Notice of Meeting

HEALTH AND ADULT SERVICES SELECT COMMITTEE

Monday, 13 November 2017 - 7:00 pm
Chamber, Town Hall, Barking

Members: Cllr Peter Chand (Lead Member), Cllr Adegboyega Oluwole (Deputy Lead Member), Cllr Sanchia Alasia, Cllr Jane Jones, Cllr Eileen Keller, Cllr Hardial Singh Rai, Cllr Linda Reason, Cllr Chris Rice and Cllr John White

Date of publication: 1 November 2017

Chris Naylor
Chief Executive

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Please note that this meeting will be webcast, which is a transmission of audio and video over the internet. Members of the public who attend the meeting and who do not wish to appear in the webcast will be able to sit in the public gallery on the second floor of the Town Hall, which is not in camera range.

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AGENDA

1. Apologies for Absence

2. Declaration of Members' Interests

In accordance with the Council’s Constitution, Members are asked to declare any interest they may have in any matter which is to be considered at this meeting.

3. Minutes - To confirm as correct the minutes of the meeting held on 20 September 2017 (Pages 3 - 8)

4. Barking & Dagenham, Havering and Redbridge Clinical Commissioning Groups' Consultations on Spending NHS Money Wisely (Pages 9 - 58)

5. Update on the Oral Health in Early Years 2017/18 Scrutiny Review (Pages 59 - 62)
6. Joint Health Overview & Scrutiny Committee - update (Pages 63 - 65)

7. Health and Wellbeing Board Forward Plan (Pages 67 - 74)
   Members are asked to indicate whether there are items on the Health and Wellbeing Board Forward Plan which may need to be included on the Select Committee’s Work Programme for pre-decision scrutiny.

8. Work Programme (Pages 75 - 76)

9. Any other public items which the Chair decides are urgent

10. To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.

   Private Business

   The public and press have a legal right to attend Council meetings such as the Health and Adult Services Select Committee, except where business is confidential or certain other sensitive information is to be discussed. The list below shows why items are in the private part of the agenda, with reference to the relevant legislation (the relevant paragraph of Part 1 of Schedule 12A of the Local Government Act 1972 as amended). There are no such items at the time of preparing this agenda.

11. Any other confidential or exempt items which the Chair decides are urgent
Our Vision for Barking and Dagenham

One borough; one community; London’s growth opportunity

Our Priorities

Encouraging civic pride

- Build pride, respect and cohesion across our borough
- Promote a welcoming, safe, and resilient community
- Build civic responsibility and help residents shape their quality of life
- Promote and protect our green and public open spaces
- Narrow the gap in attainment and realise high aspirations for every child

Enabling social responsibility

- Support residents to take responsibility for themselves, their homes and their community
- Protect the most vulnerable, keeping adults and children healthy and safe
- Ensure everyone can access good quality healthcare when they need it
- Ensure children and young people are well-educated and realise their potential
- Fully integrate services for vulnerable children, young people and families

Growing the borough

- Build high quality homes and a sustainable community
- Develop a local, skilled workforce and improve employment opportunities
- Support investment in housing, leisure, the creative industries and public spaces to enhance our environment
- Work with London partners to deliver homes and jobs across our growth hubs
- Enhance the borough’s image to attract investment and business growth

Well run organisation

- A digital Council, with appropriate services delivered online
- Promote equalities in the workforce and community
- Implement a smarter working programme, making best use of accommodation and IT
- Allow Members and staff to work flexibly to support the community
- Continue to manage finances efficiently, looking for ways to make savings and generate income
- Be innovative in service delivery
MINUTES OF
HEALTH AND ADULT SERVICES SELECT COMMITTEE
Wednesday, 20 September 2017
(7:00 - 8:45 pm)

Present: Cllr Adegboyega Oluwole (Deputy Chair), Cllr Hardial Singh Rai, Cllr Linda Reason and Cllr Chris Rice

Apologies: Cllr Peter Chand, Cllr Sanchia Alasia, Cllr Jane Jones, Cllr Eileen Keller and Cllr John White

9. Declaration of Members' Interests

There were no declarations of interest.

10. Minutes - To confirm as correct the minutes of the meeting held on 21 June 2017

The minutes of the meeting held on 21 June 2017 were confirmed as correct, subject to the following caveat:

A member of the Committee asked the question, ‘do you consider sending a homeless patient to housing offices in the middle of the night, a safe discharge’ to the Chief Operating Officer for Barking, Havering, Redbridge University Trust (BHRUT), which should have been included in paragraph 6 of minute 4.

11. North East London Foundation Trust's Improvement Journey

The Director for Integrated Care (DIC), North East London Foundation Trust (NELFT), stated that she was in attendance to update the Committee on the progress NELFT had made following a comprehensive inspection by the Care Quality Commission (CQC) of its services in April 2016, which led to an overall rating of ‘requires improvement’ for the Trust.

She delivered a presentation which covered the following areas:

- Introduction:
  - The CQC inspect against five domains. NELFT received the following overall ratings for each domain:
    - Safe – Requires improvement
    - Effective – Requires improvement
    - Responsive – Requires improvement
    - Caring – Good
    - Well-led – Requires improvement

- Ratings for Mental Health Services
- Ratings for Community Health Services
- CQC re-inspection in September 2017 - result by Core Service
  - The Brookside in-patient unit for young people was a particular concern following the April 2016 inspections, which resulted in a number of ‘inadequate’ ratings across the inspection domains for the Unit.
  - Following changes to the Unit and the re-inspection in September this
year, the Trust was pleased to see that many of these ratings for the Unit had improved to ‘good’.

- Improvement Plan
- Strategic CQC Quality Improvement Group
- Locality Quality Groups reporting arrangements
- CQC Recommendation Themes
- Recommendations affecting services within Barking & Dagenham
- Re-inspection and End of Life Inspection
- Mock Inspections & Peer-Led Reviews
- Conclusion.

In response to questions from members, the DIC stated that:

- NELFT mainly provides secondary care services and some specialist, tertiary services. It did offer the Improving Access to Psychological Therapies (IAPT) service, which was a primary care service aimed at supporting people with lower level mental health issues, such as anxiety and/ or low to moderate depression. There was no particular concern raised in relation to the IAPT service by the CQC in terms of safety.
- The Trust saw 90 percent of those referred to the IAPT service within six weeks and was one of the highest performing IAPT services in London. There would be some people who were on the verge of needing higher intensity services and the IAPT service would refer these people on. Some patients may be resistant to treatment, in which case, the service would need to liaise with their GP to ensure that the person was on the right medication, for example.
- The Trust had obtained some royal colleges’ support for further investment following research that looked at issues such as local population growth and demographic changes, but decisions around further investment lied with the local Clinical Commissioning Groups (CCGs) who were yet to make a decision. CCGs were under financial pressure due to the requirement to make large scale savings. In the meantime, however, demand for mental health and other community services surpassed capacity, making it a challenging time for local providers, including NELFT.
- The way the Trust had significantly improved its mandatory training compliance was by consistent, individual-level encouragement and monitoring, but this success had come at the high price of regular scrutiny;
- Details of complaints raised by patients were not held on individual patient records and the Trust would expect its staff to uphold its values of treating all patients well, regardless of whether they had raised a complaint in the past or not.

The Chair thanked the DIC for her comprehensive update of progress made by the Trust since the CQC inspection of its services in April 2016.

12. East London Health and Care Partnership: Consultation on Payment Development and Drivers for Change

The Council’s Commissioning Director for Adults’ Care and Support (CDACS) presented a report on the East London Health and Care Partnership’s (ELHCP) consultation on payment mechanisms within the NHS. (The ELHCP was the new name for the partnership formerly referred to as the Sustainability and Transformation Plan partnership). The report stated that the Health and Wellbeing
Board (HWB) received a report on 6 September 2017, which set out the points that may be made in response to the consultation from the London Borough of Barking & Dagenham. The CDACS invited the Select Committee to further consider the HWB report and explained that if there were additional comments, or points of disagreement, by the Committee, then they would be flagged up in the combined response as having been provided by this Committee.

To support the Committee in considering the response to the consultation, the ELHCP’s Director of Financial Strategy (DFS) was in attendance and delivered a presentation covering:

- Background to the consultation;
- Consultation and engagement process;
- Overview of consultation paper; and
- Proposed milestones for consultation process.

In response to questions from members, the DFS stated that:
- Patients who would be affected by proposals brought by the ELHCP, including these proposals, would be those registered with a GP based in the geographical area covered by the Partnership and
- This consultation related to payment systems within the NHS and not NHS staff directly.

In response to comments, the CDACS stated that it was correct that it appeared to be very difficult for an individual to obtain the ‘health’ equivalent of a personal budget (an amount of money the council allocates to an individual to meet their eligible social care support needs). There was potential for these to become more widely available if NHS systems were changed; however, many factors would need to be considered before such a change could be effectively implemented.

The Committee noted that the proposals set out by the ELHCP in their consultation document, whilst quite generalised at this stage, were broadly consistent with the work that had been undertaken across Barking and Dagenham, Havering and Redbridge (BHR) to scope the development of ‘accountable care’ approaches to integrate health and social care. Members agreed that currently, organisations in the system were driven by the competing requirements of their commissioners, and therefore new payment arrangements were needed to drive a focus on preventative and outcomes-based approaches to health and care. The overall funding gap in East London was projected to be £578 million by 2020/21 so to do nothing was not an option.

Members agreed with the proposed outline response in the report that went to the HWB on 6 September, which included representations regarding:

- Governance and timing;
- The localities model;
- Services in scope; and
- Questions about data and analytical capacity.

Members agreed to delegate authority to Councillor Chand, the Select Committee’s Chair, to approve its contribution to the final response to the consultation, for submission by the deadline of 29 September 2017.
13. Health Checks Performance Update

The Council’s Public Health Strategist (PHS) presented a report on NHS health checks performance in the borough. She stated that the Committee received a report in May this year which highlighted the successes and issues with the programme; tonight’s paper was an update on the May 2017 report, and outlined the progress as to how the problems of both quantity and quality of health checks were being addressed.

A member commended the Council’s Public Health team as she had recently attended a health check, which she felt was an excellent experience.

A member asked whether GPs faced a financial disincentive when referring people to health checks and whether this could be a reason for poor rates of health check referrals by some GPs. The PHS stated that as far as she could see, there was no disincentive, rather, in the long term, there was potential financial incentive to refer people because GPs receive financial ‘points’ for monitoring patients with certain conditions, which may be picked up as a result of a health check. The Council’s Director of Public Health (DPH) stated that GPs would only need to pay the cost of the prescription to anyone referred to the leisure centre as a result of a health check, but overall, GPs had a financial incentive to refer people.

In response to a question, the DPH stated that questions around the rules in relation to removing people from GPs’ lists were ones for the CCGs; however, GPs and hospitals were doing more to reduce the number of ‘do not shows’ for appointments by texting, phoning and writing to patients to remind them of their appointments and informing them as to the approximate cost to the NHS if they did not attend.

In response to a question, the PHS stated there was robust monitoring of GP health check referral rates via the monitoring of service level agreements on a monthly and quarterly basis, and records were then updated using spreadsheets, for example, which were matched against payments.

The Chair thanked the PHS for the report.

14. Scoping Report

The PHS presented a report on the proposed scope of a ‘mini’ scrutiny review on ‘Oral Health in Early Years’ by the Committee. The report proposed a work plan and time-table for the review, and the following terms of reference:

i. What are the reasons for young children in Barking and Dagenham having poor oral health?

ii. What is the quality of services that are available to residents and what do they deliver to improve oral health?

iii. What are the best ways of getting the right messages out to parents about looking after their children’s oral health?

The Committee agreed the timetable, workplan and terms of reference for the scrutiny review.
15. **Oral Health in Early Years - Presentation by Public Health**

The PHS delivered a presentation to provide members with information on the local context of the Committee’s scrutiny review on ‘Oral Health in Early Years’, which covered the following areas:

- 2010 oral health survey (Barking and Dagenham): three to four-year olds;
- 2013 oral health survey (national): three-year olds;
- 2015 oral health survey (national): five-year olds;
- Percentage of 5-year olds with experience of decay in North East London;
- Percentage of 3 and 5-year olds with experience of decay (local, London and England);
- Dental services and dental access;
- Percentage of children accessing dental services (by age and ward);
- Hospital admissions for dental extractions;
- Preventing dental decay in young children;
- Return on investment; and
- What is Barking and Dagenham doing?

A member asked what the possible reasons could be for higher rates of decay and untreated disease in Asian children. The PHS stated that there was a mixture of reasons for this including a lack of awareness in parents, the types of food in Asian children’s diets and, possibly, a misconception that it was less important to look after baby teeth because they would fall out. This would be an important area to investigate during the review.

In response to questions from members, the PHS stated that:

- Dentists were paid in units of dental activity (UDA) and there was a cap. It would be useful to meet with the Chair of the Local Dental Committee to consider ways the rate of access by children to dental services could be improved;
- The local ‘Teeth for Life’ initiative, a pilot project aiming to promote and teach children and parents how to brush children’s teeth properly, would be targeted at certain communities. The results of the pilot would be monitored and analysed so there would be data at the end pointing to priority areas for improvement. This pilot would include testing ways to support parents, staff and children take responsibility for oral health; and
- There was a perception that NHS dental care had to be paid for when it was in fact free for many groups including those who were pregnant, under 18 and on certain benefits, for example.

