

## **MINUTES**

of a meeting of the Management Board  
16 February 2016 (2.40pm-5.15pm)

**Present:**

**Directors:**

**Anne-Marie Dean, Chairman**  
**Ian Buckmaster, Company Secretary**

**Carole Howard, Administrative Officer**  
**Bev Markham, Community Support Officer**

**Specialist members Irene Buggle\* and Dianne Old (\* for part of meeting)**

**Apologies for absence were received from Hemant Patel and Donal Hayes**

Note: Except as noted, all resolutions were passed unanimously

**243 MINUTES OF LAST MEETING**

The minutes of meeting of the Board held on 8 December 2015 were confirmed as a correct record and were signed by the Chairman.

**244 DECLARATION OF INTERESTS**

There were no declarations of interest in business before the meeting.

**245 OUTSTANDING ACTIONS**

Action item 33 – 8/12/15 advice on what E&V visitors should ask or seek about medication issues when undertaking visits was awaited from Mr Patel

Action item 35 – 8/12/15 the terms of reference for the RTT review had been agreed by the Health OSCC and discussed with representatives of BHRUT. The initial meeting for the review group was likely to be held in March.

**246 FINANCE REPORT**

The Company Secretary submitted the Finance Reports for December 2015 and January 2016. Over the two months, total expenditure in had amounted to £9,918.56 against income brought forward in December of £64,819.19.

## Havering Healthwatch Limited Minutes of a meeting of the Board

The latest, revised forecasts of expenditure expected to March 2016 were also submitted. It was noted that, on current levels of spending, there continued to be a small forecast underspending in 2015/16.

The Board **noted** that Havering Council had written to confirm that they intended to commission the Company to provide Healthwatch services in 2016/17 but were presently unable to indicate what funding would be available as that was dependent upon receiving notification from the Department of Health of the funding allocation, which was still outstanding (just six weeks from the beginning of the new financial year).

The Company Secretary reminded the Board that the Company's tenancy at Queen's Court was due to expire on 16 March. He was authorised to advise RMS Properties, the landlords, that it remained the Company's wish to retain the tenancy but the length of tenancy was dependent upon the funding allocated.

**Note:** *the Company Secretary was able subsequently to obtain confirmation from RMS Properties that the tenancy would be extended, at the same rate of rent as presently paid.*

### 247 MEETINGS ATTENDED

The Board received and noted reports about recent meetings attended on behalf of Healthwatch Havering:

Date	Meeting attended	Representative
10/12	London Network meeting	Irene Buggle
11/12	BHRUT Local Representatives Panel	Irene Buggle and Di Old
16/12	Learning Disabilities Health Pathway Group	Donal Hayes and Bev Markham
5/1	LSH Project Briefing	Ian Buckmaster
6/1	Launch of Carepoint website	Anne-Marie Dean and Ian Buckmaster
7/1	Joint Health OSC visit to PELC 111 NHS Control Room	Val Perry and Bev Markham
11/1	NCEL Steering Group	Ian Buckmaster and Dawn Ladbrook
12/1	Health Overview & Scrutiny Sub-Committee	Ian Buckmaster
12/1	Mental Health Partnership Board	Christine Suett and Kathleen Meddeman
13/1	CCG Primary Care Commissioning Committee	Anne-Marie Dean and Ian Buckmaster
15/1	Urgent & Emergency Care (Conference call)	Anne-Marie Dean
18/1	Carepoint liaison	Ian Buckmaster
18/1	Primary Care Transformation Board	Anne-Marie Dean
19/1	Joint Health OSC	Ian Buckmaster

**Havering Healthwatch Limited**  
**Minutes of a meeting of the Board**

19/1	Conference call: Accountable Care Organisation	Anne-Marie Dean
29/1	BHRUT Improvement Programme	Anne-Marie Dean and Ian Buckmaster
3/2	Antenatal and Newborn Screening Commissioning Board	Christine Ebanks
8/2	LD Working Group	Donal Hayes, Barbara Barber and Bev Markham
9/2	Havering Over 50s Forum	Bev Markham
10/2	CCG Primary Care Commissioning Committee	Ian Buckmaster

Arising from these reports, it was noted that

(i) Carepoint website

Healthwatch had been invited to co-ordinate a standing focus group to oversee development of the website and that the Chairman would chair the focus group.

