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| **VOCAL Wellbeing, Health & Social Care**  **Salford Innovation Forum**  **10.00am – 12.00pm**  **7th February 2017**  **M I N U T E S** | | |
|  | **Welcomes and Introductions**  **Present**  LM, Louise Murray, Salford CVS  LT, Lesmond Taylor, Salford CVS  AM, Anne Marie Marshall, Salford CVS  JR, Jean Rollinson. Age UK Salford  LL, Louise Lawlor, Energise Centre - Big Life Centres  BC, Bernadette Conlon, Start in Salford  SC, Sam Cook, Penderels Trust  CD, Chris Doyle, Chapel St Community Arts  KE, Kathryn Eckersley, Home-Start Trafford and Salford  RH, Rachel Harrod, White Ribbon Association  TH, Tom Hogan, Proud and Loud  LS, Lynne Stafford, The Gaddum Centre,  DL, Delana Lawson, Health Watch Salford  CA, Caroline Allport, Salford CCG  SH, Sanara Haraingham, Leonard Cheshire Disability  EW, Emma Hawley, Barnardo’s  FA, Francesca Archer-Todde, Big Life  CB, Cath Barningham, Age UK Salford  JA, Jennt Aldenley, Salford Primary Care Together  JS, Judith Senga, L’escale Champion  RH, Rachael Hope, University of Salford  NT, Neil Turton, Salford Primary Care Together  **In Attendance**  Cathrine Lee, Salford CVS (Minutes)  **Apologies:**  Bernie Garner, The Fed  Peter Inman, Action for Blind People  LM provided background on the session and introduced guest speaker Neil Turton from Salford Primary Care Together. LM explained that today was a real opportunity for Neil to understand the sector and look at ways of working together. |  |
|  | **Minutes and Matters Arising**  All minutes were agreed as an accurate account of the meeting.  LT thanked groups who had completed the Locality plan on a page highlighting what they are currently offering and might provide in the future. The plans will be sent out again following the meeting for anyone else who wishes to complete and return to LT.  LM explained that the idea to arrange for key people from ICO, GP’s, Salford Royal and statutory services to visit the different offerings of the sector was taken to the reps group. Further information will be provided at a later date. | **2.1** |
| **3.** | **Forum Updates from the VOCAL Representatives**  **Attach Vocal; Wellbeing, Health and Social Care Forum Strategic Feedback Quarter 3 2016.**         1. **Salford Safeguarding Adult Board** Representative Louise Murray, Salford CVS   Louise explained how a number VCSE representatives sit on Salford Safeguarding Adults Board and contribute to the strategy. Lynne Stafford from The Gaddum Centre has recently been nominated and accepted as Vice Chair of the board. This has created a new feeling on the board as most attendees are from the statutory services, therefore there is now more awareness of the VCSE sector.  An effective consultation with communities’ proposal was developed for safeguarding priorities within Salford with representatives contributing good and bad approaches. Following this an agreement was made to engage with existing community groups in 4 stages:   1. CCG to look at the theme of Making Safeguarding Personal through one to one conversations. 2. Branding - more awareness and presence of what the safeguarding board is and what safeguarding means. 3. Engagement with existing community groups. 4. Feedback   The board recognises the preparation and delivery time required for community groups to facilitate a session therefore a payment of £100 has been suggested. LM asked for feedback to take back to the board. Energise Centre and Proud and Loud indicated they would be interested in being involved.   1. **Implementation and Impact Network, Safeguarding Adult Board** Representative Cath Barningham, Age UK   Cath provided an overview of the Making Safeguarding Personal (MSP), six sessions have been commissioned and are fully booked. A document providing guidance and agencies to lead on section 42 is on the SSAB website <http://www.partnersinsalford.org/adultsafeguarding-policy.htm>. SSAB website is to be reviewed and the documents will be revised and completed by the provider forum and I&IN.   LM raised an issues that the VCSE sector is excluded from the provider forum CB agreed to raise this concern.  Cath discussed the self-neglect draft guidance which is due to launch in March 2017. Training is currently fully booked. LL asked if there would be any future opportunities to have the training with it being full at present. CB advised they will be arranging more training once the new budget is set in April. However the Board will only fund multi-agency training.  Cath informed that ADASS have produced a North West and Greater Manchester safeguarding policy, Salford will adopt this policy amending it to be more specific to the city.   1. **Safeguarding Adults Performance and Quality Sub Group** Representative Sam Cook, Penderels Trust   Sam explained that the group had been on hold for approximately 4 months but have restarted again with a new chair in place Jennifer McGovern.  