The Chair thanked the PHS for her presentation.

16. **Results of Inspections Undertaken by the Care Quality Commission on Local Adult Social Care Services in Quarter 1**

The Committee noted the report.

17. **Joint Health Overview & Scrutiny Committee - update**

The Committee noted the report.
18. 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.

19. Work Programme

The Democratic Services Officer proposed the following changes to the Committee’s Work Programme:

- The BHR CCGs had indicated earlier in the year that they would be starting a consultation on proposals to change community urgent care services. To ensure the HASSC would have an opportunity to examine these proposals, an extra meeting had provisionally been arranged for 23 October 2017; however, BHR CCGs had informed her that these proposals would not be published until November and therefore, it was proposed that the 23 October meeting be cancelled and that this item be moved to the meeting on 13 November 2017;

- The BHR CCGs had announced that they had started a consultation, ‘Spending NHS Money Wisely - Phase Two’, in relation to proposals to change some NHS services to make savings. The consultation would close at 5.00 p.m. on 15 November 2017. It was proposed that the Committee include an item on this consultation on its agenda for its meeting on 13 November 2017 to give officers an opportunity to obtain members’ views on the proposals, which would form the official response from the Committee to the consultation;

- To accommodate the above two items on the agenda for November, it was proposed that some items which were initially listed for the November meeting, be moved as follows:
  - Sustainability and Transformation Plans and Accountable Care Partnership updates be moved from November to the meeting on 10 January 2018; and
  - Updates from BHRUT on A&E performance and referral to treatment times be moved from November to the meeting on 21 February 2018.

The CDACS stated that the Work Programme included an item, ‘primary care update’ for the January meeting agenda and that since the CQC were due to publish a report on the state of NHS primary care nationally, this update could incorporate an outline of the CQC report with comparisons to the local state of primary care.

A member stated that, having watched a television programme regarding poor care nationally for people who had developed sepsis (a complication of an infection, which could be fatal if not treated promptly), she was concerned about the local standard of care. Officers suggested that BHRUT could include an update on their performance around providing care for people with sepsis when they attend the meeting in February 2018.

The above proposed changes to the Work Programme were all agreed by the Committee.
**HEALTH AND ADULT SERVICES SELECT COMMITTEE**

**13 November 2017**

**Title:** Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups’ Consultations on Spending NHS Money Wisely

**Report of the Director of Law and Governance**

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<thead>
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<th>Open Report</th>
<th>For comment</th>
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<tr>
<td>Report Author: Masuma Ahmed, Democratic Services Officer</td>
<td>Contact Details: Tel: 020 227 2756 E-mail: <a href="mailto:masuma.ahmed@lbbd.gov.uk">masuma.ahmed@lbbd.gov.uk</a></td>
</tr>
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**Accountable Director:** Fiona Taylor, Director of Law and Governance

**Accountable Strategic Director:** Chris Naylor, Chief Executive

**Summary:**

The Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups’ (BHR CCGs) published an engagement document in April 2017, Spending NHS Money Wisely’ (SNMW1) which discussed potential future savings options to help achieve a saving of £55 million, in relation to the following services:

- IVF;
- Sterilisation;
- Prescribing;
- Cosmetic procedures and
- Weight loss surgery.

These proposals were considered by the Council’s Health and Adult Services Select and Committee (HASSC) and the Health and Wellbeing Board. The Council’s response to the SNMW1 consultation is at Appendix 1.

Since then the BHR CCGs have started a consultation on the second phase of these proposals, known as Spending NHS Money Wisely, Phase 2 (SNMW2), which relate to the following:

- Cataract surgery;
- Podiatry;
- Ear wax removal;
- Some injections for back pain;
- Osteopathy; and
- Some medications

The BHR CCGs estimate that these proposals, if they are all implemented, could save up to £4 million a year. The BHR CCGs’ formal consultation document for SNMW2 is at Appendix 2.
The SNMW2 proposals were presented and discussed at the Outer North-East London Joint Health Overview and Scrutiny Committee (JHOSC) on 10 October 2017. The JHOSC’s response to the proposals is at Appendix 3. Three members of the HASSC, Councillors Chand, Oluwole and Jones, are also members of the JHOSC and were present at the JHOSC meeting on 10 October 2017.

Dr Ravi Goriparthi, a local GP and Clinical Director at BHR CCGs, has been invited to the HASSC meeting to deliver a presentation, which will summarise the:

a) Outcomes of the SNMW1 proposals; and
b) The proposals in SNMW2.

Officers have produced a draft response to SNMW2 on behalf of the HASSC. This is at Appendix 4 for the HASSC’s consideration.

The deadline to respond to the SNMW2 consultation is 5.00pm on 15 November 2017.

**Recommendation(s)**

Members of the HASSC are recommended to:

(i) Where clarification is needed, ask questions of the BHR CCGs’ representative on the outcomes of SNMW1 and note the outcomes of SNMW1;
(ii) Where clarification is needed, ask questions of the BHR CCGs’ representative on the SNMW2 proposals and note the proposals;
(iii) Note the JHOSC’s response to the SNMW2 proposals at Appendix 3;
(iv) Consider the draft response prepared by officers on behalf of the HASSC to SNMW2 at Appendix 4, and provide their comments;
(v) Note that the deadline to respond to the SNMW2 consultation is 5.00pm on 15 November 2017; and
(vi) Delegate authority to Councillor Chand, the Chair of the HASSC, to provide sign off on the final response to SNMW2 on behalf of the Committee.

**Reason(s)**

These proposals fall under the HASSC’s remit, which includes the scrutiny of any matter relating to the planning, provision and operation of the health service in the borough or accessed by Barking and Dagenham residents.

**Implications**

**Financial Implications**

Implications completed by Katherine Heffernan - Service Finance Group Manager

This report is mainly for information and relates to the Council’s response to BHR CCG’s consultation proposals on Spending NHS Money Wisely. As such there are no financial implications arising directly from the report.
Legal Implications

Implications completed by: Dr. Paul Field, Senior Solicitor

There are no legal implications particular to this report.

Appendices

Appendix 1  The Council’s response to the SNMW1 consultation
Appendix 2  The BHR CCGs’ consultation document for SNMW2
Appendix 3  The JHOSC’s response to SNMW2
Appendix 4  The draft response on behalf on the HASSC to SNMW2
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Dear Conor Burke,

Spending NHS Money Wisely

This letter is in response to the Barking and Dagenham, Havering and Redbridge Clinical Commissioning Group consultation on proposals for IVF, sterilisation, prescribing, cosmetic procedures and weight loss surgery, and represents the views of the London Borough of Barking and Dagenham.

IVF

We would support some reduction in the IVF offer, but would not support stopping funding. IVF is an area that will generate significant attention, and our members consider that the population of Barking and Dagenham would not be able to self-fund IVF if funding was withdrawn. For this reason, we would support the move to funding two embryo transfers, but would not support stopping funding IVF treatment entirely.

Male and female sterilisation

We are not in favour of disinvesting in male and female sterilisation. We are aware that long acting reversible contraceptives (LARC) and IUD, “the coil”, are alternative methods of controlling fertility. Vasectomies and tubal ligation are permanent methods of sterilisation, in some cases, such as where a woman is subject to domestic violence female sterilisation the latter may be the only reasonable option.

There are also two cost issues to consider, reduction in sterilisation will inevitably increase demand on the public health funded LARC and IUD contraceptive service; while this is at it should be, we must not fall into the trap of considering that by cutting the service that the cost to the public purse will be eliminated. A more important consideration, particularly for the population of Barking and Dagenham, is that where individuals are not able to access sterilisation, they may not automatically opt for an alternative form of contraception. This is particularly true of individuals in a chaotic relationship, and one potential outcome is a child who is then taken into care. The cost of care clearly outweighs the cost of an initial sterilisation.

The borough would be keen to work with BHR CCGs to improve the contraception offer for local women and thereby reduce the rate of abortion and repeat abortions.
which may generate a saving for the CCG. However, we would see sterilisation and vasectomy as part of a holistic contraception offer for appropriately selected and counselled patients.

NHS prescribing

We agree that stopping prescribing of some items, while not ideal, is reasonable in the current climate. We support the stopping of prescribing gluten-free products, over the counter medications, the listed travel vaccinations. We agree that dentists are the best placed professionals to prescribe dental medications; however, there are some oral medications, such as artificial saliva that may need to be prescribed by a medical practitioner, as part of a therapy package. For Soya milk, while we recognise that babies are equally as likely to be allergic to Soya milk as they are to cow’s milk, we do not agree to endorse the stopping of prescribing of Soya milk in cases where the child medically requires the product.

Cosmetic Procedures

We agree that cosmetic procedures should be considered on an individual funding review. As indicated, where the surgery is necessary as a result of cancer we would support that this is continued.

Weight loss surgery

While we support the eligibility criteria for bariatric surgery we strongly recommend that a Tier 3 service is set up as an entry point to this surgery. We consider that to make sure that weight loss surgery is effective, that individuals should first have access to Tier 3 weight loss services, as recommended by NICE¹. We recommend that people are put forward for surgery only after they have had Tier 3 intervention, unless the circumstances are exceptional. We note that bariatric surgery will still be available to individuals that meet the eligibility criteria, including morbidly obese people with diabetes, for who it is a very effective treatment.

We consider that our response will support the spending of money wisely for the residents of Barking and Dagenham.

Yours sincerely

Councillor Peter Chand, Chair of the Health and Adult Services Select Committee and

Councillor Maureen Worby, Cabinet Member for Social Care and Health Integration

https://www.nice.org.uk/guidance/cg189/chapter/1-recommendations
Spending NHS money wisely 2

What do you think about our proposals for:

- Cataract surgery
- Podiatry
- Ear wax removal
- Some injections for back pain
- Osteopathy
- Some medications

Please tell us by 5pm
Wednesday 15 November 2017

www.barkingdagenhamccg.nhs.uk/spending-wisely
www.haveringccg.nhs.uk/spending-wisely
www.redbridgeccg.nhs.uk/spending-wisely
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Introduction from clinical leads

Earlier this year, we launched an eight week public consultation on our first set of ‘Spending NHS money wisely’ proposals, aimed at protecting funding of local services. We want to make sure we get the best value we possibly can for every penny of taxpayer’s money that goes into our local NHS.

We were heartened that when we went out to speak to the public and our patients about the challenges we faced, and the difficult decisions we had to make, that you overwhelmingly agreed with us. There were some exceptions, of course, and taking into account that feedback and our own experience as local GPs working every day in surgeries across Barking and Dagenham, Havering and Redbridge we rejected 11 of our original proposals.

You can see how your feedback was acted upon in our ‘You said, We did’ section on pages 8-9 so please be assured that we are listening.

That first set of changes – to NHS prescribing, gluten-free products, cosmetic procedures and IVF, should amount to around £3 million of savings this year, but we always knew we’d have the even more difficult job of looking for further savings and asking for your views again later this year. This document explains what we are proposing in the next stage of ‘Spending NHS money wisely’ and why we are asking for your help once again.

We are also looking at where we can make even bigger savings – in the way we work with hospital and community providers, by working more closely together wherever possible, making sure we get the most from our suppliers, our buildings – nothing is off limits.

The fact is, we still face further difficult choices if we are to continue to tackle health inequalities and improve the health of local people while keeping to our budget, which we must do. We are determined to do all we can to protect funding for our most essential health services – things like cancer care, emergency care, life threatening conditions and mental health services – for you and your families.

In this document, we describe some of the additional ways we think we can save money and why. We want to know what you think. Again, we haven’t made any decisions yet and we won’t until we have heard from you, our patients.

We’d welcome your comments (please read our questionnaire) and any suggestions you may have about other ways we can save money.

Dr Ravali Goriparthi  Dr Ashok Deshpande  Dr Anita Bhatia
Dr Anju Gupta  Dr Maurice Sanomi  Dr Sarah Heyes
Barking and Dagenham CCG  Havering CCG  Redbridge CCG
Introduction

This document sets out how we’re looking at changing some of the things that we spend NHS money on locally.

Barking and Dagenham, Havering and Redbridge (BHR) Clinical Commissioning Groups (CCG) are the NHS organisations that plan, design and buy (commission) local health services.

We are required to make £55 million of savings this year, having reached a point where we are in deficit and do not have enough money to continue buying all the services in the way we do now.

We want to make sure that services for local people offer the best care possible, in the most appropriate place, at the right time. It is our responsibility to prioritise services for those most in need and make sure that we make the best use of every public penny we spend, so we are considering:

No longer funding:
- Ear wax removal
- Some injections for lower back pain - disc, facet joint and epidural
- Osteopathy

Restricting who is eligible for:
- Cataract surgery
- Podiatry

We are also considering no longer prescribing a range of medications that can be bought cheaply and easily ‘over the counter’ without a prescription. If all implemented, these proposals could save up to £4 million a year.

We believe that this approach will mean we can protect the most important services for when people need them, whilst at the same time continuing to live within our financial means. We’ve also consulted on a range of proposals earlier this year and now we’re looking at what else we could do.

