

**MINUTES**  
**of a meeting of the Governance Board**  
**23 January 2024**  
**(13.30-16:00)**  
**At Queen's Court**

**Present:**

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

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

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

**1 Welcome and apologies**

All members were welcomed to the meeting.

Carol Dennis was welcomed on her return following a period of indisposition.

**2 Declarations of interest**

There were no declarations.

**3 Minutes of meeting held 14 November 2023**

The minutes of the meeting held on 14 November 2023 were agreed as a correct record and the Chairman was authorised to sign them.

**4 Finance Report**

The reports for November and December were submitted.

November

The month's spending had been £10,051, bringing the average spend this year to £9,977/month.

The money held over from last year for the three projects - Website upgrade, Report on Services for People with LD and Autism and Report on Services for Deaf People – had been released into general funds at the end of November.

### December

The quarterly interest payment to the savings account had been £21.63, bringing interest paid this year to £50.30, contrasting rather favourably with the payments of just 50p received in 2021/22, and of £8 last year. Interest estimated for the whole year was about £75 (assuming rates did not change in the meantime).

The month's spending had been £12,712.18, bringing the average spend this year to £10,281/month. Additional expenditure in the month included Christmas celebration costs.

The final instalment of this year's contract payment from the Council had been received early.

As a result of the release of funds, at the end of November, the previously forecast deficit had become a currently projected surplus of £3,111; that is the difference between the amount paid or to be paid by the Council and the amounts which were currently forecast to be spent up to 31 March, disregarding expected income not yet received and expenditure not yet quantified.

The balances at bank at the end of December were noted.

### Other matters

The monthly cost of two service contracts had recently increased. None of the increases were excessive – the website and email system cost has increased by about £27/month; and payroll by £12. Both arrangements continued to provide good value for money.

The Board noted that the invoice for £5,000 assistance from NHSNEL had not yet been paid; and payment of the invoice for the costs of the project to obtain views from patients at BHRUT had not yet been received as Healthwatch Barking & Dagenham had yet to receive the contract payment from BHRUT.

## **5 Healthwatch Havering Contract - continuation**

The current contract for Healthwatch Havering was due to expire on 31 March but it was understood that the Council had decided, in principle, to exercise the option to extend it for two more years, until 31 March 2026, "subject to the designated grant being available" (from the government). A formal decision

was expected around the end of January; there was, however, no current indication of what the government grant was likely to be. The government had a statutory obligation to pay a grant but had discretion as to its level (and the Council had discretion as to how much of that grant they would pass on).

In the meantime, several annual contracts were due for renewal before the end of March and, in order to ensure that there is no disruption of business, **the Board authorised the Company Secretary to renew contracts as they fell due.**

## **6 Priorities for 2024/25**

As it was (almost) clear that the Healthwatch contract would be extended for two more years, the Board considered the extent to which the priorities for 2023/24 had been achieved, and set new priorities for 2024/25.

### **Priorities from 2022-23**

- 1) Enabling the development of Patient Participation Groups (PPGs) across the Borough, which support the wider agenda of the HPbP – it had not been possible to take this proposal forward (but the possibility of working with the GP practices moving to the St George's Centre would be explored
- 2) Maternity: improving local services – this proposal had been completed: the final report had been published in partnership with Healthwatch NEL and NHSNEL, and detailed work was continuing
- 3) Mental Health – supporting development of street and pastoral services – it had not proved possible to take this proposal forward
- 4) Autism and learning disability – supporting the development of services for young people transitioning into adulthood – this proposal had been completed: a detailed survey had been undertaken for the Council to support their commissioning proposals and the report had been published
- 5) Services for the deaf – improving local provision – this proposal had been completed: a detailed survey had been undertaken and the report had been published.

The Board agreed the priorities for 2024/25 as follows:

- 1) Community Dentistry – awaiting further commitment from NHSNEL
- 2) Primary Care: GPs – access to practices remains problematic, and the future use within them (or the PCNs) of Allied Healthcare Professionals such as pharmacists and physiotherapists is a developing area
- 3) Primary Care: Community Pharmacies – the government wishes to transfer dealing with relatively minor ailments from GPs to pharmacies:

the extent to which pharmacies are ready and prepared for that is a matter of concern

- 4) Development of A&E services at Queen's Hospital and Urgent Care there and at Harold Wood Polyclinic – changes will require monitoring
- 5) Creative Health Havering – Havering has bid to be Borough of Culture and Healthwatch is a partner in that project
- 6) Long COVID – ongoing work to support the continuity of interest of Public Health team
- 7) Communication Impairment (deaf and blind) – further support for deaf, blind and other communication-impaired people developing from work on support for the Blind and for the Deaf carried out in 2023/24
- 8) Learning Disability and Autism – building on the work carried out in 2023/24
- 9) Mental health services in educational facilities – examining current provision and what is needed
- 10) Collaboration with Health Champions, Local Area Co-ordination and Health Connectors Schemes – developing existing links to mutual benefit.

In relation to priority (2), it was noted that some pharmacies appeared to be charging patients for the consultation leading to the issuing of a prescription and it was agreed that the question of such charges should be explored during any Enter & View visits to pharmacies.

## **7 Havering Place-based Partnership (HPbP) Board**

It was noted that the Chairman was continuing her involvement with the allocation of Community Chest funding to the local voluntary sector.

