MINUTES OF
HEALTH AND ADULT SERVICES SELECT COMMITTEE

Monday, 13 November 2017
(7:00 - 8:40 pm)

Present: Cllr Peter Chand (Chair), Cllr Adegboyega Oluwole (Deputy Chair), Cllr Sanchia Alasia, Cllr Jane Jones, Cllr Eileen Keller, Cllr Linda Reason, Cllr Chris Rice and Cllr John White

Apologies: Cllr Hardial Singh Rai

20. Declaration of Members' Interests

There were no declarations of interest.

21. Minutes - To confirm as correct the minutes of the meeting held on 20 September 2017

The minutes of the meeting held on 20 September 2017 were confirmed as correct.

22. Barking & Dagenham, Havering and Redbridge Clinical Commissioning Groups' Consultations on Spending NHS Money Wisely

The Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs) published a consultation document in September 2017 known as Spending NHS Money Wisely, Phase 2 (SNMW2). The consultation related to saving proposals in the following areas, which they estimated would save up to £4 million a year, if implemented:

- Cataract surgery;
- Podiatry;
- Ear wax removal;
- Some injections for back pain;
- Osteopathy; and
- Some medications (including vitamin D and threadworm medication).

Dr Ravi Goriparthi, a local GP and Clinical Director at BHR CCGs, delivered a presentation to the Committee, which summarised the outcomes of the first phase of the proposals launched in April 2017 (Spending NHS Money Wisely 1); and the proposals in SNMW2. The presentation covered the following areas:

- The BHR CCGs’ requirement to make savings of £55m from the budget in the 2017/18 financial year;
- Changes that took effect from 10 July 2017 as a result of the Spending Money Wisely 1 (SNMW1) proposals and should amount to £3m of savings;
- SNMW2 – an eight-week consultation ending at 5.00 pm on 15 November 2017 and the proposals within this consultation:
  - NHS prescribing - proposing GPs’ no longer prescribe certain medicines, most of which can be cheaply and easily bought over the counter. (There was also a national consultation on not prescribing
Members were concerned about the proposal to tighten the eligibility criteria for cataract surgery from 6/9 to 6/12 visual acuity (a measure of how well a person sees in detail). They considered that reducing the number of cataract operations was a ‘false economy’ as the condition would worsen, and the patient would require surgery at a later point. Delaying the surgery could mean that some patients have a poorer quality of life and become at risk of having falls. Dr Goriparthi stated that cataracts progress variably but not uniformly, and consideration needed to be given to the risks of surgery, medication and allergies. He clarified that where the patient’s ability to work, give care or live independently is affected, they would still get the surgery. He added that one of the reasons for the proposal was that the current referral process for cataracts were confusing, which meant that there may be cases where opticians state that an operation was needed when in actual case, it was not.

Members were concerned that the proposal to restrict the criteria for cataracts operations were not in line with NICE guidelines. The BHR CCGs’ Communications Lead stated that the CCGs followed NICE guidelines where possible, but it was not mandatory, and proposals had to be balanced against cost effectiveness. Members stated that whilst it was not mandatory for CCGs to comply with NICE guidance, it was a common way of measuring the standard of care provided by NHS services. They asked that the BHR CCGs’ governing bodies, when making their decisions on the proposals in SMW2, carefully considered the extent to which each proposal would depart from NICE guidelines, were clear on the risks of doing so, and had a rationale for departing from the guidance if that is what they decide.

With regards to the proposal to end vitamin D supplements, Members commented that advice and information on dietary change and sunlight alone in high risk groups was unlikely to be effective. In these circumstances, prescribing until normal levels are reached, then stopping, would mean that residents would become deficient again in vitamin D. They asked whether supplements would continue for those who needed it and were unable to afford it. Dr Goriparthi stated that if patients were deficient in vitamin D and at risk of osteoporosis they would still receive supplements. However, he considered that there was a strong need for GPs to advise people on improvements to diet and exposure sunshine. He suspected that many people in Britain were deficient in vitamin D – it would not be possible for CCGs to fund vitamin D supplementation for everyone. The prescribing of supplements should be on an individual, rather than a general, basis.

Members disagreed with the proposal to stop funding threadworm medicine. They considered that this proposal, if implemented, was likely to adversely impact...
families facing severe deprivation, which would give rise to concerns regarding a potential outbreak. They also commented that the saving of £3,022 a year did not outweigh the risk of an outbreak in the borough, given its deprivation levels. The Communications Lead stated that this proposal was based on the advice provided by Andrew Rixom, Consultant in Public Health. The Council’s Director of Public Health (DPH) stated that he would contact Mr Rixom to clarify what advice was given.

