**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE**

15 April 2025 (4.00 - 5.40 pm)

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Muhib Chowdhury and Paul Robinson
London Borough of Havering	Christine Smith and Julie Wilkes
London Borough of Redbridge	Sunny Brar, Muhammed Javed and Bert Jones
London Borough of Waltham Forest	Catherine Deakin and Richard Sweden
Essex County Council	Marshall Vance
Epping Forest District Councillor	Kaz Rizvi
Co-opted Members	Ian Buckmaster (Healthwatch Havering) and Lyon (Healthwatch Redbridge) and Manisha Modhvadia (Healthwatch Barking & Dagenham)
Also present:	Femi Odewale and Angela Wong
Officers present Online:	Henry Black, Fiona Wheeler, Brid Johnson, Kesti Gossling

An apology was received for the absence of Councillor Beverley Brewer.

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

55 **CHAIRMAN'S ANNOUNCEMENTS**

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.

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

An apology was received from Councillor Beverley Brewer (LB Redbridge).

57 DISCLOSURE OF INTERESTS

There were no disclosures of interests.

58 MINUTES OF PREVIOUS MEETING

The minutes of the meeting held 14 January 2025 were agreed as a correct record and signed by the Chairman.

59 HEALTH UPDATE

The Committee received the Health Update report from various providers within the NHS.

Fiona Wheeler presented for BHRUT covering the following key points:

- **Care & Environment:** Improvements have been made in elderly care and patient services.
- **Accommodation:** A campaign for £35 million in capital funding has been launched to redesign and improve the emergency department at Queens.
- **Emergency Care:** The department sees over 750 patients daily—double its original capacity. Efforts are underway to enhance safety and efficiency.
- **Mental Health Services:** High numbers of mental health cases are being managed. Collaborations with police and healthcare partners aim to provide better alternatives for assessment.
- **Elective Care & Waiting Lists:** The hospital has reduced waiting lists significantly, lowering the number of patients waiting over a year from nearly 2,000 to under 500.
- **Cancer Services:** There are 4,500 cancer patients awaiting diagnosis/treatment. Urgent referrals are processed within 28 days, exceeding targets, though treatment delays remain.
- **Financial Challenges:** A £61 million savings programme is in place, focused on efficiency, workforce costs, procurement, and service partnerships to maximize taxpayer funds.

Update from Marie Johnson, BU Chief Operating Officer.

1. Mental Health & Emergency Services

- **Long Waits in A&E:**
    - Acknowledge agreement with previous updates: emergency department wait times have improved yet remain excessively long.

2. Enhancing Community Mental Health Care

- **Crisis Cafés Initiative:**

  - Ongoing work on developing crisis cafés by engaging local communities (Barking, Dagenham, Redbridge, Waltham Forest) to assess needs.
  - Specifications have been established for each area.
  - Barking and Dagenham are already in the tender process, with an anticipated go-live around June; similar processes are underway for other areas.
- **Community Inpatient Support:**
  - A new community facility ("bank") has been opened in Redbridge to offer structured support and inpatient beds for those needing an organized stay.
  - Community teams are reviewing their capacity to manage cases, aiming to reduce calls that result in ambulance responses or A&E visits.

3. Mental Health Bed Capacity & Inpatient Ward Development

- **Current Capacity & Targets:**
  - Patient numbers in out-of-area placements have reduced from 50–60 to mid-30s, with a goal of lowering this to under 30 within the next year.
- **Plans for New Wards:**
  - A bid for capital funding has been submitted for a new inpatient ward, with proposals for two wards if funding permits.
  - Final funding details are expected in the next one to two weeks.
  - Special emphasis is placed on bolstering female bed capacity through consultations with East London partners.

4. Broader Community Health Initiatives

- **Musculoskeletal Services:**
  - Efforts are underway to standardize service offerings across different locations, with a business case in place for a new service offer.
- **Children's Nursing & Collaborative Teams:**
  - In Redbridge, children's nursing services are expanding in community settings.
  - Collaboration with partners such as BHRUT is being intensified to ensure teams work effectively together, addressing capacity challenges.
- **Community Education & Integrated Care:**
  - Community education boards are being explored to support physical health, particularly for the elderly.
  - Integration of primary care, nursing services, and virtual wards is being prioritized to provide swift, comprehensive, "one-stop" assessments and care near patients' homes.
  - A designated focal point (at Saint George's) is being identified to coordinate these efforts.

5. Operational Efficiency & Financial Considerations

- **Productivity and Staffing Adjustments:**
  - Discussions are ongoing regarding temporary staffing, productivity, and efficiency improvements.
  - Collaboration with social care clinics aims to ensure that community services collectively deliver comprehensive care.
  - These operational improvements align with broader savings plans which will.

Update from Henry Black, Chief Finance Officer spoke to the following:

The presentation covered highlights from the previous committee, including a response to the government's 10-year NHS plan, updates on artificial intelligence support, and progress on priorities in health and well-being, primary care quality, and NHS 111 pre-procurement.

