Denise Radley, Corporate Director, Health, Adults & Community said that the work completed around 'Ageing Well' which could be used going forward. She explained the funding for the reablement service was not a typical arrangement. She added that the core service was adult social care and that needed to be considered as things prpgressed.

The Health Scrutiny Sub-Committee agreed to note the report and recommendations.

9. ACCESS TO HEALTH AND SOCIAL CARE SERVICES TOWER HAMLETS

The Chair introduced the report which provided an overview of the key issues raised at previous Health Scrutiny Sub-Committee meetings, the response of services to meeting the identified challenges and the recommendations put forward by the committee for consideration.

Mr Burbidge referred to a consultation on CIL funding which had a bearing on health centres and GP centres. He stated that, in his view, the consultation failed to make clear what suggestions they were looking for from the public. He suggested that the committee look at the consultation and whether it was fit for purpose.

Mr Burbidge also referred to sthe fact that a Health and Wellbeing Centre was recommended to be located in the new civic centre. Ms Radley confirmed that it was likely that the centre would be funded through section 106 finances and confirmed that it was an opportunity to reflect the Council's health and wellbeing priorities.

Councillor Chesterton expressed concerns that the independent mental health service in the Accident and Emergency department had its funding cut. He described it as a good service that was doing very well. Ms Radley confirmed that she was not aware that the funding had been cut and provided assurances that she would investigate further.

The Chair referred to street triage and the fact that many using the service had wider mental health implications. Mr Hall explained that many actions were for the CCG, but they were not in charge of them. He added that the CCG were reviewing services that operated outside of Primary Care.

The Health Scrutiny Sub-Committee noted the report and recommendations.

10. HEALTH SCRUTINY SUB-COMMITTEE 2017/18 FORWARD PLANNING

The Chair stated that the following changes were proposed to the work programme:

- To move the mini-scrutiny session on new migrants and homelessness and to have the issue of safeguarding considered at a stand-alone session to enable the issues to be given due time and consideration.
- To have a scrutiny session on loneliness and wellbeing – possibly in the autumn.

Councillor Chesterton asked who might be involved in the scrutiny session and the Chair responded that people who had newly arrived in the country as

well as organisations that work directly within the cohort the committee would be discussing were good examples.

Mr Burbidge confirmed that there was a crisis around homelessness on Commercial Street and that shelters were being provided. He suggested it would be appropriate for the committee to follow up on the work they had Healthwatch had done. The Chair asked if the report on the work completed could be circulated to the Committee.

Mr Burbidge also referred to a report entitled 'How is my Voice Heard?' which detailed how organisations liaise with homelessness people and how they respond to public voice.

The Chair then suggested:

- an update paper on the maternity unit be reported to the next Health and Scrutiny Sub-Committee in October 2017.
- That the Health Scrutiny Sub-Committee and the Housing Scrutiny Sub-Committee undertake joint work on the Grenfell tower block fire.

11. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

There was no urgent business.

The meeting ended at 8.20pm

Chair, Councillor Clare Harrisson
Health Scrutiny Sub-Committee

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Non-Executive Report of the: **[Health Scrutiny Subcommittee]** 05/10/2017	TOWER HAMLETS
Report of: Denise Radley, Corporate Director, Health, Adults & Community	**Classification:** [Unrestricted]
Self-Care & Prevention	

Originating Officer(s)	Somen Banerjee, LBTH Director for Public Health, Karen Sugars, LBTH Acting Divisional Director Integrated Commissioning David Jones, LBTH Interim Divisional Director Adult Social Care Rahima Miah, Tower Hamlets CCG Acting Deputy Director of Integrated Commissioning
Wards affected	[All wards]

Summary

This report aims to provide the Health Scrutiny Sub-Committee with an overview of Self Care & Prevention and develop an understanding of the impact it has on residents health and social care. This report aims to:

- Set out what the self–care and prevention agenda is, detail what the benefits of this model is, and discuss how this is being implemented in LBTH.
- Develop an understanding of what the assumptions around self-care and prevention set out in the STP mean for the design of local health services.
- Discuss residents understanding of self-care and prevention. What degree of behaviour change is required for them to make an impact on health/social care sustainability?

Recommendations:

The Health Scrutiny Sub-Committee is recommended to:

1. Note the report and recommendations.

Non-Executive Report of the: **[Health Scrutiny Subcommittee]** 05/10/2017	TOWER HAMLETS
Report of: [Denise Radley, Corporate Director, Health, Adults & Community]	**Classification:** [Unrestricted]
Aging Well Strategy	

Originating Officer(s)	**Karen Sugars** (Acting Divisional Director Integrated Commissioning, LBTH)
Wards affected	All wards

Summary

Tower Hamlets council recently introduced the Aging Well strategy. This report provides the Health Scrutiny Sub-Committee with an overview of the Aging Well strategy, insight into the implementation of the strategy, and details its impact on residents health and wellbeing.

Recommendations:

The Health Scrutiny Sub-Committee is recommended to:

1. Note the report and recommendations

Non-Executive Report of the: **Health Scrutiny Subcommittee** 05/10/2017	TOWER HAMLETS
Report of: [Denise Radley, Corporate Director, Health, Adults & Community]	**Classification:** [Unrestricted]
Health and Wellbeing Strategy	

Originating Officer(s)	**Somen Banerjee** (Director for Public Health)
Wards affected	All wards

Summary

The Tower Hamlets Health and Wellbeing Strategy 2017-2020 sets out a framework to improve the health and wellbeing of the local population. This report provides the Health Scrutiny Sub-Committee with an overview of the Health & Wellbeing Strategy and reviews how the four key priority areas in the strategy are being implemented.

Recommendations:

The Health Scrutiny Sub-Committee is recommended to:

1. Note the report and recommendations

Non-Executive Report of the: **[Health Scrutiny Subcommittee]** 05/10/2017	
Report of:] Tower Hamlets CCG	
[Low Value Medicines Consultation]	

Originating Officer(s)	**Samantha Buckland** **Prescribing Adviser** **NEL Commissioning Support Unit**

Summary

[This paper summarises the consultation run by NHS England (NHSE) and NHS Clinical Commissioners as part of a plan to develop new guidance on prescribing. It is hoped this guidance could help the NHS save money, while continuing to deliver the best possible outcomes for patients. There is an NHSE requirement that the consultation is discussed at the local overview and scrutiny committee.

The new guidance could mean items that are often routinely prescribed could only be provided where they are absolutely necessary and deemed to be 'clinically effective' with the aim to produce a clear and equal prescribing process across the country and make savings which would be reinvested in patient care.

A list of 18 items considered to be low priority for NHS funding has been produced as part of the consultation. This list, along with full details of the consultation, is available on the NHS England website. In addition the consultation is asking for views on the routine prescribing of some over the counter (OTC) medicines used for minor ailments or self-limiting illness.