We want to know what you think and if there is anything else you want us to consider. We’d like to hear from as many local people as possible about our proposals, so please tell your friends and family about this, and encourage them to respond. Your opinion really counts and we need your feedback on our ideas. You can fill in the online questionnaire on our websites or print off the questionnaire at the back of this document, fill it in and send it back to FREEPOST BHR CCGs, free of charge.

The consultation runs for eight weeks from 20 September 2017. All responses must be received by 5pm on Wednesday 15 November 2017.

For more information visit our websites:
www.barkingdagenhamccg.nhs.uk/spending-wisely
www.haveringccg.nhs.uk/spending-wisely
www.redbridgeccg.nhs.uk/spending-wisely
Our financial situation - why we must make changes

Nationally the NHS is facing a challenging time as demand for services continues to increase. A growing and ageing population, and more people living with long term health conditions such as diabetes, are placing further pressure on already stretched services and finances.

Each CCG is allocated an amount of money decided by the Department of Health, based on the size of the population and local health needs. According to the formula used by the Department of Health, our area is under-funded.

Demand for healthcare in Barking and Dagenham, Havering and Redbridge is increasing every year. The cost and availability of treatments continues to increase, which means it is all the more essential that we spend our limited resources in the most effective way.

For some time local patients have been waiting too long for treatment at our main local hospitals trust, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT). We have worked closely in partnership with them and other providers to tackle these long waiting lists and ensure that patients can receive the treatment they need within a reasonable time. Together we have achieved this change, which is positive for patients, but it has been at a cost.

We have to choose how to use our funds carefully to ensure that local people can access the healthcare that is most needed and that people with equal need have equal opportunity to access treatments.

We have reached a point where we are in deficit and do not have enough money to continue buying all the services in the way we do now.

We are legally required to balance our budget. To achieve financial balance, we need to deliver £55 million savings from the budget in the 2017/18 financial year. This is just over 5% of our total annual joint budget of just over £1 billion for the three boroughs.

To achieve this we need to reduce spending in some areas of our health budget. We have been looking closely at what we’re spending money on, to ensure we are making the most effective use of public money to commission the most appropriate healthcare services for local people. We are responsible for ensuring that the treatments provided for the local population represent the best use of the NHS budget allocated to us for our population's health services. We must maintain our investment in areas such as cancer treatment, mental health services, and accident and emergency care, so this means making decisions about which services and treatments we can fund and in some cases, no longer fund.

This inevitably means that difficult decisions need to be made. Unfortunately, some treatments that patients might wish to receive, and that healthcare professionals might wish to offer, cannot be funded or are only offered under certain circumstances. We’ve already decided to no longer fund or to restrict a range of procedures and treatments, following a consultation earlier this year, but we need to do more.
We are not alone in doing this. CCGs all over the country are looking at how they can use limited resources responsibly to make sure the NHS is able to help those most in need. They are reducing the services and treatments they will fund. We have managed to hold off longer than some others, but we cannot carry on without making changes.

To make savings we need to reduce our spending in some areas and this document sets out how we think we can do this.

The proposals in this document are just that and nothing has been decided. We want to know what you think we should do.

What we’ve done to save money so far

We’ve been working hard to look at what we spend money on and where savings can be made. This has involved:

Finding efficiencies

- working with hospital and community care providers to make the patient pathway (who a patient sees and where they go - from their first contact with an NHS member of staff, through referral, to the end of their treatment) more efficient, for example by introducing a musculoskeletal referral triage service.
- looking at contracts with our providers to make sure they are cost effective and to identify where savings could be made, for example ending contracts that cannot show measurable improvements in people’s wellbeing.
- making better use of technology, for example by introducing a virtual triage for gastroenterology patients.
- making sure we are using buildings efficiently and not paying for space we don’t need. For example, we’re looking at reorganising our head office, fitting more people on one floor so we can give up the lease on another.

‘Spending NHS money wisely’

From March to May this year we ran an eight-week consultation called ‘Spending NHS money wisely’ which set out proposals for making £5.2m of savings through no longer funding or restricting a number of medications and procedures.

We received over 660 responses, and after careful consideration agreed to stop prescribing over the counter painkillers, muscle rubs, vitamin supplements, gluten-free foods and funding of certain surgical procedures such as face lifts, varicose vein surgery and brow lift surgery. We also agreed to fund one in-vitro fertilisation (IVF) embryo transfer, instead of three.

But our governing bodies rejected proposals to stop funding sterilisation and procedures such as breast reductions and removing moles and cysts from people’s faces after listening to people’s concerns about the impact some of the proposals would have.

The restrictions agreed should result in around £3 million of savings a year.
Procedures of Limited Clinical Effectiveness (POLCE)

These are procedures that doctors have identified are usually unnecessary and don’t generally benefit someone’s health - such as taking children’s tonsils out, which used to happen a lot.

Doctors have set criteria in the POLCE guidelines for when they think these procedures should be carried out. For example, a child would be eligible for a tonsillectomy if it could be shown that they had severe tonsillitis seven or more times in the past year.

We believe the NHS should only be funding procedures to deal with medical conditions and symptoms. The aim is to make sure that only those who will benefit clinically from the treatment receive it. This means that people won’t have unnecessary treatment and the NHS won’t waste money. The public overwhelmingly agreed with us when we consulted earlier on a range of proposed changes earlier this year.

In 2016/17 we spent more than £17 million on POLCE procedures. We estimate that tightenng this up will save us around £2.4 million in the next year.

GPs have told us that there are a number of procedures that they feel could benefit from clearly defined criteria so that doctors have better guidance on treatment options for some procedures and can agree in advance the best route for patients to get the treatment they need as appropriate – things like which tests to carry out or which treatments or medicines to use first.

To achieve this, we plan to bring together GPs and hospital clinicians to do a separate piece of work this year, looking at procedures including carpal tunnel surgery and some gynaecological and diagnostic procedures. On top of the benefits to patients and doctors, we expect this will also help deliver some savings to the local NHS by stopping a relatively small number of unnecessary procedures.
Suggestions about how we could save money

We have been asking local people for suggestions about how we can save money, here are their suggestions and our responses.

<table>
<thead>
<tr>
<th>You said</th>
<th>We did</th>
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<tbody>
<tr>
<td>Stop prescribing medicines that can be bought over the counter</td>
<td>GPs have now stopped prescribing a number of medicines that can easily be bought over the counter and have limited clinical benefit to patients. We are now looking for ways to make further savings in this area – see pages 11-19.</td>
</tr>
<tr>
<td>Cut down on medicines wastage</td>
<td>Unused medicines cannot be re-issued to other patients because once medicines have left the pharmacy their storage conditions cannot be guaranteed and they may become less effective. We’re looking at how we can reduce medicines wastage, working with GPs, pharmacists and the public. See page 10.</td>
</tr>
<tr>
<td>Reuse or recycle occupational therapy and other medical equipment</td>
<td>We do recycle and reuse some medical aids such as beds, mattresses, cushions and commodes and we are looking to increase the reuse of items. In Redbridge we loan rather than give these items to patients (saving around £350,000 a year) and we want to do this in Barking and Dagenham and Havering as well. However, it is not possible to reuse every item, as some aren’t suitable for reuse, such as specially made beds which are made to fit certain weight requirements. All items need to be given to the patient ‘as new’, so some cannot be reused because they are either damaged, dirty, too old or broken beyond repair. In some cases patients don’t return equipment, or don’t allow it to be collected. In other cases, the costs of collection and recycling are more than the cost of purchasing a new item.</td>
</tr>
<tr>
<td>Make non-UK patients pay for treatment or ensure they have medical insurance</td>
<td>All hospitals are required to check whether patients are eligible for free NHS treatment and charge people who are not eligible for any non-urgent, planned care. We are working with our local hospitals to make sure people who are supposed to pay for their NHS care do so. Under a pilot scheme backed by the Department of Health looking at how best to establish whether or not people are eligible for free NHS care, pregnant women attending Queen’s Hospital will be asked to provide a photo ID and proof of address at their first appointment.</td>
</tr>
<tr>
<td><strong>Patients could pay a small charge towards the cost of IVF</strong></td>
<td>That the NHS is free at the point of delivery is one of the core principles of the NHS, so we cannot charge patients for IVF. However, we have restricted who can have NHS-funded IVF treatment and the number of NHS-funded embryo transfers they can have.</td>
</tr>
<tr>
<td><strong>Review gluten-free food on prescription or offer vouchers against the cost for low-income families.</strong></td>
<td>GPs will no longer prescribe gluten-free food. People can find reasonably priced gluten-free foods in a wide range of places, including supermarkets, convenience stores, local pharmacies and online and there are plenty of foodstuffs that don’t have gluten in them, such as rice and potatoes.</td>
</tr>
<tr>
<td><strong>Review what cosmetic surgery is available on the NHS.</strong></td>
<td>Following consultation, we have decided to no longer fund a number of cosmetic procedures. Patients who need this surgery as a result of suffering from major trauma, cancer or severe burns will continue to have these procedures paid for.</td>
</tr>
<tr>
<td><strong>Reduce administration costs, the number of managers and use of agency staff.</strong></td>
<td>We are three organisations that have pooled our resources to operate more efficiently, but we have reduced our limited interim staffing and general operating costs and are operating as leanly as possible. As a small organisation with a single shared management team there are limits to what further administrative savings we can make.</td>
</tr>
<tr>
<td><strong>The NHS should not treat heavy smokers, alcoholics, obese people or those abusing drugs, or should charge these people.</strong></td>
<td>While we encourage people to lead healthy lifestyles and discourage them from taking illegal drugs, smoking or drinking too much, we recognise addictions such as alcoholism or drug dependency as diseases and treat them as such. During our first ‘Spending NHS money wisely’ consultation earlier this year, some of you told us we should be stricter about not funding costly procedures for people who are heavy smokers, who are very overweight, or who have drug and/or alcohol issues. Our GPs regularly see patients who are heavy smokers, are very overweight or who have drug and/or alcohol issues. At the moment they routinely refer these patients to smoking cessation and other healthy lifestyle services. We have heard what some people think about us funding such treatments but we are not considering stopping them at this time.</td>
</tr>
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</table>
What we think we should do

We have identified some further areas of NHS spending where we think making changes could save up to £4 million each year. The following pages set out our proposals.

NHS prescribing

Every year GPs issue a large number of prescriptions for medicines, some of which can be bought more easily and cheaply without the need for a prescription (i.e. over the counter in supermarkets or pharmacies). Prescribing these medicines is often quite expensive for the NHS, especially when taking into account the cost of GP appointment times and pharmacist dispensing fees. For some of these medicines there is little evidence to show they improve people’s health.

What we have done so far

Following a consultation earlier this year, our GPs no longer issue prescriptions for the following medicines:

- Gluten-free products
- Medicines for dental conditions
- Head lice and scabies medicines
- Rubefacient creams and gels, such as 'Deep Heat' and 'Tiger Balm'
- Omega-3 and other fish oil supplements
- Multivitamin supplements
- Eye vitamin supplements
- Colic remedies for babies
- Cough and cold remedies
- Dental prescribing
- Painkillers, such as paracetamol and ibuprofen
- Soya-based formula milk
- Some travel vaccinations:
  - Hepatitis A and B combined
  - Hepatitis B
  - Meningococcal meningitis
  - Japanese encephalitis
  - Rabies
  - Tick-borne encephalitis
  - Tuberculosis
  - Yellow fever

This is estimated to save us £1 million a year.

Medicines wastage

The Department of Health estimates that in England £300 million of medicines prescribed by the NHS are wasted each year. The cost of wasted medicines across Greater London is thought to be £50 million a year.

Of the £300 million of medicines wasted each year, it is thought that:

- £90 million of medicines are left in peoples' homes
- £110 million of medicines are returned to pharmacies.
We all have a responsibility to do our bit to minimise medicines wastage

Only order the medicines you need
- Check what medicines you have at home before ordering more
- Your medicines will stay on your repeat prescription, so you can always order them in future if needed

Check your repeat prescription order is up-to-date
- If you have stopped taking a medicine, please tell your GP and pharmacist so they can update your repeat prescription

Don’t build up stocks of medicines at home because:
- Medicines go out of date
- Your treatment or condition may change
- The more medicines you have, the more likely it is you’ll get confused about what you are taking
- It’s not safe. Medicines can be dangerous if taken accidentally by someone else, especially children.

Use GP online services
If you have signed up for GP online services, you can cancel repeat prescriptions you no longer need online, at any time. Your GP practice can tell you if they provide GP online services and can help you to sign up. Find out more: www.nhs.uk/GPonlineservices

Our proposals for prescribing

We are proposing that GPs no longer issue prescriptions for some medications.

We have now looked at other medicines GPs issue prescriptions for, most of which can be cheaply and easily bought over the counter. We have listed the medicines we don’t think GPs should issue NHS prescriptions for in the table on the following pages. They are:

- Antimalarial medicine
- Threadworm medicine
- Sleeping tablets (over the counter, for short-term use)
- Hay fever medicine
- Travel sickness medicine
- Vitamin D supplements (for maintenance only)
- Probiotic supplements
- Bath oils, shower gels and shampoo (creams for skin conditions would still be prescribed)
- Skin rash creams
- Sunscreens
### Over the counter prescribing

<table>
<thead>
<tr>
<th>Type of medicine</th>
<th>Why we want to stop funding this</th>
<th>Example cost of product</th>
<th>Number of prescriptions issued in a year</th>
<th>How much these prescriptions cost the local NHS a year</th>
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</thead>
</table>
| Anti-malarial medicine | Antimalarial medicine is used to help prevent malaria infection (a serious tropical disease spread by mosquitoes) when people are travelling in countries where the disease is present (e.g. Central and South America, Africa and Asia).  

