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**MINUTES OF A MEETING OF THE  
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE  
Council Chamber - Town Hall  
17 October 2024 (4.30 - 6.18 pm)**

**Present:**

**COUNCILLORS**

Councillor Muhib Chowdhury (London Borough of Barking & Dagenham) Councillor Paul Robinson (London Borough of Barking & Dagenham), Councillor Robby Misir (London Borough of Havering), Councillor Sunny Brar (London Borough of Redbridge), Councillor Beverley Brewer (London Borough of Redbridge ), Councillor Richard Sweden (London Borough of Waltham Forest), Councillor Marshall Vance (Essex County Council), and Councillor Kaz Rizvi (Epping Forest District Council)

**Also present:**

Zena Etheridge, NHS NEL (online), Henry Black, Chief Finance Officer (online), Alex Ewings. Associate Director of Ambulance Operations (NEL), Fiona Wheeler, Chief Operating Officer and Deputy Chief Executive, BHRUT (online), Paul Calaminus, CEO (NELFT) (online), Archana Mathur, Director of Specialised Services and Cancer, NEL ICB (online), and Diane Jones, Chief Nursing Officer, NHS NEL (online)

**43 CHAIRMAN'S ANNOUNCEMENTS**

Councillor Robby Misir, the Chair for the meeting welcomed all Members of the committee to the meeting and reminded everyone of the meeting protocol and the fire evacuation measures if required.

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

Apologies for absence were received from Councillors Donna Lumsden (London Borough of Barking & Dagenham), Councillor Christine Smith (London Borough of Havering), Councillor Julie Wilkes (London Borough of Havering) (substitute – Robby Misir), Councillor Bert Jones (London Borough of Redbridge), Councillor Catherine Deakin (London Borough of Waltham Forest) Manisha Modhvia Healthwatch Barking & Dagenham, Ian Buckmaster Healthwatch Havering and Emma Friddin Healthwatch Redbridge.

**45 DISCLOSURE OF INTERESTS**

There were no disclosures of interest received.

46 **MINUTES OF PREVIOUS MEETING**

The minutes of the previous meeting held on 25 July 2024 were approved as a true and accurate record.

47 **HEALTH UPDATE**

The following reports and subsequent updates were provided:

**NHS North East London: Update**

Zena Etheridge, NHS NEL spoke to the following:

- Next steps in strengthening our collaboration across north east London.
- NHS England annual assessment of NEL ICB Performance.
- Improving access for local people.
- Improving outcomes for people with long term conditions.

**Health Update: Surgery Review**

Zena Etheridge, NHS NEL spoke to the following:

- Elective surgery contract specification review.
- Our approach.
- Developing our principles.
- Principles.
- Involving the public and stakeholders.

**Health Update: NEL Winter Planning 2024/25**

Zena Etheridge, NHS NEL spoke to the following:

- Looking back over winter 2023/24 – continuing to meet the needs of our population.
- Looking forward to winter 2024/25 – National Guidance.
- Place and system interventions to keep people well.
- Next steps.

**Finance Overview**

Henry Black, Chief Finance Officer spoke to the following:

- NEL ICS was reporting year-to date deficit of £87.2m (ICB £9.1m, providers £78.1m), which is a variance to plan of £53.2m.
- The year-end forecast was in line with the plan (£35.6m deficit for providers and a £0.6m surplus for the ICB).
- The key drivers for overspends at a provider level.

**Provider Update: London Ambulance Service Performance Report**

Alex Ewings, Associate Director of Ambulance Operations (NEL) spoke to the following:

- North East London performance report.
- Category 2 response times across London.
- Our performance across NEL in numbers.
- Other updates from London Ambulance Service.
- Support us to place defibrillators in your local communities.
- The communities in North East London in need of at least one Defibrillator.

**Provider Update: Barking, Havering and Redbridge University Hospital NHS Trust**

Fiona Wheeler, Chief Operating Officer and Deputy Chief Executive, BHRUT spoke to the following:

- Urgent and emergency care.
- Patients with mental health needs.
- Reducing our waiting lists.
- Finance.
- Cancer targets in July.
- St George's Health and Wellbeing Hub.
- Other news.

**Provider Update: North East London Collaborative updates**

Paul Calaminus, CEO (NELFT) spoke to the following:

- Mental Health, Learning Disability and Autism Collaborative.
- Community Healthcare Collaborative.
- Collaborative Priorities.
- Service user and carer priorities.
- Latest updates - Mental Health Crisis Support, Special review of mental health services at Nottinghamshire Healthcare, Additional areas of note.
- Improvement networks, updates and key updates.

**Focus on Specialised Services**

Archna Mathur, Director of Specialised Services and Cancer, NEL ICB spoke to the following:

- What are specialist services.
- How are specialised services currently commissioned, how this is changing and why.
- Why NHSE is delegating commissioning to ICBs – the benefits & opportunities.
- Specialised Service Transformation: Clinical Networks and examples of end to end pathway transformation.
- What happens next.

### **Best start in life: shaping future maternity and neonatal services**

Diane Jones, Chief Nursing Officer, NHS NEL spoke to the following:

- Introduction.
- The programme so far.
- Case for change summary.
- How we engaged the public.
- Public feedback on the case change.
- Next steps.
- Engagement and decision making stages.
- Projecting Maternity Demand from NEL population growth.

