

AGENDA

HEALTHWATCH HAVERING GOVERNANCE BOARD

2.00 PM
TUESDAY, 16 APRIL 2024
TO BE HELD AT THE OFFICE

1 Apologies

2 Declarations of interest

To receive any declarations of interest in the business before the Board

3 Minutes of meeting held 12 March 2024, and any matters arising

Attached.

4 Finance Report

The Finance Report for March is attached.

Year-end figures

March was the last month of the financial year 2023/24 so the Report represents the final summary of income and expenditure during the year, subject to review and confirmation by our accountants.

The closing amounts in the current and savings accounts at year end were:

Current account: £2,308.15

Savings account: £6,256.74

The outstanding amount due from Healthwatch B&D for the BHRUT patients' work was received at the end of March and is therefore included in the closing balance at the bank. The outstanding amount due from NHSNEL for supporting them has been received but it arrived after 1 April – the accountants advise that it will be accounted for as income in 2023/24. In addition, there were a few payments for 2023/24 that could not be paid until after 1 April – amounting to about £1,000; these payments will be accounted for in 20223/24.

The net result is that there was a year-end surplus of about £6,380 (again, subject to the accountants' advice).

As we ended the year in surplus, we will have to pay Corporation Tax – the accountants will advise how much is due but it is expected to be about £1,212.

£6,240.70 has been transferred to the savings account (but the cost of the CT liability will be withdrawn from there in due course).

Total turnover for the year was £133,439, illustrated by the attached summary charts (the final version of which will be used in the Annual Report). The average monthly expenditure for the year was £10,778.

March figures

There is nothing in the Report to which attention needs to be drawn. In order to simplify the closing of accounts, payments to HMRC and the pension provider in relation to March's salaries were paid at the end of March (normally, they would be paid at mid-point of the following month).

5 Staff structure changes

Three applications were received for the new post of Community Support Assistant and all three applicants have been invited for interview.

The interviews will be taking place immediately before this meeting and an oral update will be given.

6 Health Joint Overview & Scrutiny Committees (HJOSCs)

The Outer North East London (ONEL) HJOSC was set up in 2003, bringing together representatives of the Health Overview & Scrutiny Committees for Barking & Dagenham, Havering, Redbridge and Waltham Forest Councils and representatives of Essex County Council, Brentwood and Epping Forest Councils to discuss issues that affect the broader Outer North East London region rather than individual boroughs and districts. A similar Joint Committee was later set up for the Inner NEL (INEL) region. Both JHOSCs include representatives of the local Healthwatch as full members.

It appears that the senior management of NHSNEL has recently proposed that the two Joint Committees should be merged so that they have to deal with only one HJSOC.

Although the advantages to NHSNEL of having to deal with only one HJOSC are obvious, it is not clear what advantages there would be for the boroughs and districts. Indeed, it is considered by some that individual areas might be disadvantaged by losing a degree of representation. For example, the ONEL JHOSC deals with BHRUT and NELFT, while the INEL JHOSC deals with Barts Health and ELFT; a larger grouping might risk losing focus on local area issues by concentrating on system-wide issues.

This issue is due to be discussed at a meeting of the ONEL JHOSC following this Board meeting.

In order to assist the Company Secretary to explain to the meeting the views of Healthwatch Havering to the JHOSC, the Board is invited to discuss the matter.

7 Havering Place-based Partnership (HPbP)

An oral report will be made at the meeting.

8 NHS North East London/North East London Health and Care Partnership

An oral report will be made at the meeting on any issues.

9 Safeguarding and Quality - update

To receive an oral update from Ms Old.

10 Engagement projects - update

- **BHRUT Patients' Survey**
 - Publication has been authorised and is being coordinated with Healthwatch B&D and Redbridge.
- **Long COVID**
 - Arrangements for the focus groups are in hand.
- **NHS Dentistry in NEL**
 - This project is on hold pending a response from NHSNEL.
- **Allied Health Professionals in GP practices (AHPs)**
 - The project has been completed. The written report from NHSNEL, and an indication of the next steps, are awaited.
- **Creative Health Havering**
 - There have been no developments in this project.
- **North East London Research Engagement Network (REN)**
 - The REN survey has been completed and the results are awaited.
- **Enter & View visits**
 - Publication of the reports of the visit to A&E services at Queen's Hospital and of the visit to Queen's Hospital at mealtimes will be delayed until May. There will be an election for the Mayor of London and the Greater London Assembly and we are prohibited from

publishing material that could be politically sensitive during the pre-election period, in order to avoid the possibility of influencing the election.

Both of these reports are likely to include information that could be used by candidates in the election to support criticism of other candidates, which would compromise the requirement for Healthwatch to remain politically neutral.

Preparation of other E&V visits is in hand.

- **Patient Participation Groups (PPG)**

The appointment of the new postholder who will be working on PPGs for NHSNEL is waited. Once the appointee is in place, arrangements be made to work with the HPbP/NHSNEL, PCNs and individual GP practices to restart PPGs across the borough.

