
Inner North East London Joint Health and Overview Scrutiny Committee

Minutes of
13 May 2025 at 7.00 pm

Present:

Chair: Councillor Richard Sweden

Vice-Chair: Councillor Susan Masters

Committee Members: Councillor Sam O'Connell, Councillor Jennifer Whilby, Councillor Sharon Patrick (virtual), Councillor Ben Hayhurst (virtual), Councillor Danny Keeling and Common Councilman David Sales

Officers in Attendance:

Holly Brogden-Knight	Democratic Services Officer
Rosie Whillock	Scrutiny Policy Assistant

Others in Attendance:

Zina Etheridge	Chief Executive, NHS NE London
Ann Hepworth	Director of Strategy and Partnerships Barts Health NHS Trust
Richard Fradgley	Deputy Chief Executive, ELFT
Ahmet Koray, Richard	Interim Director of Finance NHS NE London
Femi Odewale	Managing Director, North East London Cancer Alliance
Angela Wong	Chief Medical Officer, North East London Cancer Alliance

1. Apologies for absence and substitute members

Apologies for absence were received from Cllr Anna Lynch (London Borough of Hackney).

As only three of the five local authorities were represented in person, the Committee was not quorate and therefore unable to make any formal decisions, but members agreed to go ahead with the business of the meeting and undertook informal discussions.

2. Declarations of interest

None.

3. Minutes of the previous meeting

The minutes of the meeting held on 5 March 2025 were provisionally agreed as a correct record. However, as the Committee was not quorate the minutes need to be formally agreed at the next meeting.

4. Public participation

Toby Andrew, Hackney Resident, spoke to the Committee about the Cass Review, questioned why the issue had been delayed for discussion and asked for assurance that it would be rescheduled and added to the agenda of the next meeting. Mr Andrew provided each Committee member with an open letter which asked for an update on what action the INEL JHOSC had taken in response to the Cass Review of Gender Identity Services. A statement from a parent whose child had started to go through the process of using gender identity services was read out to the Committee.

Cllr Danny Keeling, London Borough of Newham, stated that they were happy to hear opinions on this issue, agreed that there should be safeguarding around children and assurances for their safety, but that they disagreed on the opinions put forward on gender and sex and affirmed their support for inclusive care and equality. Cllr Keeling expressed disappointment over the Cass Review delay and asked why recommendations for sexual health items were being ignored by the NHS. Zina Etheridge, Chief Executive NHS NEL, responded that they had been unable to provide appropriate officers to speak to the Cass review at this meeting, but hoped to bring it as soon as possible. She added that a sexual health strategy had just been agreed, and she would be happy to come and talk to that in depth in the future and provide a wider update on transgender issues.

Gail Penfold, Waltham Forest Resident, raised concerns about the care quality at Whipps Cross Hospital, particularly for older patients, and discussed the need for better resources and communications. Ms Penfold made suggestions around a formal carers scheme and requested a meeting with hospital leadership to address issues of in-patient care and discharge of elderly residents. The Committee asked for information around what plans were in place to support patients on wards who needed help with tasks such as eating and drinking and on the number of patients in beds that automatically turned. There was also discussion around hospital nutrition.

Ann Hepworth, Director of Strategy and Partnerships Barts Health NHS Trust, thanked Ms Penfold and agreed that it was a challenging situation. Ms Hepworth noted initiatives underway including a carers' hub, a volunteer hub, and the new Academic Centre for Healthy Ageing at Whipps Cross. These efforts aimed to empower staff to make improvements, reduce bureaucracy, and improve standards of care for elderly patients. She added that the academic centre had been formally launched the week before the meeting, and she would be happy to come back and provide an update at a future meeting.

Decision:

The Committee noted the statements and suggested the following action:

- That an item on hospital nutrition, providing assurances that those in hospital are receiving food and water, be added to the forward plan.