We think travellers should include the cost of anti-malarials in their holiday budgeting, just like they have to include the cost of flights, accommodation and insurance.  

Medicines can be privately prescribed by a GP or travel clinic, who can advise how to use them. |
<p>|                         |                                                                                                                                                                                                                                                                                                                                                      | For a 2-week trip: Proguanil and Chloroquine, £19.39 (Boots) Doxycycline, £28.60 (Boots) | 189                                    | £5,041                                              |</p>
<table>
<thead>
<tr>
<th>Type of medicine</th>
<th>Why we want to stop funding this</th>
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</thead>
<tbody>
<tr>
<td>Threadworm medicine</td>
<td>Threadworms are tiny worms that infect the intestines of humans and are a common type of worm infection, particularly in young children. The infection is passed from person to person by swallowing the threadworms’ eggs. The best way to prevent infection is to wash your hands after going to the toilet. Treatments for threadworm can be bought from a pharmacy, who can advise how to use them.</td>
<td>Boots Pharmaceuticals Threadworm Tablets, 4 tablets to treat 4 people, £7.50 (Boots) Lloyds Pharmacy Ovex Family Pack, 4 tablets to treat 4 people, £7.95 (Lloyds Pharmacy) Lloyds Pharmacy Ovex Suspension Banana Flavoured Family Pack, 30ml, £9.79, (Lloyds Pharmacy)</td>
<td>2.125</td>
<td>£3,022</td>
</tr>
<tr>
<td>Type of medicine</td>
<td>Why we want to stop funding this</td>
<td>Example cost of product</td>
<td>Number of prescriptions issued in a year</td>
<td>How much these prescriptions cost the local NHS a year</td>
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</table>
| Sleeping tablets       | Treatments for mild/short-term sleeping problems can be bought over the counter at low cost from supermarkets, pharmacies and other retailers. Sleeping tablets are not guaranteed to work as they do not treat the underlying cause(s) of sleeping problems. By making changes to bedtime habits you can often improve sleeping problems without needing to take medicine. We intend to continue to prescribe sleeping tablets for severe sleeping problems. | Tesco Herbal Sleep Aid, 30 tablets, £2.50, (Tesco)  
Boots Pharmaceuticals Sleepeaze Herbal Tablets, 30 tablets, £3.29 (Boots online)  
Nytol Herbal Tablets Night Time Sleep Aid, 30 tablets, £3.69 (Boots) | 11782 | £31,622 |
| Hayfever medicine      | These tablets, eye drops and nasal sprays are used to treat the symptoms of hay fever (an allergic reaction to pollen), including sneezing, a runny nose and itchy eyes. Hayfever treatments are widely available at low cost from supermarkets, pharmacies and other retailers. | Tesco One a Day Hay fever & Allergy 10mg tablets, 14 tablets, £1.80 (Tesco)  
Optrex Itchy Eye Drops, 10ml, £3.99 (Boots)  
Boots Hay fever Relief For Adults Nasal Spray, 100 sprays £4.59 (Boots) | 148,228 | £227,518 |
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<tr>
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<tr>
<td>Travel sickness medicine</td>
<td>This is used to treat the symptoms of travel sickness (e.g. dizziness, feeling sick and vomiting) that can occur when you are travelling (e.g. in a car, plane or boat). Mild travel sickness can usually be improved using self-care techniques, e.g. fixing your eyes on the horizon, keeping your head as still as possible, distracting yourself by listening to music, getting some fresh air. More severe travel sickness can be treated with medicine, which can be bought from a pharmacy, who can advise how to use it.</td>
<td>Kwells Kids tablets, 12 tablets, £2.68, (Boots) Boots Pharmaceuticals Travel Calm Tablets, 12 tablets, £2.79, (Boots) Lloyds Pharmacy Travel Sickness Tablets, 10 tablets, £1.72 (Lloyds Pharmacy)</td>
<td>12,426</td>
<td>£45,650</td>
</tr>
<tr>
<td>Type of medicine</td>
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<td>Example cost of product</td>
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<tr>
<td>Vitamin D supplements (for maintenance only)</td>
<td>Vitamin D is essential for strong bones and should be obtained from sunlight and through food rather than pills. Note: If someone is diagnosed with too little vitamin D (deficiency) their GP will prescribe them a course of supplement tablets. Once they’ve completed the course of supplements and is found to have enough vitamin D, they can choose if they want to continue taking supplements (i.e. for maintenance). We intend to continue to prescribe vitamin D for deficiency. If people want to take supplements for maintenance, they are widely available at low cost from supermarkets, pharmacies and other retailers.</td>
<td>ASDA Bone Health High Strength Vitamin D, 60 tablets, £2.00 (ASDA) Boots Vitamin D, 90 tablets, £2.29 (Boots) Tesco Vitamin D 90 tablets, £3.00 (Tesco)</td>
<td>49,338</td>
<td>£299,875</td>
</tr>
<tr>
<td>Type of medicine</td>
<td>Why we want to stop funding this</td>
<td>Example cost of product</td>
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<tr>
<td>Probiotic supplements</td>
<td>There is no evidence to support claims of the health benefits of probiotics (products containing live bacteria and yeasts), such as restoring the natural balance of bacteria in the gut.</td>
<td>ASDA Vitamin Boosting Strawberry Yoghurt Drink, 8x100g, £1.50 (ASDA)</td>
<td>449</td>
<td>£19,798</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Actimel Vanilla Yoghurt Drink, 8x100g, £2.90 (Tesco)</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>ActiMint Probiotic Supplement, 60 tablets, £6.25, (Lloyds Pharmacy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bath oils, shower gels and shampoo</td>
<td>These are used to help manage dry or scaly skin and scalp conditions.</td>
<td>Oilatum Junior Bath Additive, 150ml, £3.50 (Tesco)</td>
<td>61,783</td>
<td>£365,658</td>
</tr>
<tr>
<td></td>
<td>They are widely available at low cost from supermarkets, pharmacies and other retailers.</td>
<td>E45 Wash Cream for Dry and Itchy Skin, 250ml, £5.39 (Boots)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>For people with dry or scaly skin and scalp conditions we intend to continue to prescribe creams to treat these.</td>
<td>E45 Dry Scalp Shampoo, 200ml, £6.30 (Boots)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of medicine</td>
<td>Why we want to stop funding this</td>
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</tr>
<tr>
<td>Skin rash creams</td>
<td>These are used to treat the symptoms (e.g. irritated, scaly, bumpy or itchy skin and/or scalp) of mild skin rashes (e.g. nappy rash, heat rash and chickenpox rash). Treatments are widely available at low cost from supermarkets, pharmacies and other retailers.</td>
<td>Boots Pharmaceuticals Calamine &amp; Glycerin Cream, 35g, £1.60 (Boots)</td>
<td>10,661</td>
<td>£36,661</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> If your rash lasts more than a few days you should visit a pharmacist or GP for advice.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunscreens</td>
<td>Sunscreens are lotions and creams containing a sun protection factor (SPF) that help to protect your skin from burning in the sun. These are widely available at low cost from supermarkets, pharmacies and other retailers.</td>
<td>Boots Essentials Sun Protection Lotion SPF15, 400ml, £2.49 (Boots online)</td>
<td>1,252</td>
<td>£15,016</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> Sunscreens would continue to be prescribed for people undergoing treatment for cancer and/or specialist skin conditions.</td>
<td>Tesco Soleil Sun Protect Lotion SPF15, 200ml, £3.50 (Tesco online)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nivea Sun Moisturising Sun Lotion SPF30, 200ml, £6.00 (Boots online)</td>
<td></td>
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</tr>
</tbody>
</table>

We estimate that in a year around 267,342 prescriptions are issued for the products listed above, costing the local NHS £1.05 million a year. By restricting prescribing of these we estimate we could save £575,280 a year.
What the NHS is doing nationally: consultation on not prescribing ‘low value’ medications

NHS England, the organisation that leads the NHS, has launched a public consultation on proposals to no longer routinely prescribe some medicines that are available by a prescription only or over the counter, including:

- ‘Complementary’ or ‘alternative’ medicines and treatments
- Gluten-free products
- Some travel vaccines
- Painkillers, such as paracetamol
- Erectile dysfunction, such as Tadalafil (similar cheaper products will still be available)
- Antidepressants, such as Dosulepin (more effective and cheaper products will still be available)
- Blood pressure medicines, such as Doxazosin (similar cheaper products will still be available)

The medicines have been included in the proposals if:

- they have limited effectiveness
- there are cheaper alternative medicines available that are as effective
- they are not felt to be a priority for funding.

If the proposals are implemented, national guidance would be developed to help CCGs when they decide which of these medicines to fund locally, and ultimately which medicines GPs would no longer prescribe.

The NHSE consultation runs until 21 October 2017. You can find more information and tell NHS England your views at: www.engage.england.nhs.uk/consultation/items-routinely-prescribed

Note: Locally we have already consulted on stopping the prescribing of some of these medicines and have decided to not fund them (e.g. some painkillers, travel vaccines and gluten-free products). Once the results of this national consultation are known, we will assess the new guidance and how it might affect our local prescribing.
Stopping funding certain procedures

We are proposing that the local NHS no longer funds the following procedures, because they are not essential, do not always have a demonstrable health benefit and cost the NHS a lot.

These are:

- Earwax removal
- Some injections for lower back pain (disc, facet joint and epidural injections)
- Osteopathy

Ear wax removal

We are considering if the local NHS should continue to pay for people to have earwax removed (known as aural microsuction).

This is the removal of excess wax from the ear canal using a microscope and medical suction device.

Wax is produced inside your ears to keep them clean and free of germs. It usually passes out of the ears harmlessly, but sometimes too much can build up and block the ears, causing hearing difficulties.

Aural microsuction should only be used as a last resort to remove earwax once the following, usually effective, treatments have been tried:

- Olive oil
- Eardrops
- Ear irrigation with water, sometimes called “ear syringing”.

Note: If this proposal were to go ahead we think the following people should still receive NHS-funded ear wax removal:

- people who have had ear surgery
- people who have had a perforated ear drum
- people with severe inflammation of the ear canal
- people with a repaired or existing cleft palate (gap or split in the roof of the mouth).

We estimate that there are 2,746 ear wax removal procedures are paid for by the local NHS costing £403,259 a year.
Injections for back pain

We are considering if the local NHS should continue to fund some injections (disc, facet joint and epidural injections) for back pain.

These injections are intended to temporarily relieve pain, tingling and numbness resulting from irritation in the lower back.

As recommended by pain management experts at our local hospital trust, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT), we propose no longer funding some injections for back pain. This is because there is limited evidence to show that these injections work.

The injections we propose no longer funding are:

- Spinal disc injections (circular pads of connective tissue between the vertebrae)
- Facet joint injections (small joints located between and behind the vertebrae)
- Epidural injections for spinal claudication (walking difficulties or pain, discomfort, numbness, or tiredness in the legs that occurs during walking and/or standing).

“Pain can take many forms – from the short term to chronic, long-term pain. As a doctor, it’s important to me that we give patients the tools to help people manage their pain and improve their quality of life. But it’s also important that injections are offered that are consistent with current evidence such as the new NICE back pain guidelines, which is why I support these proposals.”

Dr Ben Huntley, Consultant in Pain Medicine and Anaesthesia, BHRUT

If this change were to go ahead, GPs would still be able to refer patients to musculoskeletal physiotherapist for treatment and if needed, to the specialist pain management clinics at local hospitals.

We estimate that in a year around 1,734 injections for lower back pain are paid for by the local NHS at a cost of £1.28 million a year.

Note: We intend to continue to fund the following injections for back pain, which clinical evidence shows is effective:

- Medial branch blocks (diagnostic injections to the nerve that supplies the facet joint to see if the patient is likely to benefit from radiofrequency lesioning)
- Medial branch radiofrequency lesioning (using needle-electrode to cook the nerve supply to the facet joint)
- Transforaminal epidural steroid injection/dorsal root ganglion pulsed radiofrequency – when a needle electrode is used to accurately place the transforaminal epidural steroid injection and the nerve root is stunned with electricity at the same time.
Osteopathy

We are considering if the local NHS should continue to fund osteopathy.

Osteopathy is a way of detecting, treating and preventing health problems (such as joint pain, sports injuries and arthritis) by moving, stretching and massaging a person's muscles and joints. It does not use medicines or surgery.

Osteopathy is considered to be a ‘complementary’ or ‘alternative’ medicine (like acupuncture, homeopathy and hypnotherapy) and although osteopaths may use some conventional medical techniques, its use is not always based on scientific evidence.

If this change were to go ahead GPs would still be able to refer patients for specialist treatment, for example to see a physiotherapist or attend a pain management clinic.

