

## HEALTHWATCH SALFORD BOARD MEETING MINUTES

18<sup>th</sup> May 2021

Part 1 – Meeting held in public

10:00am – 11:00am

Zoom Video Link

### Attendees

Name	Designation
Phil Morgan (PM) – Chair	Board Member (Chair)
Alex Leach (AL)	Chief Officer
Jacquie Booth (JB)	Board Member
Rimpy Batta (RB)	Board Member
J Ahmed (JA)	Board Member
Nisa Khan (NK)	Board Member
Elyse Peacock – (minutes) (EP)	Knowledge and Support Officer
Harry Golby (Guest)	Deputy Director of Commissioning, Salford CCG
Scarlett Ash (SA)	Volunteer and Involvement Officer
Mark Lupton (ML)	Engagement Officer
Ali Mcleod (AM)	Engagement Officer

### Apologies

Name	Designation
Jackie Leigh	Board Member (Deputy Chair)
Sam Cook	Board Member
Kate Simpson	Board Member

### Part 1 (Meeting in public)

#### Item 1 - Welcome and Introductions

PM welcomed attendees to the meeting, and informed members this meeting is held in public and currently being lived streamed on YouTube.

PM welcomed guest to the meeting who has applied to join the Board:

Nisa Khan (NK)

And also welcomed guest speaker Harry Golby from Salford CCG.

Board agreement under 41(6) of HWS constitution to the Board meeting being conducted by electronic means.



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December 2022



**Item 2 – Declarations of interest**

PM explained he is now on the Board of Guinness Care, part of his wider obligations of Guinness Partnership which has no activity in Salford.

**Item 3 – Questions from members of the public**

None

**Item 4 – Minutes and Action Log**

4.1 Minutes from the meeting held on Wednesday 17<sup>th</sup> March 2021.

The minutes were agreed as accurate reference of the meeting.

4.2 Action Log update

Board Appraisals have now all been completed and this action is now closed.

The Salford CCG Vaccination data has been requests by AL but has not yet been shared. This Action is now closed.

**Item 5 – Primary Care Clinical Prioritisation 21/22**

HG thanked the Board for the invitation to speak at todays Board Meeting. HG explained how he is here today to discuss Primary Care services (GP Practices) and how he has been writing a paper that is going to their Primary Care Commissioning Committee and the papers will be shared on Salford CCG's website shortly.

HG explained how the paper is about how they have established Primary Care Support services since the pandemic began in an effort to help protect GP practices from the impact of the pandemic and to review their future funding. He added how all GP practices have been open throughout the pandemic.

The support services that were established were the Hot COVID service which is for those with suspected COVID and need to be assessed for further treatment that GP's can refer patients to. The Cold COVID service which was for those on the shielding list, supporting them with help such as home visits. The Phlebotomy Service for GP's to refer patients for home visits for blood tests. And the Extended Access service which is the outside of normal hours GP service.

HG has been consulting with GP's to do clinical prioritisation to come up with a series of recommendations to go to the Primary Care Committee the following week. They have been looking at this from a financial point of view as they are not expecting the same level of funding in the Primary Care budget for the year ahead. They are not looking at whether care is provided but how the care is provided. Looking at whether it is a specialist service that GP's refer to or whether it is something within the service already.



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The paper will be published in the next day or so with recommendations to the Primary Care Committee and the main recommendations are:

The Hot COVID Service they are recommending that it is premature to stand down the service currently but looking at planning for this to happen later in the year and to arrange an alternative.

The Cold COVID Service they stopped in April when those shielding no longer were required to shield. HG explained how approximately 12,500 people were on the shielding list and the service only had 1,000 patient contacts, with around 20 contacts a week. The at home Phlebotomy Services cost approximately £50,000 and had a high patient contact rate, with approximately 5,000 patient contacts. GP's when consulted said how this was a medium priority and that they could see that this could be decommissioned. HG has discussed with AL about patient engagement being carried out to look at regular users of the service and what their experience has been and how they would be without the service.

The Extended Access Service, they are looking at patient engagement via a working group to look at the service and a possible redesign.

HG asked the Board if they had any questions.

JB asked HG whether he thought that more face to face GP appointments would resume this year.

HG said how there was national guidance released on Monday where it discusses the importance of patient preference and that he felt that we will begin to see a change in the way face to face or telephone/online appointments are offered over the next few weeks.

