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**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Council Chamber - Town Hall
25 July 2024 (4.07 - 5.35 pm)**

Present:

COUNCILLORS

**London Borough of
Barking & Dagenham**

Muhib Chowdhury

**London Borough of
Havering**

Christine Smith, Julie Wilkes

**London Borough of
Redbridge**

Beverley Brewer, Sunny Brar, Bert Jones

**London Borough of
Waltham Forest**

Richard Sweden

Essex County Council

Marshall Vance

**Epping Forest District
Councillor**

Kaz Rizvi

Co-opted Members

Ian Buckmaster (Healthwatch Havering)

36 CHAIRMAN'S ANNOUNCEMENTS

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

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

Apologies were received for the absence of Councillor Paul Robinson.

38 DISCLOSURE OF INTERESTS

There were no disclosures of interests.

39 MINUTES OF PREVIOUS MEETING

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

40 HEALTH UPDATE

The Committee was presented with the health update from the various providers within ONEL.

Firstly, members were provided with an overview. There had been an uplift in complaints which was not reflective of bad performance but an indication of good signposting for residents. NHS officers reassured members that residents raising issues was seen as a positive. It was noted the majority of complaints revolved around administrative errors as opposed to bad care.

Members were then provided with a finance update. It was noted the large amount of industrial action had disrupted services and increased the cost of using agency staff to cover the loss of staff on strike. The deficit at the time of the meeting was £48 million with some partially offset due to the release of reserves. Members noted that although there was a deficit, the NHS in 2023/24 did not look to reduce services.

ELFT and NELFT then provided members with their update. It was explained that they were looking at providing crisis cafes for residents to access local care quickly and also residents in care beds and have had their discharge delayed. Members noted the wait time for beds was reducing with an average wait of 25 hours as the service was running at 115% capacity and wish to work done to 90%. Members requested information be brought back on the providers plan to improve complaints.

Lastly, BHRUT presented their update. Officers gave details on the number of residents that were seen at U&E in 4 hours which was at 79.49% which was the best performance in 4 years and was rated 3rd out of 18 in London and 17th out of 122 in England. Members noted 25% of ambulances were waiting for more than an hour to handover patients the previous year and had been reduced to just 2% in the current year. Members were pleased to hear the new surgery at King Georges Hospital had opened and had reduced the wait lists and times for surgery. Furthermore, officers explained that patients had to travel for PET scans as they were not available through BHRUT but options of renting PET scan machines were being considered which would reduce the pressure on services.

No recommendations were made and the report was noted.

41 BIG CONVERSATION

The Committee were presented with a report on the Big Conversation.

Members noted the first strategy for the Integrated Care Board (ICB) was 'Working with People and Communities' with the ICB working on the Big Conversation following that. The strategy encompassed 4 main objectives:

1. Babies, children and young people
2. Long term conditions

3. Mental health
4. Local employment and workforce

The survey engaged with over 2000 residents across ONEL with the online survey providing over 1000 responses. All responses had 5 common themes:

1. The want to receive trustworthy, accessible, competent and person-centred care from health and care staff
2. The want to see agencies/organisations working well together and to know where they can go to get help/answers
3. The want for more ways to support people's wellbeing -to be physically and mentally well -in their local communities
4. The want for it to be easier to find work within the north east London health and care system
5. The want for straight forward access to care, especially to primary care

Each theme had an action plan with potential measures and expected outcomes.

No recommendations were made and the report was noted.

42 **BEST START IN LIFE**

The Committee was presented a report on the Best Start in Life strategy.

Officers explained it was important for the voices of pregnant women, young people and their families to be heard. The capacity for beds and flow was enough for the demand at the time however the capacity for interaction before labour and post-natal was not enough with a change to the model of care potentially solving that issue.

Members requested further information be brought to a later JHOSC meeting on maternity units and their capacity within ONEL.

No recommendations were made and the report was noted.

Chairman

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