**Note:** Osteopathy is not widely available as an NHS funded treatment and we understand that Redbridge is the only CCG in London which currently funds osteopathy.

*We estimate that in a year there are 13,000 episodes of NHS-funded osteopathic treatment in Redbridge alone, costing the local NHS £444,000 a year.*
Changing the eligibility criteria for some procedures

We are proposing to change the eligibility criteria for the following procedures:

- Cataract surgery
- Podiatry

This could mean that some people would not be able to get these procedures paid for by the NHS unless their doctor was able to prove they met the eligibility criteria.

Cataract surgery

We are proposing tightening the eligibility criteria for cataract surgery
A cataract is cloudiness of the lens, the normally clear structure in your eye which focuses the light. They can develop in one or both eyes. The cloudiness can become worse over time, causing vision to become increasingly blurry, hazy or cloudy. Minor cloudiness of the lens is a normal part of ageing.

Significant cloudiness, or cataracts, generally get slowly worse over time and surgery to remove them is the only way to make it easier to see. However, you don’t need to have surgery if your vision is not significantly affected and you don’t have any difficulties carrying out everyday tasks such as reading or driving.

New glasses, brighter lighting, anti-glide sunglasses and magnifying lenses help reduce the impact of cataracts. Medications, eye drops, or dietary supplements do not improve cataracts or stop them getting worse.

Surgery should only be offered if you have cataracts that are affecting your ability to carry out daily activities.

**Note:** Although cataracts are often associated with age, in rare cases babies are born with cataracts or young children can develop them. **What we are proposing would only apply to adults with cataracts.**

### How well can you see?

**Visual acuity** describes how well you see detail. This is usually measured using a chart with rows of letters that start with one big one at the top and get smaller row by row. During a routine eye test, you sit 6 metres from the chart. If glasses or contact lenses are worn, these should be used for the test.

Each eye is tested while the other one is covered. The rows of letters correspond to the minimum size of letter that could be seen by someone with normal vision from 6m up to 60m. The first number is the distance the chart is viewed from.

If you can only read the big letter on the top line, that’s recorded as 6/60 - you can see at 6m what can usually be seen from 60m with normal vision. This would mean you would be considered severely sight impaired, or legally blind. 6/6 is normal vision (what used to be known as 20/20 vision, when distance was measured in feet not metres).

In order to legally drive a car, you must have a visual acuity of 6/12 or less.
We are proposing to change the criteria for eligibility for cataract surgery.

This would mean that if you have one cataract, surgery would only be funded if:

Your visual acuity is 6/12 or worse in the affected eye.

and:

1. Your visual problems mean reduced mobility, experiencing difficulties in driving, for example, due to glare, or experiencing difficulty with steps or uneven ground.

or

2. Your ability to work, give care or live independently is affected.

or

3. If you have diabetes, or a retinal condition, which requires clear views of your retina to monitor the disease or treatment

or

4. If you have had glaucoma which requires cataract surgery to control the eye’s fluid pressure (intra ocular)

or

5. If you have a certain type of cataract (posterior subcapsular or cortical) and experience problems with glare and a reduction in acuity in bright conditions

or

6. If your vision makes it borderline whether you should drive, and surgery would be expected to significantly improve your vision

If you have two cataracts (cataracts in both eyes), cataract surgery in the second eye would only be funded if:

- The first cataract surgery does not achieve a visual acuity of 6/9 or better, with refractive correction, and the procedure is clinically indicated for the patient's individual circumstances.

or

- The patient has diabetes, or retinal condition, which requires clear views of their retina to monitor their disease

or

- The patient is left with anisometropia or any condition meaning that binocular vision is not comfortable

We have tested these criteria with our Local Optical Committee which represents local optometrists and opticians and revised the draft criteria based on their advice.

We estimate around 4,653 cataract surgeries take place each year. Changing the eligibility criteria means that 763 fewer people will have cataract operations each year, saving the local NHS £661,858.
Note: Cataract surgery is not always successful and doesn’t always mean that your vision improves. A study in the British Journal of Ophthalmology found that after cataract surgery, 25% of people said their vision had either deteriorated or remained unchanged.


Podiatry

We’re proposing restricting who can have NHS-funded routine podiatry such as corn and callus care and toenail cutting, so that it would only be available to people who have an underlying medical condition such as diabetes or rheumatoid arthritis.

Podiatry involves preventing, diagnosing, treating and rehabilitating abnormal conditions of the feet and lower limbs. Currently our podiatry service is provided by NELFT NHS Foundation Trust.

We spend around **£3.26 million** a year on podiatry services, but some of our GPs tell us that they find it hard to find podiatric care for people who need it. It’s hard to tell how many people use podiatry services (as some people use the services regularly) but we estimate there were around **44,625** episodes of podiatric care last year. This high number suggests that while we’re spending a lot on podiatry, the people who need it aren’t being prioritised for care.

We need to look at how podiatry is offered and provided across Barking and Dagenham, Havering and Redbridge more widely, so we can make sure the people who most need it get it.

As part of this, we want to restrict NHS funded routine podiatric care so only people who are at risk because of their medical conditions (such as diabetes or rheumatoid arthritis) would be eligible for NHS-funded routine podiatric care such as corn and callus care and toenail cutting. If you didn’t have an underlying medical condition, you would need to pay for routine podiatric care.

*If implemented we think this could save the local NHS £653,498 a year.*

Note: Restricting access to podiatry would still mean the following care would be available to all when needed:

- Looking at how you walk and stand (biomechanical and gait reviews) for painful foot conditions
- Nail surgery for painful / in-growing toenails (under local anaesthetic)
- A comprehensive diabetic foot service, including the management of acute foot problems
Potential savings

If all implemented these changes could save the local NHS approximately £4 million a year.

<table>
<thead>
<tr>
<th>Area</th>
<th>Potential savings identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS prescribing</td>
<td>£575,280</td>
</tr>
<tr>
<td>Stopping the funding of:</td>
<td></td>
</tr>
<tr>
<td>- Ear wax removal</td>
<td>£403,259</td>
</tr>
<tr>
<td>- Some injections for lower back pain - disc, facet joint and epidural</td>
<td>£1,281,358</td>
</tr>
<tr>
<td>- Osteopathy</td>
<td>£444,000</td>
</tr>
<tr>
<td>Restricting access to:</td>
<td></td>
</tr>
<tr>
<td>- Cataract surgery</td>
<td>£661,858</td>
</tr>
<tr>
<td>- Podiatry</td>
<td>£653,498</td>
</tr>
</tbody>
</table>

We want to know what you think

No decisions have been made. We want to hear from as many people as possible about what they think about our proposals. Over the next eight weeks (until 15 November 2017) we are engaging with local people in order to explain the reasons for these proposals, outline how people might be affected and encourage them to respond.

We are also working with GPs, patient groups, local Healthwatch organisations and community and voluntary organisations to make sure we reach as many local people as possible. If you would like us to come and talk to your group about these proposals please email haveyoursay.bhr@nhs.net or call 020 3688 1615.

All responses will help form a report, which will go to our governing bodies to consider and make a decision. We will put that report and details of whatever decisions are made on our websites.

Equality impact assessment

An equality impact assessment (EIA) is a process to make sure that a policy, project or proposal does not discriminate or disadvantage against the following characteristics:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

As part of this work we will carry out an initial EIA and publish this on our websites. We will take into account people’s responses to our proposals and this will inform a more detailed EIA, which will go to our governing bodies to consider before any decisions are reached.
Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td>Severe or intense</td>
</tr>
<tr>
<td>Anisometropia</td>
<td>A condition in which the two eyes have unequal refractive power.</td>
</tr>
<tr>
<td>Aural microsuction</td>
<td>Procedure to remove excess wax from the ear</td>
</tr>
<tr>
<td>BHRUT</td>
<td>Barking, Havering and Redbridge University Hospitals NHS Trust</td>
</tr>
<tr>
<td>Cataract</td>
<td>Cloudiness of the lens (the normally clear structure in your eye which focuses the light)</td>
</tr>
<tr>
<td>CCG</td>
<td>Clinical commissioning group</td>
</tr>
<tr>
<td>Commission</td>
<td>Buying of health services</td>
</tr>
<tr>
<td>‘Complementary’ or ‘alternative’ medicines</td>
<td>Medicines that fall outside of mainstream healthcare and are not always based on scientific evidence</td>
</tr>
<tr>
<td>Cortical cataract</td>
<td>Type of cataract that occurs in the eye</td>
</tr>
<tr>
<td>Corticosteroid</td>
<td>A type of steroid that can help reduce inflammation</td>
</tr>
<tr>
<td>Department of Health</td>
<td>Department responsible for government policy on health and adult social care</td>
</tr>
<tr>
<td>Diabetes</td>
<td>A long-term condition that causes a person's blood sugar level to become too high</td>
</tr>
<tr>
<td>Disc</td>
<td>Circular pads of connective tissue between the vertebrae of the spine</td>
</tr>
<tr>
<td>Eligible</td>
<td>Whether someone qualifies. In this case, the minimum criteria to access a procedure</td>
</tr>
<tr>
<td>Epidural</td>
<td>An injection into the back</td>
</tr>
<tr>
<td>Equality impact assessment (EIA)</td>
<td>A process to make sure that a policy, project or proposal does not discriminate or disadvantage against people with certain characteristics</td>
</tr>
<tr>
<td>Facet joint</td>
<td>Small joints located between and behind the vertebrae of the spine</td>
</tr>
</tbody>
</table>

Page 28
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glaucoma</td>
<td>Eye condition where the optic nerve, which connects the eye to the brain, becomes damaged</td>
</tr>
<tr>
<td>GP</td>
<td>General practitioner</td>
</tr>
<tr>
<td>Insomnia</td>
<td>Sleeping problems</td>
</tr>
<tr>
<td>Intra ocular pressure</td>
<td>The eye’s fluid pressure</td>
</tr>
<tr>
<td>Malaria</td>
<td>A serious tropical disease spread by mosquitoes</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>The nerves, tendons, muscles and supporting structures, such as the discs in your back</td>
</tr>
<tr>
<td>NELFT</td>
<td>NELFT NHS Foundation Trust</td>
</tr>
<tr>
<td>NHS England</td>
<td>National organisation that leads the NHS in England</td>
</tr>
<tr>
<td>Optometrist</td>
<td>Specialist eye doctor</td>
</tr>
<tr>
<td>Osteopathy</td>
<td>A way of detecting, treating and preventing health problems by moving, stretching and massaging a person's muscles and joints</td>
</tr>
<tr>
<td>Pharmacist dispensing fee</td>
<td>Pharmacists receive a professional fee for every item dispensed. This fee is currently 90p per item</td>
</tr>
<tr>
<td>Podiatry</td>
<td>A branch of medicine devoted to the treatment of feet, ankles and lower legs</td>
</tr>
<tr>
<td>POLCE</td>
<td>Procedures of Limited Clinical Effectiveness</td>
</tr>
<tr>
<td>Pollen</td>
<td>A fine powder produced by flowers</td>
</tr>
<tr>
<td>Posterior subcapsular cataract</td>
<td>Type of cataract that occurs in the eye</td>
</tr>
<tr>
<td>Probiotics</td>
<td>Products containing live bacteria and yeasts</td>
</tr>
<tr>
<td>Recurrent</td>
<td>Occurring often or repeatedly</td>
</tr>
<tr>
<td>Refractive correction</td>
<td>Surgery to correct your eyesight</td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Retina</td>
<td>Thin lining at the back of the eye</td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td>A long-term condition that causes pain, swelling and stiffness in the joints</td>
</tr>
<tr>
<td>Spinal claudication</td>
<td>Walking difficulties or pain, discomfort, numbness, or tiredness in the legs that occurs during walking and/or standing</td>
</tr>
<tr>
<td>Sunscreens</td>
<td>Lotions and creams that protect you from the sun</td>
</tr>
<tr>
<td>Threadworms</td>
<td>Tiny worms that infect the intestines of humans</td>
</tr>
<tr>
<td>Visual acuity</td>
<td>How clearly you see</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>A vitamin that is essential for strong bones</td>
</tr>
</tbody>
</table>
Questionnaire

Please complete this questionnaire on our website:

www.barkingdagenhamccg.nhs.uk/spending-wisely
www.haveringccg.nhs.uk/spending-wisely
www.redbridgeccg.nhs.uk/spending-wisely

Or you can fill it in and post it to FREEPOST BHR CCGs (no stamp needed). Please make sure it reaches us by 5pm on 15 November 2017.

Tell us about you

We want to see what sorts of people are responding to our proposals. This helps us to understand if our proposals might have more of an impact on some groups of people than others. These questions are optional – you don’t have to answer them if you don’t want to.

