HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 30 January 2024

Present:

Councillor Mark Brock (Chairman)
Councillor Felicity Bainbridge (Vice-Chairman)
Councillors Will Connolly, Robert Evans, Charles Joel, Tony McPartlan and Alison Stammers

Also Present:

Charlotte Bradford *(via conference call)*
Councillor Dr Sunil Gupta *(via conference call)*
Councillor Alisa Igoe *(via conference call)*
Councillor David Jefferys *(via conference call)*
Councillor Diane Smith, Portfolio Holder for Adult Care and Health

30 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Co-opted Member, Michelle Harvie.

Apologies for lateness were received from Councillor Felicity Bainbridge and Councillor Robert Evans.

31 DECLARATIONS OF INTEREST

Councillor Stammers declared that she was Chair of the Patient Participation Group (PPG) for The Chislehurst Partnership.

32 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

No questions had been received.

33 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 21ST NOVEMBER 2023

RESOLVED that the minutes of the meeting held on 21st November 2023 be agreed.

34 UPDATE FROM THE LONDON AMBULANCE SERVICE

The Chairman welcomed Cathy-Anne Burchett, Associate Director of Ambulance Operations – London Ambulance Service, Graeme Marsh, System Partnership Transformation Manager – London Ambulance Service and Christine White, Bromley Group Manager – London Ambulance Service to the meeting to provide an update on the London Ambulance Service (LAS).

The Associate Director of Ambulance Operations informed Members that the new LAS Strategy 2023-28 had been launched in the autumn and some of the great work undertaken across the borough was highlighted within the slide pack.

The Chairman noted the introduction of the 45-minute handover process, which had reduced the number of ambulance hours lost at the Princess Royal University Hospital (PRUH) from 276.3 in February 2023 to 26.1 in November 2023. The System Partnership Transformation Manager said that significant challenges had been recognised in terms of handover delays, and one of the measures was to look to minimise this by introducing a timeframe. There had been challenges in terms of implementation as there was a culture of LAS crews sitting with patients for long periods of time to provide supervision and support. However, the changes to the process had now bedded in and the hospital had adjusted to how the LAS operated, ensuring that the safety of the patient was maintained. The hours saved as a result of the introduction of the 45-minute handover process were being put back into getting ambulance teams out on the road, responding to other patients that were waiting. In response to a further question, the System Partnership Transformation Manager confirmed that all patients had a clinical handover – LAS crews spoke with hospital staff and advised them of the patient's presentation. These were generally lower acuity patients, but if they were no specific spaces available for them in the A&E the Trusts had implemented processes to oversee them safely. It was noted that escalation measures were in place to allow the LAS to support Trusts if this type of pressure was being experienced.

A Member enquired if the reasons for the December performance for Category 2 callouts appearing to be an outlier, compared to the national target, were known. The Associate Director of Ambulance Operations advised that the national target for Category 2 callouts was 18 minutes, however it had been agreed with NHS England that across the London region the LAS would work towards a target of 30 minutes, as this was more realistic. During December 2023 there had been very high acuity patients and a cold weather snap which had caused callout times to escalate up to 52 minutes. The current Category 2 callout times stood at 31 minutes for South East London and the demand was more manageable. In response to a further question the Associate Director of Ambulance Operations said that ambulance offloads varied across South East London – there were some trends in terms of increased handover delays being seen on Mondays/Tuesdays. This was usually related to flow through the hospitals, and once this settled the delays decreased.

In response to questions, the System Partnership Transformation Manager advised that Category 1 callouts related to an immediate threat to life. Category 4 callouts were often healthcare professional admissions that were not urgent, for example a leg injury that required transportation or an abnormal blood test that required further investigation. Category 5 was a non-dispatch position – resources were not sent immediately, but the call could be kept within the service for a clinician to make contact to gather further information. These calls could also be referred into the 111 service for review.

The Portfolio Holder for Adult Care and Health noted that towards the end of the previous year the Metropolitan Police had introduced the Right Care, Right Person model, and enquired if the LAS had been impacted by these changes. The Associate Director of Ambulance Operations said this had had an impact on the LAS – there was a transition to the new process, and this was still a "work in progress". There was a clearer, dynamic risk assessment that LAS crews had to complete in relation to mental health patients. The LAS were looking at some of the calls received and they were feeding back to emergency and external partners to identify areas of further learning.