11 St George's Centre - progress

An oral report will be made at the meeting on progress with this project.

12 HWE Chairs and Board members' meeting.

HWE host and quarterly meetings of Local Healthwatch Chairs and Board meetings: the Chairman attends on behalf of HW Havering. At the recent meeting, the Chief Executive of HWE reported the following three "headline" items:

1. One is our work regarding potential changes to the universal postal service and frequency of delivery. We have met with Royal Mail, along with National Voices, the Patients Association and NHS Providers to make sure NHS letters are a priority. This is receiving media attention, with coverage in the Telegraph and the Times.

2. The next is our vision which comprises three key areas:

- 1. Making the NHS easier to access and navigate.**
- 2. Tackling health inequalities.**
- 3. Building a patient-centred culture.**

You can read the report here: [What patients want: a vision for the NHS in 2030 | Healthwatch](#)

3. We will also be publishing our Business Plan 24-26, the content of which should be familiar: our priorities are on primary care, with a focus on optometry and possibly audiology, together with women's health and social care.

Comments and feedback from the group

- **Challenges with pharmacy services and closures. Issues reported such as insufficient preparation time for training; prioritising digitalisation in NHS Trusts has resulted in no written information being available**
- **Need to focus on local government and community as well as NHS; importance of housing for example. A similar report as the Patient Vision (above) will be prepared on social care by HWE. Social determinants of health are important - more resource for HW and HWE would enable us to look at these issues.**
- **Need to influence / have an offer to all political parties. Action: Healthwatch England will produce a one-page summary of what HWE wants from DH will be useful for LHW to use locally to influence MPs.**
- **Carers and community care is a priority area. Action: Healthwatch England will arrange a session to look at these issues in more detail.**
- **Stronger focus on young people and mental health. Louise will be sitting on National Task force on ADHD and will be asking from input from LHW.**

The HWE CE also reported on HWE's new shared values as follows:

Equity – working in an inclusive and compassionate way, with a strong link into the communities we serve, and empowering them.

Collaboration - we will build relationships, internally and externally, communicating clearly and co-producing with partners to amplify our influence.

Independence – our agenda will be driven by the public, being a purposeful, critical friend to decision makers.

Truth – having integrity and honesty, speaking truth to power.

Impact – being ambitious about creating change for people and communities, being accountable to them and holding others to account.

This will be the subject of further discussion in the coming weeks.

13 Havering Wellbeing Events (HWE)

We have recently been invited to join the HWE discussion, which is led by the HPbP and includes senior staff from the Council, BHRUT, NELFT, LAS, voluntary sector and PPGs. Matters discussed included:

- **Two events were held recently in both Harold Hill, and Rainham Royals within the Warm Hubs which included: The key thing for the people present was that they were keen to have a chat with someone. It's**

important to get out from behind tables and engage local people to encourage them to have a chat about their wellbeing. Local people there fed back that they generally had good access to their GPs, however, they did find booking blood tests tricky.

- The attendees were primarily from the Warm Hubs, however, there were a few walk ins, including some people who were homeless in the Rainham area, and were very grateful to have a discussion about their health and wellbeing
- Proposals to utilise the Council's trailer, and build on the Council's summer programme of events to engage with local people including events at sheltered accommodation
- Targeting events to specific communities such as travellers to meet their needs
- Mark Newman, Head of Audiology services at BHRUT, was introduced: he is keen to undertake outreach into the community through such events, with a view to addressing the link between deafness, social isolation, and dementia. The group agreed that this was a fantastic initiative and were keen to build on this.

[Note: The Chairman agreed to contact Mark given that this is one of the key identified issues recommendations in the Healthwatch report, 'Deafness is not a barrier']

- Promoting initiatives such as NHS health Checks and 'know your numbers', with the group noting that we need to ensure that there are strong protocols in place for managing the results of any point of care testing such as blood pressure etc.
- Cancer signs and symptoms should also be promoted as well as other key wellbeing messages.
- The group noted that we can also link the Joy App promotion into this so that Local people become more aware of it, and that they can access this for support (NB it will be several months before this is ready to be launched as the project manager has just started in post). The group also noted it's key to have some printed directories as well for those who prefer this, such as the very useful HOFF directory.

Among the agreed actions were:

- 4 [The Chairman] to reach out to Mark Newman regarding the recommendations in the Healthwatch Report 'Deafness is not a Barrier'
- 6 Keith Lilley, the Patient Participation Group representative noted that there were a few comments in the chat during the meeting about how services can link in with local PPGs - Keith agreed to share his email address for people to follow up with him for more information: Keith Lilley klilley@outlook.com<mailto:klilley@outlook.com>.

[Note: given our interest in promoting PPGs, contact will be made with Keith]

14 Any other business

Other matters (if any)

15 Next meeting

The next meeting is due on Tuesday, 14 May 2024 at the office.