(ii) NCEL Steering Group

New volunteer Dawn Ladbrook had agreed to represent the Company at future Steering Group meetings.

**248 HEALTHWATCH CRM SYSTEM**

The Company Secretary reported that Healthwatch England (HWE) had sourced a Customer Relationship Management (CRM) system, which they were rolling out across the whole Healthwatch network. Participation was currently free-of-charge and, even if a subscription is introduced, their current expectation was that the cost would be no more than £50 per annum.

He explained that a CRM system was basically a computer database program that enabled the user to store information about “customers” – in Healthwatch’s case, mainly (but by no means exclusively) people who sought assistance with problems – in an easily-accessible form that enabled the data to be used in a variety of ways, for example to co-relate information about people with a particular set of concerns about a particular establishment. A copy of a FAQ document supplied by HWE was noted.

It was noted that use of CRM should make many administrative tasks in the office simpler and more straightforward – such systems often flagged-up reminders when tasks became overdue or identified people with similar problems, avoiding the need to “reinvent the wheel”.

It would be necessary for Healthwatch Havering to register with the Information Commissioner’s Office as a data controller. Currently, the use of data was not sufficient to require registration, but using CRM would change that and, in any event, HWE required registration as a pre-requisite to making the software available, as they would need access to the database (in a completely anonymised way) for their purposes across England.

## **Havering Healthwatch Limited**

### **Minutes of a meeting of the Board**

ICO registration was neither costly nor onerous – the annual fee currently was £35 and registration was a straightforward process. Irrespective of the use of CRM, it would be worthwhile registering with the ICO in any event, since that would ensure that whatever use was made of data in the office would be properly covered.

The Company Secretary, Administrative Officer and Community Support Officer would be attending training on the CRM system at the end of February. This did not commit the Company to use of the system but would obviously be helpful should it be decided to do so.

#### **The Board AGREED:**

- 1 In principle to enter into an agreement with HWE for the use of their CRM system**
- 2 To register with the ICO as a data controller**
- 3 That the Company Secretary be authorised to take all steps necessary to implement 1 and 2 above.**

***Note:** the ICO subsequently registered the Company on and from 23 February 2016.*

#### **249 CQC INSPECTION OF NELFT - MENTAL HEALTH AND COMMUNITY SERVICES**

The Board was advised that the CQC would be carrying out an inspection of NELFT, beginning on 4 April, and had asked for comments about their Mental Health and Community services.

The Board **agreed** that a response be submitted to the CQC, to include reference to the Enter & View visits to Ogura and Turner Wards at Goodmayes Hospital, to the recent visit to Japonica Ward at King George Hospital and to the forthcoming meetings with staff of the CTT, K466 and IRS schemes for support in the community. The Chairman would prepare an over-arching report to accompany the submission.

#### **250 ENTER & VIEW PROGRAMME**

The Board noted that the E&V Panel had now agreed a tentative programme of visits until June. The members who attended the Panel meetings were keen to carry out as many visits as possible.

It was reported that a member had expressed concern that more members than necessary were attending visits and, when carrying a visit, some were inclined to wander off the programmed visit. The Board **agreed** that visiting teams should be kept as small as practicable, usually no more than three or four and that, when visiting smaller premises, there should be a maximum of two visitors;

## **Havering Healthwatch Limited**

### **Minutes of a meeting of the Board**

and that, when conducting visits, all members should remain together (or, where the team split into groups, remain with their group) at all times.

The E&V Panel had suggested that it would be helpful if, following a visit, an informal follow-up session was arranged for a couple of members to visit the establishment in question to learn what had happened as a result of the visit and subsequent report. The Board **agreed** the suggestion; it was also agreed that the precise date and time of the follow-up session should be left unannounced and establishments given only a vague indication of the intention to call.