In response to a question regarding the work with King's College Hospital NHS Foundation Trust to champion the use of alternative care pathways, the System Partnership Transformation Manager said that this was a response to generic pressures. The LAS was working with a number of external partners to reduce unnecessary conveyances of patients to emergency departments and ensure patients were getting the most appropriate care for their needs. This included LAS crews referring patients back into primary care services or community services, and they were currently developing the urgent community response.

In response to a question regarding staff retention, the Associate Director of Ambulance Operations advised that staff were often retained with promotion into other areas of the LAS. Retention of staff was strong across South East London and there were lots of opportunities for paramedics to move to different section of the LAS.

On behalf of Members, the Chairman extended his thanks for the work being undertaken with the Council's Youth Offending Team – as part of a rehabilitation programme, the LAS team were educating young people on the impact of knife injuries with an aim to prevent future injuries and incidents. The Bromley Group Manager advised that she could ask her team members to provide any specific feedback following the meeting.

The Chairman thanked the Associate Director of Ambulance Operations, System Partnership Transformation Manager and Bromley Group Manager for their presentation to the Sub-Committee.

RESOLVED that the update be noted.

35 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

The Chairman welcomed Angela Helleur, Site Chief Executive – PRUH to the meeting to provide an update on the King's College Hospital NHS Foundation Trust.

The Site Chief Executive informed Members that, with regards to emergency care performance, there had been an improvement in relation to ambulance handover delays, which had been highlighted in the update from the LAS. It was noted that the PRUH was a relatively small department and there could be challenges in offloading patients. Patients were often offloaded into the corridor, which could have a negative impact on their experience, but it did allow vehicles to get back out on the road to attend those waiting for an ambulance.

The Site Chief Executive informed Members that the 4-hour wait target for A&E had previously been 95%, however the national target was now 76%. In December 2023, the PRUH was at 61.33% but they aimed to get as close to the target of 76% as possible by the end of March 2024. It was noted that January 2024 had been particularly challenging – in addition to the usual winter pressure there had been nine days of junior doctor strikes. There had been a fantastic response from teams and no patient safety issues had arisen as a result of the strikes.

With regards to elective care, Members were advised that the target for referral to treatment was 18 weeks, however this was no longer being achieved. Across the NHS, waits of up to 104 weeks were being monitored. The Trust had generally been very good at managing waiting lists and only two patients had been waiting over 104 weeks for treatment – both were on non-emergency pathways and had been provided with appointment dates. It was noted that prioritisation was based on clinical need. The Site Chief Executive informed Members that the Trust's waiting list had grown significantly to around 109,000 patients. On cancer, the PRUH currently stood at 55%, against a 75% standard, for the cancer target of 28 days for the faster diagnostic standard. There was also a 31-day standard for diagnosis to first treatment – the Trust currently stood at 78% against the target of 96%: there were action plans in place to address. The Site Chief Executive noted that the implementation of Epic, an electronic patient record system, had impacted the Trust's performance. This related to their ability to report, as well as it taking longer for clinicians to use the newly implemented system. There had been a bigger drop off in October 2023, however a month on month improvement was being seen – a comprehensive recovery plan was in place, and they planned to be back on track by the end of April 2024. In response to questions, the Site Chief Executive said that the Trust was doing well in terms of vacancies – vacant roles across the whole Trust stood at around 8%, compared to 15% a year ago. In terms of additional capacity, if there was not a clinician in post it could be covered by bank/agency staff where appropriate. The focus was on reducing the backlog of elective activity, which was halted during the pandemic, and a recovery plan was in place.

A Member noted that there were pressures on ophthalmology services and asked about the retention of glaucoma specialists. The Site Chief Executive said she would look into this and provide information following the meeting.

With regards to the Apollo programme (Epic and MyChart), the Site Chief Executive advised that progress was being made month on month, and the problems experienced by patients, GPs and staff were generally reducing. Over 85% of frontline staff had been trained and over 150,000 patients were using the MyChart function within the app. A Member asked what this represented as a percentage of eligible patients. The Site Chief Executive said this information could be provided following the meeting.

In response to questions, the Site Chief Executive said that ongoing training was being provided. Masterclasses for staff would also be introduced for those that wanted to take their use of the system further. The view and usage of the system could be personalised, which helped with productivity. It was noted that they had a detailed breakdown of where the system was, and was not, being used, and could provide support to individual clinicians. In terms of continued use, the Site Chief Executive said that the legacy systems had now been switched off and therefore the numbers using Epic were increasing month on month.

