

MINUTES
of a meeting of the Governance Board
20 September 2022
(13:30-15:30)
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

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 Carol Denis and Ron Wright.

The Board sent best wishes to Mr Wright for a speedy recovery from his present indisposition.

It was agreed that the possibility of Board members being able to join meetings remotely should be explored.

2 Declarations of interest

There were no declarations.

3 Minutes of meeting held 12 July 2022

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

4 Finance Report

Monthly income and expenditure

The report for August was received. Spending in the month had totalled £9,395, lower but generally in line with regular monthly spending previously. £979 had

been received from Healthwatch England as a contribution of the cost of making changes to our website – see minute 8 following.

The current forecast deficit was £1,859 but significant income was expected from NHSNEL and the Home Care and Maternity Surveys in the next couple of months, and there might be additional funding to come from the Havering Place-based Partnership.

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

Printing and photocopying

Advance notice had been received that the cost per page of printing and photocopying would be increased from 1 October. This was not likely to be a significant cost increase overall, as the average charge for copying this year to date has been £12 per month.

Bank savings account

Barclays Bank had advised that, in November, they would be changing the savings account to a “Business Premium Account”, paying interest at 0.15% rather than the current 0.01%. It was noted that, as the change would not happen until November, this year’s interest was unlikely to be very significant. Interest would be paid quarterly rather than annually.

Bank mandate

Although Barclays had now confirmed that the new bank mandate had been implemented, neither Mr Rose nor Mr Wright appeared to have been given access to the bank accounts. The Chairman was concerned that this constituted a business risk as, in the event of the Company Secretary being unable to deal with financial matters for any reason, neither of them would be able to act in his place.

It was agreed that the Company Secretary should write to Barclays seeking clarification of the position.

5 Safeguarding

Since the last meeting, contact had been established with Elisabeth Major who was now the manager of both the Adults’ and Children’s Safeguarding staffs at Havering Council (and was very keen that Healthwatch should play a full part in the Safeguarding activities in the Borough).

For the second year running, the Safeguarding Adults Board had asked that Healthwatch conduct a survey on their behalf – with expanded questions,

including about “hoarding” which was fast-becoming a major area for Safeguarding in view of the fire safety implications of floor-to-ceiling piling of flammable rubbish that is often found in hoarders’ houses. The Safeguarding Adults Board had asked for the survey to be an annual event.

The survey had been launched on 5 September and will close on 30 September, and its outcome will be reported during the Safeguarding Week in November. As of 20 September, there had been 33 replies to it.

It was noted that some members’ safeguarding knowledge required updating and it was agreed that a further course be arranged as soon as possible. An updated list of members’ training needs would be presented at the next meeting.

6 Havering Borough Partnership (now the “Place-based Partnership”)

The Chairman advised that she had recently attended a meeting of the Partnership. Her notes of the meeting would be circulated.

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

NHSNEL had recently circulated a draft Memorandum of Understanding (MoU) between the ICB and Healthwatch govern the support to be given by Healthwatch in support of the ISB and ICS. It was noted that some provisions within the draft would require further discussion between the Healthwatch organisations within North East London and the ICB; a MoU between the Healthwatch organisations would also be needed. Clarification was also needed of the ICB/ICS meetings to be covered by the NHSNEL/Healthwatch MoU.

8 Upgrading the website

The Board was reminded that the website was based on an app called Drupal, organised by HW England, who had advised that an upgrade from Drupal 7 to Drupal 9 would soon be needed. A similar upgrade about 18 months ago, introducing a number of improvements and making it easier to update, had taken several months and a lot of staff time; the coming changeover would require at least a similar amount of input. To assist with the cost of doing this, HWE had made available a grant of £979.20, which had now been received.

The costs to be incurred when the move to Drupal 9 occurred would therefore be treated as standard business costs as they arose and were accounted for.

9 Safeguarding and Quality - update

Ms Old reported that safeguarding concerns were now being investigated with more vigour than had been evident during the period of the Covid disruption. Particular concerns had been expressed about care homes (which the Engagement Panel had recently agreed should be the subject of Enter & View visits at an early opportunity).