#### **251 GP SERVICES – THE “HUB” AND WALK-IN SERVICES**

Recently, a number of complaints about changes in GPs’ services following the setting up of the out-of-hours “hubs” had been received, mainly to the effect that the two practices hosting the “hubs” out-of-hours had changed their approach to dealing with patients to patients’ detriment.

It was possible that these changes were unrelated to the introduction of the “hubs” but the patients approaching Healthwatch had certainly felt that the service they received had deteriorated since the “hubs” were set up. The CCG was aware of these complaints, was supportive of Healthwatch involvement and had asked that the circumstances be investigated further.

The delivery of GP services was a Healthwatch matter and it was considered reasonable these complaints to be followed-up through the Enter & View programme. In any event, it was approaching a year since the “hubs” had come into operation and it would be reasonable to ascertain what impact they had had in their first year.

With that in mind, the E&V Panel had agreed to undertake a series of visits to GP practices:

- a) To the Rosewood and North Street practices during normal operational hours
- b) To the Rosewood and North Street practices during their use as “hubs”
- c) To the Harold Wood (King’s Park) Polyclinic, during “normal” hours and in the evening (the premises are open until 8pm)
- d) To the Harold Hill Health Centre during “normal” hours (there are no late opening arrangements)
- e) To Petersfield Surgery during “normal” hours

In addition to the E&V visits, questions would be asked of the practices and the CCG, and other interested stakeholders.

**The Board endorsed the carrying out of visits as proposed above, and approved that additional enquiries be made of the CCG, Havering Health Limited (as sponsor/organisers of the “hubs”) and of the individual practices, with a view to preparing a comprehensive report for publication in due course.**

**Havering Healthwatch Limited**  
**Minutes of a meeting of the Board**

**252 JOINT INQUIRY INTO RTT BACKLOG AT QUEEN'S HOSPITAL**

Following discussion at the meeting held on 10 November 2015 (minute 233), the Board noted that the Council's Health Overview & Scrutiny Sub-Committee (HOSC) had agreed to the proposed joint inquiry into the backlog of referrals to treatment (RTT) at Queen's Hospital. The proposed Terms of Reference for the inquiry, already approved by the OSC, were now submitted for approval.

**The Board approved the Terms of Reference**, attached as the Appendix to these minutes.

The Chairman observed that, should there be a public enquiry as the result of any unforeseen adverse consequences for patients, the work of the Joint Inquiry would become an important element in the evidence likely to be considered.

Volunteers would be needed to serve as the Healthwatch members of the Joint Review Group. Mrs Buggle and Mrs Old both indicated that they were willing to do so.

**252 AWAYDAY – MARCH**

The Chairman suggested that it would be helpful to hold an Awayday of all members to agree the work programme for 2016/17 in late March or early April.

It was agreed that an Awayday be arranged accordingly at a suitable venue.

**253 JOINT BID FOR CCG CONSULTATION – ENGAGEMENT WORKSHOPS**

The Chairman reported that, following an invitation to tender from the joint BHR CCGs, the three BHR Healthwatches (among others) had submitted a bid to run a series of workshops for the public on behalf of the CCG as part of a consultation exercise on Urgent and Emergency Care (UEC). Although the outcome of the bid would not be known until the day following the meeting, the indications were that it was likely that the Healthwatch bid would succeed.

If it did indeed succeed, there would be need for groups of volunteers to work with others such as the Havering Over Fifties Forum and Positive Parents to obtain view on the UEC services.

Until the outcome of the bid was known, precise details of what would be required were not known but details would be circulated in Keeping You In Touch as soon as available.

**254 DOMICILIARY CARE CONCERNS**

A member had raised concerns about aspects of the local provision of domiciliary care for people who had social needs at home. The services were commissioned by Havering Council but there was particular concern that contracts were not being monitored as closely as necessary and that care staff were being expected to undertake tasks for which they were neither properly trained nor adequately paid.

The Chairman indicated that she and the management team would be meeting the member in question to explore the issues in greater depth, following which a proposal for investigation was likely to be developed.

