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| VOCAL Wellbeing, Health and Social Care  The Beacon Centre, London Road, Salford M6 6QT  10.00am – 12.30pm  31st October 2017  MINUTES | | |
|  | **Present:**  LT, Lesmond Taylor, Salford CVS  AP, Alison Page, Salford CVS  ZJ, Zulfi Jiva, MHSCP  CM, Clare Mayo, Salford CCG  RJ, Robin Jamil, Mind in Salford  AMM, Anne-Marie Marshall, Salford CVS  MC, Michael Carroll, Salford CVS  SL, Sandra Lindsay, Salford CVS  JR, Jean Rollinson, Age UK Salford  BC, Bernadette Conlon, Start in Salford  CS, Carolyn Siddall, Headway Salford  SL, Sandra Lindsay, Salford CVs  SC, Sam Cook, Penderels Trust  SM, Sharon Mwema, Revive  AH, Abi Hill, Revive  AW, Andrea Williams, Revive  PO, Pat Okekearu, Revive  POM, Paul Ogis Mendy, Revive  PG, Pat Greenall, Revive  NM, Nicholas Mbangani, Revive  SF, Stephanie Fernley, GMHSCP  CS, Cath Saunders, Salford Disability Forum  HT, Helen Tattum, Salford Loaves and Fishes  HO, Hassan Ortega, Salford Loaves and Fishes  JW, Jemma Watson, Self Help Services  FC, Fern Cairns, Self Help Services  LL, Louise Lawlor, Energise Centre – Big Life Group  CP, Carter Portch, TLC  EC, Emma Connolly, YMCA Manchester  TM, Tony Maunders, Volition Community  ET, Elizabeth Tangata, Warm Hut UK  JI, Jess Ingham, Music in Hospitals and Care  KME, Katrina Milner-Edwards, Music in Hospitals and Care  RG, Robin Graham, Feelgood Communities CIC  LH, Lisa Hindle, GMCA  DM, David Marshall, GMNCIO  EN, Ernestine Nekfeh, Salford City Council  EK, Ellen Keenlyside, Salford City Council  RH, Reece Hobson, Social Sense Ltd  RW, Rhys Wynne, City of Trees  **Apologies**  DL, Delana Lawson, Healthwatch  Lynne Stafford, Gaddum Centre |  |
| 1. | **Welcome and Introductions**  Lesmond Taylor (LT) opened the meeting and welcomed everyone. He then asked all present to introduce themselves and give a brief outline of their roles, before he gave a brief overview of the purpose of the meeting.  Lesmond then introduced Zulfi Jiva who is the Head of Cross Cutting Partnership Greater Manchester Health & Social Care Partnership. |  |
| 2. | **Greater Manchester Health and Social Care Partnership**  Zulfi delivered a presentation on health and social care, which covered:   * Background to the Mental Health (MH) programme within the Greater Manchester Health and Social Care Partnership (GMHSCP) * Transformation funding and CCG committed funding to Mental Health * Update on current activities within the Mental Health programme * What are the opportunities for the VCSE sector? * The GMHSCP Vision * Aligning Transformation and Reform Across Greater Manchester * GM Mental Health and Well-being Strategy Vision * GM Mental Health and Well-being Strategy – The Plan on a Page * National Context – 2017/19 Must Do Priorities – 5YFVMH * Mental Health transformation fund investment and strategic priorities * GM Mental Health Strategy Investment Programme Priorities * How the funding flows work – locality baseline investment with the transformation fund * Setting up the programme * MH Programme Governance Structure * GM Health & Social Care * Strategic Partnership Board * What are the opportunities for the VCSE sector in MH transformation? * Opportunities for the VCSE sector * Mental Health programme – a young tree at the minute but lots of work ongoing under the surface to ensure it becomes a big tree!   For the full presentation please see below:    Zulfi asked attendees to make note of 2 meetings that were coming up:  12th December working with GMCVO around VCSE engagement and the work we need to do – these will be held on a quarterly basis  13th December – first meeting around co-design – these will be held on a quarterly basis  Q&A  There was a question around how much of the funding was being put into certain areas – Zulfi explained that it is up to localities to sort out the monies and where it goes and those who can provide evidence of good programmes to help them to continue. He advised that if nothing changes then that can be fed back to himself and he will ensure it gets fed back into the different boards and locality.  Lesmond then introduced Clare Mayo who is the Integrated Commissioning Manager for Salford CCG and Salford Council |  |
| 3. | **Mental Health Local Context: Salford CCG**  Clare delivered a presentation on mental health:local context which covered:   * Picture of mental health in Salford * Current provision * GM Priorities * Progress against the 5 Year Forward View (5YFV) * Mental Health Investment * Mental Health Strategy   For Clare’s full presentation please see below:    Q&A  There was a question about how we can help asylum seekers and Clare explained that there needs to be a conversation with the groups to see how we can help them.  Alison Page said that when we don’t get a response to a call from the public we need to work with co-design groups. She reiterated the importance of small grants in Salford.  Alison also said that it would be helpful to speak to people and find out what is needed and what will work before money is allocated. |  |