Please tick as appropriate

1. Are you?
   - Male
   - Female
   - Other
   - Prefer not to say

2. How old are you?
   - Under 18 years
   - 18 to 24 years
   - 25 to 34 years
   - 35 to 44 years
   - 45 to 54 years
   - 55 to 64 years
   - 65 to 74 years
   - 75 years or older
   - Prefer not to say

3. Do you consider yourself to have a disability?
   - Yes – a physical/mobility issue
   - Yes – learning disability/mental health issue
   - Yes – a visual impairment
   - Yes – a hearing problems
   - Yes - another issue
   - No

4. Which borough do you live in?
   - Barking and Dagenham
   - Havering
   - Redbridge
   - Other (please tell us which borough)

5. What is your ethnicity?
   This is not about place of birth or citizenship. It is about the group you think you belong to in terms of culture, nationality or race.
   - Any white background
   - Any mixed ethnic background
   - Any Asian background
   - Any black background
   - Any other ethnic group (please tell us what it is)
   - Prefer not to say

6. Are you an employee of the NHS?
   - Yes
   - No

7. Are you responding as...?
   - An individual
   - A representative of an organisation or group (please tell us which)
What do you think about our proposals?

We want to understand your views about what we’re proposing.

You don’t have to answer the whole questionnaire if you don’t want to – only answer the sections you’re interested in.

---

**NHS prescribing**

There are a number of medications that we propose GPs should no longer issue prescriptions for.

At the moment many people visit their GP to get prescriptions for medication that can be cheaply bought over the counter from a pharmacy or supermarket. This is often expensive for the NHS, especially when GP appointment time and pharmacist dispensing fees are taken into account.

1. Please tell us what you think about our proposal to no longer prescribe certain types of medication by ticking the statement that best matches your views for each:

<table>
<thead>
<tr>
<th>Medication</th>
<th>I strongly support this proposal</th>
<th>I support this proposal</th>
<th>I am neutral about this proposal</th>
<th>I am against this proposal</th>
<th>I am strongly against this proposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antimalarial medicine (the medication that prevents malaria)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Threadworm medicine (threadworms infect the intestines)</td>
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<td></td>
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<td></td>
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<tr>
<td>Sleeping tablets (for mild sleep problems only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hayfever medicine</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel sickness medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin D supplements (for maintenance only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Probiotic supplements</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Bath oils, shower gels and shampoo (creams for skin conditions would still be prescribed)  

Skin rash creams (medication for skin conditions such as eczema would still be prescribed)  

Sunscreens  

2. Is there anything else you want to tell us, or think we should consider, before making decisions about no longer prescribing these types of medication?

---

**Ear wax removal**

We are considering if the local NHS should continue to pay for people to have earwax removed.

3. Please tell us what you think by ticking the statement that best matches your views:

<table>
<thead>
<tr>
<th>I strongly support this proposal</th>
<th>I support this proposal</th>
<th>I am neutral about this proposal</th>
<th>I am against this proposal</th>
<th>I am strongly against this proposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>The local NHS should stop paying for ear wax removal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. Is there anything else you want to tell us, or think we should consider, before making a decision about this?

Injections for back pain

We are considering if the local NHS should continue to fund some injections for back pain. As recommended by pain management experts at our local hospital trust, BHRUT, we propose no longer funding:

- Spinal disc injections (circular pads of connective tissue between the vertebrae)
- Facet joint injections (small joints located between and behind the vertebrae)
- Epidural injections for spinal claudication (walking difficulties or pain, discomfort, numbness, or tiredness in the legs that occurs during walking and/or standing).

This is because there is limited evidence to support the effectiveness of these injections.

5. Please tell us what you think of this proposal by ticking the statement that best matches your views:

<table>
<thead>
<tr>
<th>Statement</th>
<th>I strongly support this proposal</th>
<th>I support this proposal</th>
<th>I am neutral about this proposal</th>
<th>I am against this proposal</th>
<th>I am strongly against this proposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>The local NHS should stop paying for spinal disc injections</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The local NHS should stop paying for facet joint injections</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The local NHS should stop paying for</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. Is there anything else you want to tell us, or think we should consider, before making a decision about this?

---

**Osteopathy**

We are considering if the local NHS should continue to fund osteopathy.

Osteopathy is considered to be a ‘complementary’ or ‘alternative’ medicine (like acupuncture, homeopathy and hypnotherapy) and although osteopaths may use some conventional medical techniques, its use is not always based on scientific evidence.

7. Please tell us what you think by ticking the statement that best matches your views:

<table>
<thead>
<tr>
<th>Statement</th>
<th>I strongly support this proposal</th>
<th>I support this proposal</th>
<th>I am neutral about this proposal</th>
<th>I am against this proposal</th>
<th>I am strongly against this proposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>The local NHS should stop paying for osteopathy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8. Is there anything else you want to tell us, or think we should consider, before making a decision about this?


Changing the eligibility criteria for some procedures

Cataract surgery

We are proposing tightening the eligibility criteria for cataract surgery

9. Please tell us what you think by ticking the statement that best matches your views:

<table>
<thead>
<tr>
<th></th>
<th>I strongly support this proposal</th>
<th>I support this proposal</th>
<th>I am neutral about this proposal</th>
<th>I am against this proposal</th>
<th>I am strongly against this proposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>The local NHS should tighten the eligibility criteria for cataract surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Is there anything else you want to tell us, or think we should consider, before making a decision about this?
Podiatry services

We’re proposing restricting who can have NHS-funded routine podiatry, so only people who have an underlying medical condition such as diabetes or rheumatoid arthritis can receive routine podiatry (such as corn and callus removal and toe nail cutting) paid for by the NHS.

11. Please tell us what you think by ticking the statement that best matches your views:

<table>
<thead>
<tr>
<th></th>
<th>I strongly support this proposal</th>
<th>I support this proposal</th>
<th>I am neutral about this proposal</th>
<th>I am against this proposal</th>
<th>I am strongly against this proposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>The local NHS should tighten the eligibility criteria for podiatry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine podiatric care should only be funded for people with an underlying medical condition.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Is there anything else you want to tell us, or think we should consider, before making a decision about this?
General comments

13. Within the last two years have you or a member of your immediate family:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had ear wax removal paid for the NHS?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had injections for back pain paid for by the NHS?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had treatment from an osteopath paid for by the NHS?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had routine podiatry (corn, callus and toe nail cutting) paid for by the NHS?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had cataract surgery paid for by the NHS?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. Do you have any other comments about our proposals that you’d like to make?

15. Do you have any suggestions about how the local NHS can save money?
16. If you would like us to tell you what decisions we reach regarding these proposals, please write your name and email address in the box below. We will keep your details safe and won’t share them.

Thank you for taking the time to let us know what you think.

If you’re not completing this questionnaire online, please make sure you send it back to FREEPOST BHR CCGs.

All comments must be received by 5pm on 15 November 2017
We want to hear from everyone

This document is about changes we want to make to some health services in Barking and Dagenham, Havering and Redbridge. We want to know what you think about this.

If you would like to know more, please email haveyoursay.bhr@nhs.net or call 020 3688 1615 and tell us what help you need. Let us know if you need this in large print, easy read or a different format or language.

Bengali
বর্তমানে হুমকি ও দূরন্তের মাধ্যমে কেন্দ্রীয় সেবাসমূহ পরিবর্তনের আমন্ত্রণ যা পরিবর্তন করা চাই সরকারী ও সংস্থায় করে নিতে পারি। যেমন আমার আরাম অথবা ক্যারেটের আমন্ত্রণ আরাম অথবা ক্যারেট অনুসরণ করা।

Lithuanian
Šis dokumentas yra api paneigus, kuriuos norime įgyvendinti sveikatos priežiūros srityje Barking ir Dagenham, Havering e Redbridge vietovėse. Norėtume sužinoti jūsų nuomonę apie tai. Jei turite klausiamų ar norite sužinoti apie tai daugiau, kreipkitės į mus haveyoursay.bhr@nhs.net arba tel. 020 3688 1615. Praneškite, jei šią informaciją norėtumėte gauti stambiu žiūrėti, lengviau įskaitoma, kita forma ar kalba.

Portuguese
Este documento é sobre as alterações que pretendemos implementar em alguns serviços de Saúde em Barking e Dagenham, Havering e Redbridge. Gostaríamos de saber a sua opinião. Caso pretenda obter mais informações, contacte-nos através do e-mail haveyoursay.bhr@nhs.net ou do número de telefone 020 3688 1615 e diga-nos que tipo de ajuda precisa. Indique-nos se precisa deste texto em letra grande, leitura fácil ou num formato ou idioma diferentes.

Punjabi
ہمارا स्वास्थ्य सेवा के रूप में बदलाव की घोषणा ने नए अन्वेषण एवं अनुसंधान की घोषणा के साथ अपना मार्ग चुना, जो विभिन्न सेवाओं के लिए अनुकूल रहेगा।

Romanian
Acest document se referă la schimbările pe care dorim să le facem în cadrul unor servicii medicale din Barking și Dagenham, Havering și Redbridge. Am dori să aflăm care este părerea dvs. despre acest lucru. Dacă doriți mai multe informații, vă rugăm să ne contactați la haveyoursay.bhr@nhs.net sau la 020 3688 1615 și să ne spuneți cu ce vă puteți ajuta. Spuneți-ne dacă aveți nevoie de aceste informații scrise cu caracter mari, ușor de citit sau într-un alt format ori într-o altă limbă.

Tamil

Barking and Dagenham, Havering and Redbridge

Урду

یہ دستاویز ان تعلیمی کی مطابق ہے جو ہم بارکینگ اور دیگر بیجنگ بورینگ اور ریڈبرج تعلیمی کی مطابق ہے۔

ختم کہ صحت کسی بھی کسی کو مفت اور کامیاب کیا کیا۔ اس کو بارکینگ اور دیگر بیجنگ بورینگ اور ریڈبرج تعلیمی کی مطابق ہے۔

020 3688 1615
haveyoursay.bhr@nhs.net

Page 40
TO:

Louise Mitchell
SRO, Planned Care
Barking & Dagenham, Havering and Redbridge
Clinical Commissioning Groups
C/o FREEPOST BHR CCGs

Date: 23 October 2017

By E-mail

Dear Louise

Response of Outer North East London Joint Health Overview and Scrutiny Committee to Spending NHS Money Wisely 2 Consultation

Further to your input to the meeting of the Outer North East London Joint Health Overview and Scrutiny Committee (‘the Committee’) on 10 October 2017, as the current Chair of the Committee, I am writing to summarise the Committee’s views on the Spending NHS Money Wisely 2 consultation.

The Committee is concerned at the proposals to cease funding of some cataract surgery. As discussed at the meeting, you undertook to confirm the level of visual acuity, below which cataract surgery would continue to be funded and please could you send this information through to the Clerk of the Committee as soon as possible, using the contact details shown above. The Committee would also like a response on the issue of draft NICE guidance on cataract surgery which, it is our understanding, may not support these proposals.

The Joint Health Overview and Scrutiny Committee is exercising its powers as conferred under the NHS Act 2006, section 245 (as amended by the Health and Social Care Act 2012). This is distinct from and separate to those powers exercised by the Executive of the constituent Councils.
Members are also concerned about the accessibility and marketing of the consultation, particularly to hard to reach groups. Whilst noting the efforts that have already been made in this regard, as discussed at the meeting, the Committee would like to see more detailed information on how community groups in each of the affected boroughs have been engaged with and given details of the proposals.

The matter of an Equalities Impact Assessment was also raised at the recent meeting of the Committee. Whilst noting that this will be undertaken prior to final decisions being taken, Members, including I am sure the co-opted members from the Local Healthwatch organisations, would have liked to have seen at least some details of this in the consultation documents. Again, if such Assessments are now available, please could these be forwarded to the Clerk of the Committee in order that Members can review these.

Yours sincerely

[Signature]

Councillor Neil Zammett, London Borough of Redbridge
Chair, Outer North East London Joint Health Overview and Scrutiny Committee

CC:

All Members and Supporting Officers, Outer North East London Joint Health Overview and Scrutiny Committee

Neil Z
Dear Conor Burke,

Spending NHS Money Wisely 2

This letter is in response to Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups’ consultation on Spending NHS Money Wisely 2, and represents the views of the London Borough of Barking and Dagenham.

We support the following recommendations:

- **No longer funding, earwax removal** in secondary care where there is no underlying reason for the procedure to be done in secondary care; **some injections for lower back pain injections** in local clinics (we understand that local pain clinicians have shaped the restrictions, and that they are in line with NICE guidance); and **osteopathy** (this is currently not available in the borough).

- **Restricting** who is eligible for **podiatry** so that it is only available to residents with specific underlying disease e.g. diabetes or rheumatoid arthritis.

- **No longer prescribing** over the counter medicines including anti-malarials, probiotic supplements, sunscreens, and hay fever medication,

We disagree with the following recommendations:

- **Restricting who is eligible for cataract surgery**
  We are concerned that using visual acuity at 6/12 is a crude, but commonly used, method of measuring if cataract surgery is needed.
Draft NICE guidance\(^1\) states:
“Although visual acuity is still commonly used to decide whether cataract surgery is needed, it is a crude measure that will often fail to detect other vision problems that may justify surgery (for example, glare and loss of colour vision). The best possible decision-making aids would be measures of preoperative and postoperative vision-related quality of life, which could then be used to identity groups of people who do not have an improvement in quality of life after surgery”.

The guidance recommends that access to cataract surgery is not restricted based on visual acuity. We ask that the CCGs re-consider this recommendation and align recommended changes to NICE guidance on cataracts in adults.