Members asked whether the CCGs had looked at the full range of over-the-counter medicine, so that in the case where the medicine was cheaper than the price of a prescription, GPs were advising people, who had to pay for their prescription, to purchase the medicine without a prescription. This would help ensure that those who had to pay for their prescription (but were on a restricted disposable income) did not end up paying more than they had to. Dr Goriparthi confirmed that patient feedback on the SNMW1 consultation on the proposals relating to prescribing had been very positive. He agreed with this point and stated that the cost of prescribing all medicines would continue to be reviewed with clinicians and pharmacists.

With regards to the proposal to no longer fund some injections for back pain, Dr Goriparthi stated that it was a very common condition and that the injections in question did not offer a cure, had no long-term benefit and that physiotherapy was more effective. In response to a question, he confirmed that disc infusion was a very specialist procedure and was undertaken rarely, and that patients could still be referred for an MRI scan in severe cases. The Communications Lead stated that the proposal to end back pain injections had been discussed with pain management experts at the local hospitals Trust and was based on their view that the injections were of limited effectiveness.

Members were disappointed that a full Equalities Impact Assessment (EIA) did not accompany the proposals, which would have made their potential impact on certain groups more transparent to them and to members of the public. They hoped that the CCGs would adopt best practice in carrying out EIAs for future saving proposals and that the governing bodies, when deciding whether or not to implement the proposals in SMW2, would very seriously consider the possible impacts on different groups in the borough, and the impact upon individuals and families facing deprivation. In response, the Communications Lead stated that an initial EIA had been carried out and published on the CCGs’ websites and that a more detailed one would be considered after all the responses to the consultation were received.

The Chair stated that the deadline to respond to the SNMW2 consultation was 5.00 pm on 15 November 2017 and that officers had produced a draft response to it on behalf of the Committee for members’ consideration. The Committee agreed that in addition to the points already made in the draft response, in relation to the proposals relating to cataract operations and vitamin D prescribing, they wished for the letter to also make the following points, based on their discussions:

- The Committee disagrees with proposal to stop funding mediation for threadworm;
- The importance of NICE guidance; and
- The importance of carrying out thorough an Equalities Impact Assessment
The Committee delegated authority to Councillor Chand, the Chair, to provide sign off on the final response to SNMW2 on behalf of the Committee.

23. Update on the Oral Health in Early Years 2017/18 Scrutiny Review

The Chair presented a report which updated the Committee on the progress of a ‘mini’ scrutiny review into Oral Health in Early Years which was started earlier on in the municipal year. The report asked members of the Committee, who attended the visits relating to the scrutiny review, to provide a verbal update on the key issues they noted from the sessions and whether there were potential recommendations to arise out of them.

Councillors Chand, Jones and Alasia attended a session with staff and parents of young children at the Gascoigne Children’s Centre. They provided feedback as follows:

- Staff at the Centre felt strongly that in some cases, the damage to children’s teeth had already started by the time they started attending the Centre. To address this, it would be helpful if the Council could ensure that health visitors, who visited new mums, provided early, clear advice to them around looking after their child’s oral health. In their experience, parents were very receptive to advice at this stage so it was important to utilise these opportunities. (The Council’s Public Health Strategist stated that evidence showed that the rate of decay in the borough shot up between the ages of 3 and 5);
- Not all parents seemed aware that children were entitled to free NHS dental treatment so this needs to be reinforced strongly;
- One parent commented that baby teeth were not important, when in fact this was entirely incorrect – awareness around this needs to be raised.

Councillors Chand and Keller visited the Westbury Day Nursery to talk to staff and noted that it had a very good education policy concerning oral health and was taking part in a pilot healthy teeth brushing project, which was very positive. Members asked officers to report back on why four of the borough’s pre-schools had not taken up this pilot initiative.

In response to a question, the DPH stated that possible reasons for higher rates of decay in some children from ethnic minority groups was a sugary diet and lack of awareness of the importance of healthy oral care habits.

The Committee noted that a session between some members and the Chair of the Local Dental Committee had been scheduled to take place this week, which was the final session relating to the scrutiny review. Officers aimed to present a draft scrutiny report to the January meeting, and the proposed final version of the report with recommendations to the March meeting.

24. Joint Health Overview & Scrutiny Committee - update

The Committee noted the report.
25. Health and Wellbeing Board Forward Plan

The Committee agreed that, at this stage, there were no items on the Health and Wellbeing Board Forward Plan which needed pre-decision scrutiny.

26. Work Programme

The Committee noted the Work programme for 2017/18.

Members noted that the BHR CCGs’ had informed the Council earlier in the year of their intention to launch a consultation on ‘Community Urgent Care’ and that whilst they had initially indicated that the proposals in this consultation could be presented at tonight’s meeting, they had recently indicated that the proposals would not be ready for publication until after the New Year. As the Committee’s Work Programme showed that the agendas for the pre-scheduled meetings in January and February would be ‘full’, it may be necessary to arrange an additional meeting of the Committee to enable these proposals to be scrutinised adequately