1. Government and NHS Structural Changes

- **Abolition of NHS England:**
  - On March 30, the government announced that NHS England is being abolished, with its functions transitioning to the Department of Health and Social Care.
  - This structural change reverts to the pre-2012 model and aims to streamline decision-making.
- **Three Channel Shifts:**
  - The government's agenda emphasizes:
    - Digitising services (moving from analogue to digital)
    - Shifting resources from acute hospitals to community care
    - Transitioning from treatment toward prevention.
- **Tenure Plan & Comprehensive Spending Review:**
  - The tenure plan, alongside the Comprehensive Spending Review, is expected later this year to detail how the NHS will achieve these shifts.

2. Management Cost Reduction Targets

- **Mandated Reductions:**
  - Integrated Care Boards (ICB) and divisions face requirements to reduce management costs by 50% of the growth in these costs since 2019.
  - For example, if spending increased from £10 million (2019) to £12 million now, a reduction of half that increase is expected.
- **Team-Specific Impact:**
  - For the BHIT team, the necessary reduction of approximately £7 million is already part of a broader £61 million savings plan—there is no additional saving required.

- **Overall Challenges:**
  - The ICB-related management costs have been reduced by 30% since 2022, and an additional 50% reduction from that baseline (roughly a total 65% reduction) is now expected.
  - In North East London, while management costs currently represent about 1.5% of total allocations (with overall spending near £90 million against a £5.5+ billion total), further reductions are mandated.
  - The organization is being steered toward a more strategic commissioning role, moving away from the absorption of statutory functions inherited from former CCGs.

3. New Models & Timelines

- A new model for the ICB is being developed and is expected to be published by the end of April.
- All ICBs will be required to submit their returns by the end of May.
- The implementation of these changes is targeted for Quarter Three (October 1–December 31).

4. Financial Update and Savings Culture

- The March accounts have been closed, and work is ongoing to finalise month-12 figures.
- Preliminary financial feedback indicates that targets are on track with no significant concerns identified.
- The financial plan for 25/26 is in place, alongside challenging savings targets—typically around 6% in most programs.
- A cultural shift is recognized as necessary: the approach will need to go beyond maintaining current service levels at marginally lower costs, as significant innovation and efficiency improvements are required over the next 9–12 months.

The Committee received responses to its question and commended Officers for their presentations.

The Committee RESOLVED to note the updates and there were no further recommendations.

60 **NEL ICB DEEP DIVE - CANCER**

The Committee received a presentation from Femi Odewale, Managing Director, NEL Cancer Alliance and Angela Wong, Chief Medical Officer, NEL Cancer Alliance on an Integrated Care Board Deep Dive into Cancer.

On a broad impact, Families across London are being significantly affected by cancer. An overall profile indicates a very high number of cancer diagnoses in London, with figures mentioned in the millions. Last year’s data

cited approximately 7,735 patients (with an unclear reference that might suggest higher aggregate numbers) indicating the large volume of cases in North East London.

On patient characteristics, it was stated that despite the high volume of diagnosed cases, only a small proportion are classified under the most advanced or critical categories.

It was stated that performance over the period has shown sustained strength when measured against FPS (First Patient Seen) standards. On key time benchmarks, the discussion referenced target metrics such as 6-2 days and 31 days, which play a crucial role in assessing timely diagnosis and treatment.

On the overall service delivery, officers informed Members that the team is on course for delivering service improvements in line with the established standards and targets.

Members noted the following on early diagnosis approach:

It was stated that **t**he strategy centres on three key pillars: screening, awareness, and prevention.

- Screening Programs:
    - Breast Screening:
      Women aged 35 to 64 are primarily targeted; additional age groups (15 to 17 for certain screenings) are also mentioned.
    - Lung Cancer Screening:
      A new initiative targeting asymptomatic patients, acknowledging that a small percentage of those screened may actually have the condition.
    - Bowel Cancer Screening:
      Efforts to boost screening uptake are underway, leveraging the fact that the service is free for the eligible population.

The performance data indicated a mixed performance across different age cohorts (for example, improvements for the 24-25 age group as compared to previous years) with some variations observed in breast screening uptake.

The following vision and future work were outlined

- Long-Term Goals:
  The overarching vision is to enhance cancer outcomes in North East London by reducing variations in care and driving sustainable change through testing, innovation, and a personalised care strategy.
- Program Expansions:
  Future work includes extending early diagnosis programs and refining the diagnostic and treatment continuum as part of a broader strategic push toward innovative and consistent care delivery.

1. Lung Cancer Screening Programme

- New Initiative:
  A newly introduced lung cancer screening programme targets patients using both age (specifically between 50–54 and 74) and smoking history as criteria.
- Yield & Diagnostic Rate:
  The programme has a detection yield of approximately 1–3%.
- Performance Achievement:
  The programme has achieved a 77% survival (or early diagnosis) rate in the screening stage compared to an overall lung cancer stage detection rate of around 36%. Nationally, the target is diagnosing 75% of patients, and this initiative has exceeded that benchmark.

