

**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Council Chamber - Town Hall
16 April 2024 (4.13 - 5.50 pm)**

Present:

COUNCILLORS

**London Borough of
Barking & Dagenham**

Muhib Chowdhury and Paul Robinson

**London Borough of
Havering**

Patricia Brown and Julie Wilkes

**London Borough of
Redbridge**

Beverley Brewer, Bert Jones and Sunny Brar

**London Borough of
Waltham Forest**

Richard Sweden

Co-opted Members

Ian Buckmaster (Healthwatch Havering)

23 CHAIRMAN'S ANNOUNCEMENTS

The Chairman reminded Members of the action to be taken in an emergency.

24 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS (IF ANY) - RECEIVE.

Apologies were received for the absence of Councillors Christine Smith and Kaz Rizvi.

25 DISCLOSURE OF INTERESTS

There were no disclosures of interests.

26 MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting were agreed as a correct record and were signed by the Chairman.

27 NHS PROPOSAL - JOINT COMMITTEE MERGER

The Committee and NHS colleagues discussed the proposed merger put forward by the NHS to combine the Outer North East London (ONEL) and Inner North East London (INEL) Joint Health Overview & Scrutiny Committee (JHOSC) into a single JHOSC.

NHS colleagues explained to their knowledge all other JHOSCs across London had merged and as some systems are not split, scrutiny could be missed between the two committees. Members criticised the lack of communication from NHS colleagues to which they apologised and explained NHS officers were keen to work with members.

The original plan had been withdrawn and talks would continue to see if there was appetite from either of the Committees for a merger in the future.

28 **HEALTH UPDATE**

The Committee received the Health Update.

It was noted the People and Culture Strategy would focus on the workforce across the whole of North East London (NEL) which emphasis on how to attract and retain staff.

It was explained that investment would be made into Autism and learning disabilities even given the limited funding. There was a new crisis service that had begun in January 2024.

NHS 111 was a nation priority with the mental health services a particular focus. The section 136 hub would allow ambulance and police to seek advice before taking action. Members noted there was a 12 bed acute mental health ward on the Goodmays site.

The Committee noted the presentations.

29 **FINANCE OVERVIEW**

The Committee was presented with the Funding Overview.

The forecast numbers had changed slightly with the forecast showing a £36.9million deficit, inclusive of £25million agreed deficit and £11.9million of unfunded costs due to industrial actions. Industrial actions and payroll costs had given providers challenges and pressures to overcome. The ICB faced increased and ongoing pressures on healthcare and prescribing due to the inflation in prices. A Financial Recovery Director had been employed to help reduce the ongoing deficit with it noted the position would be specialist and would be for a fixed term which the current contract due to end at the end of April 2024

The Committee noted the report.

30 **PROVIDER UPDATE - BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITAL NHS TRUST**

BHRUT presented their provider update to the Committee.

Members noted the treatment times for outpatients in A&E had improved along with improvements to the emergency treatment centre however there were still long wait times to be admitted into beds. The waiting list had increased to over 68,000 patients which was partly due to the increase of referrals from Primary Care Networks (PCNs). 2 new operating theatres were due to open at King George's Hospital which would provide 100 extra operations per week.

In total, 39 days were lost due to strike actions with 17,500 outpatients and 1,250 non-urgent surgeries rearranged. Members were pleased to note that urgent care was protected and remained fully operational during all strike days. The total cost to BHRUT for the strike days was £2.4million.

The assessment waiting list for cancer patients was in excess of 5,000. 95% of patients are seen within 2 weeks with 75% given a diagnosis within 28 days. 96.6% of treatments were administered within 31 days.

The Committee noted the report.

31 PROVIDER UPDATE - EAST LONDON AND NORTH EAST LONDON NHS FOUNDATION TRUSTS

This item was merged with agenda item 6.

32 A&E WAIT TIMES FOR MENTAL HEALTH PATIENTS

The Committee received a report on A&E wait times for mental health patients.

A priority was to allow patients to stay in beds for as long as they needed with patients in the community able to access beds when they need to. Officers explained Step Down and Step Up facilities, crisis cafes and networking had been done to ask local residents of their needs. Currently there are no facilities for overnight stays for people in crisis.

The Committee noted the report.

33 AMBULANCE RESPONSE TIMES

The Committee received a report on ambulance response times.

Category 1 average response time was 7minutes 11seconds which was an improvement of 1minute. Category 2 average response times was 33minutes 11seconds which was an improvement of 13minutes. This was due to an increase of 10% in operational staff and more ambulances with old ambulances having been replaced. Investments had been made into a future dispatch model which would put people in contact with clinicians where appropriate to reduce the need for ambulances.

There was a continued desire to push response times down but could not give a timescale for when Category 2 response times would meet the 18minute target.

The Committee noted the report.

34 **JHOSC UPDATE**

This item was only for noting.

35 **DATES OF FUTURE MEETINGS**

There were no comments made by Members.

The Committee agreed to keep the 4pm start time.

Chairman