

MINUTES

of a meeting of the Management Board
17 February 2017 (2pm-4.10pm)

Present:

Directors:

Anne-Marie Dean, Chairman
Ian Buckmaster, Company Secretary
Hemant Patel, Director

Bev Markham, Community Support Officer
Carole Howard, Officer Administrator

Members Diane Meid, Dianne Old, Val Perry, Jennifer Smith and Vivien Saxby

Prospective Member Helena Cowin

Apologies for absence were received from Carol Dennis, Donal Hayes, Robyna Levitt, Sylvia Patten and Ron Wright

All resolutions were passed unanimously

276 MINUTES OF LAST MEETING

The minutes of meeting of the Board held on 13 December 2016 were confirmed as a correct record and the Chairman was authorised to sign them.

277 DECLARATION OF INTERESTS

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

278 OUTSTANDING ACTIONS

Action item 33 – 19/5/15 There had been no further development in this action.

Action item 34 – 8/12/15 Mr Patel advised that he was still awaiting a meeting with CCG and BHRUT colleagues.

Action item 39 – 16/2/16 The Joint Topic Group (with the Health OSsC) was likely formally to report by the end of March.

See also Action Item 47 below.

Action item 41 – 16/2/16 Discussions with Havering about involvement in their review of Domiciliary Care services were continuing; further news was awaited.

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- Action item 42 – 13/12/16 It was noted that the Enter & View Panel had approved the Relevant Decision Making Policy.
- Action item 43 – 13/12/16 It was noted that STP events were being planned for February and March.
- Action item 44 – 13/12/16 It was noted that Patient and User Experience training sessions were to be held in February and March.
- Action item 45 – 13/12/16 it was noted that Locality Development Group meetings were continuing.
- Action item 46 – 13/12/16 A further report in the Workplace Pension was on the agenda for this meeting.
- Action item 47 – 14/2/17 Arising from Action Item 41 above, there was discussion about inappropriate discharges from hospital and a suggestion that Healthwatch should, in some circumstances, make a referral to Adult Safeguarding as such issues might arise. It was agreed to consider this possibility further.

279 CHAIRMAN'S REPORT

The Chairman presented a brief report of recent Healthwatch activity – see Appendix 1 to these minutes.

280 FINANCE REPORT

The Company Secretary submitted the Finance Report for January 2017. £107,769 had been spent on Healthwatch activity (including amounts carried over from 2015/16) and there had been income of £126,019.

In January, spending had amounted to £9,7945. Current forecasts indicated that the Council grant would be expended in full but, after applying other income (not yet due), there was likely to be a modest end-of-year surplus.

281 RELEVANT DECISION MAKING POLICY

It was **noted** that the Enter & View Panel had, at its meeting on 28 January, **approved** the Relevant Decision Making Policy in accordance with the authority delegated to it by the Board at the last meeting.

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282 REPRESENTATION OF HEALTHWATCH AT MEETINGS

The list of meetings at which Healthwatch is regularly represented, and of the individuals who are the representatives, was submitted for review.

Following discussion, the Board confirmed the representation as set out in Appendix 2.

283 EMPLOYMENT OF DATABASE ADMINISTRATOR

Following the last meeting, the Chairman and the Company Secretary had met the officers of the Council responsible for commissioning the Healthwatch service. In order to monitor the Company's activities and to satisfy themselves that there is good value for money, they required submission quarterly of detailed statistical information.

The information they required was available within the Company's records but not in formats that enabled the required statistics to be easily retrieved. For that reason, following discussion, the Directors had concluded that one or more formal databases should be created to hold the information and to produce statistics from it. None of the current staff had the time or the skills to create the databases needed and it was considered that to approach a commercial organisation to produce a bespoke solution would be unaffordable. Accordingly, it had been concluded that the way forward would be to employ someone with the required background.

A former work colleague of the Company Secretary, known to possess the right skills, had been approached to see whether he would be interested in undertaking this work. Following interview, and satisfactory references having been obtained, he was appointed to the temporary post of Database Administrator. He had been working for two days per week in the office. The appointment would be for the period to 31 March initially.

The Board noted the appointment.

284 NHS SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

Further to previous discussion, the task of explaining the STP to the public continued to make progress.

Two event that had been planned for later in February had, however, recently been cancelled and alternative arrangements were to be made. Currently, it was being assumed that, in March, there would be a Havering-specific event (possibly two). It was noted that dates, times and venues had yet to be agreed.

285 WORKPLACE PENSION SCHEME

Note: this minute is publicly available but, to comply with Data Protection and other legal requirements, does not identify individuals.

At the last meeting, the obligation to set up a Workplace Pension Scheme had been discussed. It was now reported that, since then, it had been established that only one member of staff wished to take advantage of the scheme.

It had been agreed that the Company should use the provider set up by the Government to operate a scheme, NEST, registration with which was in hand but before that could be completed, a decision was required as to the contribution that the Company will make to that person's pension fund.

The Board was advised that the statutory minimum amount of the employer's contribution was currently 1% of the employee's pay, rising in April 2018 to 2% and from April 2019 to 3%. There were minimum contributions for employees that would rise at similar intervals but the actual level of contribution was a matter for the individual.

