Vocal

VCSE forums facilitated by Salford CVS

Vocal Wellbeing, Health & Social Care Forum

Date: Tuesday 23rd June 2026
Time: 1.00pm – 3.00pm
Venue: Elm Bank Events & Conference Centre

Number of people registered: 31

Speakers
Dave Chambers - Greater Manchester Mental Health NHS Foundation Trust
Steven Gavin - Public Health - Salford City Council
Hannah Flint - START

Salford CVS staff present:
Nicola Swann (Chair)
Bruce Poole (facilitator)
Andy Mossop (facilitator)
Helen O'Brien (minutes)

The theme for this Forum meeting: Community Mental Health Transformation & Suicide Prevention

Nicola Swann, Salford CVS, welcomed everyone and introduced the focus of the meeting which was mental health, suicide prevention and community-based support in Salford. Nicola recognised the pressure on frontline organisations supporting people with increasingly complex mental health needs and asked attendees to keep service users' lived experiences in mind throughout the meeting.

Community Mental Health Transformation
Dave Chambers from Greater Manchester Mental Health NHS Foundation Trust, shared a presentation on Community Mental Health Transformation.

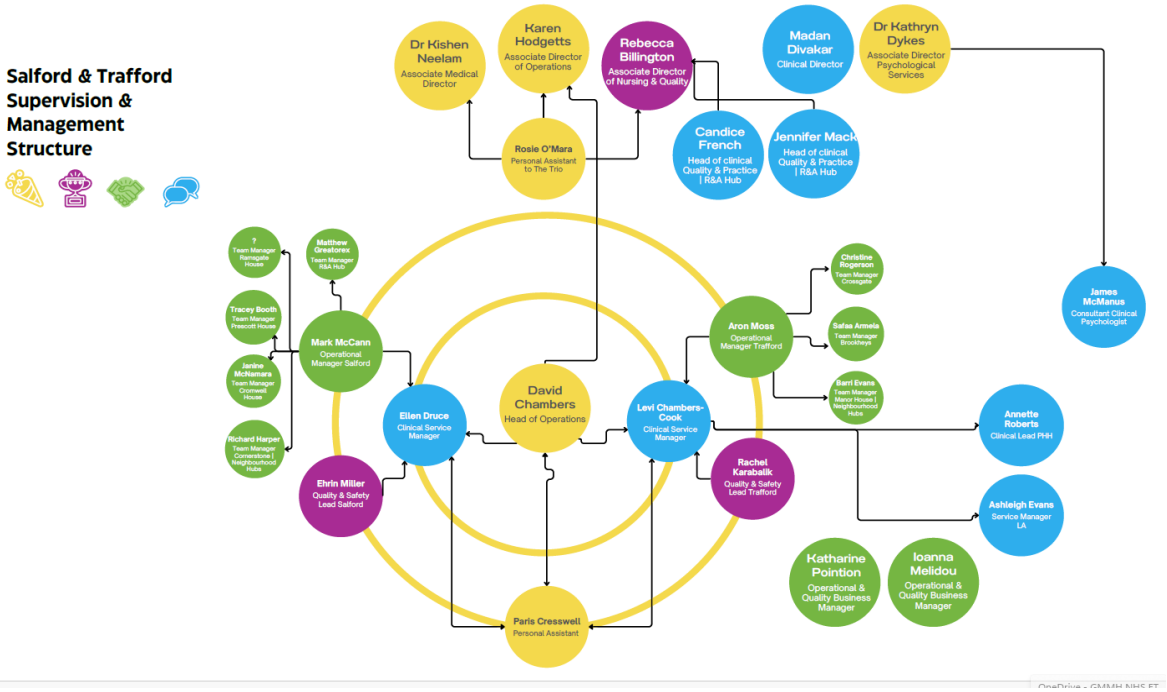
Dave said that he is a mental health nurse with 20 years of experience in Salford Mental Health Services, and has worked clinically or in management across a wide range of district and specialist services, including community mental health teams, inpatient units, home-based treatment teams, and A&E liaison services. Living in Salford and having lived experience of mental health, Dave is deeply committed to the local community and the quality of care provided there.

Dave explained that the Community Mental Health Teams (CMHTs) provide multidisciplinary assessment, treatment, and ongoing care for people with severe and enduring mental health conditions. In Salford, these teams have traditionally included both health and social care professionals working together under a Section 75 partnership agreement with the local authority, which allowed certain statutory social care functions, such as safeguarding and care assessments, to be delivered by the NHS. However, this arrangement ended on 1st June, and these responsibilities have now transferred back to the Council. Despite this change, Health and Social Care staff continue to work closely together, often from the same locations, with each organisation delivering its own pathway while maintaining a partnership approach to support service users. There are currently three sites in Salford – Prescott Street in Little Hulton, Cromwell House in Eccles, and Ramsgate House in Lower Broughton.