**No longer prescribing vitamin D**

We disagree with the statement about sufficient Vitamin D being obtained from sunlight and diet, and with the approach that someone who is deficient should only be prescribed supplements until they reach normal levels. We are aware that it is possible that a significant proportion of the population in Barking and Dagenham may potentially be vitamin D deficient, of concern is our population of South Asian heritage who are at high risk of deficiency.

Dietary change alone in high risk groups is likely to be ineffective. In these circumstances, prescribing until normal levels are reached then stopping will mean that residents will become deficient again.

This approach is inconsistent with the decisions on vitamin supplements in the initial round of consultations and decisions. In that round the CCGs decided to stop prescribing multivitamins but said that the prescribing of single vitamins supplements for a proven deficiency would continue. We ask that this recommendation be reviewed.

We consider that our response will support the spending of money wisely for the residents of Barking and Dagenham.

Yours sincerely

Councillor Peter Chand  
Chair of the Health & Adult Services Select Committee

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HEALTH AND ADULT SERVICES SELECT COMMITTEE

13 November 2017

Title: Oral Health in Early Years – Scrutiny Review Progress Update and Feedback

Open Report

<table>
<thead>
<tr>
<th>Report Author:</th>
<th>Masuma Ahmed, Democratic Services Officer</th>
</tr>
</thead>
</table>
| Contact Details: | Tel: 020 277 2756  
E-mail: masuma.ahmed@lbbd.gov.uk |
| Accountable Director: | Matthew Cole, Public Health |
| Accountable Strategic Director: | Anne Bristow, Service Development & Integration |

Summary:

At its meeting on 21 June 2017, the Health and Adult Services Select Committee (HASSC) agreed to undertake a ‘mini’ scrutiny review on Oral Health in Early Years in the 2017/18 municipal year.

This report provides an update on the progress of the scrutiny review and the timeline and steps to completion. It also asks members of the HASSC who attended the visits relating to the scrutiny review to provide verbal feedback to the Committee at the meeting on the issues they noted from the sessions.

Recommendation(s)

The HASSC is recommended to:

(i) Note the progress of the scrutiny review and the timeline and steps to completion;

(ii) Note the verbal feedback from members who attended the visits relating to the scrutiny review; and

(iii) Based on the feedback from the visits, provide commentary to officers as to the potential recommendations that may be made as a result of the scrutiny review.

Reason(s)

The first formal draft report with recommendations to help improve outcomes, arising from the scrutiny review on Oral Health in Early Years, is due to be presented at the HASSC meeting on 10 January 2018. Today’s meeting is an opportunity for members of the HASSC to comment on the findings from the visits (so far), and other material provided to members as part of the review, so that officers can take this into account whilst completing the first draft of the scrutiny report.

The issue of Oral Health in Early Years relates to the Council’s priority to enable social responsibility and the objectives to protect the most vulnerable, keeping adults and children healthy and safe and, ensure everyone can access good quality healthcare when they need it.
1. Introduction and Background

1.1 The HASSC agreed to undertake a mini scrutiny review on Oral Health in Early Years at its meeting on 21 June 2017 for the 2017/18 municipal year. At its meeting on 20 September 2017, the Committee agreed the terms of reference (ToR) for the review as follows:

i. What are the reasons for young children in Barking and Dagenham having poor oral health?

ii. What is the quality of services that are available to residents and what do they deliver to improve oral health?

iii. What are the best ways of getting the right messages out to parents about looking after their children’s oral health?

1.2 At that meeting, members received a presentation on the local context of Oral Health in Early Years, and agreed the following work plan for the review:

<table>
<thead>
<tr>
<th>Date of HASSC session</th>
<th>Activity</th>
<th>ToR questions covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 October 2017</td>
<td>Members to meet parents of young children and professionals at Gascoigne Children’s Centre</td>
<td>1, 2 &amp; 3</td>
</tr>
<tr>
<td>20 October 2017</td>
<td>Members to meet staff at pre-school</td>
<td>1, 2 &amp; 3</td>
</tr>
<tr>
<td>November (tbc)</td>
<td>Members to visit a community dentist</td>
<td>1, 2 &amp; 3</td>
</tr>
<tr>
<td>11 December 2017</td>
<td>Draft report and recommendations circulated</td>
<td>1, 2 &amp; 3</td>
</tr>
<tr>
<td>10 January 2018 (HASSC meeting)</td>
<td>Members to provide comments on draft report</td>
<td>1, 2 &amp; 3</td>
</tr>
<tr>
<td>21 February 2018 (HASSC meeting)</td>
<td>Final report</td>
<td>1, 2 &amp; 3</td>
</tr>
</tbody>
</table>

1.3 At the September meeting, members also agreed that the Local Dental Committee (LDC) be invited to participate in the review. After the meeting, due to a challenging time-scale to complete the review, officers suggested that instead of a visit to a community dentist, members of the HASSC meet directly with the Chair of the LDC. This meeting will take place on 16 November 2017.

1.4 The date of the session with pre-school staff, provisionally arranged for 20 October, was changed to 6 November 2017 to accommodate member attendance.
1.5 Members who attended the sessions, which have taken place so far, are listed below:

<table>
<thead>
<tr>
<th>Date and Details</th>
<th>Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 October 2017 - meeting with staff and parents at the Gascoigne Children’s Centre</td>
<td>Councillors Chand, Alasia, Jones and Rai</td>
</tr>
<tr>
<td>Monday 6 November 2017 - meeting with pre-school staff at the Westberry Centre</td>
<td>Councillor Chand, Jones and Keller (members who had confirmed their availability at the time of writing this report).</td>
</tr>
</tbody>
</table>

1.6 The members who attended the above sessions are asked to provide verbal feedback to the Committee on the issues that were raised, and potential areas for recommendations, keeping in mind the ToR of the scrutiny review at 1.1 of this report.

2. **Next Steps and Time-line for Completion**

2.1 The table below sets out the steps remaining and time-line for completing the scrutiny review.

<table>
<thead>
<tr>
<th>Action</th>
<th>Date for Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting with Chair of LDC.</td>
<td>Thursday 16 November 2017</td>
</tr>
<tr>
<td>Drafting of scrutiny review report with recommendations.</td>
<td>A start has already been made on the report and officers will continue to work on the report until week commencing 11 December 2017</td>
</tr>
<tr>
<td>First formal draft of scrutiny report circulated to HASSC (and other stake-holders).</td>
<td>In the week commencing 11 December 2017 (approximately)</td>
</tr>
<tr>
<td>HASSC members to provide their comments on the first formal draft of report.</td>
<td>10 January 2018 (HASSC meeting)</td>
</tr>
<tr>
<td>HASSC to agree the final version of the report and invite the Cabinet Member for Social Care and Health Integration for comments.</td>
<td>21 February 2018 (final HASSC meeting of 2017/18)</td>
</tr>
<tr>
<td>Report to be submitted to the Health and Wellbeing Board for agreement with a proposed Action Plan for implementing the recommendations.</td>
<td>TBC – Provisionally, the Health &amp; Wellbeing Board meeting on 12 June 2018.</td>
</tr>
<tr>
<td>A monitoring report to be submitted to the HASSC to show the progress of the recommendations (which were accepted).</td>
<td>TBC – dates for HASSC meetings in 2018/19 have not yet been set. This action should take place approximately six months after the report is agreed.</td>
</tr>
</tbody>
</table>
3. Implications

3.1 There are no implications arising directly as a result of this report. Implications of the recommendations arising from this scrutiny review, should they be accepted, will need to be sought prior to the publication of the proposed final version of the scrutiny report.

4. Reading List

4.1 The scoping report that was circulated to members for the 20 September 2017 meeting included the following reading documents, which the report recommended members familiarise themselves with:


Background Papers Used in the Preparation of the Report:

Scoping report for the Oral Health in Early Years Scrutiny Review:  
https://modgov.lbbd.gov.uk/Internet/ieListDocuments.aspx?CId=585&MId=9516&Ver=4

List of appendices:

None.
HEALTH AND ADULT SERVICES SELECT COMMITTEE

13 November 2017

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Joint Health Overview and Scrutiny Committee: Update

Report of the Director of Law and Governance

Open Report | For information
--- | ---
Report Author: Masuma Ahmed, Democratic Services Officer, Scrutiny | Contact Details:
Tel: 020 8227 2756
E-mail: masuma.ahmed@lbld.gov.uk
Accountable Divisional Director: Fiona Taylor, Director of Law and Governance
Accountable Director: Chris Naylor, Chief Executive

Summary:

This report updates the Health and Adult Services Select Committee (HASSC) on the issues that were discussed at the last meeting of the Joint Health Overview and Scrutiny Committee (JHOSC), held on 10 October 2017, at Redbridge Town Hall.

Recommendations

The HASSC is recommended to note the update.

Reason

To keep the HASSC updated on issues discussed at JHOSC meetings.

1. Introduction and background

1.1 The Outer North-East London JHOSC is a discretionary joint committee made up of three health scrutiny members of the following local authorities to scrutinise health matters that cross local authority boundaries:

- Barking & Dagenham
- Havering
- Redbridge and
- Waltham Forest.

(The Essex County Council Health Overview and Scrutiny Committee is permitted to appoint one member to the JHOSC).

1.2 As agreed by the HASSC at its meeting on 21 June 2017, the London Borough of Barking and Dagenham’s representatives on the JHOSC for 2016/17 are Councillors Chand, Oluwole and Jones.

1.3 Four JHOSC meetings are usually held per municipal year and are chaired and hosted by each constituent authority on a rota basis. This report covers the matters that were discussed at the first meeting of this municipal year, on 10 October 2017. The next meeting will be held at 4.00pm on Tuesday 16 January 2017 at Havering Town Hall.

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Page 63
2. Matters discussed at the last meeting of the JHOSC

2.1 The last JHOSC meeting was held on 10 October 2017 at Redbridge Town Hall and was chaired by Councillor Neil Zammett. An outline of the matters discussed at the meeting is provided below.

2.2 Whipps Cross Care for Patients with Dementia

2.2.1 The Committee was addressed by a member of the public who had serious concerns over the standard of care given at Whipps Cross Hospital in December 2016 and January 2017 to her late mother who had suffered with dementia. She explained in detail the issues with the care provided including that there had been a lack of dementia care nurses and care had not been patient-centred. Officers from Barts Health NHS explained the actions and arrangements now in place to ensure a better standard of care for patients with dementia. The Committee thanked the member of the public for their input to the meeting. It was agreed that the Chair, in conjunction with the clerk, should ask for more detailed information on this subject from Barts Health.

2.3 Spending NHS Money Wisely 2 (SNMW2) Consultation

2.3.1 The Committee was addressed by a group of local osteopaths who were concerned at a lack of engagement around the proposals in Barking & Dagenham, Havering and Redbridge Clinical Commissioning Groups’ (BHR CCGs) SNMW2 consultation document. Representatives of BHR CCGs explained that the consultation was in response to the financial and demographic challenges seen in Outer North-East London and outlined the key proposals. The engagement programme had included drop-in sessions in locations including Romford Market and the Barking Learning Centre. Responses could also be made via e-mail, social media and by phone.

The JHOSC’s comments around the proposals are in Appendix 3 of the report for agenda item 4.

2.4 Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) - Improvement Update

2.4.1 The Chief Operating Officer of BHRUT provided an update on the Trust’s progress since its last Care Quality Commission inspection. It was noted that attendances at the emergency department continued to rise and that the 92% referral to treatment target had been met in June and July. It was noted that very few delayed transfers of care at the Trust were due to problems with social care and that the Trust planned to discharge people earlier in the day by, for example, speeding up the dispensing of prescriptions. It was accepted that demand for urology services outstripped supply and the Trust’s urology improvement plan was in the process of being revisited. Members raised ongoing concerns regarding the Emergency Department with failures to meet the four-hour waiting time target and cases of patients waiting over an hour in ambulances before being transferred into the Emergency Department.

2.5 East London Health and Care Partnership (ELHCP) Update

2.5.1 Representatives of the ELHCP provided an update on the Partnership’s progress and plans. It was noted that the ELHCP covered eight local authority areas and 12 NHS organisations but that different parts of North East London required different solutions to health and social care issues. The creation of a single accountable officer for the Partnership had been driven by the local CCGs and this position had now been
advertised. The consultation on payment systems had now concluded and proposals, with a 12-18 month pilot period, would be brought forward for further discussion. It was accepted that there had thus far been few definite proposals from the ELHCP on which to engage. It was emphasised that the Partnership was not a formal decision-making body and any proposals from the ELHCP would have to go through the constituent organisations’ individual governance arrangements. Public meetings about the ELHCP were planned in each borough from February 2018 onwards.

2.6 Healthwatch Redbridge’s Reports on Discharge Pathway

2.6.1 The Chief Executive of Healthwatch Redbridge reported that the organisation had visited the discharge lounges of all local hospitals and played a short film it produced in which a member of the public, who had since died, related the poor experiences she had suffered relating to her discharge from hospital. There had been particular problems found in relation to the discharge of Redbridge residents who used Whipps Cross Hospital. A Member reported similar issues from Barking and Dagenham residents who were taken to Newham Hospital. There were also felt to be particular concerns around the out-patient discharge lounge at King George Hospital which was in an isolated location with no staff present. It was felt by the Healthwatch representative that there may be a lack of consistency in social workers when elderly people were discharged from hospital and that the system may not be fully integrated. A Member added that a further problem was that intensive physiotherapy often could not be accessed in care homes. It was agreed that the Committee should scrutinise further the issue of hospital discharge, and that complaints management and how outcomes and learning from complaints were looked at by hospital trusts could also be considered by the Committee. It was agreed that the responses received to the Healthwatch Redbridge report on the discharge pathway should also be circulated to the Committee.

