

**MINUTES**  
**of a meeting of the Governance Board**  
**12 July 2022**  
**(13:30-13:50)**  
**At Queen's Court**

**Present:**

**Anne-Marie Dean, Chairman**  
**Ian Buckmaster, Company Secretary**  
**Paul Rose, Non-Executive Director**

**Bev Markham, Community Support Officer**  
**Carole Howard, Office Administrator**

**Carol Denis, Jenny Gregory, Dawn Ladbrook, Di Old and Val Perry, Members**

**1 Welcome and apologies**

All members were welcomed to the meeting.

An apology was received from Ron Wright.

**2 Membership of the Governance Board**

The Board was reminded that the Annual Election of Members of the Board had been held at the AGM on 30 June. Only five nominations had been received for the five vacancies; accordingly, the five nominees had been declared duly elected.

The nominees were Carol Dennis, Jenny Gregory, Dawn Ladbrook, Di Old and Val Perry, who would all therefore continue in office for a further year.

**3 Declarations of interest**

There were no declarations.

**4 Minutes of meeting held 14 June 2022**

The minutes of the last meeting were agreed as a correct record and the Chairman was authorised to sign them.

## 5 Finance report

The report for June was presented.

Spending in the month totalled £10,106, which was in line with previous regular monthly spending.

NHSNEL had, however, now confirmed that all NEL Healthwatches would be paid £5,000 for their general work in support of the new ICB/ICS. In addition, income of the order of £1,500 was expected from the recent survey of Care Homes on behalf of NHSNEL and work was currently in hand on their Maternity Equality project which could realise up to £4,000. Other projects in the pipeline might bring in further income.

Although some of the prospective income would be needed to meet costs arising from the projects to which it related, there was expected to be enough surplus to avoid an end of year deficit. It was not yet possible to quantify either the likely income in any detail, or the likely surplus.

The position would continue to be monitored and reported monthly as the year progressed.

The currently predicted shortfall was more than covered by the available reserves.

## 6 Implementation of new NHS governance – NHS North East London operational

On 1 July, the new legislation on the structure of the NHS had been implemented and the old CCG had now been replaced by the new Integrated Care Board (ICB). The organisation would continue to be known as **NHS North East London** (abbreviated as **NHSNEL**); the umbrella body (Integrated Care System - ICS) for the ICB and Local Authorities and others working together would continue as the **North East London Health and Care Partnership (NELHCP)**.

As noted earlier, NHSNEL had confirmed its intention to pay each Healthwatch £5,000 towards the cost of governance work done directly for NHSNEL, such as meeting attendance. NHSNEL would be drafting a formal Memorandum of Understanding (MoU) between them and the NEL Healthwatch organisations, and an MoU between the NEL Healthwatch would be arranged to determine who would attend which meetings and how they would be reported back.

Locally, NHSNEL had announced that the Lead Officer for the Havering Borough Partnership would be Andrew Blake-Herbert, the Chief Executive of the London Borough of Havering.

Regular reports would be made to the Board about developments in NHSNEL, NELHCP and the Borough Partnership.

## **7 Havering Borough Partnership: GP Leadership Board**

The terms of reference for the GP Leadership Board within the Havering Borough Partnership were received and noted.

## **8 Safeguarding and Quality**

Ms Old remarked that it was surprising that the matters discussed at the tri-borough Local Quality and Safeguarding (LQSG) meetings were not always raised at the Havering Quality and Surveillance Team meetings.

There was particular concern about the Lilliputs Complex of care homes for young people. There was also concern that safeguarding reports were not being submitted in the numbers that were expected.

Three homes had been visited by Havering Council staff in the previous month (a fourth visit had been cancelled owing to a Covid infection). Concern was expressed that several of those visited were known to be in difficulty.

## **9 Engagement projects**

The Board considered updated information about the following, current projects:

- **Fundraising for Raizer Chair/St John Ambulance Community First Response**
  - Alternative ways of pursuing this project were being pursued.
- **Domiciliary Care**
  - The next group of surveys was currently being dealt with. It was agreed that Havering Council should be approached for additional funding for these surveys in future.
- **Post Covid Syndrome (Long Covid)**
  - The report was being finalised. A presentation had recently been given to a Workshop arranged by Public Health Havering, and there would shortly be a further presentation to the new Health OSC

- **Care Homes – Direct Enhanced Service (for GP cover at homes)**
  - The survey had been completed and results would soon be passed to NHSNEL. The exact income from the survey had yet to be calculated but could be around £1,500.
- **Supporting Equity and Equality in Maternity and Neonatal across NE London**
  - The survey has been launched. Queen’s Hospital Maternity Unit was due to be visited shortly and the draft questionnaire had been circulated for comment.
- **Hypertension**
  - Nothing further has been said about this project. NHSNEL had now initiated its own survey and the Board accordingly agreed that this should not be taken further.
- **Mental health services: carers’ and service users’ workshop (NELFT)**
  - The Board noted that, on behalf of Healthwatch, Ms Bell had attended this event for service users and carers. The principal conclusion had been that clubs and hubs for patients avoided people having to be hospitalised unnecessarily and to deal with people who found themselves in crisis. Discussion followed as to the response to people undergoing mental health crises and it was noted that Havering Council was looking at funding gaps in mental health services for children and young people under 18, particularly in secondary schools. Mr Rose had already been giving thought as to how Healthwatch could look at these issues and it was agreed that this work should continue.
- **GP access**
  - This possible project was still under consideration.
- **Patient Participation**
  - NHSNEL were drafting a “toolkit” for PPGs, which may be presented as a document produced jointly by NHSNEL and HWs.
- **Dental Services**
  - It was noted that there was a growing feeling that NHSE was “marking time” on Dental Services until they could transfer commissioning responsibilities to the ICSs.
- **Digital in/exclusion**
  - An update from Havering was awaited.
- **Hospital discharge**
  - No progress had been made yet.

- **Community Insights System (CIS)**
  - Development of this System was continuing apace. HWE were abandoning the current CRM system and had recommended that LHW find their own system(s) to use – CIS was one of several that had been endorsed as successors to CRM. HWE were developing ways by which the data collected by CIS could be shared with HWE so that they had a nationwide database.
- **Safeguarding**
  - The Havering Safeguarding Adults Board had requested that Healthwatch re-run the safeguarding survey that had been held last year. The survey questionnaire had been updated to include further details; it was intended to run it in September.
- **St George's Health and Wellbeing Hub**
  - The outline business case for the project was now with the DHSC. The operational manager for Clinical Modelling at the Hub had sought Healthwatch support for the development of care navigation/social prescribing across all of the services that would be located at the Hub. Mr Rose observed that no funding was available within the project for voluntary sector involvement. The Board agreed that further support for the operational manager's suggestions should be made available.
- **E&V visit to A&E and Queen's Hospital**
  - It was noted that the proposed visit to A&E had now been welcomed by BHRUT, PELC and the LAS. Arrangements would now proceed with a view to the visit taking place in mid-/late September.
- **Services for deaf, partially sighted and other disadvantaged individuals**
  - The Director of the Havering Borough Partnership had suggested that Healthwatch and the Havering Compact should bid for funding for a project to ascertain the gaps in provision for services for deaf, partially sighted and other disadvantaged individuals. It was agreed that this possibility should be explored.

## 10 Next meeting

The next meeting was due on Tuesday, 13 September 2022 at Queens Court.

\_\_\_\_\_ Chairman