Living Well, recently rebranded as Neighbourhood Mental Health Service which is a neighbourhood model which differs from traditional Community Mental Health Teams (CMHTs). The neighbourhood approach is based on holistic, person-centred support, focusing on the individual as a whole rather than solely treating clinical symptoms. It emphasises working in partnership with community organisations and services to recognise the wider system around a person, including their social circumstances, relationships, and personal goals.

A key aim is to help people achieve outcomes that matter to them, improving their overall quality of life rather than concentrating only on symptom management. The model therefore moves away from a predominantly clinical approach and incorporates a broader range of support and expertise. The wider transformation programme seeks to extend this neighbourhood-style approach across other services. This change is intended to create opportunities for collaboration with community organisations, partners, and individuals who want to help deliver the future model of care.

GMMH underwent a restructure in November, introducing a new organisational model in which services are grouped within a Community Care Group and then organised into divisions, with Salford and Trafford operating as a single division. Leadership is delivered through a triumvirate structure at each level, comprising clinical, operational, and quality / nursing leads. Within the Salford and Trafford division, leadership is provided by the Clinical Director, the Head of Clinical Quality and Practice, and the operational lead. The division includes the range of teams and services previously discussed, and Salford already has a partially developed element of the transformed model in place through a Referral and Assessment Hub. An overview of the wider service structure and future model was provided to illustrate how teams and leadership functions are organised across Salford and Trafford.



Dave said that according to the last Census, Salford has a population of 269,923. Around 3500 of Salford's population access Salford's community mental health services, which is around 1.3%. This figure isn't static as the population and the number of people that are open to the services fluctuates.

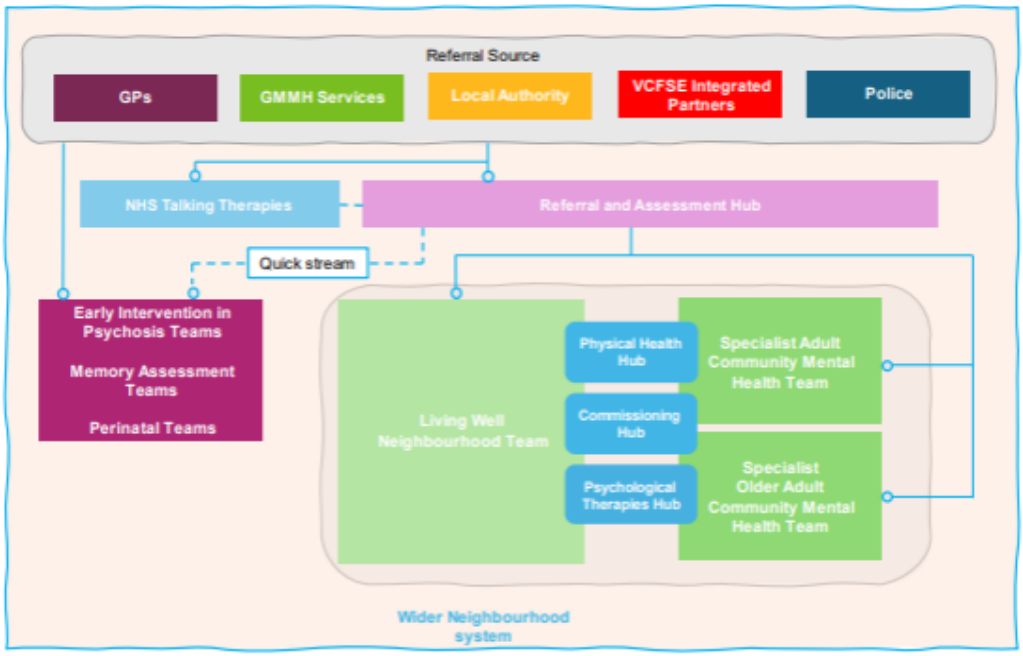
While GMMH has some established links through partners such as Lingua GM and Healthwatch, which provide valuable insight, feedback and engagement with ethnically diverse communities, it was acknowledged that not all underserved groups are currently being reached. It was noted that the focus should shift away from describing communities as "hard to reach" and instead recognise that services may not be sufficiently accessible. Developing stronger partnerships with community organisations was identified as a key way to improve access, strengthen community connections, and ensure services are more responsive to the needs of local populations.