In response to questions regarding MyChart, the Site Chief said they recognised that not everybody had access to the technology or ability to get online, and the usual systems for getting results remained in place. For those that wanted to access MyChart, staff were able to provide help and show them how to use it when they attended clinics. It was noted that they were in the process of producing an easy guide on how to use the system. It was understood that the guide would be created in paper form and translated into various languages – an update could be provided at the next meeting. The Operations Co-ordinator, Healthwatch Bromley said they would be happy to help support the distribution of the guide.

The Site Chief Executive advised Members that the new ward would be in use from the first week of March 2024. Work on the endoscopy unit build was ongoing, and was expected to be complete by March 2025 – this was a South East London resource which would increase capacity for screening and diagnostics. It was noted that the new MRI and mortuary at the PRUH were both open. In response to a question regarding the cost increase of the endoscopy unit, the Site Chief Executive said that the project had been a few years in the making and construction costs had increased following the pandemic. Initially no tenders had been received, and when it went out again the bids received had been higher than expected.

The Site Chief Executive advised Members that the Trust's financial position was challenging, and a financial recovery plan was being worked through with oversight from NHS England. In response to questions, the Site Chief Executive emphasised that patient care was paramount, and any cost reductions would be risk assessed. The Trust would be looking at what efficiencies could be made through productivity approaches. It was noted that

once the Epic system was fully rolled out it would provide some significant productivity benefits, and "root and branch" reviews of services would be undertaken. The Site Chief Executive advised that a number of NHS Trusts had an underlying deficit position. The 'control total' was agreed upfront with the regulators on an annual basis. There was now an approach in place to manage finances across the system. The Trust was reporting a £52.4 million deficit at the end of November 2023. The measures to reduce costs included avoiding any unnecessary spend on bank/agency staff – this was reviewed on an hourly basis with patient safety in mind. Other measures included buying in products in bulk and looking at income in terms of maximising efficiencies in elective services.

In response to a further question, the Site Chief Executive advised that there had been a Joint Chairman role at Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts. As both organisations faced significant challenges it had been decided that each trust needed a separate Chairman, and the stepping down from the role of Chairman of King's had been related to capacity. The Trust was working with NHS England on its financial position and working on efficiencies to "get back on track". It was emphasised that the future of King's, and the PRUH, were not at risk.

The Chairman thanked the Site Chief Executive for the update to the Sub-Committee.

RESOLVED that the update be noted.

36 BROMLEY HEALTHCARE STRATEGY

The Chairman welcomed Jacqui Scott, Chief Executive Officer – Bromley Healthcare and Professor Ali Bokhari, Chief Medical Officer – Bromley Healthcare to the meeting to provide an update on the Bromley Healthcare Strategy.

The Chief Executive Officer informed Members that Bromley Healthcare had included its final closedown report following the CQC assurance programme. It was noted that their Hollybank Centre had recently been subject to an Ofsted inspection, and a judgement of a strong 'good' had been received across all three areas.

The Chief Executive Officer advised that the new Bromley Healthcare Strategy was 'Community First'. It was an ambitious plan that empowered people to live their fullest lives in the heart of their communities. As a community services provider Bromley Healthcare worked collaboratively with partners across One Bromley. The work of the community services' teams included: district nurses undertaking 675 visits a day in the community; discharge services carried out 30 supported discharges per day; health visitor and school nursing teams carried out 200 interventions per day; and child therapy services delivered 175 interventions per day.

The Strategy had been brought together using a collaborative approach. The process was led by the Better Together Group (colleague collaborative), which undertook 250 conversations across the organisation. From the insights received internally and from partners three strategic goals had been identified:

1. Build a culture of growth and opportunity for our people – the experience of colleagues is vital. This priority recognises the importance of investing in and recognising the talents and dedication of our colleagues which would be achieved by reorientating clinical leadership away from focusing on individual services towards neighbourhood working. Developing the BHC academy, continuing to improve psychological safety across the organisation and focusing on recruitment and career pathways; which were resulting in reduced vacancy levels. The focus on developing the health and wellbeing offer would continue.

