

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE

THURSDAY, 5 OCTOBER 2017

**MP701, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT,
LONDON, E14 2BG**

Members Present:

Councillor Clare Harrisson (Chair)
Councillor Dave Chesterton (Vice-Chair)
Councillor Muhammad Ansar Mustaqim
Councillor Shafi Ahmed

Co-opted Members Present:

David Burbidge	Healthwatch Tower Hamlets
Tim Oliver	Healthwatch Tower Hamlets

Apologies:

Councillor Khaled Uddin Ahmed	Councillor Abdul Asad
Councillor Peter Golds	

Officers Present:

Seema Agha	Locum Deputy Team Leader Social Care
Dr Somen Banerjee	(Director of Public Health)
Samantha Buckland	Prescribing Adviser NEL Commissioning Support Unit
Dr Sam Everington	Chair, Tower Hamlets Clinical Commissioning Group
David Jones	(Interim Divisional Director, Adult Social Care)
Ellie Hobart	Deputy Director for Corporate Affairs
Rahima Miah	(Tower Hamlets Clinical Commissioning Group)
Jon Owen	Transformation Manager at Tower Hamlets CCG
Denise Radley	(Corporate Director, Health, Adults & Community)
Karen Sugars	(Acting Divisional Director, Integrated Commissioning)
Jackie Sullivan	Managing Director of Hospitals, Bart's Health Trust

1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

Nil items

2. MINUTES OF THE PREVIOUS MEETING(S)

Agreed

3. REPORTS FOR CONSIDERATION

3.1 Self-Care and Prevention

The Sub-Committee received and noted a report that aimed to provide an overview of Self Care & Prevention and develop an understanding of the impact it has on resident's health and social care. The report it was noted aimed 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?

The questions and comments from Members on the report may be summarised as follows:

The Sub-Committee:

- Noted that self-care refers to anything you do for yourself that promotes healthy choices and helps prevent or deal with illness. It is therefore important that there is a focus on elements that influence wellness, like hygiene, nutrition, lifestyle choices, the environment, socio-economic factors and self-medication;
- Asked how we will be able to measure those outcomes referenced in the report over a period of time. Also exactly what will we be measuring and how will we be gathering that data. In response it was noted that one of the things the LBTH and its partners need to do is we need to use all the same measures (**e.g.** "well-being measurers" and train providers to use the same measurement) and this is an opportunity to push forward on such measures;
- Asked if consideration was being given to the improvement of "clinical outcomes". In response it was noted that there is a need to undertake research on those interventions to understand the best way forward. Also in LBTH this process is assisted by the large data base upon

which can be utilised (e.g. We have started to collect that and in a year there will be enough data to show the benefits);

- Noted that there is a need to look at cultural changes; what is important to residents as to what will improve their health and well-being and have we made a difference in their lives. Also whilst it is important to look at what has been done and how intervention has had a positive impact upon people's lives. In addition, it is important that we look at how we can help people to tap into the various resources that are already there;
- Agreed that when considering self-care it is important to look at where dentistry sits in supporting oral self-care and dental clinic attendance;
- Agreed that NHS England has a key role to play in the process of the development of self-care as well as Housing Providers and the Third Sector;
- Agreed that it was important to look at the footprint of needs to be addressed across communities;
- Asked that in considering the development of the idea of the good self-care habits that there is a strategy to engage with those hard to reach people. In reply it was noted that consideration is being given to working with communities to see what these communities want. In addition, there are pockets of outreach work that has been commissioned e.g. when a patient uses a service they are asked about the service that they have received;
- Noted that work is being undertaken with the Somali Task Force to address their needs and so that services can be targeted accordingly. Also in LBTH there is a very robust Third Sector who we are working with on self-care and prevention whilst not all specified by LBTH they are meeting the resident's needs;
- Noted regarding those discharged from hospital we need to consider how do we support them and to prevent any further admissions need to look at how we address this issue; and
- Noted that the number of people online, aged 70 and over, has remained relatively static, with between 25% and 35% using the internet. As new online services become available and more benefits of being digitally connected are highlighted, this figure presents a real challenge to those working with this demographic.

Accordingly, the Chair Moved and it was:-

RESOLVED

To note the report

3.2 Aging Well Strategy

The Sub-Committee received and noted a report that provided an overview of the Aging Well Strategy; insight into the implementation of the Strategy, and set out details its impact on resident's health and wellbeing.