A dashboard has been collected showing data and statistics on adult safeguarding in Salford, looking at performance, areas of concerns and any gaps. The dashboard is going to the board for approval.  Quality is the other area of focus for the group, a draft paper is being worked on by a representative of the group and the CCG to ensure work is not done separately and there is no duplication. This will ensure the VCSE sector is included in everything from the start.   1. **Health and Wellbeing Board** Representative Louise Murray, Salford CVS   The Health and Wellbeing Board has revised its Terms of Reference and Membership, which now including two VCSE representatives on the board. Alison Page and Delana Lawson Healthwatch who are already on the Board, will be joined by Jean Rollinson (Age UK) and Lynne Stafford (Gaddum Centre) who will rotate in this shared role.  A paper was presented to the board by LM, JR and LS outlining the nature of the VCSE health and social care sector in Salford. The paper was well received with good feedback from CCG and Salford City Council.  LM discussed a leaflet which went with this paper explaining the objectives, key messages and key priorities of the board.    A task and finish group has been set up to work on the Health Prevention Plan, once this plan has been competed a larger prevention board will be established. Bruce Poole and Bernadette Conlon will represent the VOCAL Wellbeing, Health and Social Care group on this board.  LM encouraged attendees to attend the Salford’s Health and Wellbeing Board meetings as members of the public can attend and ask questions.   1. **Scoping Health and Wellbeing Board Prevention Meeting** Representative Lesmond Taylor, Salford CVS   Lesmond explained how several of the VOCAL Representatives had attended a series of meetings this quarter looking at suicide prevention, mental health strategy and other strands of wellbeing; culminating in a meeting to feed into a paper developed to contribute to the Salford Transformation Fund bid.  A prevention plan has been scoped out and a full proposal will be developed by March and submitted to the Greater Manchester Health and Social Care Partnership Board by the end of April. | **3.1**  **3.2** |
| **4.** | **Dr Neil Turton - CEO of Salford Primary Care Trust**    Dr Neil Turton provided some background information on his career with eight years’ experience working within primary care in Salford. Neil set up Salford Heath Matters and was the CEO of this organisation until recently when he stepped down to take up the role at Salford Primary Care Trust.  Neil explained what Salford Primary Care Trust were doing and why. The Health Care system is under considerable pressure and is not sustainable with the increase in demand, a declining number of ageing GP workforce and the additional challenge and changes with 2015 Ofsted style regulation which has been put into place.  Neil explained the Salford Vanguard programme which is a new model of care with the Integrated Care Organisation (ICO) being introduced. ICO is the integration of health provision with the Salford Royal Foundation Trust, Mental Health, and Commissioning of Adult Social Care all coming together as one organisation. With this integrated provision the next step is how to transform care.  Neil described the plan to transform care described by the NHS five year forward plan.  There is a need for more resilience, a professional plan has been adopted integrating the different element in Salford together. All 46 GP’s in Salford signed a pledge to work together.  Neil discussed the vision, mission, values, objective and structure of Salford Primary Care Together.  “Salford Primary Care Together will bring together our practice”.  **Vision:**  Healthy Neighbourhoods and Happy Staff.  **Mission:**  To create a sustainable, high quality and effective care system to improve the health and well-being of Salford people within an accountable care system.  **Values:** Collaboration, Innovation, Learning and Compassion  **Objectives:**   1. Help people take responsibility of their own health 2. Creating enhanced primary care (Social Prescribing and additional services) 3. Reduction hospital uses 4. Process embedded to continue to increase services 5. Accountable Care Organisation (ASO)   **Structure of Organisation**  Neil informed that there would be five neighbourhood lead boards set up to work on 3 key themes:   * Transformation * Neighbourhoods * Delivery including shared services, general practice and Community Based Care.   