


<b>Health and Wellbeing Board</b> 9 September 2014	
<b>Report of the London Borough of Tower Hamlets</b>	<b>Classification:</b> Unrestricted
<b>Liver Disease in Tower Hamlets – What are the issues, why does it need to be a priority and what are we doing?</b>	

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<b>Executive Key Decision?</b>	No

### Executive Summary

Tower Hamlets has amongst the highest levels of premature death from liver disease in England. Nationally liver disease has only recently become an areas of focus following its inclusion in the Public Health Outcomes Framework. 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 paper summarises the findings from a needs assessment on liver disease in Tower Hamlets and a service mapping. These findings were discussed in depth at a Liver Disease stakeholder event involving leads from the Health and Wellbeing Board, Public Health, the CCG, general practice, Barts Health and drugs and alcohol services. This was the first time that stakeholders had come together around this issue and the discussion was wide ranging. The opportunity to do this was highly welcomed and considered well overdue.

Following the meeting a working group has been established across Public Health and the CCG and the following 6 month priorities have been identified:

1. Increase awareness of liver disease through a communication and engagement plan clarifying key messages to the population and engaging with high risk group
2. Review the local immunisation policy for Hep B and consider the case for universal immunisation for Hep B in childhood
3. Review how case finding of Hepatitis can be improved through screening of high risk groups
4. Developing local guidelines in primary care to improve early identification and referral for liver disease
5. Educating primary care staff around liver disease and their role in increasing awareness, early identification and treatment
6. Reducing the cost of liver function tests to screen for liver disease through

- ‘unbundling LFTs’
7. Ensuring that drugs and alcohol services are linked into liver disease treatment pathways as part of the specification of the new services
  8. Review implication for CCG commissioning of the treatment pathway including the impact of new drugs and NICE guidelines

## **Recommendations:**

The Health and Wellbeing Board is asked to comment on the approach, priorities and how members would like to be involved in raising the profile of liver disease in their organisations and the community. It is proposed to bring an update on progress to the Board in 9 months.

### **1. REASONS FOR THE DECISIONS**

- 1.1 Improving prevention and treatment of liver disease in Tower Hamlets

### **2. ALTERNATIVE OPTIONS**

- 2.1 Board may consider other options for priority

### **3. DETAILS OF REPORT**

- 3.1 The paper sets out the findings of a needs assessment on liver disease, service mapping. It then goes on to identify the priorities for action following a partnership stakeholder event on liver disease. It is proposed that these priorities will inform the refresh of action plans for the Health and Wellbeing Strategy. It is possible that they will inform future commissioning priorities for the CCG and Public Health in the Council but it is too early to say at this point.

### **4. COMMENTS OF THE CHIEF FINANCE OFFICER**

- 4.1 The priorities for action identified within this report will be met from existing NHS and Public Health grant resources, refocusing existing activity to incorporate prevention of liver disease.

### **5. LEGAL COMMENTS**

- 5.1. The recommendation that the HWB should comment on the approach, priorities and how members would like to be involved in raising the profile of liver disease, is consistent with the general policy, reflected in the Health and Social Care Act 2012, of giving HWBs responsibility for joint health and

wellbeing strategies. As the HWB has statutory status, due regard should be given to its decision making authority within its terms of reference.

5.2. These recommendations are within the terms of reference of the HWB agreed by the Mayor in Cabinet on 4 December 2013, in particular:

- To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.
- To identify 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.

5.3. When considering its approach to planning how to meet the needs of residents in respect of liver disease, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who do not.

## **6. ONE TOWER HAMLETS CONSIDERATIONS**

6.1. Liver disease and the risk of disease will be more prevalent in specific groups within the population and these are highlighted in the report. Equality dimensions specifically relevant will be ethnicity, gender and sexual orientation. Interventions will also need to be targeted at the most vulnerable groups (particularly in relation to hepatitis and alcohol related liver disease).

## **7. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

7.1 N/A

## **8. RISK MANAGEMENT IMPLICATIONS**

8.1. The proposals mitigate risks in relation to future expenditure on health and social care through prevention and early identification of liver disease. This will require partnership working across the council, NHS and voluntary sector.

8.2. They also mitigate risks in not meeting the duty of the council through the Health and Social Care Act 2012 to take steps to improve the health of population as liver disease has been identified as a particular health issue for the borough.

## **9. CRIME AND DISORDER REDUCTION IMPLICATIONS**

9.1 N/A

## **10. EFFICIENCY STATEMENT**

10.1 The report does not propose additional expenditure and the focus is improving existing services to improve quality and targeting. It does propose that liver

disease and its importance should be incorporated into refreshed action plans of the Health and Wellbeing Strategy.

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## **Appendices and Background Documents**

### **Appendices**

This is added to the main paper and provides more detailed overview of needs assessment

### **Background Documents**

- NONE