5. Health Update, May 2025

Consideration was given to a report of Zina Etheridge, Chief Executive, NHS North East London. Ms Etheridge introduced the item which covered specific provider updates and discussed medication shortages, staff survey results, the NEL Careers hub and upcoming changes to the ICB due to the merger of NHS England with the Department of Health and Social Care (DHSC). Ms Etheridge drew attention to the career's hub, which supported pathways into health and social care roles, including for students with disabilities and/or autism. It included a range of tools for employment, volunteering, and ambassador opportunities. Ann Hepworth, Director of Strategy and Partnerships Barts Health NHS, spoke to the Barts Health update and highlighted the launch of a new patient interface portal, which would improve patient experience around appointments, and discussed the Health and Life Sciences hub at Waltham Forest College, which had both ward and home visit set ups for students to practice on. Ms Hepworth had recently visited the hub and said it was a fantastic place and encouraged members to visit if they were able to.

The Committee asked what steps were in place to open the careers hub up to social care professions and how much local authorities had been involved in its creation. Ms Etheridge answered that the aim was for the hub to cover social care and to also work on more integrated roles and build skills to enable people to move across professions. Local authorities had been engaged with as part of wider partnership working and Ms Etheridge stated that she would be happy to provide a detailed update of work in this area.

The Committee asked for detail about the staff survey, which had a 79% response rate, and the results, which were mostly positive, but some responses, such as the number of staff who recommended the organisation as a place to work, and the number of appraisals undertaken were concerning. Ms Etheridge stated that they wanted staff to want to work there, so while there had been significant improvements, they were not where they wanted to be yet and there was still work to be done, for example, bullying was still a problem. The Committee asked to see more information into what may drive the staff satisfaction issues in a future report.

Concerns were raised regarding the cut to the ICB budget, which had been reduced by two-thirds. Ms Etheridge explained that ICBs were facing major restructuring due to a national merger of NHSE, and that strategic commissioning would become the ICB focus. ICB statutory duties remained, and Ms Etheridge stated that further updates regarding the wider system were expected by the end of May 2025, and would be reported to the Committee in due course.

The Committee asked what the future of the ICB looked like, with regards to the reduced budget and if it would remain in charge of provider commissioning. The Committee also asked how primary care would be protected under the new model of

working, and what, if any, services would be lost. Ms Etheridge discussed how the ICB was the lead on local population health and would have the budget for healthcare and the organisation of community services offer, including primary care. Ms Etheridge talked about the reduced budget and anticipated that difficult choices would have to be made, and the model of working would change over time.

The Committee discussed issues that had been raised during the public participation item and asked for assurances regarding treatment for transgender people attending NHS services. Ms Hepworth answered that the NHS delivered a universal healthcare system and that it was important that every person received the care and support they needed. Ms Etheridge noted the legislative backdrop but affirmed the NHS commitment to individual care needs regardless of identity.

There was discussion around grants and Ms Hepworth talked about funding that had been awarded for solar panels at Mile End Hospital and some upgrading for Newham Hospital.

The Committee asked if services would become strained now that long covid support had been cut and expressed concerns for those impacted by disability entitlement cuts and the effect this may have on NHS services going forwards. Ms Etheridge responded that patients would still be able to access other services and there was a communications package to ensure people received information around this, which could be circulated, and she would come back with a follow up if there were further questions. With regards to the disability entitlement Ms Etheridge stated that support would be there for those who needed it and that generally, people in insecure housing were more likely to have health conditions, but she could not say what impact there would be and that they would assess any impacts as they arose.

The Committee discussed long waiting lists for mental health services and asked what was being done to improve them. Richard Fradgley, Deputy Chief Executive ELFT, responded that there were several improvement projects in place with a significant focus on ensuring people did not have to wait for a bed on the inpatient and crisis pathways. He discussed how CAMHS were working to improve capacity and that there was investment for additional capacity within mental health teams in schools, to ensure children were helped as early as possible. There was also discussion around those patients who needed dual diagnostic support, for example those with alcohol or drug dependencies, and the need to work with local authorities and partnerships to help them.

