

MINUTES
of a meeting of the Governance Board
15 April 2025
(13:30-15:25)
At Queen's Court

Present:

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

Jenny Douglass, Community Support Assistant

Carol Dennis, Dawn Ladbrook (for part of the meeting) and Di Old, Members

1 Welcome and apologies

Apologies were received for the absence of Jenny Gregory, Carole Howard and Val Perry.

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

2 Declarations of interest

There were no declarations.

3 Minutes of meeting held 11 March 2025

The minutes of the meeting held on 11 March 2025 were agreed as a correct record and the Chairman was authorised to sign them.

There were no matters arising.

4 Finance Report

(a) Finance Report for March

The report for March was submitted.

Expenditure for the month had been £10,485, slightly below the average monthly spend for the year. No payment of Employer NICs had been made for February and only a relatively small payment was made for March. Several annual subscriptions were renewed.

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

(b) End of financial year

It was noted that the figures in the report represented income and expenditure for the whole of the financial year (although a small number of transactions remained outstanding to be settled in April) but were subject to audit as the Annual Accounts were prepared.

The Council's contract payment for the first quarter of 2025/26 had been received, early, on 20 March – the payment had immediately been transferred to the Savings account but was not included in the Savings balance for the end of March.

The £5k payment for 2024/25 from NHSNEL had been received on 31 March and immediately transferred to the Savings account to repay in part a draw down of funds (£9k) that had been transferred from Savings to the Current account to cover expenditure in the latter part of March/early April. NHSNEL had given an assurance that they would pay £5k for 2025/26, and earlier than they had so far managed in the past couple of years.

The unused part of the funds drawn down (some £1,800) had now been repaid as all outstanding payments from 2024/25 had been settled. The loss of interest from the draw down would be more than made up by the temporary transfer of the early receipt of 2025/26 payment.

It was reported that HMRC were now considering the claim for repayment of previous years' Employers' NICs.

5 Healthwatch office

No progress had been made in transferring the office to the new building.

6 Havering Place-based Partnership (HPbP)

No report was presented.

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

(a) The future of NHSNEL

The Government had recently announced its intention to abolish NHS England, and NHSNEL had been told to reduce its employee headcount by 50%. In response to a request from NHSNEL for suggestions as to where its future priorities should lie, the eight Healthwatch in North East London had suggested a number of points (see the Appendix to these minutes). In addition, it had been suggested that :

- (i) NHSNEL should focus on managing primary care better, given the many complaints made about GPs that suggested closer supervision was needed at Place as well as System level, as too many GPs (or their staffs) seemed to believe they did not need to have regard to their contracts with the NHS and did not seem to be set up in a way that is patient friendly. The links between practices and ARRS staff were also quite confusing for many service users.

GPs lacked the infrastructure to manage themselves as well as they should.

With resources becoming even scarcer, it is vital that primary care works for patients - but what we hear from patients is that it is not working for them.

- (ii) It was difficult to determine or measure how the ICB impacted on the care of local people. The CQC had been alerted to the lack of mental health support for children and young people; and it would be good to have a better understanding of how the ICB monitor delivery and quality from their providers and how that will be affected (if at all) by the prospective changes.

(b) NHSNEL funding

NHSNEL continued to face serious financial difficulties, with a deficit of around £80m despite an injection of £40m from NHS England. Much of the overspend had resulted from overspending by provider organisations, especially BHRUT.

8 Safeguarding and Quality - update

Ms Old reported that the Havering QOT Panel now had new leadership, who seemed to want to reduce the business coming before it and it was not clear yet how it would work in future. A similar position applied to the NEL LQSG.

9 Engagement projects - update

- **Long COVID**

Following a meeting with an organisation that provided training and guidance for Peer Support Groups (PSGs), the availability of funding for them had been confirmed and the next steps were under way.

- **Creative Health Havering**

There had been no response from the Liberty Shopping Centre Management to the approach as to whether they would host an exhibition but Queen's Hospital were interested in doing so and discussions with them were in hand.

- **Enter & View visits**

- The report of the visit to The Paddocks had been published.
- The report on the visits to the two Boots Pharmacies in Romford Town Centre was now with the respective managers for clearance.
- The visit to the St George's Centre and the associated GP practice had been arranged.
- Arrangements for the visit to Maylands GP practice were in hand and visits to Spa Medica Eye Clinic and a follow up to Greenwood GP practice were being arranged. A follow-up visit to A&E at Queen's would be arranged, probably for late June or early July.

- **A&E services at Queen's Hospital**

- Although there was no direct link, following the report on A&E services at Queen's Hospital, BHRUT had launched a campaign to raise £35m to improve the Emergency Department and A&E at the hospital.

This campaign appeared to be gathering considerable local support and it was agreed that Healthwatch should express support for it.

- **Defibrillators in Havering**

- The initial survey of defibrillator locations had been completed and the report was in hand.

As a result of this project, a defib had now been installed at a church in Rise Park (one of the LAS's priority areas) that was willing to host a defib available for public use. Another church group was actively seeking a similar arrangement

- **Veteran Friendly Framework programme**

- A meeting with the Council's lead officer for Supported Housing, who was keen to improve the offer for veterans, had taken place and further progress would be reported in due course.

- **Survey of Same Day Access Hubs (GP Hubs) users**

No progress had been made with this project. It appeared likely that the recent agreement of a new contract for GPs within the NHS, together with the management changes due at both NHSNEL and NHSE, meant that the need for the survey was being reconsidered.

- **Superloop bus route SL12 – proposed alternative route**

Transport for London (TfL) were consulting on a proposed new Superloop bus route, SL12, from Gants Hill to Rainham via Romford, serving both King George and Queen's Hospital along the way. As proposed, the route would go from Romford to Rainham through Elm Park.

It was agreed that an alternative route should be proposed, that would see the SL12 routed via Hornchurch Town Centre and past Hornchurch Station and the St George's Health and Wellbeing Hub.

Current public transport services to St George's were inadequate, and there was no direct bus service between the centre and the South Hornchurch/Rainham area.

If TfL could be persuaded to adopt the proposed alternative route, these issues would be addressed.

10 Other business

- (a) It was noted that the Department for Health and Social Care had directed hospitals to refer to their emergency facilities as "Emergency Department (ED)" rather than "Accident & Emergency (A&E)".

It was noted that the practice adopted for Enter & View reports on the facilities at Queen's Hospital was to refer to the ED as such, and to use the term "A&E" to refer to the overall arrangements for urgent and emergency care there, provided by PELC and the LAS as well as BHRUT.

- (b) A member advised that GPs were no longer able to treat problems with eyes or to refer patients to hospital for them; patients would have to make their own way to an eye care facility at hospital or seek advice from optometrists.

11 Next meeting

The next meeting would be on 20 May 2025, at the office.

_____ Chairman