Dave explained that community transformation programme is focused on people with serious mental illness rather than the wider population's wellbeing needs. The transformation programme aims to provide earlier, more localised and personalised support, moving away from a model based primarily on diagnosis, service criteria and crisis intervention. Instead, services will adopt a more holistic, needs-led approach that considers the whole person, including their physical health, social circumstances, housing, employment, relationships and other wider determinants of health.

It was recognised that current services can be fragmented, overly reliant on clinical interventions and restricted by eligibility criteria, which may prevent people from receiving the most appropriate support. The proposed model seeks to improve

partnership working across health, social care, and VCSE sector, ensuring people receive support from the organisations best placed to meet their needs.

A key objective is to intervene earlier, prevent crises, provide clearer and more accessible pathways, and deliver coordinated, person-centred care.
The importance of co-production and collaboration with VCSE organisations was strongly emphasised. Community partners were recognised as having valuable insight into local communities, particularly those who may struggle to access statutory services. The transformation programme is intended to be a shared system-wide initiative rather than one led solely by GMMH, with partners encouraged to provide challenge, feedback and expertise to help shape future services. Building trust, flexibility and stronger relationships across organisations was identified as essential to delivering a more connected and responsive mental health system that better supports recovery and wellbeing outcomes for Salford residents.



Representatives from a range of VCSE organisations outlined the support they provide across Salford, including health and wellbeing activities, disability advocacy, homelessness services, support for older people, community wellbeing programmes, and mental health awareness training. Common themes raised included the need for more accessible mental health services, improved support for d/Deaf and disabled people, clearer referral pathways, earlier intervention for people experiencing mental health difficulties, and better coordination between mental health, housing and other support services.

Several organisations highlighted that issues such as homelessness, financial hardship, bereavement, social isolation, substance misuse, housing needs and employment difficulties are often closely linked to mental ill health and require holistic responses rather than solely clinical interventions. Concerns were also raised about

increasing mental health challenges within particular communities, including older people and young Muslim men, and the importance of prevention, community-based support and sustainable funding for voluntary sector services.

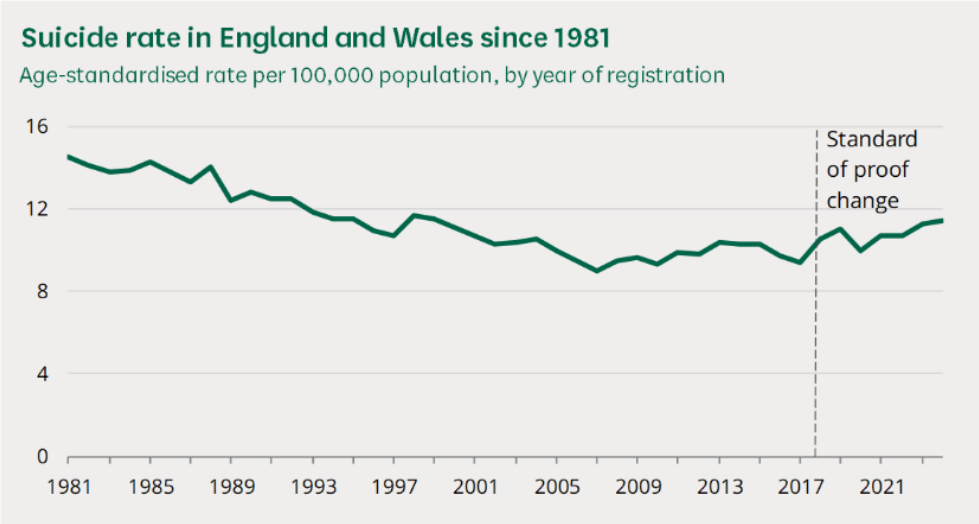
In response, Dave emphasised that Community Transformation aims to improve accessibility, strengthen partnership working, reduce fragmentation between services, and create clearer pathways into support. The proposed model will include a central Referral and Assessment Hub, Neighbourhood Mental Health Teams, specialist services, and stronger integration with wider community and VCSE support. The importance of co-production, shared learning and ongoing engagement with community organisations was reinforced, with partners encouraged to contribute their knowledge, feedback and expertise to help shape future services and ensure support is delivered in the right place, at the right time, and based on individual need rather than service criteria.