ML added how he found in the Remote Appointments report that face to face appointments were incredibly important for those patients who are hard of hearing or have language barriers. His report on Remote Appointments (see agenda item 8) had been shared with HG.

JA also added how he felt that the vulnerable are usually the hardest hit and that the Phlebotomy service will be really needed unless more staff are trained up within GP practices to cope with the demand.

RB asked if there are any timescales for the user engagement consultations.

HG said how decisions around the user engagement will be made in the next week and that engagement should be carried out in the months ahead.

PM thanked HG for joining the meeting.

#### **Item 6 – Chairs Report and Integrated Care Systems update (Item 10)**



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PM explained that Healthwatch in Greater Manchester had met with the lead for the ICS Board who agreed that there should be discussion about co-designing HW in GM's role within the ICS.

PM was pleased to confirm that Healthwatch will have a place on the Salford Locality Board and Locality Transition Programme Board.

PM asked if there were any questions. None were raised.

#### **Item 7 – Chief Officers Report**

AL went through a few of the points within his report.

AL explained how the Business Plan has now been implemented for the year ahead and the RAG review will be brought to every Board Meeting. At the last Board Meeting the board reviewing the strategic priorities and these will now go out to consultation.

The Remote Appointments and Equipment Services reports will both be published in the next few weeks.

The Speak Up Salford Fund application deadline has now passed and three applications have been received and will be reviewed by four panel members, two of whom are staff, one a volunteer and the other a board member. AL added that they are looking at reopening the fund later in the year for further applications to the fund.

Current partnership work includes the Trusted Voices programme, the Safer Salford panel and the NCA digital toolkit.

Key figures in this period include currently having 21 volunteers and 1 new volunteer join us from Salford University. With Information and Signposting there have been 48 cases in this period and 2,000 website visits in the period.

The Greater Manchester work includes leading discussions with the ICS and work on highlighting issues around dentistry in Greater Manchester.

AL asked if there were any questions.

PM asked about the issues around dentistry in Salford and what are our levers to pull on. AL explained how Salford CCG do not provide commissioning on dentistry in Salford and that is why collaborating with Greater Manchester Healthwatch to highlight collective issues has been important. AL added about the upcoming online focus group on dentistry and how dentistry is within the Business Plan for the year ahead.

NK asked about whether AL felt that the number of applications for the Speak Up Salford Fund was low and what his plan was for the next round. AL explained how this was the first time Healthwatch Salford has launched a fund like this and that it has been promoted heavily, but that he felt because groups have not been meeting up in person that this has meant that fewer have applied. SA added to this by saying how not being able to go to the



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community groups in person to promote the fund and answer any questions has been challenging and that feedback has been that some of the groups have said they have limited capacity to run the projects required for the funding.

#### **Item 8 – Remote Appointments Report**

ML presented to the Board his report on Remote Appointments – An insight into remote healthcare appointments during the COVID-19 pandemic.

ML explained how the report ran for a few months to look into the inequalities within accessing healthcare appointments. He said how there had been 23 participants from a variety of demographics and of those 23 none had been offered a video consultation.

ML went through the findings of the report and the recommendations made. He explained how the report will be revisited later in the year to measure if improvements have been made.

The report will be available to view on the Healthwatch Salford website.

PM thanked ML for his presentation and his report.

JB explained how she had had a video consultation but that she ended up having to send photos of what she needed to show the doctor as the video call was not clear enough for the doctor to see. ML said that was similar to what some participants had said in the report.

NK added how she felt it was a great timely report as Andy Burnham has just launched a digital inclusion drive for the over 75's.

#### **Item 9 - Business Plan Update**

AL explained how one highlight to make the board aware of is how the Impact toolkit has begun and is being led by EP and a report will be brought to the next board meeting. AL added that everything else is on track or planning to move forward with.

Any other business

Memorandum of Understanding for Collaborative working to support delivery of Salford's Local Care approach to adults. AL explained how this is about collaborative working to support delivery of Salford local adult care approach which Healthwatch Salford is on the board for the Adult Advisory Board.

The board confirm they are happy to sign under partners.

**The next meeting will be held on Tuesday 20<sup>th</sup> July 2021 – 10am – 11:00am, via Zoom and live streamed on YouTube**



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