2. Become a leader in integrated care driven by the population's needs – focus on integrated services so pathways ran smoothly for patients. Neighbourhood teams would run a number of innovative projects, some of which were already having an impact. Examples included detecting patients at risk of deterioration early and setting up a multidisciplinary team to offer treatment. Benchmarking data suggested that these patients were happier with the service received, their length of stay was shorter and their outcomes improved on discharge. Hospital@Home services also prevented unnecessary admissions.

3. Invest in our communities – this was key for Bromley Healthcare as many of their staff were part of these communities.

The Chief Executive Officer advised that Bromley Healthcare also had an ambitious digital programme – all clinicians had been provided with updated laptops/iPads, and were using the same systems as GPs. The new care co-ordination centre had been established, which received around 20,000 calls a month, and bookable appointments would shortly be launched.

In response to questions, the Chief Medical Officer said that there would be a focus on health inequalities as this had a huge impact on lived experiences, disease progression and mortality for patients. The neighbourhood teams and population health management were looking at the section of the population where health inequalities could be evidenced in the data. The Chief Executive Officer noted that One Bromley would be launching a Neighbourhood Board, and a focus of its work would be health inequalities. The Chief Executive Officer advised that 25% of interventions were delivered virtually, but AI was not currently being used.

The Chairman thanked the Chief Executive Officer and Chief Medical Officer for their update to the Sub-Committee.

RESOLVED that the update be noted.

37 GP ACCESS

The Chairman welcomed Cheryl Rehal, Associate Director of Primary and Community Care, Bromley – SEL ICS ("Associate Director") and Dr Andrew Parson, Co-Chair and GP Clinical Lead – One Bromley Local Care Partnership ("GP Clinical Lead") to the meeting to provide an update on GP access.

The GP Clinical Lead noted that the presentation provided had focussed on changes relating to digital access. Nationally, the NHS app was a key enabler for patients to access primary care and other services. There was a national target for getting patients registered on the NHS app – this could help free up space and time for those still using the traditional transaction routes. In Bromley a lot of work had been undertaken to support practices and develop communications, and a steady rise in the uptake was being seen.

The Associate Director advised that, in terms of utilisation, the uptake in Bromley was higher than the averages for London and England – however there was some variability by geography. This had allowed them to identify the best way to support practices improve uptake, helping them to recognise the different set of needs/preferred access routes into general practice. They had looked into what people were using the app for, and were working with practices to encourage them to use the app for transactional elements. It was estimated that each repeat prescription requested via the app created a saving of three minutes to a practice – over 100,000 repeat prescription requests had been made in Bromley during the financial year, which equated to around 5,000 hours of time that could be diverted into other areas, such as maintaining capacity for those patients that did not use digital access. The Associate Director said they also had data regarding increases in the number of logins, views of medical records and messages to the practice – these were examples of how the app could be made part of how general practice provided services to patients. It was noted that the Chairman had asked that data relating to the use of NHS app be broken down by age – this data was currently limited, and had been requested from NHS Digital. With regards to online consultations, 150,000 requests had been submitted during the financial year – around 16% were received from patients aged 65+. The Chairman said that having the data broken down by age would allow them to benchmark where people needed more support, and noted that it would be beneficial to have this data in the future.

The Associate Director informed Members that they were trying to promote the app via different routes, and practices were playing a big part. They were also pleased to see the great efforts being made by PPGs – some had held events to help patients download the app and show them how it worked. It had been announced earlier that day that new prescriptions could be sent straight to app – it was hoped that these national messages would help encourage people to download and use the app. Members views would be welcomed in terms of how the use of the app could be further promoted. It was agreed that social media links would be provided to Members following the meeting for onward circulation.

In response to a question regarding digital inclusion, the Associate Director said that an example of the work undertaken in Penge had been provided. Organisations had been running digital workshops, which included a session on how to use the NHS app. They were working with practices where lower uptake was being seen, and considering these types of models. They were also working on the broader strategy to address digital inclusion and ensure that health outcomes were not disadvantaged.