Local Suicide Prevention Delivery Plan
Steven Gavin from Public Health - Salford City Council shared a presentation on the local suicide prevention delivery plan.

Steven, emphased that suicide prevention is a shared responsibility and that prevention requires a different approach from clinical treatment services. While health services focus on diagnosing and treating illness, Public Health aims to prevent people from reaching crisis point in the first place. It was noted that there were 5,728 registered suicides in England in 2025 and that each death has a significant impact on families, friends, colleagues and the wider community. The presentation highlighted that every suicide should be viewed as potentially

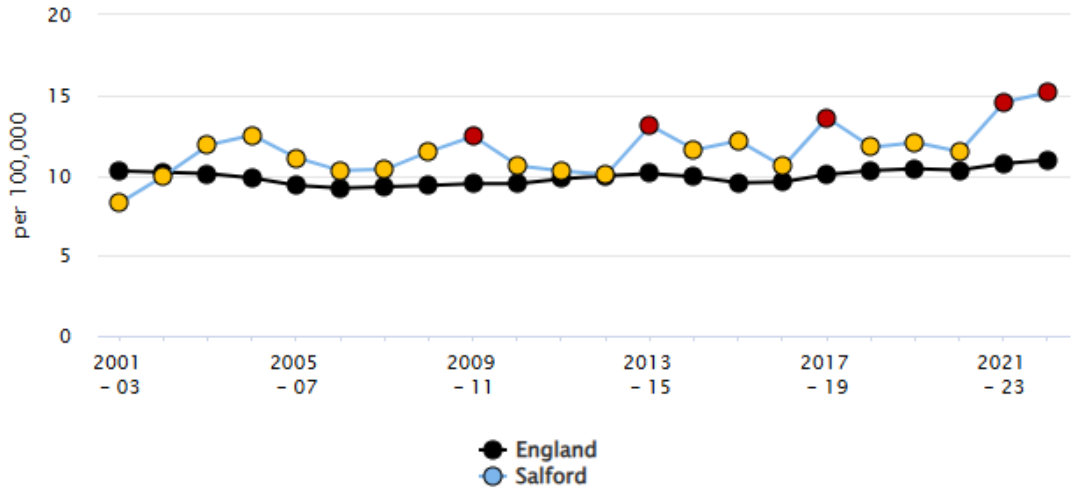
preventable through timely intervention and coordinated support.

National Suicide Rate Over Time



An overview was provided of local suicide trends and risk factors, including the importance of understanding who is most vulnerable, the underlying causes of distress, and where targeted prevention efforts should be focused. Key risk factors discussed included social isolation, relationship breakdown, bereavement, substance misuse, domestic abuse, physical health problems, financial difficulties, bullying and access to means of suicide. Particular attention was drawn to the need for greater understanding of issues affecting specific groups, including men, women, minority ethnic communities, neurodivergent individuals and those experiencing perinatal or menopausal mental health challenges.

Suicide Rates Over Time



Steven outlined findings from the Salford Suicide Audit covering 2021–2023, which analysed 89 suicide deaths among Salford residents. The audit found that most individuals were male, a significant proportion had physical health problems, histories of alcohol or drug misuse, or had recently experienced relationship difficulties or domestic abuse. The audit process uses coronial records, medical information and witness statements to identify patterns and learning, although it was acknowledged that data has limitations and may not fully capture all contributing factors. Alongside the audit process, a real-time surveillance system has been introduced to identify emerging risks and enable more rapid responses to potential clusters or trends.

The role of the Salford Suicide Prevention Partnership was highlighted, bringing together statutory, community and voluntary sector organisations, as well as people with lived experience, to develop and oversee local suicide prevention activity. A workshop planned for July will use evidence from the latest audit alongside regional and national strategies to co-produce a new three-year Suicide Prevention Delivery Plan for Salford. Partners were encouraged to contribute their expertise and local knowledge to shape future priorities.