| 4. | **Table Top Discussion, feedback and comments:**  *Question:*  Mental Health Needs Assessment and Strategy  How can the VCSE sector be involved (and support service users and carers to be involved) with the three phases of the Mental Health Needs Assessment work:   1. Needs assessment 2. Developing the Strategy 3. Action plans and implementation   TABLE 1  Ideas for engagement/process:  Set resources for VCSE sector organisations to use to gather information from their networks and local service users for example gateway groups – bring back to feed in.  Gateway buildings – greater footfall  GP surgeries/medical centres   1. Evaluate effectiveness of previous experiences, what has worked, what has not worked?   VCSE organisations identify mental health issues even when it is not the reason they are accessing the service  Use advantage of VCSE organisations to get input from most disadvantaged/vulnerable people  People in the community are the assets to get insight  Directory of organisations addressing this – keep updated  Outreach to get information in the community for example doctors surgery). Asset assessment – review what is already there  Expert patient programme   1. Look toward longer term interventions - build review of what works and what does not work into commissioning process   Inform community members how the strategy will impact them  How to prioritise funding – those who can intervene early or those with urgent need  TABLE 2  Include key references in strategy to include VCSE sector – from the start and ongoing  Ensure VCSE are included in the writing of the strategy and implementation group  A “who’s who” directory of everyone involved  Image result for stick man with a heart  People are at the heart/core, all ages, backgrounds, communities – engage with service users in a way that appeals to them – focus groups  Image result for cartoon cuppa  Brew – help with costs – continual/every stage/reflect  COMMUNICATION IS KEY IN THE RIGHT WAY  Approach in a structured way ie Healthwatch and Homecare Redesign  Evaluate and review after implementation using actual service user experiences not just data/statistics  TABLE 3  Making process accessible – language and jargon  Enable and empower – to understand process (advocacy) – engage and feel part of it  To ensure continuity – progress of issues, speaking up if nothing happens – pushing  Time to see/get action – more urgent  Long waiting list  Managing expectation – identifying alternatives  Young people – offset getting worse – in schools  Stigma of statutory services – CAMHS  Awareness of community services – signpost  Recognise need for EARLY INTERVENTION in the community – provide alternatives to statutory (not meeting emergency even)  Signposting and developing other provision for all other forms of  TABLE 4   * Make it accessible * Ongoing * Recognition we need to attend * Voluntary/paid balance * Small pots of money to deliver * Service directory  1. Direct Feedback  * Participation events * Identify roles of everyone involved * Recognising diversity/utilising  1. Participation Events  * Outcome measures * Integration * Reverse engagement/outreach  1. Bringing Diversity Together  * Community * Drop-ins * Peer support * Promotion   TABLE 5   1. Please **ASK** us – as individual VCSE organisation – what MH needs we are seeking…do this in a particular way to help us give the answers/info you need 2. In the Strategy – please include how Salford will meet the MH needs of people who will be excluded under the new immigration legislation 3. Please consider how “calls” for information or to design services is “put out” – it doesn’t seem to be reaching those who could help eg services for asylum seekers   Process:  Encourage/support partnership and collaborative ways of working between smaller and disparate VCSE organisations (ie try to avoid unnecessary “competition”)  Consider “needs” (and help) in the round eg people with no recourse to public funds may have MH but also homelessness/poverty/other social and practical needs | SL/LM to send |
| 5. | **Mind in Salford**  Lesmond introduced Robin Jamil, Service Manager, Mind in Salford  Robin delivered a presentation on Mind in Salford which deals with all aspects of mental health. His presentation included:   * Independent charity based in Salford providing Advocacy, Advice, Training and Mindfulness * Service User Groups * Advocacy * Advice Service Welfare rights: benefits and debt * Mindfulness * Training * Perceived Stress * PHQ-9 Depression and GAD-7 Anxiety Scales * Co-operative Working * Contact Details   For Robin’s full presentation please see below:    Q&A  There were a few questions around the types of people who could attend the mindfulness sessions and what the wait times were to get on the courses – Robin advised that although there was a charge for the sessions, people on low (or no) income would still be considered. He advised to contact his office to find out about wait times.  One attendee said that she and some of her colleagues had attended this course and it was very worthwhile and beneficial. |  |
|  | **Next Meeting Date:**  Tuesday 16th January 2018  Time: 10.00am – 12.00pm  Venue: TBA |  |