It was open to the Company to pay more than the minimum.

The Board was now requested to determine the rate of employer's contribution to the workplace pension.

Following discussion, the Board **RESOLVED** that the Company contribution to the Workplace Pension be set at 2% of the whole salary of an employee in the period to April 2019 and thereafter at 3%.

Note: Board members who are employed by the Company took no part in the discussion or resolution recorded above (other than the Company Secretary to offer advice on the requirements of the Scheme).

286 PRIORITIES FOR 2017/18

It was agreed that discussion of the priorities for the coming year be deferred to the April Board meeting.

287 OFFICE ACCOMMOADTION – RENEWAL OF TENANCY

The Company Secretary reported that the Company's tenancy of the room at Queen's Court had been renewed for a further year, until the end of March 2018.

Chairman
11 April 2017

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APPENDIX 1

Chairman's Report

Firstly, Happy New Year.

This first report for 2017 begins with reflecting on some of the highlights of 2016 and the opportunities and next steps for 2017.

Highlights of 2016

The Enter and View Programme undertook a huge amount of work and extended the talents and abilities of our volunteer members into working in Primary Care and on the High Street looking at services provided at first hand to our residents. In addition, we undertook two community service visits one focusing on WDP which provides a service for individuals with drug and alcohol problems and the NELFT's Street Triage team and volunteer members gave the 'thumbs up' to both services

GP practices have seen several changes during last year and a merger between two practices has resulted in the request that Healthwatch volunteers assist the practice and the Patient Experience Reference Forum (PERF) with designing and developing a new service model that brings together the very best aspects of primary care.

Good progress has been made by the Learning Disabilities groups and Queens on developing more patient and carer friendly services and we are pleased that during the first part of 2017 Queens hospital will be introducing a Passport for patients with learning disabilities which should enable them to be given the appropriate time and attention needed to ensure that their attendance is a success and a positive experience.

We are also pleased to have been included by the CCG in a wide range of work related to Urgent and Emergency Care ranging from taking part of in seeking the views of over 300 residents, attending meetings and taking part in Stakeholder events which culminated in the release of a video on U-Tube at the end of 2016.

A new area of work that has emerged is the request for Healthwatch to become involved with the Borough's work on Safeguarding, this is a statutory role that the borough has and is being led by one of our volunteer members

The quality and standards of health and social care continues to be high on everyone's agenda and a volunteer member leads on this work with the borough, the tri-borough team and now with an invitation to join the North-East London quality surveillance meeting.

It is very often the feedback that we get from our volunteer members that leads us to visit and explore more about services being given to patients. The review of the meals provided at Queens hospital is a very good example enabling Healthwatch to explore the selection of food, serving the meals and support to patients, how menus were designed and the associated food chain, the report makes for concerning and interesting reading.

Opportunities for 2017

CarePoint

At the end of 2016 we began developing the working relationship with Care Point, this is the borough service which facilitates and supports residents by directing them to services, providing advice and guidance on a range of issues from benefits to housing. In 2016 they developed a timetable of 'surgeries' which is a network of places across the borough where they can provide easy access for residents who need to advice. Our aim is to work in partnership with Care Point providing the Care Point team with 'Have Your Say' reply paid cards to share their experiences.

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Sustainability and Transformation Programme

As we become more involved in working with the Sustainability and Transformation Programme (STP) we see the Care Point network as a real opportunity to seek the views of residents, many of whom might not want or are unable to attend the more formal events. We are hoping to begin a series of workshops across the borough on the STP in March.

Havering Locality Design Group

We have been invited by the Borough and CCG to join the Havering Locality Design Group. This group is considering ways in which Primary Care, NELFT and Borough services which are delivered at local practice/premises are clustered together. The purpose is ensuring that patients particularly those that use many services have a more streamlined approach, we know that many patients want to be supported to be more enabled to manage their own care and so self-care support systems will feature in this design work. An early focus for this work will begin with a pilot in September looking at children and young people's services. It is also recognised that many residents have other problems and difficulties that increase their physical and mental health condition so services such as housing, finance and employment will be part of designing this approach.

Next Steps for 2017

Joint Topic Review of the RTT

The Havering Health Overview and Scrutiny Sub-committee will be completing the first draft of its report in March 2017 and is expecting to report to the Health Overview and Scrutiny Committee meeting in June 2017 and then onward to the Health and Wellbeing Board. This review has explored the reasons why thousands of patients have had serious delays to their treatment programme. The work undertaken by the committee members has been exceptional in seeking answers to some very knotty problems.

Planning our work programme for 2017

The Healthwatch team will begin the process of reviewing our year's work during March and will prepare a discussion paper for our Away Day in April. Everyone is very welcome to 'chip in' with areas that they would like either to take a more active part in or think that we should identify as a key priority or expand an existing piece of work.

We will also as part of this review look at the financial position, looking at issues such as the grant and the possible implications of spreading our talents and expertise more widely.

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APPENDIX 2

This appendix is being drafted and will be added as soon as possible