The following answers were provided to Members based on their questions:

- Regarding tests in emergency departments for HIV, there were not issues with PREP and this highlighted the work that had the ability to link in with partners and the sexual health strategy with reaching targets and goals that had been nationally set. This meant that better assurances for HIV patients as many measures were put in place.
- In terms of improving access for local people, facility set up and scoping and research of facilities; it was explained that the ideas around the facilities grew out of vaccination centres and that was the thinking of providing a range of services in the Ilford exchange for example. The technique has worked and was not intended to be an impulsive decision. **AP: In regards to the details on the length of lease, Officers would need to come back on that and they would circulate the information to the Committee.**
- In regards to the budget overspend in relation to the Junior Doctors strike. It was confirmed that the figures were for the full year up to August and therefore had been incurred earlier than 31 August; however, the end date for the figures was the 31 August.
- Ambulance delays were like related to the 20/hr speed limits along with other added difficulties ambulances incurred travelling around London and surrounding areas.
- In terms of not spending funds and money allocated within the ICB for supporting both the general practice and PCN, it was explained that SDF primary care spending and project funding was similar to capital funding and therefore was not always in gift to spend. **AP: Officers would provide more details in writing.**
- There were reported increases in 24-hour breeches and especially long waiting times and challenges with high volumes for mental health in NEL and London as a whole. It was explained that this was far from ideal and that these delays meant there was risk of harm. Some of the waiting times were for mental health assessments and other physical health so there was a lot of work to do around trying to understand the reasons and the best way to ensure efficient system flow because the best way to deal with this was not in Emergency Departments (ED) but in systems flows. The winter plan also contained a strategy to tackle long waits.

- In terms of winter planning and ambulance response times it was acknowledged that the 30-minute target locally did not match the 18-minute national targets and more alignment was required. Inroads were being made on winter planning and beyond to ensure there was on-going collective work as a system for post patients and other pathways whilst examining a more strategic and sustainable provisions of ambulance off loads.
- There was also a query on the commissioning of private hospital beds and it was explained that due to the ED wait for mental health of 22 hours private bed use had increased and it was driven by the demand in the mental health crisis. The plans to reduce this included opening additional centres in both Redbridge and Goodmayes; however, the increase would be hard to eradicate completely as waiting times were often related to the complexity and range of factors that needed to be worked through to access. There was a need to adequately assess patients to ensure they received the right care and were sent to the correct facility which often took considerable time due to the often complex factors and many patients being new to the service.
- The delivery of services for learning disabilities and Autism was being implemented; there were now sensory wards at Goodmayes for Autism and there was scope to create capacity for another one. Key workers were employed to improve quality of service and quality of life for these patients. There was also a focus on residential accommodation, physical health and health checks and access to further physical health care.
- Any proposed changes to neonatal care would involve community and clinical colleague engagement.
- The definition of run rate pressure was excess cost where there was excess demand on services.
- Data and results on how the Ilford exchange was alleviating pressure on GP surgeries and impacting on other services in the area was at too early of a stage. **AP: Further modelling and early results would be brought to the Committee in due course.**
- In terms of balancing budgets and patient services, it was explained that there was work on cost efficiency and improvement plans with immense pressure to balance the budget. There was a statutory duty to not overspend; however, where there were clinical safety issues that would take precedent over budgets. The NHS had received 1% above inflation in funding but historically it was 3-4% and with the additional demand due to pandemic and its challenges this was even more difficult. Savings were not always deliverable; however, in relation to the work force there was a push to convert agency staff to permanent staff. All savings were evaluated with both quality and equality impact assessments.
- Overall improvements within BHRUT were due to a programme of work in partnership with other providers to provide preventative care by having the right facilities available in the community by working with staff to process and move patients from EDs into other

emergency care departments and referral by ambulances or GPs to assessment units with appropriate diagnostics and pathways into clinics to ensure those patients were in the right place. The front end of hospitals was impacted if there were not flow programme in place within the back end to ensure teams worked together to discharge patients on time. Real focus in targeting those areas and flow programs in place. It was to be noted that BHRUT had better performance was down to the system partnership and partnership support.

- In regards to cancer patients reduced waiting times for reports and diagnostic letters. **AP: Officers would respond in writing to Councillor Vance.**
- In relation to the national target for category 1 ambulance times and if that was dependent on handover times; it was explained that the national target was 7 minutes and this area's waiting times were slight above that. The good news was that there were not patient harm incidents due to this and if there ever were they would be investigated. There were prolonged in car and system pressures which caused the delayed times; however; there had been improvement made to ambulances are release times. Work around this was on-going and cyclical with system work to ensure this continue to happen.
- As for the Barking and Dagenham pop up clinics, a review of learning was underway to take forward a plan for residents who were not able to access services and also direct them to other services they required.

Special thanks was given to Officers for their presentations and the Committee wished to thank Robby Misir for chairing the meeting.

It was to be noted that Members also requested that questions be asked after each section in a more sequential manner, and that presenters be in person at future meeting to allow for better collaboration and to ensure they were able to allocate more time to the meeting.

RESOLVED that all reports and updates were noted and there were no further recommendations.

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**Chairman**