NHSE would like to hear from health professionals, the public and patients and relevant interest groups. **The consultation is open until 21 October 2017**.

Effect on Tower Hamlets Clinical Commissioning Group (THCCG):

- THCCG has full year costs of £636,172 on the affected items but this would not be realised as a potential saving as patients may require alternative medicines to be prescribed
- THCCG has prescribing which falls within the TOP 50% of CCGs for 7 of the 18 items being covered by the consultation.
- There is prescribing guidance in place already managing the costs of some of the affected items which is already and continuing to reduce the prescribing of these medicines.
- Currently THCCG has not undertaken any work on proposals or guidance to reduce the routine prescribing of over the counter (OTC) medicines used for minor ailments or self-limiting illness.

]

Recommendations:

The Health Scrutiny Sub Committee is recommended to:

1. [Read the consultation in line with NHSE requirement for consultation to be discussed at a local overview and scrutiny committee.
2. Respond as an organisation if conclude there is a need to via the online survey available at https://www.engage.england.nhs.uk/consultation/items-routinely-prescribed/ or written responses can be sent to england.medicines@nhs.net before 21st October 2017.
3. Encourage affected local patients and public to respond to the consultation
4. Encourage local healthcare professional colleagues and/or local partnership patient/public organisations to respond either individually or as local organisations to the consultation
5. Follow the public media releases from THCCG and share widely
   ]

NHS
Tower Hamlets
Clinical Commissioning Group

Low Value Medicines Consultation

A discussion paper in line with the requirement to consult and discuss with local overview and scrutiny committee

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Version	Date	Details/provenance/comments	Author	Sent to
1	12/09/2017	Combined communications plan and MMT details on Low Value Medicines Consultation	Samantha Buckland	Executive Board
2	25/09/2017	Minor edits following review by MMT leads and Executive Board	Samantha Buckland	Health Scrutiny Committee

Table of Contents

Background

This consultation on 18 low value medicines is being run by NHS England (NHSE) and NHS Clinical Commissioners as part of a plan to develop new guidance on prescribing. It is hoped this guidance could help the NHS save money, while continuing to deliver the best possible outcomes for patients.

The new guidance could mean items that are often routinely prescribed could only be provided where they are absolutely necessary and deemed to be 'clinically effective'.

The aim is to produce a clear and equal prescribing process across the country and make savings which would be reinvested in patient care.

A list of items considered to be low priority for NHS funding has been produced as part of the consultation. This list, along with full details of the consultation, is available on the NHS England website.

NHSE would like to hear from health professionals, the public and patients and relevant interest groups. The consultation is open until 21 October 2017.

The main list of drugs includes:

- Co-proxamol
- Dosulepin
- Prolonged-release Doxazosin
- Immediate release Fentantyl
- Glucosamine and Chondroitin
- Herbal treatments
- Lidocaine Plasters
- Liothyronine
- Lutein and Antioxidants
- Omega-3 Fatty acid compounds
- Oxycodone and Naloxone combination product
- Perindopril Arginine
- Rubefacients (excluding topical NSAIDs)
- Once daily tadalafil
- Travel vaccines
- Trimipramine
- Gluten Free Foods

Currently the Medicines Management Team have provided prescribing guidance on the following affected drugs:

- Pharmacological management of pain in adults (Drugs impacted from Low Value Medicines (LVM) consultation include Lidocaine patches, Paracetamol and Tramadol combination product, Oxydcodone and Naloxone combination product, Fentanyl)
- Prescribing of gluten free products (LVM consultation includes a section on gluten free products, despite an earlier national consultation on this which ended in June 2017, results of which are not yet published)
- Liothyronine pathway
- Travel vaccines guidance
- Following June 2017 PDB – issued guidance on Trimipramine prescribing

There is an additional section which is starting to look at items that are prescribed in primary care but which are available over the counter in use for minor ailments or self limiting or acute illness. This section looks at a number of items that may be cheaper or considered more appropriate to be purchased over the counter, for self limiting or minor ailments, rather than routinely provided on prescription. It has been included as part of this consultation to offer the opportunity to express local views and shape how a future national consultation on the use of these medicines is focused. This might be a cause for concern in those CCG areas where there is high deprivation and access or affordability may further restrict patients accessing such over the counter treatments otherwise.

For more information, please see the consultation document and frequently asked questions.

Low value medicines Monitoring Document for the main 18 items from PrescQIPP 12m to June 2017 (see APPENDIX 1)

This paper has been produced using the visual analytics tool that PrescQIPP (a Community Interest Company (CIC) which CCGs subscribe to for support in visual analytics of prescribing data, trends and comparisons with other CCGs) provide to CCGs which details the prescribing of each of the low value medicines over the last 12 months to June 2017.

The total cost across THCCG for this time period of all the 18 low value medicines was £636,172.

The highest costs are attributed to Travel vaccines (£156,361) and Trimipramine (£144,487). The lowest costs are attributed to Homeopathic therapy (£179) and Herbal therapy (£706).

The bubble chart shows the key drugs driving the costs (the larger the bubble, the larger the cost) and this shows that Trimipramine 50mg capsules (£105,674), Liothyronine 20mcg tablets (£52,937) and Twinrix Adult Vaccine (£49,223) are the top 3 drugs.

Note locally there have been some prescribing decisions made which have already started reducing the routine prescribing of some of these medicines. For example the issuing of guidelines as listed in the previous section of this paper.

While this document outlines the current costs for Tower Hamlets CCG (THCCG) on prescribing of these medicines it should be noted that this does not automatically result in the same amount being saved from prescribing should the consultation result in the routine prescribing of these medicines being stopped. For example there would be prescribing costs resulting from transfer to another medicine for some of those medicines listed. Or it may be a transfer of budgets from one cost centre to another, for example moving the prescribing of gluten free products budget to dieticians.

Low value medicines Comparison Graphs for last financial year (see APPENDIX 2)

These graphs are also produced by PrescQIPP looking at the last financial year 2016/17. They produce the graphs to show if the CCG is either in the Top 50 CCGs for prescribing or the Bottom (BTM) 50 CCGs for prescribing.

A summary table is included below with those items where THCCG appears in the TOP 50 CCGs for prescribing is highlighted. In the graphs THCCG is represented as an orange bar.