2. Awareness Campaigns and Outreach Strategies

- Increasing Awareness:
  Efforts are underway to boost cancer awareness using non-traditional means. Initiatives include innovative campaigns such as targeted social media outreach (e.g., through platforms akin to Facebook) to increase recognition of cancer symptoms and encourage early health-seeking behaviour.
- Targeted Approaches:
  Campaigns are designed to reach specific groups, with strategies like pressuring women to seek early diagnostic tests and targeting 50% of men as part of a broader awareness drive.
- Sustainable Materials:
  The development of enduring awareness materials, including advertisements and educational content, aligns with the overall vision of reducing inequality and improving outcomes by enhancing early detection.

3. Integration of AI and Technological Innovations

- AI in Imaging:
  The programme has introduced artificial intelligence to alleviate backlog in chest X-ray readings. AI now processes and reports findings within 3 minutes overnight—addressing 70% of the X-ray backlog.
- Clinical Prioritisation:
  A system has been established that prioritises urgent cases (designated P1A, requiring reporting within 24 hours), with other cases having a maximum window of 72 hours. This structured approach supports early diagnosis and faster treatment initiation.
- Digital Resources:
  Alongside these technological improvements, a suite of 19 animated videos has been developed to further support education and awareness within the screening and diagnostic processes.

- AI Performance and Areas for Improvement:
  Clinicians expressed concerns that in some instances the results achieved by AI have not met expectations. There is ongoing work to further explore best practices and refine these areas to ensure confident and reliable use of data technology.
- Focused Application in Diagnostics:
  The discussion highlighted the effective use of AI in chest X-rays, where automated processes reduce human error and enhance diagnostic speed. However, there's a need for a cautious approach, ensuring that legal and clinical standards are met, especially in making decisions that affect patient outcomes.
- Communication Challenges with Diagnostics:
  A major issue raised was how diagnostic results are communicated. Specifically, while rapid AI analysis (e.g., within 3 seconds) is promising, the subsequent process—having results returned to general practitioners (GPs) for follow-up—may not offer the expected improvements in patient care. This raises the question of how to better integrate AI outputs into the clinical communication pathway, particularly for critical cases like cancer.
- Digital Integration and National Programs:
  There's an ongoing effort to digitize records and integrate communication channels. Examples include the NHS app, which is under development to allow patients access to letters and results. Wider national and international initiatives are being monitored to learn from best practices and ensure these projects support integrated care.
- Data Granularity and Local Reporting:
  The discussion also covered the need for more granular data analysis (e.g., by borough such as West Essex) to tailor services and address local clinical demands. Future actions may involve setting up a breakdown for expedited resolution and targeted communication improvements.
- Next Steps:
  Despite some progress in core areas, further work remains to improve performance, communication, and integration across the system.

Following the presentation, Members asked and received responses to questions raised about Cancer Alliance and Deep Dive into Cancer.

The Committee noted the presentation with thanks and acknowledgement that additional update sessions may be needed at future meetings.

61 SUPERLOOP BUS ROUTE

Ian Buckmaster, representing Healthwatch Havering, requested for Members to discuss the proposed Superloop Bus Route. Members received a presentation on the proposed TfL Superloop bus service SL12: Gants Hill

to Rainham via Romford and a suggested alternative route serving St George's Health and Wellbeing Hub, Hornchurch submitted by Havering Healthwatch.

The following advantages of the alternative route included that it would:

- Serve Hornchurch Town Centre, a more populous area and major local town centre (when compared with Elm Park).
- Serve Hornchurch Station rather than Elm Park Station (both served by District Line trains, and adjacent on that line). Although fewer passengers use Hornchurch Station than Elm Park Station, the latter already has a better bus service and SL12 would improve public transport services for those travelling to and from Hornchurch Station by bus.
- Serve the St George's Hub, a major health facility that serves a much wider area than its immediate locality with patients drawn from a wide area, including patients undergoing kidney dialysis.

  The route as proposed already serves King George Hospital, Goodmayes and Queen's Hospital, Romford, from both of which patients are likely to be referred to the St George's Hub; it is therefore logical that SL12 should also serve St George's Hub.
- Improve access to St George's Hub from the Rainham area (there is currently no direct bus route to it from Rainham). SL12 will pass the Beam Park major development area and thus provide a link between there and St George's Hub.
- Provide a better service to Harrow Lodge Park and Leisure Centre, Hornchurch and Hornchurch Country Park. While the originally proposed route for SL12 passes both parks, our proposed route offers better access to them both (and the original route would not serve the Harrow Lodge Leisure Centre, to which people are directed for health and wellbeing activities).

Chairman

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