

**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Council Chamber - Town Hall
8 July 2025 (4.00 - 5.20 pm)**

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Ajanta Deb Roy and Michael Pongo (Chairman)
London Borough of Havering	Christine Smith
London Borough of Redbridge	Sunny Brar, Bert Jones and Daniel Morgan-Thomas
London Borough of Waltham Forest	Richard Sweden
Epping Forest District	Kaz Rizvi
Co-opted Members	Ian Buckmaster (Healthwatch Havering)
	Councillor Julie Wilkes (Havering) was also present.

All decisions were taken with no votes against.

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

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

Apologies were received for the absence of Manisha Modhvadia (Healthwatch Barking & Dagenham) and from Zina Etheridge, North East London Integrated Commissioning Board.

2 DISCLOSURE OF INTERESTS

There were no disclosures of interest.

3 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 15 April 2025 were agreed as a correct record and signed by the Chairman.

4 **HEALTH UPDATE**

BHRUT

Officers reported that May had been the second busiest month on record at the Trust's A & E departments. Meetings had been held with the Health Minister to seek funding for the A & E at Queen's Hospital. An extra 700 ambulances per month were seen at Queen's. The numbers of patients at A & E with mental health conditions remained a major issue.

The Trust was required to make £61m of savings this year and for example spending on agency staff had reduced from £47m to £7m in two years. Pharmacy costs were also under review. The electronic patient record was due to commence in BHRUT in the autumn. This would allow access to patient records by staff across all BHRUT and Barts Health sites. There would also be a move to electronic prescribing.

It was also noted that a one stop neurology service was being introduced and that the Trust's chief nurse was due to retire shortly.

NELFT

NELFT had now moved services into the new Hornchurch hub facility and also ran the A & E triage service at Queen's Hospital. There remained a waiting list for acute mental health beds but facilities were now easier to access and community services had also been strengthened. The Goodmayes hub had extended to offer an overnight service but private bed facilities were used while the completion of new wards was awaited. It was wished for the Police to start using the hub services when dealing with people exhibiting mental health issues.

A crisis house for London Borough of Redbridge had opened near the Goodmayes site. Work was also under way with ELFT in order to share best practice for different pathways. Some changes had been introduced to the acute mental health pathway and there had been service user input into the layout of wards etc.

A number of services were available for sleep apnoea including the provision of CPAP machines and implants in the chest wall to regulate breathing. Dental implants could also be used.

The Trust was currently operating at 115-120% of capacity and wished to return to a figure around 85%.

Finance Issues

The Integrated Care Board (ICB) was currently considering the 10 year plan for the NHS with an overall objective of having more patients treated outside the hospital environment. The introduction of strategic commissioner roles for pathways such as diabetes and mental health would lead to better health outcomes. It was however accepted that finances were very challenging.

A Member raised concern at the allocation of funding for modernisation of GP surgeries and that none of this had for example gone to practices in Waltham Forest. Concern was also raised over the planned reduction of 2,400 whole time equivalent staff. Officers responded that it was hoped to minimise numbers of substantive redundancies and that some reductions in headcount would be in corporate functions and other non-clinical roles.

The number of consultants at BHRUT had gone up from 400 to 490 and officers emphasised that overall staff reductions did not necessarily mean cuts in services. It was accepted that it was best to use admin staff to arrange ward clinics etc and there was therefore a balance between saving money and not losing these jobs. An officer from NELFT added that the Trust was developing a single point of access for admin staff and it was accepted that admin staff roles would change.

It was clarified that the electronic patient record system was planned to go live at BHRUT in September 2025 but only if it was safe to do so. This would be decided at a clinical patient safety assessment in mid-August. The go live would be postponed if it was not considered to be safe and this would be communicated to stakeholders. Financial benefits of the change would be reviewed once the new system had been implemented.

NELFT officers agreed that they wished for service users to access mental health facilities as locally as possible. The level of use of new facilities would be reviewed and it was confirmed that there were no plans for a Waltham Forest crisis house at present. It was clarified that the Barking Birthing Centre was run by Barts Health and a further update on this could be given at the next meeting.

Efforts were continuing to look at community services such as the Crisis Café in order to take patients with mental health issues away from A & E. Recruitment of nurses was under way both locally and internationally to support adult mental health services. Work was also in progress to bring CAMHS services together.

As regards waiting list management, some 620 patients had been waiting more than a year for treatment at BHRUT compared to 10,000 a little more than a year ago. Plans were being put in place to assist the remaining long waiting patients and the Trust was on track to meet its targets in this area. It was noted the rollout of the electronic record may impact on this in the short term. It was wished to invest in A & E and increase the numbers of primary care appointments (in order to reduce numbers in A & E).

It was agreed that a written response should be supplied to the Committee regarding the allocation of funding for GP surgery expansion and improvements.

5 DEEP DIVE - INTEGRATED NEIGHBOURHOODS

Due to technical issues, it was agreed that this item should be deferred to the next meeting.

Chairman