LVM name	**PrescQIPP data – LVM graphs BTM or TOP 50 CCGs**
Co-proxamol	TH is in btm 50% of CCGs for prescribing
Dosulepin	TH is in btm 50% of CCGs for prescribing
Prolonged-release Doxazosin (also known as Doxazosin Modified Release)	TH is in btm 50% of CCGs for prescribing
Immediate Release Fentanyl	TH is in TOP 50% of CCGs for prescribing
Glucosamine and Chondroitin	TH is in TOP 50% of CCGs for prescribing
Herbal Treatments	TH is in TOP 50% of CCGs for prescribing
Homeopathy	TH is in btm 50% of CCGs for prescribing
Lidocaine Plasters	TH is in btm 50% of CCGs for prescribing
Liothyronine	TH is in btm 50% of CCGs for prescribing
Lutein and Antioxidants	TH is in btm 50% of CCGs for prescribing
Omega-3 Fatty Acid Compounds	TH is in btm 50% of CCGs for prescribing
Oxycodone and Naloxone Combination Product	TH is in TOP 50% of CCGs for prescribing
Paracetamol and Tramadol Combination Product	TH is in btm 50% of CCGs for prescribing
Perindopril Arginine	TH is in btm 50% of CCGs for prescribing
Rubefacients (excluding topical NSAIDs)	TH is in TOP 50% of CCGs for prescribing
Once Daily Tadalafil	TH is in btm 50% of CCGs for prescribing
Travel Vaccines	TH is in TOP 50% of CCGs for prescribing
Trimipramine	TH is in TOP 50% of CCGs for prescribing
Gluten Free Foods	TH is in btm 50% of CCGs for prescribing

TH = Tower Hamlets CCG

Low value medicines Communications plan for THCCG last DRAFT 150817 (see APPENDIX 3)

The Medicines Management Team has been working closely with the CCG and North East London Commissioning Support Unit (NELCSU) communications team to produce this communications plan for the consultation.

This plan covers all the website, social media, press release and general communications that will be actioned to ensure a wide coverage of the consultation takes place to inform public, patients taking any of the affected items, healthcare professionals and healthcare

organisations so they feel encouraged to participate in responding to the consultation before its closure in October 2017.

There are communications about the duty / legal requirements for GPs to provide a medicine which will need to be taken into account within the scope and context of the consultation.

CCGs need to take due regard of the consultation but must have arrangements in place which meet their statutory duty to consult.

There is a minimum requirement from NHSE that the consultation is discussed at the local Overview and Scrutiny Committee (OSC) by the CCG.

Appendix 1

HS_LVM Consultation_Appendi›

Appendix 2

HS_LVM Consultation_Appendi›

Appendix 3

NHS Tower Hamlets Clinical Commissioning Group

Items which should not be routinely prescribed in primary care

Communications plan

August 2017

Overview

Last year 1.1 billion prescription items were dispensed in primary care at a cost of £9.2billion. This cost coupled with finite resources means it is important that the NHS achieves the greatest value from the money that it spends. However, it is known that across England there is significant variation in what is being prescribed and to whom. Often, patients are receiving medicines which have been proven to be ineffective or in some cases dangerous, where there are other more effective, safer and/or cheaper alternatives.

NHS England has partnered with NHS Clinical Commissioners to support CCGs in ensuring that they can use their prescribing resources effectively and deliver best patient outcomes from the medicines that their local population uses. CCGs asked for a nationally co-ordinated approach to the development of commissioning guidance in this area to ensure consistency and address unwarranted variation. The aim is a more equitable process for making decisions about guidance on medicines but CCGs will need to take individual decisions on implementation locally.

Proposed national guidance has now been produced for CCGs on medicines which can be considered to be “of low priority for NHS funding”, and NHS England has launched a three-month consultation to gather views on this guidance. CCGs are being asked to support this.

The commissioning guidance, which is being consulted upon, is addressed to CCGs to support them to fulfil their duties around appropriate use of prescribing resources. This will need to be taken into account by CCGs in adopting or amending their own local guidance to their clinicians in primary care. The aim of the consultation is to provide information about the proposed national guidance to and to seek views about the proposals.

Who are we consulting and how can they respond?

The consultation, which is being nationally co-ordinated but also encompasses a local element, is addressed to all CCGs, the public and patients, and any relevant interest group or body.
It opened on 21 July and runs until 21 October 2017.

During the national consultation phase, an individual CCG can provide a response to the national consultation on the commissioning guidance, based on its own local consultation and engagement activities. This could include but is not limited to: the CCG's own perspective on the guidance; the outcome of any relevant local consultations; and/or local engagement with patient participation groups, local community groups representing people with protected characteristics, Healthwatch and/or discussion with the local overview and scrutiny committee.

The potential equality impact of the proposals has been considered and is outlined in an Equality and Health Inequalities Impact Assessment document published alongside this consultation.

Full details on the consultation, including a link to an online survey, can be found on the NHSE England website: https://www.engage.england.nhs.uk/consultation/items-routinely-prescribed/

The information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.
Please contact NHS England on england.medicines@nhs.net

The full list of 18 medicines considered of 'low value' to the NHS, along with and FAQs sheet is available online here: https://www.england.nhs.uk/wp-content/uploads/2017/07/low-value-medication-faqs.pdf

Consultation format

Following the close of the consultation period, NHS England and NHS Clinical Commissioners will analyse and consider all responses received. A summary of the responses will be published on the NHS England and NHS Clinical Commissioners website to provide CCGs with an opportunity to reflect on what has been heard.

NHS England and NHS Clinical Commissioners, via the joint clinical working group, will review the responses received and develop finalised commissioning guidance. The finalised commissioning guidance will then be published with the expectation that CCGs should 'have regard to' it, in accordance with the Health and Social Care Act. It is proposed that the guidance will be statutory guidance.

Individual CCGs will then need to make a local decision on whether to implement the national commissioning guidance, with due regard to both local circumstances and their own impact assessments.

CCGs will be expected to take the proposed guidance, if and when issued, into account in formulating local polices, and for prescribers to reflect local policies in their prescribing practice.

The proposed guidance does not remove the clinical discretion of the prescriber in accordance with their professional duties.

Responsibilities

WEL CCGs are responsible for engaging with stakeholders, to ensure their views help to shape any changes. The CCGs will be supported by NEL CSU, which will advise on communications and engagement activity and help to deliver it.

Communications will be clear and easy to understand. Engagement activities will involve local people and stakeholders, particularly those likely to have an interest in these services, so that NHS England receives strong feedback, which is representative of the views of local people.

The CCGs' medicines management teams, governing bodies, and joint executive team where appropriate, are responsible for decision-making.

The CSU will:

- manage proactive and reactive media where appropriate
- manage public affairs (communications with local politicians and political groups)

- manage stakeholder communications
- advise on engagement with staff and service users
- draft ad hoc comms materials as required, e.g. correspondence

Communications and engagement objectives

- To understand the views of stakeholders on the guidance proposals, to help inform future decisions.
- To be open and honest about why these proposals are being made, the financial position of the NHS and its possible consequences.
- To engage with key stakeholders so they understand the rationale behind the guidance
- To reassure patients and stakeholders that plans are necessary and clinically-led **The CCGs' medicines management teams, governing bodies, and joint executive team where appropriate, are responsible for decision-making.**

Resources and budget

Communications and engagement activities are covered by the existing service level agreement between NEL CSU and the WEL CCGs.