The Committee asked if the new dialysis unit at the St George's Health and Wellbeing hub would have any impact on services for renal patients at Whipps Cross Hospital. Ms Hepworth responded that the new dialysis unit was a replacement for the unit at Queens Hospital and would provide extra capacity into the system, not decrease it. Routine dialysis and renal services would continue at Whipps Cross.

The Committee were impressed with news about the opening of the women's health hub and asked if women in Newham would be able to benefit from the service. Ms Hepworth answered that there was now a women's health hub in Mile End Hospital, one in Whipps Cross and plans to open one in Newham. Redbridge would also have a hub, set up in the Ilford shopping centre. Ms Hepworth praised the initiative as it

had already improved gynaecological waiting times and as it developed would provide a more holistic approach to women's health.

The Committee asked if the newly launched patient interface portal would assist and better inform people about issues such as rescheduled appointments. Ms Hepworth responded that it was for exactly for those reasons that the portal had been developed; to keep patients informed and allow them to reschedule easily, so as to reduce cancellations and numbers of non-attendance.

There was discussion regarding the Barnsley Street Mental Health Hub and the mental health services pilot in Tower Hamlets. Mr Fradgley explained that Tower Hamlets was one of six areas across the country involved in a trial to test new ways of working including an integrated 24/7 community hub for mental health conditions. This hub had been co-produced with service users, was located in a building run by a housing association and had 6 hospitality beds on site for those in crisis.

The Committee raised concerns about ADHD medication and waiting times for assessment. Mr Fradgley discussed the unprecedented number of people coming to services for ADHD treatment and explained that there was not a clear national blueprint or funding for this, which meant many people used the choice framework to get private provision. He stated that there was a need for an NHS led pathway where appropriate, that could support GPs and hoped to see something around this in the NHS 10-year plan. With regards to assessment, Mr Fradgley added that there was a national taskforce looking at this and discussed that some of the answers lay in reasonable adjustments in schools, work and other settings for example, as it was not just an NHS issue.

The Committee asked what financial impact the right to choose had and where funding for it came from. Mr Fradgley responded that the funding for right to choose came from local ICBs and explained that levels of spending varied significantly by place. He added that they were looking into what an NHS wide solution would look like, and a model was being developed. Ahmet Koray, Interim Director of Finance NHS NEL, discussed that where a patient has a choice to make, the ICB had to honour it, and explained that the charge to them was the same as if the patient used NHS services. The Committee expressed concern over the potential for financial loss and asked if this issue could be addressed in more detail at a future meeting.

The Committee asked for the reasons behind the current medication shortages and what could be done to address them. Ms Etheridge responded that medication shortages happened regularly, for many reasons, for example, disruptions on global supply chains, and it was a dynamic situation that changed regularly. National bodies dealt with these shortages and worked with the government to find solutions, but patients could often be pointed towards alternatives by their GPs.

There was a question regarding the Promoting the Impact of Community Services (PICS) 'Shift Left Investment Decision Evaluation Tool' and if it would help save money. Mr Fradgley responded that they were in the process of trying to analyse and understand where financial opportunities were. He added that there were issues in how to operate a left shift in practice, but he would like to see how it could be

supported substantively in the NHS 10-year plan.

The Committee asked about additional mental health beds at Goodmayes Hospital. Mr Fradgley discussed the need for extra bed capacity and explained that the second phase business case for extra capacity had been submitted on 9 May 2025 and was now in a national review process, but he was very hopeful it would go through.

Decision:

The Committee noted the report and recommended the following actions:

- That officers share further information about the support offered for those suffering with long Covid.
- That members visit the Health and Life Sciences Hub at Waltham Forest College
- That officers provide further information about the Academic Centre for Healthy Ageing
- That officers explore the financial implications of residents opting for the right to choose when seeking ADHD diagnosis, in response to long wait lists.