3. Implications

3.1 There are no legal or financial implications arising directly from this report.

Background Papers Used in the Preparation of the Report:

Minutes of the JHOSC meeting held on 10 October 2017: http://democracy.havering.gov.uk/ieListDocuments.aspx?MId=3692&x=1

List of appendices: None.
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THE FORWARD PLAN

Explanatory note:

Key decisions in respect of health-related matters are made by the Health and Wellbeing Board. Key decisions in respect of other Council activities are made by the Council’s Cabinet (the main executive decision-making body) or the Assembly (full Council) and can be viewed on the Council’s website at http://moderngov.barking-dagenham.gov.uk/mgListPlans.aspx?RPId=180&RD=0. In accordance with the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 the full membership of the Health and Wellbeing Board is listed in Appendix 1.

Key Decisions

By law, councils have to publish a document detailing “Key Decisions” that are to be taken by the Cabinet or other committees / persons / bodies that have executive functions. The document, known as the Forward Plan, is required to be published 28 days before the date that the decisions are to be made. Key decisions are defined as:

(i) Those that form the Council’s budgetary and policy framework (this is explained in more detail in the Council’s Constitution)
(ii) Those that involve ‘significant’ spending or savings
(iii) Those that have a significant effect on the community

In relation to (ii) above, Barking and Dagenham’s definition of ‘significant’ is spending or savings of £200,000 or more that is not already provided for in the Council’s Budget (the setting of the Budget is itself a Key Decision).

In relation to (iii) above, Barking and Dagenham has also extended this definition so that it relates to any decision that is likely to have a significant impact on one or more ward (the legislation refers to this aspect only being relevant where the impact is likely to be on two or more wards).

As part of the Council’s commitment to open government it has extended the scope of this document so that it includes all known issues, not just “Key Decisions”, that are due to be considered by the decision-making body as far ahead as possible.

Information included in the Forward Plan

In relation to each decision, the Forward Plan includes as much information as is available when it is published, including:

- the matter in respect of which the decision is to be made;
- the decision-making body (Barking and Dagenham does not delegate the taking of key decisions to individual Members or officers)
- the date when the decision is due to be made;
Publicity in connection with Key decisions

Subject to any prohibition or restriction on their disclosure, the documents referred to in relation to each Key Decision are available to the public. Each entry in the Plan gives details of the main officer to contact if you would like some further information on the item. If you would like to view any of the documents listed you should contact Tina Robinson, Democratic Services Officer, Civic Centre, Dagenham, Essex, RM10 7BN (telephone: 020 8227 3285, email: tina.robinson@lbld.gov.uk.

The agendas and reports for the decision-making bodies and other Council meetings open to the public will normally be published at least five clear working days before the meeting. For details about Council meetings and to view the agenda papers go to http://moderngov.barking-dagenham.gov.uk/ieDocHome.asp?Categories and select the committee and meeting that you are interested in.

The Health and Wellbeing Board's Forward Plan will be published on or before the following dates during the Council municipal year, in accordance with the statutory 28-day publication period:

<table>
<thead>
<tr>
<th>Edition</th>
<th>Publication date</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2017 edition</td>
<td>9 October 2017</td>
</tr>
<tr>
<td>January 2018 edition</td>
<td>18 December 2017</td>
</tr>
<tr>
<td>March 2018 edition</td>
<td>12 February 2018</td>
</tr>
<tr>
<td>June 2018 edition</td>
<td>14 May 2018</td>
</tr>
</tbody>
</table>
Confidential or Exempt Information

Whilst the majority of the Health and Wellbeing Board’s business will be open to the public and media organisations to attend, there will inevitably be some business to be considered that contains, for example, confidential, commercially sensitive or personal information.

This is formal notice under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 that part of the meetings listed in this Forward Plan may be held in private because the agenda and reports for the meeting will contain exempt information under Part 1 of Schedule 12A to the Local Government Act 1972 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it. Representations may be made to the Council about why a particular decision should be open to the public. Any such representations should be made to Alan Dawson, Democratic Services Manager, Civic Centre, Dagenham, Essex RM10 7BN (telephone: 020 8227 2348, email: committees@lbbd.gov.uk).

Key to the table

Column 1 shows the projected date when the decision will be taken and who will be taking it. However, an item shown on the Forward Plan may, for a variety of reasons, be deferred or delayed.

It is suggested, therefore, that anyone with an interest in a particular item, especially if he/she wishes to attend the meeting at which the item is scheduled to be considered, should check within 7 days of the meeting that the item is included on the agenda for that meeting, either by going to http://moderngov.barking-dagenham.gov.uk/ieListMeetings.aspx?CId=669&Year=0 or by contacting contact Tina Robinson, Democratic Services Officer, Civic Centre, Dagenham, Essex, RM10 7BN (telephone: 020 8227 3285, email: tina.robinson@lbbd.gov.uk).

Column 2 sets out the title of the report or subject matter and the nature of the decision being sought. For ‘key decision’ items the title is shown in bold type - for all other items the title is shown in normal type. Column 2 also lists the ward(s) in the Borough that the issue relates to.

Column 3 shows whether the issue is expected to be considered in the open part of the meeting or whether it may, in whole or in part, be considered in private and, if so, the reason(s) why.

Column 4 gives the details of the lead officer and / or Board Member who is the sponsor for that item.
<table>
<thead>
<tr>
<th>Decision taker/Projected Date</th>
<th>Subject Matter</th>
<th>Open / Private (and reason if all / part is private)</th>
<th>Sponsor and Lead officer / report author</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Domestic and Sexual Abuse Strategy : Community</td>
<td>Open</td>
<td>Mark Tyson, Commissioning Director, Adults’ Care &amp; Support (Tel: 020 8227 2875) (<a href="mailto:mark.tyson@lbdd.gov.uk">mark.tyson@lbdd.gov.uk</a>)</td>
</tr>
<tr>
<td></td>
<td>The report will present the Board with the draft Domestic and Sexual Abuse Strategy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Board will be asked to discuss and approve the Domestic and Sexual Abuse Strategy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Wards Directly Affected: All Wards</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Older People’s Housing Strategy - Discussion</td>
<td>Open</td>
<td>Mark Tyson, Commissioning Director, Adults’ Care &amp; Support (Tel: 020 8227 2875) (<a href="mailto:mark.tyson@lbdd.gov.uk">mark.tyson@lbdd.gov.uk</a>)</td>
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<td>The Board will be asked to consider and discuss the Older People’s Housing Strategy.</td>
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<td>• Wards Directly Affected: All Wards</td>
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<td></td>
<td>Contract: Public Health Primary Care Service - Procurement Strategy : Financial</td>
<td>Open</td>
<td>Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (<a href="mailto:matthew.cole@lbdd.gov.uk">matthew.cole@lbdd.gov.uk</a>)</td>
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<td>The current contract for the Public Health Primary Care service will expire on 31 March 2018.</td>
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<td>The Board will be asked to approve the procurement strategy for the competitive procurement of this service from 1 April 2018 to 31 March 2020, with the option for the Council to extend the contract for a further two-year period, and to the delegation of the award of the contract.</td>
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<td>• Wards Directly Affected: All Wards</td>
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Note – the items listed for the Health & Wellbeing Board meeting on 8 November 2017 have been removed as this meeting would have already taken place by the time of the Health & Adult Services Select Committee on 13 November 2017.
### Suicide Prevention Strategy

**Community**

In November 2016, a Mental Health Strategy for LBBD was agreed. Since then LBBD and Havering have partnered in the development of a suicide prevention strategy and localised action plans.

The Board will be asked to approve the Suicide Prevention Strategy.

- **Wards Directly Affected:** All Wards

<table>
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<tr>
<th>Health and Wellbeing Board: 16.1.18</th>
<th>Joint Strategic Needs Assessment (JSNA) 2017</th>
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The Joint Strategic Needs Assessment is the outline document written with Health and Wellbeing partners to provide information about the services that benefit the health and wellbeing of residents in Barking and Dagenham.

The Board will be provided with the refresh update of the Joint Strategic Needs Assessment for 2016-17, for information and discussion.

- **Wards Directly Affected:** All Wards
<table>
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<tr>
<th>Health and Wellbeing Board:</th>
<th>Barking and Dagenham Pharmaceutical Needs Assessment (PNA) : Community</th>
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The Pharmaceutical Needs Assessment (PNA) is a statutory document required to be produced by every local authority’s Health and Wellbeing Boards (HWB) every three years. The PNA assesses the pharmacy needs of the local population and provides a framework to enable the strategic development and commissioning of community pharmacy services to help meet the needs of the local individual population.

The London Boroughs of Barking and Dagenham (LBBD), Havering (LBH) and Redbridge (LBR) have recently (May 2017) awarded the contract for the production of three PNA’s to PHAST CIC (one for each borough)

The HWB will be asked to sign-off the final PNA upon its completion.

- Wards Directly Affected: All Wards

| Open |
|-----------------------------|----------------------------------------------------------|

Matthew Cole, Director of Public Health (Tel: 020 8227 3657) (matthew.cole@lbbd.gov.uk)
Membership of Health and Wellbeing Board:

Councillor Maureen Worby, Cabinet Member for Social Care and Health Integration (Chair)
Councillor Sade Bright, Cabinet Member for Equalities and Cohesion
Councillor Laila M. Butt, Cabinet Member for Cabinet Member for Enforcement and Community Safety
Councillor Evelyn Carpenter, Cabinet Member for Educational Attainment and School Improvement
Councillor Bill Turner, Cabinet Member for Corporate Performance and Delivery
Anne Bristow, Strategic Director for Service Development and Integration and Deputy Chief Executive
Matthew Cole, Director of Public Health
Hans Baird, Healthwatch Barking and Dagenham & CEO Lifeline Projects
Dr Waseem Mohi, Chair of Barking and Dagenham Clinical Commissioning Group (Deputy Chair of the H&WBB)
Dr Jagan John, Clinical Director (Barking and Dagenham Clinical Commissioning Group)
Conor Burke, Accountable Officer (Barking and Dagenham Clinical Commissioning Group)
Bob Champion, Executive Director of Workforce and Organisational Development (North East London NHS Foundation Trust)
Dr Nadeem Moghal, Medical Director (Barking Havering and Redbridge University Hospitals NHS Trust)
John Cooze, Partnership Inspector for Barking and Dagenham Area. (Metropolitan Police)
Ceri Jacob, Director Commissioning Operations NCEL (NHS England - London Region) (non-voting Board Member)
### Draft Health and Adults Services Select Committee: Work Programme 2017/18

**Chair:** Councillor Peter Chand

<table>
<thead>
<tr>
<th>Meeting date</th>
<th>Agenda items</th>
<th>Officer/ Presenter</th>
<th>Deadline for drafts for Chair's pre-meeting</th>
<th>Chair’s pre-meeting date</th>
<th>Deadline for final versions</th>
<th>Relevant Cabinet Member</th>
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<tbody>
<tr>
<td>To be scheduled</td>
<td>BHRCCGs’ Consultation on Community Urgent Care Proposals – additional meeting may be needed in January/February 2018. Date to be confirmed</td>
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<td>Cllr Worby</td>
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<td>Weds 10 January</td>
<td>The Challenges in Adult Social Care The Challenges in Primary Care Sustainability and Transformation Plans and Accountable Care Partnership - updates Draft Report - Oral Health in Early Years Scrutiny Results of Inspections undertaken by the Care Quality Commission on Local Adult Social Care Services – Quarter 2 Healthwatch update</td>
<td>Commissioning Director, Adults’ Care &amp; Support, LBBD BDCCG CCG and Commissioning Director Adults’ Care &amp; Support, LBBD Public Health, LBBD Commissioning Director, Adults’ Care &amp; Support, LBBD Healthwatch</td>
<td>Mon 27 Nov</td>
<td>Mon 4 Dec</td>
<td>Mon 11 Dec</td>
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<td>Weds 21 February</td>
<td>Mental Health Provision in Barking and Dagenham</td>
<td>BDCCG</td>
<td>Mon 22 Jan</td>
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<td>Update from BHRUT on Sepsis performance, referral to treatment times and A&amp;E performance</td>
<td>BHRUT</td>
<td>Mon 29 Jan</td>
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<td>Monitoring report – Cancer Scrutiny Recommendations and Progress of Action Plan</td>
<td>Public Health, LBBB</td>
<td>Mon 5 Feb</td>
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<td>Results of Inspections undertaken by the Care Quality Commission on Local Adult Social Care Services – Quarter 3</td>
<td>Commissioning Director, Adults’ Care &amp; Support, LBBB</td>
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<td>Final report – Oral Health in Early Years Scrutiny Review</td>
<td>Chair</td>
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<td>JHOSC update</td>
<td>Chair</td>
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**Notes:**
There are HASSC member 'sub-group' sessions in addition to the meetings above in relation to the mini scrutiny review on Oral Health in Early Years. Please contact Democratic Services for more information.