Non-pay costs (e.g. advertising, public-facing leaflets, room hire etc) are not covered by the SLA. As this is an engagement exercise about saving money, costs will be minimal.

Stakeholders

There are a number of people and groups who will be interested in potential changes and from whom it is important that we hear views and keep them informed regarding our proposals. These are set out in the table below.

Timetable

The national survey opened on 21July and runs until 21 October 2017.

Additional FAQs

Q1 - What is the process after the consultation ends and how soon after will prescribing of any items stop?

A - Following the close of the consultation period, NHS England and NHS Clinical Commissioners will analyse and consider all responses received. A summary of the responses will be published on the NHS England and NHS Clinical Commissioners website to provide CCGs with an opportunity to reflect on what has been heard.

NHS England and NHS Clinical Commissioners, via the joint clinical working group, will review the responses received and develop finalised commissioning guidance. The finalised commissioning guidance will then be published with the expectation that CCGs should 'have regard to' it, in accordance with the Health and Social Care Act.

Individual CCGs will then need to make a local decision on whether to implement the national commissioning guidance, with due regard to both local circumstances and their own impact assessments.

Q2 - Is THCCG involved in the decision making following the consultation?

A - See the final paragraph of answer to question 1 above

Q3 - Will THCCG be inputting its views into the consultation and can this be shared?

A - During the national consultation phase, an individual CCG can provide a response to the national consultation on the commissioning guidance, based on its own local consultation and engagement activities. This could include but is not limited to: the CCG's own perspective on the guidance; the outcome of any relevant local consultations; and/or local engagement with patient participation groups, local community groups and other stakeholders.

Will THCCG have to follow the decisions by NHSE following the consultation or can prescribing decisions on the 18 areas be made at CCG level?

A - See the final paragraph of answer to question 1 above

What if one of the drugs is the only medicine that works for a particular patient?

The proposed guidance does not remove the clinical discretion of the prescriber in accordance with their professional duties.

If prescribing of these drugs is stopped, can they be obtained privately and what if patients can't afford to obtain them privately?

To follow

What is/are the TH formulary status for each of the 18 areas? [for example at least two of these would be considered hospital-only prescribing (RED) but historic prescribing exists in primary care]

Does TH have any prescribing guidelines on any of the 18 areas? [for example we do for liothyronine]

To follow

Action plan

Audience	Channel	Activity/materials	Date	Responsibility
Communications and Engagement staff	Six-weekly meeting with CCG colleagues across WEL	Add to agenda – JH to attend to update if required	10 August 2017 (10:00 – 12:00)	10 August 2017 (10:00 – 12:00)
Communications and Engagement staff	Tower Hamlets Together user and stakeholder group	Add to agenda – JH to attend to update if required	13 September 2017 (13:00 – 15:00)	Jessica Neece
Communications and Engagement staff	THCCG comms and engagement monthly meetings	Add to agenda – JH to attend to update if required	(12:00 – 12:45) 08 August 2017 (12:00 – 12:45) 15 August 2017	(12:00 – 12:45) 08 August 2017 (12:00 – 12:45) 15 August 2017
GPs/practice staff	• GP intranet • GP CCG website with A-Z clinical service directory • Service Alert System	Article outlining scope and aims of consultation + updates as required	As required, by Safa Moghul or Dr (Kenny) Win Leung Siu	As required, by Safa Moghul or Dr (Kenny) Win Leung Siu
GPs/practice staff	• Prescribing Brief	Article outlining scope	Prescribing	Samantha

		and aims of consultation updates as required	Bulletin – September 2017 (date tbc)	Buckland
GPs/practice staff	• Locality meetings (4 localities, 1 meeting per locality each month) • Bi-monthly Clinical Commissioning forums (jointly with GP Care Group – GP federation) • Topical GP Summits	• Email outlining scope and aims of consultation • Briefings as required	North East (13:00 – 14:30) 13 September 2017 South West (14:00 – 15:10) 15 September 2017 South East (13:30 – 14:45) 20 September 2017 North West (13:00 – 14:30) 27 September 2017 Bi-monthly GP forum (18:00 – 20:30) 05 September 2017 Locality Chairs Board (12:30 – 14:00) 29 August, 2017	North East (13:00 – 14:30) 13 September 2017 South West (14:00 – 15:10) 15 September 2017 South East (13:30 – 14:45) 20 September 2017 North West (13:00 – 14:30) 27 September 2017 Bi-monthly GP forum (18:00 – 20:30) 05 September 2017 Locality Chairs Board (12:30 – 14:00) 29 August, 2017
GPs	• Education and training opportunities (CEPN led with GP Care Group oversight)	As required	Unsuitable for this consultation.	Unsuitable for this consultation.
Nurses	• Education and training	As required	Unsuitable for this	Unsuitable for this

	opportunities (CEPN led with GP Care Group oversight)		consultation.	consultation.
Practice Managers Forum	Bi-monthly Practice Managers Forum	Add to agenda	Contact made with Ian Jackson, Chair for PM forum requesting agenda item	Contact made with Ian Jackson, Chair for PM forum requesting agenda item
CCG Staff	• THCCG staff intranet • Internal email	• Article outlining scope and aims of consultation • All staff email for urgent or significant updates •	Jessica Neece tbc Nicola Weaver tbc	Jessica Neece Nicola Weaver
CCG Staff	Monthly staff briefing	Add to agenda	Inappropriate for this consultation	Inappropriate for this consultation
MPs	Regular meetings	Add to agenda OR Letter outlining scope and aims of consultation	TBC	TBC
Overview and scrutiny committee	• Committee clerk • Regular meetings	• Email outlining scope and aims of consultation • Presentation if requested	Contact made with David, LBTH to request agenda item	Contact made with David, LBTH to request agenda item
Council/members	Newsletters/internal channels	Article outlining scope and aims of consultation	10 August 2017 (10:00 – 12:00)	10 August 2017 (10:00 – 12:00)
Public	• CCG website • CCG Twitter account • Media	• CCG website • CCG Twitter account • Media release as req'd	TBC	CSU
Public	• Community Commissioning Panel- Every 6 weeks- next meeting is 14 Sept. • Healthwatch Advisory Group- Quarterly	Add to agenda – short presentation as required	14 September TBC- Sept/Oct	CSU CCG to present

Public	• GP practices • GPs/practice staff	Posters/flyers as required	TBC	CSU to oversee as required
Public	• Your Voice Counts Events with THT partners (Quarterly) • AGM (with interactive dialogue/engagement elements) • Governing body meetings in public (bi-monthly)	Add to agenda	Next one in Oct 12 September 06 Sept	CSU CCG to present
Local NHS trusts	Internal channels/newsletters	Email/article outlining scope and aims of consultation	TBC	CSU
Voluntary organisations/patient groups	THCVS WiTH Forum THT User and Stakeholder Work stream THT Partners user forums (ELFT, Barts, GP Care Group, LBTH, THCVS)	• Email/letter outlining scope and aims of consultation • Presentation if required	TBC 13 September Can confirm with partners on 13 Sept.	CSU CCG to present

Narrative

Views are being sought from GPs and health professionals as part of a consultation on items that should not be routinely prescribed in primary care.