The GP Clinical Lead highlighted that the app sat alongside a number of broader changes, which included the expansion of community pharmacy services. In response to questions, the GP Clinical Lead confirmed that the new commissioned service for pharmacies would be launched, and would include them seeing patients with minor ailments. They had been working with pharmacy colleagues across Bromley and a high expression of uptake had been indicated by most pharmacies. However this would depend on real capacity, and the services would need time to bed in. The Associate Director said that the expressions of interest were high, and indicated nearly full coverage. It was noted that not all seven clinical conditions would be covered at the launch – however there was a joint group of GP Clinical Leads and Community Pharmacy Leads who were planning the roll out. It was agreed that confirmation of the number of pharmacies in the borough, and information regarding any changes in recent years, could be provided following the meeting. The Portfolio Holder for Adult Care and Health noted that a statutory responsibility of the Health and Wellbeing Board was the publication of a Pharmaceutical Needs Assessment. The current PNA would expire in September 2025, and work would be undertaken to look at the pharmaceutical needs across the borough going forwards.

In response to questions, the GP Clinical Lead said that the app was part of the expansion and sat alongside other changes. Experience varied between practices but the approach to all problems would be treated in a similar way – the demand would be looked at against capacity and there would be a degree of prioritisation. It was noted that during the winter, extra GP capacity had been provided through winter illness hubs, which had been well utilised. It was important that modernisation work continued in practices, and took into account the local position. Areas of higher deprivation had a lower uptake of the NHS app – it was important that local practices understood this and provided fair access. The GP Clinical Lead said that some patients did use multiple routes at the same time to contact their practice. The process was that practices filtered all requests so there was no duplication – this would be a large part of the modernisation work that practices would undertake in the coming year.

With regards to retention of experience GPs, the Associate Director said they were working closely with the training hub. There was a dedicated work stream on retaining experienced GPs, led by experienced GPs themselves, and a portfolio of options were available. When GPs wanted to reduce their hours they were asked to take on other roles in borough in order to retain their expertise. The ICB had invested in more GPs being trained as ‘GP trainers’ in

the borough, and experienced GPs were also acting as supervisors for the new roles coming in to general practice.

In response to a question from the Chairman, the GP Clinical Lead said that the implementation of the Epic system had had a big impact on general practice, particularly in the provision of pathology reporting services. There had been issues in recent months in terms of the timely provision of reports, and mechanisms were being put in place to address this. There was high awareness amongst GPs, who were collating and sharing information and work with the teams responsible, and there was further work to be done. It was noted that patients were attending consultations having accessed the MyChart system which allowed them to have discussions regarding the correspondence received.

The Chairman thanked the Associate Director and GP Clinical Lead for their update to the Sub-Committee.

RESOLVED that the update be noted.

38 SEL ICS/ICB UPDATE

Report ACH24-007

The Place Executive Lead provided an overview of key work, improvements and developments undertaken by SEL ICB and partners within the One Bromley collaborative.

The Place Executive Lead informed Members that work had been ongoing to manage winter pressures and deliver the immunisation programmes. Since the report was written, there had been information in the media regarding the measles campaign. An increase in the number of cases was being seen in London – none had been reported in Bromley, but measles was a highly transmissible disease, and an additional local MMR campaign would be drawn up. In response to a question, the Place Executive Lead said that Bromley had the highest MMR uptake across London – uptake for dose one was over 90%, and just slightly less for dose two. Since 2017 there had been a gradual decline in uptake across London, but they were now seeing an uptick. With regards to the cases of measles in North West London, 75% related to unvaccinated children and the others related to children that had only received one dose of the vaccine. The Member requested that information regarding MMR coverage in Bromley be provided in future reports.

In response to a question, the Place Executive Lead noted that whooping cough had been circulating, and they were looking to improve the uptake of immunisations in the first year. There had also been a number of Group A Streptococcus infections, but nothing like the levels seen last year.

Members were advised that work on the Bromley Health and Wellbeing Centre was progressing – the design had been completed and gone through

the required planning process. This would be an element of the new Civic Suite in Churchill Court and was expected to open at the end of the calendar year. The Place Executive Lead noted that the new continuing care service had recently been launched to better meet the needs of Bromley's population.

In response to questions from the Chairman, the Place Executive Lead said that the flu campaign would run until the end of February – last year's uptake had exceeded 80%, but this year it was anticipated that uptake from the 65+ cohort would be around 77%. It was considered that there was an element of vaccine fatigue and there were particular populations that did not take up the offer. It was noted that lots of work had been undertaken with the Public Health department in relation to this. The inequalities group was helping to build confidence and relationships and they would continue to work on approaches to improve uptake. The Place Executive Lead noted that, for the 65+ cohort, Bromley had the highest level of uptake for the flu vaccine across London – Bromley was also in the top three for uptake in the under 65's at risk, and 2-3 year old cohorts.

