**Healthwatch Manchester Board Meeting – reconvened from March**

**Thursday 23rd April 2020, 5:00-6:30pm, Remotely (Zoom) due to Coronavirus restrictions**

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| **Present** | **Apologies** |
| Vicky Szulist – Chair (VS)Neil Walbran (NW)Charles Kwaku-Odoi (CKO)Fergal McCullough (FM)Circle Steele (CS)Mina Desai (MD)Anita Kanji (AK)Jacqueline McKinney (BSL Interpreter) | Richard Hughes (RH)Andy Needle (AN)Julie Rigby (JR) |

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| **Minutes** |

**Welcome and Introductions**

VS welcomed attendees.

No members of public were in attendance.

Apologies from Richard Hughes, Andy Needle and Julie Rigby.

No conflicts of interest.

AK introduced herself and the work of Manchester Deaf Centre.

1. **Minutes of Previous Meeting**

Due to the ongoing coronavirus situation, the board will review last meeting’s minutes and actions until the next meeting.

**Action: Review the minutes and actions from January 2020 at June meeting.**

1. **Matters Arising**

**Action Log Update**

**242 – MD to provide NW information about issues facing the Jain community.** To be picked up at a later date.

1. **Report to the Board**

NW presented his interim report on HWM activity during the ‘lockdown’ period.

The board **agreed** the report should go to Health and Social Care leads only at present.

**Action: NW to specify the interim dates of the report.**

1. **Priority Setting for 2020/21**

HWM held a planning event in February where annual priorities were set for 20/21. Consideration needs to be given to the implementation of these priorities given the effect of the lockdown period. New priorities have been identified as a result of COVID-19.

All priorities identified can be continued under the current restrictions, except for Enter and View which is delayed until further notice.

The HealthNow initiative supporting homeless people accessing healthcare have welcomed the focus on deregistration by HWM.

FM, the Director of The Men’s Room offered to deploy the deregistration survey through staff which operate in the hostels and hotels where homeless people are currently accommodated.

**Action: NW to send completed deregistration survey to FM for circulation.**

Four priorities have been identified which were not supported by evidence from local people:

1. Social prescribing – resources and improvements:

The board **agreed** to postpone this area of activity

The following was suggested:

* Build post-COVID mental health support into it when it is picked up.
* It may be possible to do a scoping exercise to find out how people have been managing their own mental health during this time and how that can be built into future social prescribing.
1. Tailored services re: immigration and diversity:

The board **agreed** to postpone this area of activity.

1. Health and social care interfaces: (discharge from hospitals into care)

The board **agreed** to include this as an area of focus for 2020/21

1. Environmental issues affecting population health:

The board **agreed** to include this as an area of focus for 2020/21

Th following were suggested:

* It is worth keeping an eye on the environmental impacts of the lockdown as more research is published.
* Could be worth using it to gauge support for congestion charge

The Board **agreed** that the following two priorities should be added to the annual plan in light of COVID-19:

1. The impact of COVID-19 on BAME communities:

Issues raised were:

* + The disproportionate number of deaths from COVID-19 in BAME communities
	+ The impact of this on mental health
	+ Diabetes not being included on the list of high-risk patients and the high prevalence of diabetes within these communities
	+ Communication has not been accessible, particularly in terms of translation into other languages.
1. The impact of COVID-19 on the deaf community:

Similar issues were raised in relation to communication and accessibility:

* + Deaf people can neither access GPs nor interpreters via telephone
	+ The ‘Interpreter Now’ service is a remote interpreter service using an app. GP’s and other practitioners appear to be unaware of this service.
	+ Accessing healthcare services when staff are wearing masks is problematic due to the inability to lipread.
	+ Deaf people do not live within geographical-based communities and therefore have no specific tailored service locally.
1. **MHCC Engagement Briefing**

The engagement briefing proposes the development of hot clinics for primary care, while suspending the seven-day service to provide it.

The Board supports the proposals.

***Public section of the meeting closed***