The consultation is being run by NHS England (NHSE) as part of a nationally-coordinated approach to develop new commissioning guidance on prescribing.

The aim is to produce a clear and equitable process for making decisions about medicines that allows clinical commissioning groups (CCGs) to use their prescribing resources effectively while delivering the best possible patient outcomes.

As part of this process, NHSE has partnered with NHS Clinical Commissioners to support CCGs in developing a list of items that they consider low priority for NHS funding. Any savings achieved will be reinvested in improving patient care.

The full list of items included in the consultation is as follows:

- Co-proxamol
- Dosulepin
- Prolonged-release Doxazosin (also known as Doxazosin Modified Release)
- Immediate Release Fentanyl
- Glucosamine and Chondroitin
- Herbal Treatments
- Homeopathy

- Lidocaine Plasters
- Liothyronine
- Lutein and Antioxidants
- Omega-3 Fatty Acid Compounds
- Oxycodone and Naloxone Combination Product
- Paracetamol and Tramadol Combination Product
- Perindopril Arginine
- Rubefacients (excluding topical NSAIDs)
- Once Daily Tadalafil
- Travel Vaccines
- Trimipramine
- Gluten Free Foods

CCGs are now being asked to consult at a local level on the proposed national guidance for CCGs and, as part of this, views are being sought from health professionals, the public and patients, and any relevant interest group or body in Tower Hamlets. **The consultation be open until 21 October 2017**.

You can respond to the consultation via the online web-form here.

For more information, you can read the consultation document.

Commissioner table to show drugs down to presentation level by grouping Total Actual Cost (£)

Filter commissioner grouping:	Filter commissioner(s):	Filter category:	Select values to show:
STP NORTH EAST LONDON	TOWER HAMLETS	(All)	Total Actual Cost (£)

Period From: July 2016

Period To: June 2017

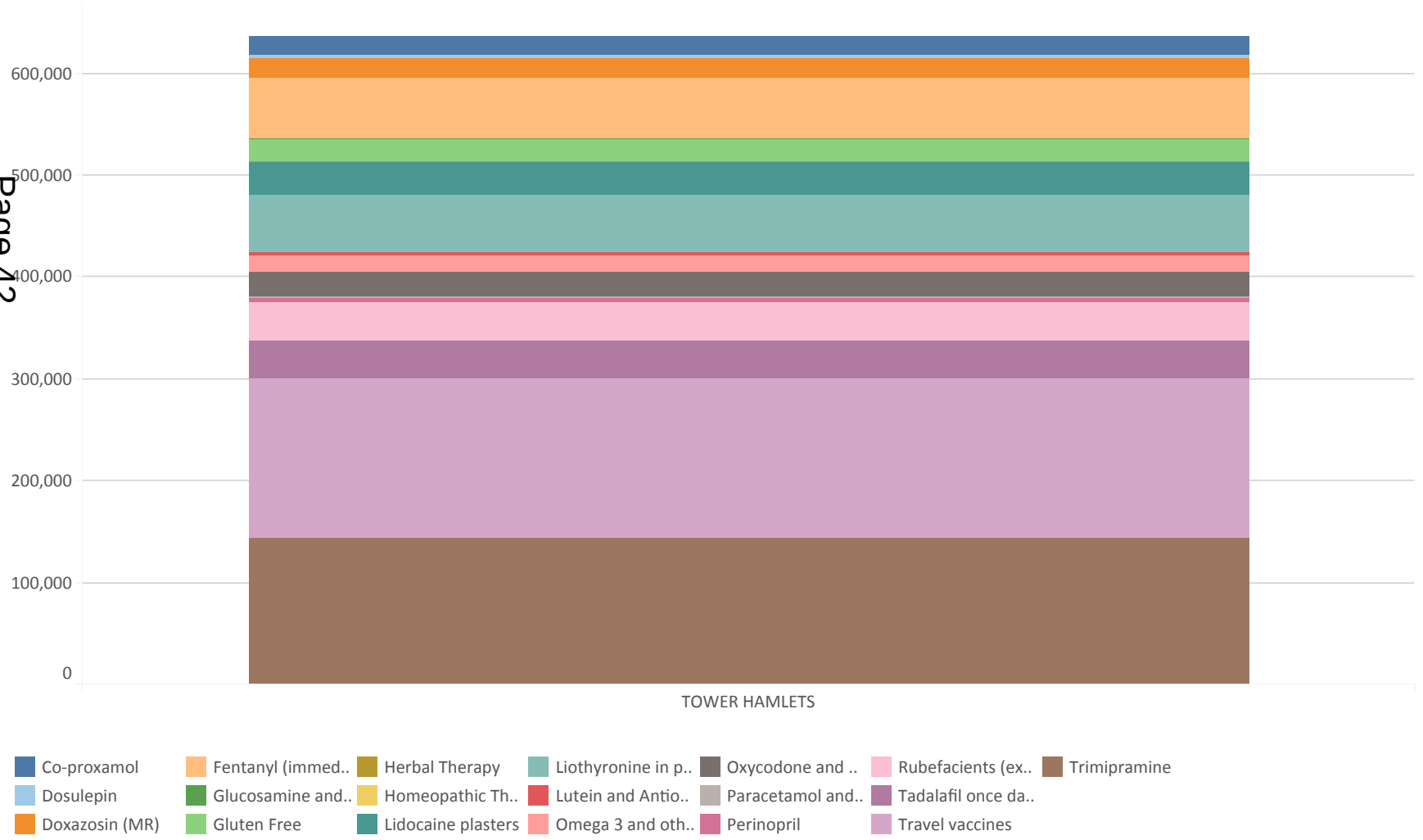
Grouping with drill down to presentation ('+')	TOWER HAMLETS
Co-proxamol	£19,086
Dosulepin	£1,955
Doxazosin (MR)	£20,032
Fentanyl (immediate release)	£58,371
Glucosamine and Chondroiton	£2,284
Gluten Free	£20,107
Herbal Therapy	£706
Homeopathic Therapy	£179
Lidocaine plasters	£32,870
Liothyronine in primary Hypothyroidism	£55,835
Lutein and Antioxidants	£3,312
Omega 3 and other fish oils	£16,901
Oxycodone and Naloxone prolonged rele..	£23,315
Paracetamol and Tramadol combination ..	£2,202
Perinopril	£3,256
Rubefacients (excl. topical NSAIDs)	£38,051
Tadalafil once daily	£36,860
Travel vaccines	£156,361
Trimipramine	£144,487
Grand Total	**£636,172**