A Member noted that uptake of the COVID-19 booster appeared to be low in the immunosuppressed cohort. The Place Executive Lead said that this was an area which needed further work. All services, including hospitals and practices, had worked to identify and encourage people to have the vaccine, but it was considered that a deep dive needed to be undertaken in relation to this.

In response to questions regarding the vaccine uptake amongst staff, the Place Executive Lead said that figures were recorded by organisation. It was noted that uptake was not as good as they would like, however staff could also get their flu and COVID-19 vaccinations through GPs/pharmacies, so the uptake may be better than the figures indicated. It was highlighted that previously there had been a big campaign in relation to vaccination being a condition of employment – this had created a backlash and a lot of work would need to be undertaken to encourage people to get the vaccination. With regards to LBB staff, the Director of Adult Social Care said there had been a campaign encouraging all eligible staff to get their vaccines, and these had been provided in-house. The Director of Public Health advised that there had been meetings and communication with staff in terms of the COVID-19 and flu vaccination offer, including funding flu vaccinations for LBB staff who did not fall within the eligibility criteria. It was noted that they had not yet reached the end of the season, and it was agreed that complete figures on vaccination uptake could be provided once it ended.

In response to a question regarding the digital telephony role out, the Associate Director advised that all practices would have this in place within the next 3-6 months. The new digital telephony system would provide a call queueing system and call back feature, which it was hoped would allow practices to work better and provide a smoother experience for patients. The Place Executive Lead noted that the new system would help collate data in terms counting calls and the length of waits, which would help improve back office systems.

The Chairman thanked the Place Executive Lead for the update to the Sub-Committee.

RESOLVED that the update be noted.

39 HEALTHWATCH BROMLEY - PATIENT EXPERIENCE REPORT

The Sub-Committee received the Quarter 2 Patient Experience Report for Healthwatch Bromley, covering the period from July – September 2023.

The Operations Co-ordinator, Healthwatch Bromley ("Operations Co-ordinator") advised that the document provided a snapshot view of the feedback gathered from patients across the borough. During the Quarter 2 period, 624 reviews of health and care services were shared, and 66 engagement visits were undertaken. It was noted that the Quarter 3 would be published in February 2024, and would be presented at the next meeting of the Sub-Committee.

The Operations Co-ordinator said that regular visits were made to the PRUH and Orpington Hospital and therefore their number of reviews were significantly higher. High rates of review were also received from GP practices. The yearly comparison showed that the percentage of hospital services reviews was similar across Q1 and Q2; there was a slight increase in the percentage of positive reviews for GP services; and that there had been a significant increase in positive reviews for community health and optician services in comparison to Q1. It was noted that when visiting organisations to get feedback on services participants were also asked to share wider feedback on other services they had accessed across the borough.

In response to a question, the Operations Co-ordinator advised that Healthwatch Bromley reports were distributed to a large number of local partners, including Oxleas, King's, and the SEL ICB. It was noted that it was not the responsibility of Healthwatch Bromley to address the themes highlighted, such as parking issues, and they provided the data to local partners to open up further discussion.

The Chairman thanked the Operations Co-ordinator for her update to the Sub-Committee.

RESOLVED that the update be noted.

40 SOUTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE (VERBAL UPDATE)

The Chairman informed Members that the last meeting of the South East London Joint Health Overview and Scrutiny Committee had been held on 21st November 2023 and an update on the reconfiguration of children's oncology

services had been provided following the period of consultation. The decision on the future location would be made in mid-March 2024.

It was noted that the next meeting would be held on 1st February 2024, and feedback would be provided to Members at the March meeting of the Sub-Committee.

RESOLVED that the update be noted.

41 WORK PROGRAMME AND MATTERS OUTSTANDING

Report CSD24008

The Chairman noted that all previous matters outstanding had now been closed.

Members considered the forward rolling work programme for the Health Scrutiny Sub-Committee. The Chairman asked that Members notify the clerk if there were any further items that they would like added to the work programme.

RESOLVED that the update be noted.

42 ANY OTHER BUSINESS

There was no other business.

43 FUTURE MEETING DATES

4.00pm, Tuesday 12th March 2024

The Meeting ended at 6.01 pm

Chairman

This page is left intentionally blank