

**MINUTES OF A MEETING OF THE
JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE
Council Chamber, Town Hall, Romford
23 October 2025 (4.00 - 6.00 pm)**

Present:

COUNCILLORS

London Borough of Barking & Dagenham	Michael Pongo
London Borough of Havering	Christine Smith
London Borough of Redbridge	Daniel Morgan-Thomas and 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)

6 CHAIRMAN'S ANNOUNCEMENTS

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

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

Apologies were received from Councillor Sunny Brar.

8 DISCLOSURE OF INTERESTS

There were no disclosures of interests.

9 MINUTES OF PREVIOUS MEETING

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

10 HEALTH UPDATE

The Committee was provided with an update on BHRUT.

Members noted A&E performance exceeded the London average with 80% of patients admitted, transferred, or discharged within four hours, ranking the Trust 22nd out of 121 nationally. Financial challenges persisted, with a higher-than-expected deficit. The Trust was selected for the Baroness Amos national maternity investigation despite recent positive CQC reviews. The Electronic Patient Records implementation remained a significant challenge but was expected to improve care. Officers explained that records could be shared with Barts, though GPs would only access results. Officers also highlighted growing demand due to an ageing and sicker population stressing the need for services beyond A&E.

The Committee then received an update on the NEL Collaborative.

Members noted the rise in mental health crises continued with efforts focused on encouraging community support use over ED attendance. Crisis cafes were being opened and crisis houses had launched in Redbridge and Waltham Forest. Havering and Barking & Dagenham would receive them pending funding although a 15-bed ward was due to open in Goodmayes. Officers explained the admission criteria noting NELFT's preference for home treatment and its cost compared to other treatment options. Cost-of-living pressures were impacting mental health and the Assertive Outreach Approach was under review following national failures. Updates on wound care in Redbridge were promised post-meeting. Officers confirmed there would continue to be a close collaboration with hospices for end-of-life care. Officers also addressed a legal case involving NELFT noting the Trust was found guilty of a health and safety breach but not corporate manslaughter. Members noted that sentencing was expected in November. Members and officers extended their condolences were to the affected family. Members requested details on changes following the verdict to which officers agreed to provide these.

The Committee then received an update on the ICB's developments.

Planned savings and organisational changes had not progressed due to NHS England delays in redundancy funding however the 10 Health Plan and Model Regen had been published which had prompted a refresh of ICB strategy and a shift toward long-term planning. Commissioning intentions for core health areas were shared with providers who must now produce five-year delivery plans. Zina Etheridge confirmed her step-down as CEO with the ICB having appointed an interim CEO. Members noted that budget cuts of approximately 50% were anticipated which would affect 900 staff. Officers clarified that strategic commissioning aimed to optimise investment without adding bureaucracy with a focus on collaboration with existing providers and better data use. Further details on commissioning intentions for services such as end-of-life care were offered to be shared post-meeting.

Finally, the Committee received the Finance Overview.

Members noted the ICB aimed for a £29.4 million deficit but reported £59.5 million which had been driven by the cost improvement plan not meeting its deadline. A financial recovery plan had been submitted with a break-even forecast for year-end. In response to concerns about quality during cost-saving measures, officers assured members that financial recovery would not compromise care standards and confirmed that monthly monitoring was in place.

11 DEEP DIVE - IMPROVING GP ACCESS

The Committee was presented with the transformation of primary care access at Maylands GP Surgery.

Members noted the phone system had been improved to reduce morning call congestion preventing dropped calls and easing pressure on 111 and A&E services. The system, which costed approximately £29,000 with a £900 monthly fee, allowed calls to be transferred rather than lost.

Additionally, the surgery implemented Klink, an AI-based tool for appointment booking, which categorised patient requests by urgency and type. It was explained that all requests were reviewed by clinicians, not AI, and NHS colleagues confirmed there was compatibility with NHS England's Digital Mandate and the 10-year vision for modern General Practice. Members were pleased to see customer satisfaction increased from 28% to 68%. Patient safety remained a priority with senior consultants involved in triage.

The Committee noted the report.

Chairman

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