Commissioner stacked bar chart by grouping Total Actual Cost (£)

Filter commissioner grouping:	Filter commissioner(s):	Filter category:	Select values to show:
STP NORTH EAST LONDON	TOWER HAMLETS	(All)	Total Actual Cost (£)

Period From: July 2016

Period To: June 2017



'Closest' stacked bar chart by grouping Total Actual Cost (£)

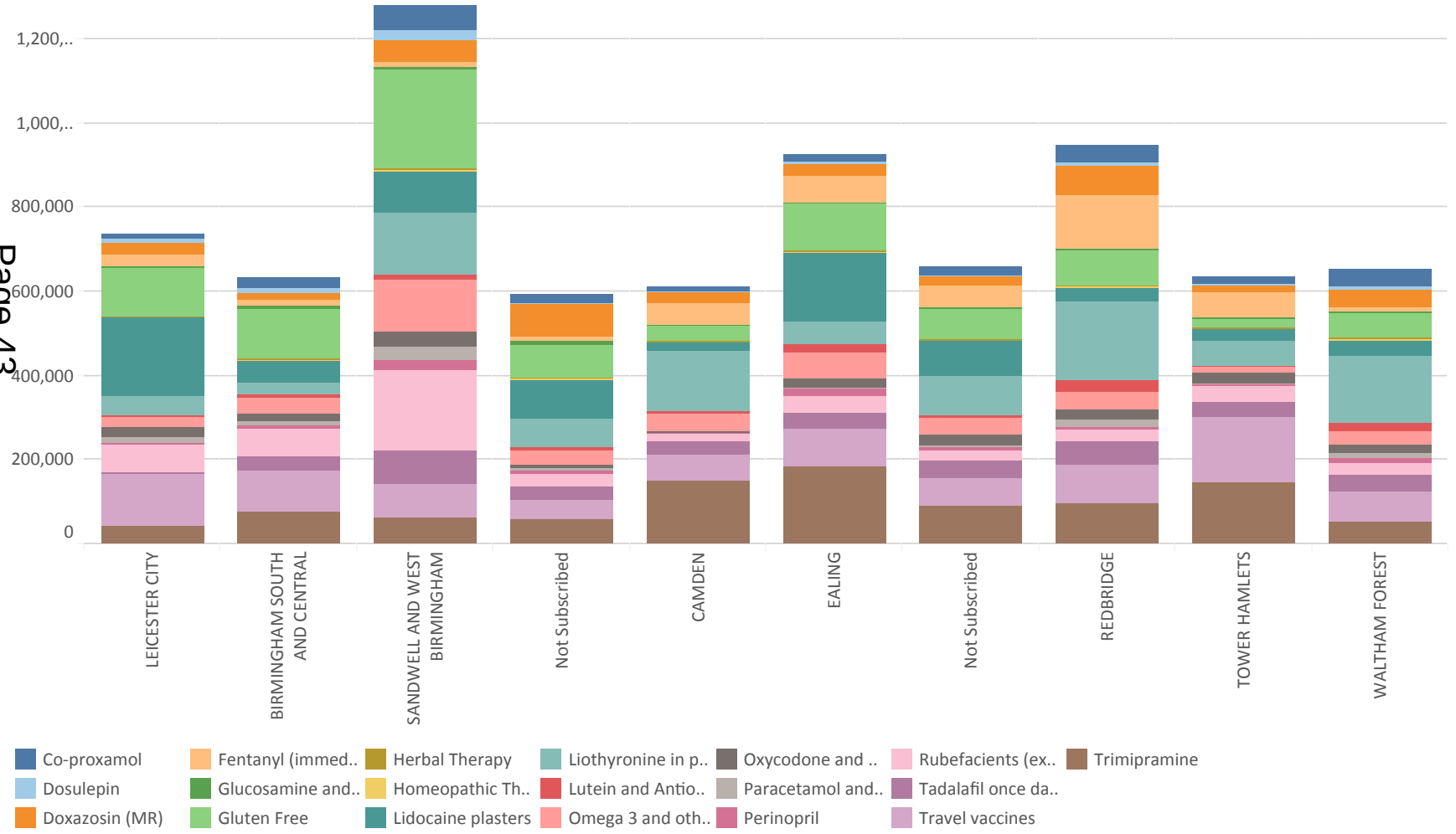
Select commissioner:
TOWER HAMLETS

Filter category:
(All)

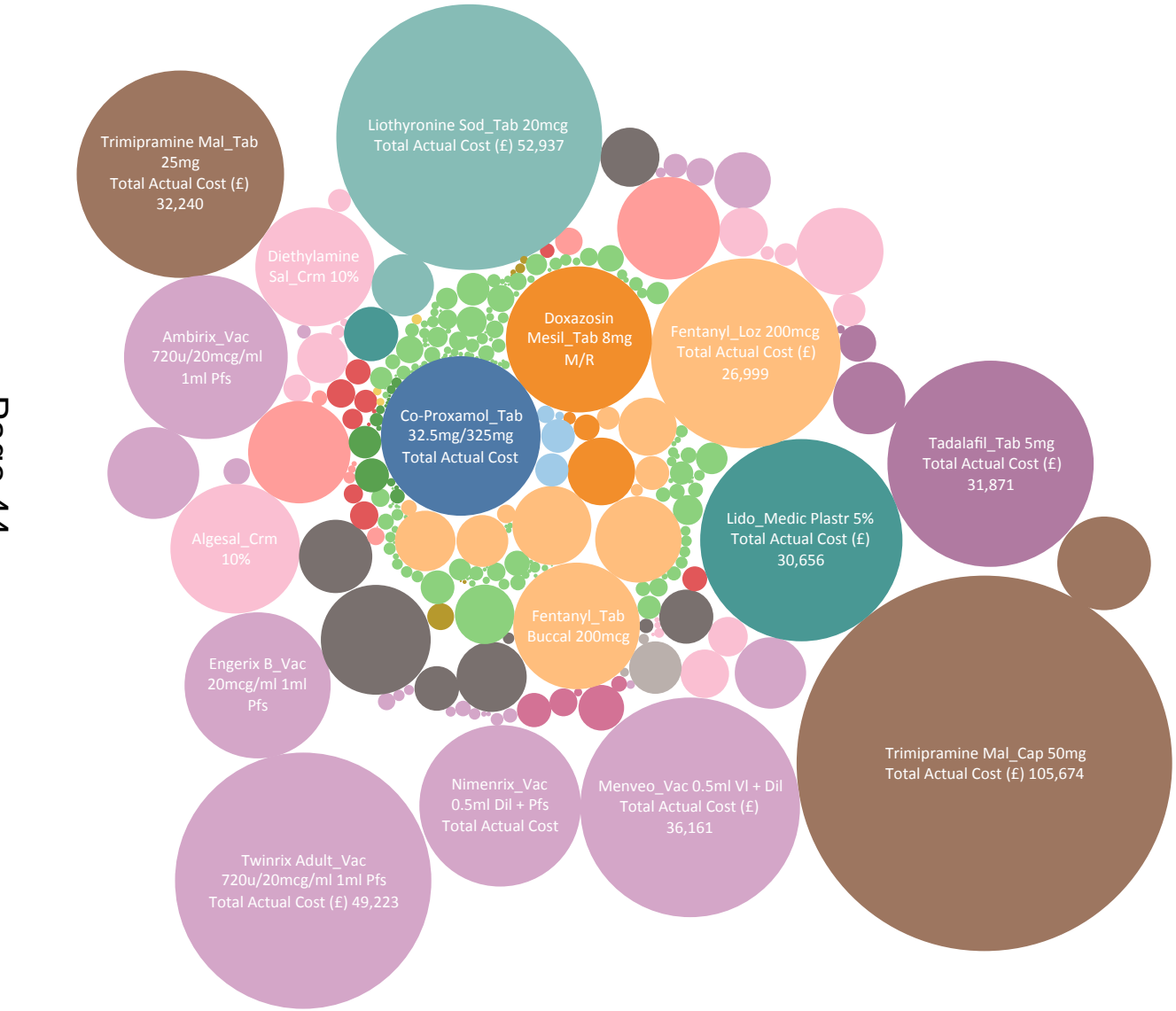
Select values to show:
Total Actual Cost (£)