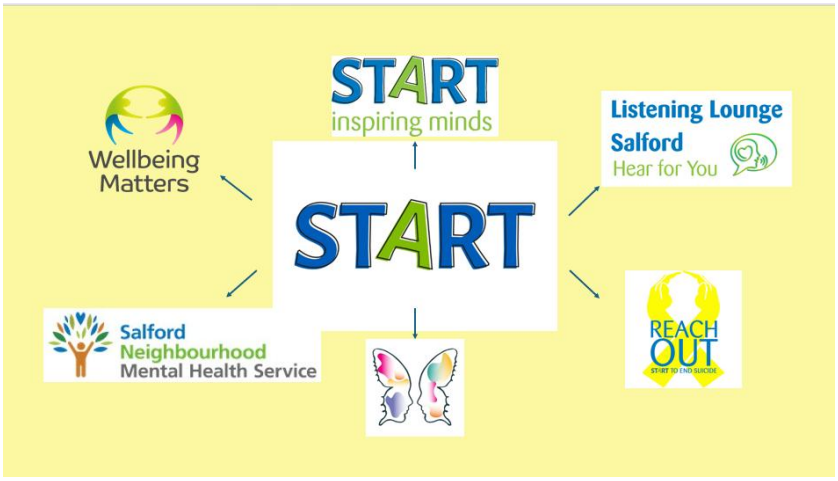
Examples of existing suicide prevention work were shared, including the Greater Manchester “Shine A Light on Suicide” campaign, free suicide awareness training, specialist training for specific sectors, work with taxi drivers and gambling venues, environmental improvements at known high-risk locations, and annual “Month of Hope” activities to raise awareness and promote mental wellbeing. Steven emphasised the significant value of community organisations in reducing isolation, fostering social connection and improving wellbeing, noting that strong community

networks and meaningful participation can play a vital role in preventing suicide and supporting recovery. Partners were encouraged to continue contributing to local prevention efforts and to work collaboratively across the system to improve outcomes for Salford residents.

During the discussion, participants raised questions about suicide risk, homelessness, substance misuse and place-based prevention. One participant asked whether prolonged self-neglect through alcohol or drug use could be considered suicide. In response, it was explained that while such circumstances would not typically be classified as suicide, there are often complex connections between substance misuse, mental health difficulties and vulnerability. The importance of persistent engagement, relationship-building and continued support for individuals experiencing multiple and complex needs was emphasised.

A representative from Friends of Patricroft Station highlighted the number of suicides associated with the local railway station and outlined work being undertaken with organisations including Samaritans and Jak's World to develop a wellbeing-focused programme. Discussion followed on the challenges of preventing suicides at known high-risk locations. Steven explained that significant work is already undertaken across Greater Manchester and Salford, including environmental improvements, partnership working, responsible media reporting, and efforts to reduce the risk of locations becoming associated with suicide. It was acknowledged that individuals experiencing severe distress can be very difficult to reach and that prevention requires community-wide action alongside formal services.

Further questions explored the relationship between substance misuse and suicide. It was noted that local audit data shows a strong association between suicide and alcohol or drug misuse, although it is often difficult to determine a direct causal link. Substance use may increase vulnerability, reduce inhibitions and reflect underlying mental health difficulties or unmet support needs. Steven reiterated that suicide prevention is "everybody's business" and that while statutory services play an important role, community organisations, local residents and wider support networks are equally important in identifying risk, reducing isolation and supporting people before they reach crisis point.



START Suicide Prevention and Mental Health Support
Hannah Flint from START shared information on START's support services.

Hannah highlighted START as an example of successful integration between the voluntary sector and NHS mental health services, delivering non-clinical, recovery-focused support that complements clinical interventions. Through services such as Inspiring Minds, individuals are referred by GPs and mental health professionals to participate in creative and skill-building activities that help increase confidence, social connection, resilience and routine.

A significant focus was placed on the Listening Lounge, a partnership between START, Salford Mind, and NHS mental health services, which provides an alternative to A&E for people experiencing mental health distress or crisis. Located on Eccles Old Road, the service offers open-access drop-in support Monday to Friday, alongside a 24/7 clinical element accessed through referral routes such as NHS 111, GPs and mental health services. Individuals can receive emotional support, de-escalation, peer support and guidance from recovery workers, with escalation to clinical teams where necessary. The service aims to provide immediate support, reduce unnecessary attendance at emergency departments, and connect people with appropriate longer-term community support.

Hannah also highlighted START's wider role within the Wellbeing Matters programme, Community Connector network and Neighbourhood Mental

Health Service, where recovery workers provide practical, relational and community-based support. Hannah encouraged organisations to work closely with START to strengthen referral pathways and improve awareness of available support. Information was also shared about the annual Suicide Prevention Day Vigil taking place on 10th September, with partners invited to contribute and participate.

The session concluded with a brief wellbeing activity demonstrating how creative techniques can support reflection, emotional processing and self-expression. Attendees were encouraged to consider how such approaches can be used to promote wellbeing and support conversations about mental health within their own organisations and communities. A short discussion followed regarding plans for this year's suicide prevention vigil, including opportunities for volunteering and community involvement.