10 Engagement projects - update

- **Fundraising for Raizer Chair/St John Ambulance Community First Response**
 - Alternative ways of pursuing this project were under consideration.
- **Domiciliary Care**
 - The latest group of surveys had been dealt with but the Council would be asking for a further round of surveys to be carried out.
- **Post Covid Syndrome (Long Covid)**
 - The report was being finalised. Its findings had been already presented to a Workshop arranged by Public Health Havering, and to the new Health OSC
- **Care Homes – Direct Enhanced Service (for GP cover at homes)**
 - The survey had been completed and initial results passed to NHSNEL. The exact income from this survey had yet to be calculated but might be around £1,500.
- **Supporting Equity and Equality in Maternity and Neonatal across NE London**
 - The survey had now closed and the full report was awaited. Thanks were expressed to Bev Markham, Mary Bell, Di Old and Jenny Gregory for assiduously following up a number of contacts to get interviews and responses.

The following comment had been received from a senior person at NHSNEL:

'What the team at Healthwatch have been able to do in such a short amount of time is incredible – so much rich insight, from individuals and groups we simply wouldn't have been able to engage with, that will really help inform how improvements can be made.'

'Everyone on the call was very impressed with all the insight and appreciated just how much work has gone into the findings. I've just had a email from someone who wasn't able to make it but they heard the session was 'amazing' so word has already spread!'

Another had said:

'Healthwatch has such an amazing response in terms of engagement from groups that we might not see in other forums – supporting the trusts to do this in the future would be really helpful'

NHSNEL had indicated that they might commission some further work, building on the current project.

- **GP access**
 - This possible project was still being thought through.
- **Patient Participation**
 - NHSNEL were drafting a “toolkit” for PPGs, which might be presented as a document produced jointly by NHSNEL and HWs.
- **Safeguarding survey**
 - As reported in minute 9, the annual safeguarding survey was now underway.
- **Dental Services**
 - The Board noted that the feeling was growing that NHSE was “marking time” on Dental Services until they were able transfer commissioning responsibilities to the ICSs.
- **Digital in/exclusion**
 - An update from Havering was awaited. It was understood that the officer who had been working on this project was no longer employed by the Council and that the project was no longer a priority.
- **Hospital discharge**
 - No progress had been made.
- **Services for the deaf**
 - Contact had been made with local schools that provide services for deaf children, and with Deaf Quality and Positive Signs, voluntary organisations for deaf people. Ms Gregory agreed to work with the Chairman to scope a project working with such services to secure improvements for people who had a hearing impairment. The Havering Place-based Partnership had indicated a willingness to fund such a project (perhaps up to £3k).
- **Autism and Learning Disabilities**
 - Disappointingly, BHRUT had refocused their Learning Disability (LD) and Autism Working Group and no longer required Healthwatch representation, but contact has now been made with NELFT and the Safeguarding Adults Board who were both looking at how better to interact with people who are living with autism and have asked for help. As an initial step, the questions for people queueing to be seen at Queens’ A&E (part of the forthcoming E&V visits there) would include some specific questions for people with LD or autism.

The Chairman tabled a draft proposal for a project working with individuals or families affected by LD or autism, to understand the impact of the Covid disruption and explore the challenges and opportunities facing them. The Board approved the proposal in principle.

The Havering Place-based Partnership had indicated a willingness to fund this (perhaps up to £3k).

- **Community Insights System (CIS)**

- Development of this System continued apace. HWE were abandoning the current CRM system and had recommended that local Healthwatch find their own system to use – the North East London 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.

11 Harold Wood Polyclinic

A member raised for discussion her recent experience of attending the Polyclinic as a patient needing a wound redressed and had waited for 8 hours before being seen. From information obtained from NHSNEL about the arrangements for such procedures, it appeared that the service was operating in ways different from those envisaged by NHSNEL when the contract was placed.

It was agreed that further details would be provided by the member in question and taken up with NHSNEL.

12 NELFT Mental Health Services

Ms Markham gave an oral report of a case recently reported about alleged failures by mental health staff at NELFT to support an individual in an apparent mental health crisis. It was noted that an approach had been made to senior management at NELFT in an effort to seek a satisfactory resolution of the case.

13 Next meeting

The next meeting was due on Tuesday, 11 October 2022 at Queens Court.

_____ Chairman