Period From:
July 2016

Period To:
June 2017



Commissioner bubble chart to show cost or items by presentation Total Actual Cost (£)



Filter commissioner grouping:
STP NORTH EAST LONDON

Filter commissioner(s):
TOWER HAMLETS

Filter category:
(All)

Select values to show:
Total Actual Cost (£)

Period From:
July 2016

Period To:
June 2017

No.	Area; by 'Top' & 'Btm' 50%
1	Liothyronine in primary Hypothyroidism
2	Tadalafil once daily
3	Fentanyl (immediate release)
4	Rubefacients (excl. topical NSAIDs)
5	Travel vaccines
6	Co-proxamol
7	Doxazosin (MR)
8	Lidocaine plasters
9	Glucosamine and Chondroiton
10	Omega 3 and other fish oils
11	Gluten free
12	Herbal treatments
13	Homeopathic treatments
14	Perindopril
15	Dosulepin
16	Oxycodone and Naloxone prolonged release
17	Paracetamol and Tramadol combination product
18	Trimpramine
19	Lutein and Antioxidants

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Non-Executive Report of the: **[Health Scrutiny Subcommittee]** 05/10/2017	
Report of:] Tower Hamlets CCG	
[Tower Hamlets CCG Finance Update]	

Originating Officer(s)	**Ellie Hobart, Acting Director of Commissioning THCCG**

Summary

[NHS Tower Hamlets CCG faces an unprecedented shortfall of £18 million this year. This shortfall is mainly due to the greater demand on services from the local population, greater complexity of patients being treated and a change in the allocation formula received from national government. This trajectory is expected to continue over the next few years. The CCG is sharing its financial position with local partners, including its membership, local patients and the public, allowing the opportunity for stakeholders to both understand and discuss the financial pressures faced by the CCG.]

Recommendations:

The Health Scrutiny Sub Committee is recommended to:

1. [Note the report and recommendations]

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The
Financial Challenge
In Tower Hamlets

The challenges we face

- Services cost more than the Government gives us to commission them
- How the government allocates money has changes because they apply more weighting to age and less to deprivation
- Year on year the population grows and peoples health needs get more complex. See graphs

- **Graph 1** - compares our allocation growth with our population growth.
- **Graph 2** - shows how we compare on our future average allocation per head basis with NEL, London and England.

2017-18

This year the CCG faces an unprecedented shortfall of £18m. The reasons for this shortfall are:

- Demand on services is greater than the money we receive from central government. On average, the pace of growth in hospital spend is greater than the growth in money we receive
- The volume and complexity of patients that Barts Health are treating continues to rise, which costs the CCG more and more each year
- To invest in community health services and the new alliance contract, we made a one off payment of £4.9 million in 2017-18.
- The allocation that we receive from government for primary care services is calculated per person, however the allocation is based on data that doesn't reflect the actual list size of practices, leading to a shortfall in funding. As of July 2017, we are forecasting an overspend of £1.2m.
- CCG savings plans not delivering as expected. As of July 2017, we are reporting a shortfall of £4m against this year's target of £18m.

Our Local Health Partners

Barts Health NHS Trust

- The Trust has been in financial special measures since July 2016
- The reported financial deficit in 2015/16 was £135m,
- The reported position for 2016/17 improved to £70m but this includes both further asset sales and central funding of more than £50m.
- In 2017/18 Barts Health are not achieving their plan as of month 4

East London Foundation Trust (ELFT)

- Traditionally strong financially, with track record of meeting financial surplus targets
- 2016/17 planned to achieve £12m surplus but actually result was £4.5m surplus
- 2017/18 plan has only just been accepted by the Trust following lengthy process of negotiation

2018-19

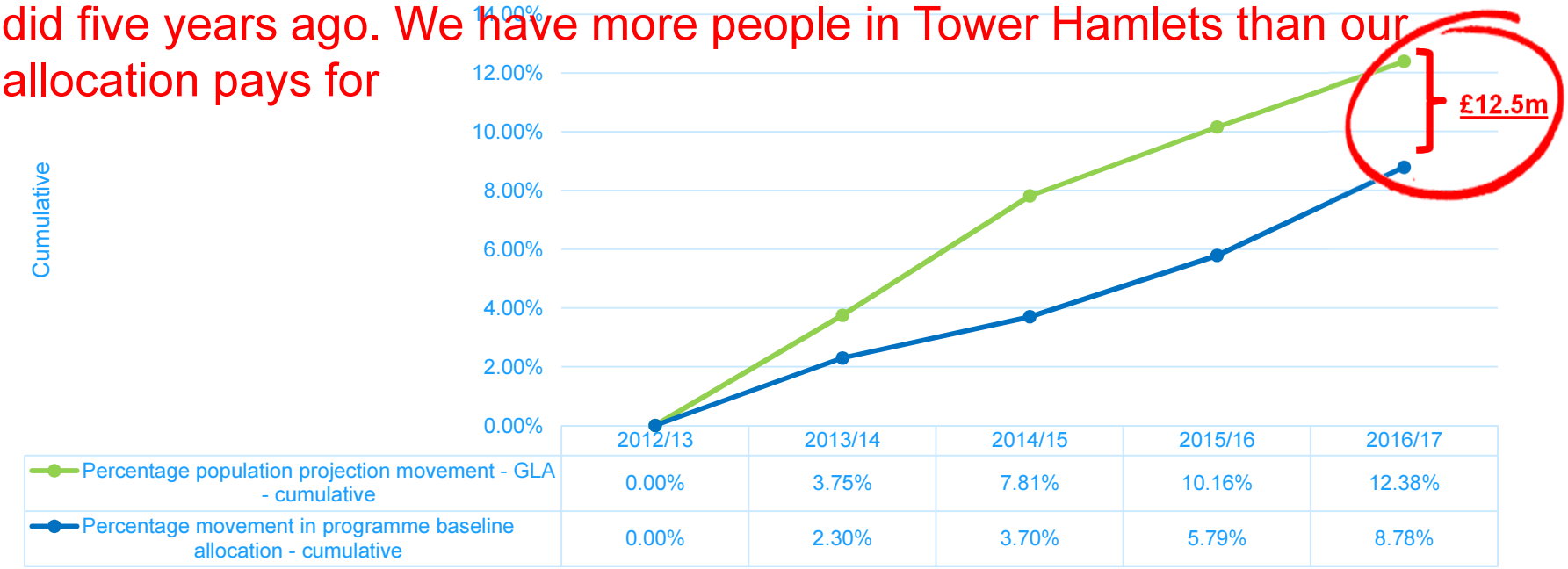
- Our savings target for next year is £13.2m.