Towards the end of November, the Chairman and Company Secretary had been invited to participate in stakeholder interviews for the post of Director of the HPbP. Three candidates had been interviewed, of whom one was the current, interim postholder, Luke Burton: it was understood that he had been appointed to the substantive position.

The HPbP had recently updated its governance structure. A paper outlining the structure was presented to the meeting. Several Assistant Directors to support Luke Burton were in the process of being appointed.

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

The Company Secretary had been appointed a member of NHSNEL's Finance, Performance & Investment Committee as the representative of the Healthwatch organisations across North East London.

It was noted that NHSNEL was dealing with a significant budget deficit. Many staff had already left, and further staff changes were in hand as teams were consolidated and adjusted to meet new requirements.

## **9 Safeguarding and Quality - update**

Ms Old reported on several care homes where particular actions were being, or had been, taken.

## **10 Engagement projects - update**

- **Services for the Deaf**

- The report had been published on 12 January.

A presentation had been made to the Havering PbP in December. A number of congratulatory messages had been received, expressing appreciation of the report's thoroughness.

- **Autism and Learning Disabilities**

- The report had been published at the end of November.

Several expressions of appreciation of the report have been received.

- **BHRUT Patients' Survey**

- This project had been finished but the findings had yet to be published as BHRUT, who commissioned the project, had not yet approved them.

- **Long COVID**

- The report had been published towards the end of November.

A working group of Public Health Havering, North PCN and others, involving Healthwatch, was now looking at next steps. A training programme for Health professionals was being developed and it was likely that focus groups of people living with Long COVID would be arranged to inform that training.

Healthwatch would be contributing to that training.

- **NHS Dentistry in NEL**

- This project was on hold pending a response from NHSNEL.

- **Allied Health Professionals in GP practices**

- Following an approach from NHSNEL, assistance was being given with a survey of local people to ascertain their views about seeing Allied Health Professionals (AHPs) through their GP practice. AHPs included pharmacists, paramedics, podiatrists, dieticians and physiotherapists.

There was concern that (a) patients were not aware of the range of AHP services now available through or at practices, nor (b) that such services were indeed available - as was well known, the changes in GP working had not been communicated at all well and most patients had no idea what alternatives there were to being seen by a GP.

The project aimed to identify what understanding there was of AHPs and to raise awareness of them.

Assistance so far had been limited to suggesting improvements to the draft survey questionnaire; in due course, the availability of the survey would be publicised.

- **Creative Health Havering**

- There had been no developments in this project but the bid for Havering to be designated London Borough of Culture has now been submitted.

The person at Queen's Theatre who had been leading the project was shortly to leave Havering; a new lead had been appointed and future developments were awaited.

- **Enter & View visits**

- Visits had taken place in December at:
  - Queen's Hospital A&E services (BHRUT: Emergency Department; PELC: Streaming and UTC; LAS Ambulance reception) (see also item 11 following)
  - Harold Wood Polyclinic/UTC
  - Glebe House

A further visit to Queen's Hospital to observe meal time arrangements was being arranged for February or March.

## **11 Enter & View visit – A&E at Queen's Hospital (and King George Hospital)**

During the December visit to A&E at Queen's Hospital (Queen's), the visiting teams had noted that a large proportion of the patients awaiting attention in the Emergency Department (ED) were elderly and frail, many of whom were on

trolleys awaiting admission. The ED, and other areas of A&E, were extremely busy but despite that staff were showing caring and supportive approaches to patients and were helpful and informative to the visiting teams. The visiting teams were told that some patients were waiting for several hours before being seen and admitted. Staff advised, however, that, at King George Hospital (KGH), different arrangements applied and patients appeared to be seen much more quickly.

The visiting teams, when preparing their reports, discussed their concerns regarding the waiting times for admission with the management team. It was agreed that before writing the final report, the opportunity should be taken to get a better understanding of the issues and the Chair contacted the CEO of BHRUT. An opportunity to discuss the issues with the CEO and his team was quickly extended and a meeting to discuss and learn more about the issues at A&E was to take place in early February.

It was agreed that one recommendation in the report of the visit should be that BHRUT should seek to appoint volunteers to act in an ambassadorial role, as “champions for elderly patients”, to look after their welfare while they were awaiting admission.

## **12 Understanding the diversity of Healthwatch**

HWE had urged local Healthwatch to support tackling health inequalities, “amplifying the voices of communities that are unheard, overlooked or ignored and reducing the barriers they face”. Further details of the HWE approach were presented to the meeting.

It was noted that the demographics of Havering differed significantly from those of the other boroughs in North East London (and much of the rest of London too) – something that was not always understood, even within North East London.

That said, there was still much to be done to address health inequalities, particularly in areas such as Harold Hill and Rainham, albeit that the deprived communities were not necessarily the same as might be found in Newham or Tower Hamlets.

The outcomes of a short survey about the demographics of Healthwatch staff and volunteers completed by 11 members were now submitted for information.

### **13 Other business**

(a) North East London Cancer Alliance (NELCA)

It was noted that NELCA would shortly be launching an app to enable patients to self-refer cases of suspected cancer.

(b) It was noted that a member would be celebrating a significant birthday later in the year, and it was agreed that a suitable means of marking that would be arranged.

### **14 Next meeting**

The next meeting was due on Tuesday, 13 February 2024 at the office.

\_\_\_\_\_ Chairman