

**MINUTES OF A MEETING OF THE  
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE  
Council Chamber - Havering Town Hall, Romford  
14 January 2025 (4.05 - 5.02 pm)**

**Present:**

**COUNCILLORS**

<b>London Borough of Havering</b>	Christine Smith and Julie Wilkes
<b>London Borough of Redbridge</b>	Donna Lumsden, Bert Jones, Sunny Brar and Beverley Brewer
<b>London Borough of Waltham Forest</b>	Richard Sweden
<b>Co-opted Members</b>	Ian Buckmaster (Healthwatch Havering), Cathy Turland (Healthwatch Redbridge)

**Also present:**

<b>Officers present</b>	Charlotte Stone
<b>Officers present online</b>	Henry Black, Kesti Gosling, Clare Burns, Zina Etheridge

**48 CHAIRMAN'S ANNOUNCEMENTS**

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

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

Apologies were received for the absence of Councillors Chowdhury, Robinson, Rizvi and Modhvadia.

**50 DISCLOSURE OF INTERESTS**

There were no disclosures of interests.

**51 MINUTES OF PREVIOUS MEETING**

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

**52 HEALTH UPDATE**

The Committee received the Health Update report.

Members noted the presentation had been sent to the Committee in advance of the meeting and would be taken as read. Members submitted questions to officers prior to the meeting.

Officers covered questions on the following areas:

- 1) X-Ray results – report to be brought back in a year
- 2) Primary Care Quality Outcome Framework – Zina Etheridge would send a response to members following the meeting
- 3) 111 services
- 4) CAHMS patients – there had been an increase in patients which had caused an increase in demand for the service. The service was positive when patients were referred to it

Members noted the update and responses.

### **53 MEDIUM TERM FINANCIAL STRATEGY**

Members received a presentation on the Medium Term Financial Strategy.

Officers explained there had been a discussion around a long term settlement which was in response to the Government's 10 year plan that had been announced. A large portion had been based on a spending review that was due to take place in late spring to early summer 2025. The overall system wide financial position was there was significant pressure of just over £80million. The financial recovery plan was with NHS England to make all effort to reduce the in-year overspend. Members noted there were 4 categories for savings:

- 1) Typical and technical savings
- 2) Collective savings
- 3) Same service different way
- 4) Wholesale & system-led

Members questioned the cost savings of moving patients out of acute care and were concerned on the level of care and whether savings would actually be made or whether overspend was just moved to a different service. Officers explained that moving patients out of acute care was not solely due to cost savings and was mainly due to patients having better health outcomes.

The Committee made no recommendations and noted the report.

### **54 LONG TERM CONDITIONS**

The Committee received a report on long term conditions.

Due to the demographic of North East London (NEL), residents are at a higher risk of suffering from long term conditions. 34% of the population over the age of 15 years old had a long term condition. Members noted the first step was to focus on diabetes and CVD but officers acknowledged that all long term conditions are a priority. Officers explained a rollout of training for pharmacists to help them notice early signs of some long term conditions. Further work was being done with various partners to help educate residents and communities on long term conditions.

Members asked for information on obesity and the access to effective drugs. Officers explained that obesity was a major driver in type 2 diabetes and a 'one size fits all' approach is not effective. There was access to a range of drugs for suitable patients however processes would need to be put in place to ensure the correct pathway would be available.

The Committee made no recommendations and noted the report.

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**Chairman**