- So far we have identified £6.5m of savings.
  - Urgent care system redesign – redirecting patients to the appropriate care setting e.g. locality hubs.
  - Reducing unnecessary testing.
  - Prescribing - switching to cost effective products/change in dosage.
  - Providing alternatives to outpatient services in the community e.g. tele-dermatology

- We are working with our members, the public and partners to identify further savings opportunities.

Graph 1: THCCG Allocation growth vs THCCG Population growth - cumulative

This means we are getting the equivalent of £12.5 million less than we did five years ago. We have more people in Tower Hamlets than our allocation pays for

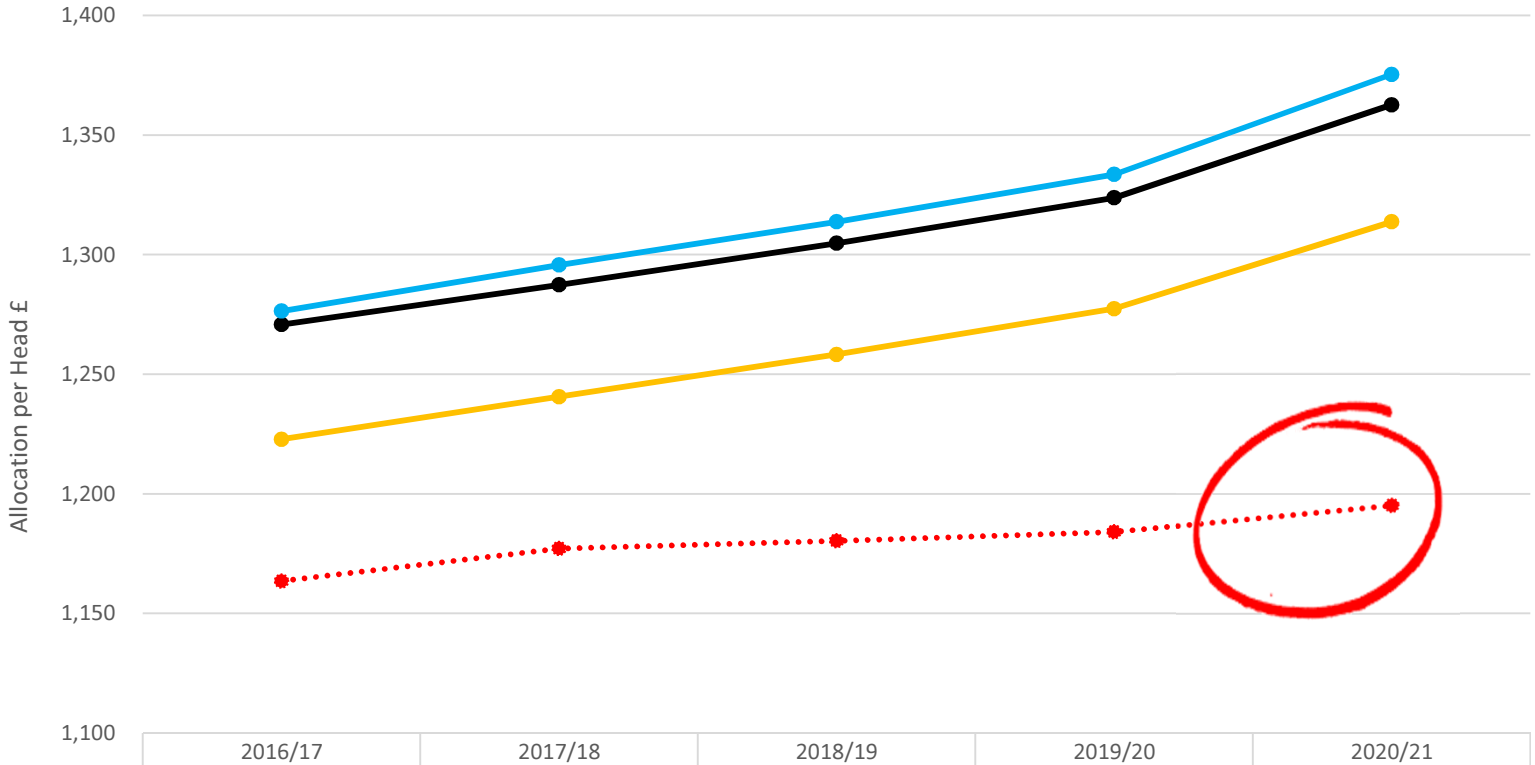


	2012/13	2013/14	2014/15	2015/16	2016/17
Percentage population projection movement - GLA - cumulative	0.00%	3.75%	7.81%	10.16%	12.38%
Percentage movement in programme baseline allocation - cumulative	0.00%	2.30%	3.70%	5.79%	8.78%

- The population has grown by 12.38% over the four years, with allocation growth failing to keep up at only 8.78%.

- The difference of 3.6% would have been worth £12.5m.

Graph 2: Programme Baseline Allocation per head – THCCG vs NEL vs London vs England - 16/17 to 20/21



	2016/17	2017/18	2018/19	2019/20	2020/21
THCCG Allocation per Head	1,164	1,177	1,180	1,184	1,195
NEL Allocation per Head	1,223	1,241	1,258	1,277	1,314
London wide Allocation per Head	1,271	1,287	1,305	1,324	1,363
England Allocation per Head	1,276	1,296	1,314	1,333	1,375

- This trajectory is set to continue over the next four years, with THCCG continuing to receive a lower and lower allocation per head by comparison to other CCGs.

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