6. Finance Overview

Consideration was given to a report of the Chief Executive NHS NEL, which was taken as read. Ahmet Koray, Interim Director of Finance NHS NEL, introduced the item and answered the Committee's questions. There was discussion around the £91.5m deficit, which was projected to reduce to £80m following NHS England support, and discussion around plans to deliver £367.69m in efficiency savings, and the risks to delivering those savings. Mr Koray stated that while there had been overspending and the financial situation was still challenging, the ICS had not received any penalties.

The Committee asked about plans to reduce agency staff and bank staff spending and whether this approach was cost effective. Mr. Koray explained that there was a requirement to produce substantive staff, and that bank and agency staff usage needed to be reduced by 15% and 40% respectively to ensure prioritisation of permanent staff and for cost control.

Decision:

The Committee noted the report.

7. Cancer Deep Dive

Consideration was given to a report of Femi Odewale, Managing Director, North East London Cancer Alliance, and Angela Wong, Chief Medical Officer, North East London Cancer Alliance. Mr Odewale introduced the item, discussed the aims of the alliance and covered a few highlights for the Committee, including that over 7,700 new cancer diagnoses had been made in NEL during 2023–24, lung screening efforts had resulted in early detection in 77% of diagnosed cases and how use of AI

had shortened result turnaround for chest x-rays from three weeks to three days for scans with significant findings. Ms Wong added that capacity and performance within the alliance was good with the 31-day standard achieved consistently and there was discussion around the communication and engagement strategy and work with provider charities.

The Committee raised concerns about prostate cancer screening. Ms Wong explained that there were overdiagnosis risks with prostate cancer and that 75% of people may have a slightly raised prostate specific antigen (PSA) when tested, but not actually need treatment. Ms Wong discussed the value of targeted screening, for which there were studies and a programme in place.

The Committee discussed inequality in cancer care and highlighted concerns around late diagnosis in black women. Ms Wong discussed that they had a breakdown of data from each area in the alliance, but that getting accurate data was a challenge. Mr Odewale added that they had created a dashboard and were working with partners across the system to get more accurate data. With regards to cancer in black Women, Ms Wong discussed targeted work, through the Eve Appeal, that had been very successful in raising awareness. The Committee discussed ensuring GP referrals were appropriate and asked for a future report on place-based data and more information on the dashboard.

The Committee asked what could be done to improve poor uptake of cancer screenings and what was a realistic aspiration for uptake. Ms Wong discussed the use of focus groups and how mental health was often a barrier to uptake and that a recent breast screening campaign had a focus on mental health. Mr Odewale explained that there were often cultural factors that affected screening uptake and NEL had a lot of diversity, so there was work with faith groups and other communities to drive understanding of the importance of screening. With regards to figures, it was discussed that 61% was a good percentage of uptake and NEL were in the top trusts nationally and that 70% uptake would be a realistic target.

Decision:

The Committee noted the report and suggested the following action:

- That officers bring a future item on the dashboard, with a focus on inequalities.

8. The Scrutiny Report

Consideration was given to a report of the Scrutiny Policy Assistant. Rosie Whillock introduced the item, and the forward Plan and trackers were reviewed. It was noted that two actions were complete, three were in progress and nine were outstanding. It was also noted that one recommendation had been completed two were outstanding and one needed to be voted on at a quorate meeting.

Ms. Whillock explained that this was the final meeting of the municipal year, but members were invited to suggest future agenda items. It was discussed that the Cass Review and an item on sexual health should be added to a meeting as soon as

possible.

Members expressed thanks to officers for their hard work and the public for their engagement.

Decision:

The Committee noted the report and recommended the following action:

- That when an item on the Cass Report is taken to a future meeting, officers are to include a wider update on transgender health care issues.

The meeting closed at 9.05 pm

Chair's Signature _____

Date _____