**255 COUNCIL SERVICE REDUCTIONS – ENDING OF MEALS ON WHEELS SERVICE**

It was noted that, as part of the service adjustments resulting from the greatly reduced resources available, the Council had agreed to end the Meals on Wheels (MoW) service by the end of June (including the service in Barking & Dagenham, which was provided by Havering).

The loss of the service was clearly a matter of concern, though the justification for the Council's decision indicated that there were now insufficient service users for it to be financially viable. Alternative meals services were available and users were to be encouraged to use them instead.

**The Board agreed** to contact the Council to express concern, especially as regards those vulnerable people who lacked capacity to cook for themselves or the facilities to store food for more than a day or two, and to enquire how their welfare would be monitored and safeguarded, given that not all users would necessarily receive other home care services.

**256 GENERAL PHARMACEUTICAL COUNCIL (GPC) CONSULTATION ON STANDARDS FOR PHARMACY PROFESSIONALS**

Mr Patel suggested that Healthwatch should welcome the GPC initiative and respond accordingly. The Board concurred with that view. Mr Patel agreed to draft a response for consideration.

**Havering Healthwatch Limited**  
**Minutes of a meeting of the Board**

257 **LEAFLET ABOUT SERVICES FOR PEOPLE WITH DISABILITIES**

The Community Support Officer reported that the ..., on which she represented Healthwatch, had produced a small leaflet giving advice for people with disabilities. A first set of the leaflets had been printed and circulated, and had proved popular. However, there were insufficient funds to produce a second print run. The CSO enquired if it would be possible for Healthwatch to sponsor the printing of a new run, at an estimated cost of £800.

**The Board agreed** to sponsor a new print run of the leaflet, on condition that the Healthwatch logo and the words "Sponsored by Healthwatch Havering" were included in a suitably prominent place on the leaflet.

258 **COMMUNITY PHARMACY SERVICES – PROPOSED GOVERNMENT CHANGES TO NHS CONTRACTS**

Mr Patel reported that the Government had announced its intention of making significant changes to NHS contracts for the provision of Community Pharmacy services. The emphasis in pharmacy services would move from the provision of local pharmacy outlets to the provision of clinical pharmaceutical advice and support in GP surgeries as an ancillary service, much as district and community nursing operated. As a result, the number of local pharmacies would greatly reduce.

The proposals were currently being considered by the pharmaceutical profession.

---

**Chairman**  
**22 March 2016**

**Terms of reference for Joint Health OSC/Healthwatch enquiry into Delayed Treatments**

**Scope and Objectives**

- To understand the reasons for the backlog of appointments at Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT) and how this situation arose.
- To understand the issues regarding the reported delays of 93,000 outpatient appointments, in addition to the normal workload.
- To ascertain what measures are being put in place to improve the situation.
- To investigate how IT and new technology can be used to improve the appointments backlog.
- To clarify at what stage Havering Clinical Commissioning Group (CCG) became aware of the backlog and how the CCG is monitoring progress with this area.
- To establish to what extent the backlog of appointments has now reduced and the impact this had had on other parts of local health services.
- To address the issues regarding why patients are waiting longer than 18 weeks for elective and day case surgery.
- To confirm the proportion of delayed or cancelled appointments that resulted in non-routine interventions for the patient concerned.
- To consider the impact of the continued delay in the Monitor investigation into the tendering process for the Elective Care Centre at King George Hospital on the backlog of patients needing such procedures.

**Witnesses to be called**

- Dr Maureen Dalziel, Chairman, Dr Nadeem Moghal, Medical Director and Steve Russell, Deputy Chief Executive (BHRUT)
- Dr Gurdev Saini, Local Authority Lead, Alan Steward, Chief Operating Officer Havering CCG or Conor Burke, Accountable Officer, Barking & Dagenham, Havering and Redbridge CCGs
- Trust Development Authority (if possible)
- Caroline O'Donnell, Integrated Care Director – Havering, North East London NHS Foundation Trust (NELFT)

**Target Timescale**

- To complete work within six months of commencement of the review.