The questions and comments from Members on the report may be summarised as follows:

The Sub-Committee:

- Stated that it would wish to see figures on the capacity in the residential/nursing provision along with the extra care offer and those placed out of the Borough.
- Agreed it was important to engage Housing Providers on the configuration and building of future provision so as to get the best deal for older residents;
- Agreed that there was a need to recognise that there are older people needing extra accommodation for those that look after them, otherwise they have to go into a care home. Therefore, careful consideration is needed on what is the best way forward to meet the needs of the older residents;
- Noted that it was accepted that there is a challenge around addressing those issues but this is looking over a longer term 5 years to 10 years;
- Noted that it is felt that a strategy should be developed to ensure that LBTH has an overview of meeting the housing needs of the older residents (**e.g.** the nature of the offer to those living on their own and those in private and public sector); and
- Noted that there should be no differences in offer between the private and public sector and there are a number of innovative schemes to such people living in their own homes (**e.g.** sheltered properties or adaptations to a person's own home).

Accordingly, the Chair Moved and it was:-

RESOLVED

To note the report

3.3 Health and Wellbeing Strategy

The Sub-Committee received and noted a report that provided an overview of the Health & Wellbeing Strategy and reviewed how the four key priority areas in the Strategy are being implemented.

The questions and comments from Members on the report may be summarised as follows:

The Sub-Committee:

- Noted that the Tower Hamlets Health and Wellbeing Strategy 2017-2020 outlines a framework to improve the health and wellbeing of the local population;
- Noted that there is a growing public awareness and concern about climate change;

- Noted that the Council has a clear focus and responsibility for explaining, reducing and responding to the risks associated with climate change as a key part of its community leadership role (e.g. challenging those Housing Providers who rent out their parking spaces on their estates to commuters);
- Acknowledged that it is well documented that poor air quality has adverse effects on the health of residents and exacerbates certain medical conditions such as asthma; and
- Agreed that there is a need to give consideration to local schools (e.g. playground design and energy conservation).

Accordingly, the Chair Moved and it was:-

RESOLVED

To note the report

3.4 Low Value Medicines Consultation

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. The consultation is open until 21 October 2017.

It was noted that Tower Hamlets Clinical Commissioning Group (THCCG) has:

- I. 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;
- II. prescribing which falls within the TOP 50% of CCGs for 7 of the 18 items being covered by the consultation;
- III. 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; and

- IV. 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.

The questions and comments from Members on the report may be summarised as follows:

The Sub-Committee:

- Noted the list of 18 items considered to be low priority for NHS funding and why are they actually available on prescription. However, the Sub-Committee queried that if somebody was only able to get such specific medication on prescription what would be the impact on LBTH;
- Noted those implications would need to be mapped as part of a wider look of the impact in the changes; and
- Asked that more should be done to encourage people to move towards self-care/management of certain medicines or accessing their medical needs via a Local Pharmacy rather than a General Practitioner's Surgery.

Accordingly, the Chair Moved and it was:-

RESOLVED

To:

1. Note that responses can be submitted via the online survey available at [Engage England](#) or that any written responses can be sent to england.medicines@nhs.net before the 21st October 2017;
2. Encourage affected local patients and public to respond to the consultation;
3. Encourage local healthcare professional colleagues and/or local partnership patient/public organisations to respond either individually or as local organisations to the consultation; and
4. Follow the public media releases from THCCG and share widely.

3.5 TH CCG Finance Update

A report was received and noted that stated that Tower Hamlets Clinical Commissioning Group (CCG) faced an unprecedented shortfall of £18 million in the current year. This shortfall being primarily 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 the Government. It was noted that 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 for there to be an opportunity for stakeholders to both understand and discuss the financial pressures faced by the CCG.

The questions and comments from Members on the report may be summarised as follows:

The Sub-Committee:

- Noted the lag between the number of residents and the funding that the CCG receives is an issue through how the funding formula works;
- Asked if consideration is being given to address the increase in population through utilising those monies currently available from the Community Infrastructure Levy and Section 106 funding;
- Noted that the funding formula does not work in favour of LBTH due in part to the annual churn of population;
- Stated that residents should be encouraged to register at a General Practitioners Clinic as this draw down additional funding for LBTH;
- Wanted to see more about what is being done for Homeless and Refugee Families; and
- Noted that the aim of joining the CCGs together was to get more equitable footprint on the cost burden.

Accordingly, the Chair Moved and it was:-

RESOLVED

To note the CCG

1. Target for savings in next year is £13.2m;
2. Has so far identified £6.5m of savings;
 - Urgent care system redesign – redirecting patients to the appropriate care setting e.g. locality hubs;
 - Reducing unnecessary testing; and
 - Prescribing - switching to cost effective products/change in dosage.
 - Providing alternatives to outpatient services in the community e.g. tele-dermatology.
3. Is working with our members, the public and partners to identify further savings opportunities.
4. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT**

Nil items