The VCSE sector will be a key part in being involved with the neighbourhood boards, to influence decisions and inform what is available in the neighbourhoods already.  **Questions**  LL asked if one of the aims was to get all GP’s to transfer over and be employed by Salford Primary Care Trust?  NT answered that it did not matter if they were employed by Salford Primary Care Trust, the important aspect is engagement between one another. Change would be easier if the GP’s were on board as employees but it is expected that some will remain independent contractors and some will be a middle option where only certain jobs roles will be managed by Salford Primary Care Trust.  LS asked if the five neighbourhood boards would mirror the neighbourhood themes in the Locality Plan.  NT answered yes but more work was needed on the exact areas.  DL asked about Practice Patient Participation Group (PPG) and how interaction would take place to ensure a shared agenda?  NT answered with an example of an Unlimited Potential project which engaged with GP staff, local people and schools to spread a message to raise awareness of Asthma in children. However Neil expressed that there is a huge culture change to go through.  JR asked about the Neighbourhood Boards as some people live in a different neighbourhood than where their GP is located. Would there be opportunity to be part of neighbourhood where they lived? NT answered that the neighbourhoods would be around the GP location. |  |
| **5.** | **Group exercise and feedback**  The group split into five groups to discuss how GP’s and the VCSE sector can work together?  LM asked NT - How do you sees the VCSE sectors working together with GP’s?  NT answered that he recognises areas where the VCSE can get involved as:   1. Need for patients to take responsibility of their own care- VCSE best to engage with communities for this to happen and need to be engaged in the plan for culture change. 2. Social Prescribing 3. Patient engagement 4. Neighbourhood boards 5. Salford Standard   The following feedback was provided from the group exercise:  How can GP’s and the VCSE sector work together in our neighbourhoods to provide better health outcomes for residents?  **Help people to look after themselves.**   1. Providing information 2. Access to new technology systems 3. Face to face- best form to get support- building support systems.  * Self-Care * Information needs to be simplified (quality information culturally appropriate) * Patient participating- more use of social media? Needs to be open to all. * Needs a focused approach to engagement with communities.   **PPG - Engagement with patients (common approach)**   1. Example of best practice for all/resources support for surgeries to know how to engage with patients. Reps of community groups and long term health conditions, age etc. 2. New technology - social media, webpages any other business would have this. 3. Training, development and flexibility for staff.  * Patient voice (engagement) - being properly resourced * A consistent framework   **Social Prescribing**   1. How will the new organisation impact on the commissioning future vision? 2. Outline the future intentions for commissioning and reassure small organisation.  * How to engage with GP’s effectively on this? * Present to Neighbourhood Boards * Develop a common approach to social prescribing and scale it across Salford. * Funding flow to follow referrals. * A preferred list * Co-design what this looks like and how funded. * Upskill local people? * Other models across country - Somerset health coaches.   **Engaging with neighbourhood boards**   * Five Neighbourhood boards * Vocal Wellbeing Representative- provide wider accountability * Local volunteer organisations are key issue * Local or specialist perspective. * Communication: opportunities for dialogue. * Strengthening community organisation which provide social support * GP’s aware of VCSE offer. * Need structured approach to VCSE sector representative on neighbourhood boards - mirror existing boards and feed into and connect to health and wellbeing boards.   **Culture Change**   * Around GP visits * Training opportunity/offer to GP practices. * Ambassadors   LM summarised the next step was to share the information collated with NT and take to the reps meeting to progress the ideas further. | **5.1** |

**Date/ Time of next meeting: Tuesday 9th May 2017**

**Venue: St Sebastian’s Community Centre**

**Chair of Meeting: Lesmond Taylor**

**Minutes taken by: Cathrine Lee**

**Meeting closed 12:15pm.**

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| **Action** | **Minute Reference** | **Assigned to and Date** |
| Resend the Locality plan on a page out to group attending today’s meeting. | 2.1 | LT |
| Feedback to the Salford Safeguarding board the feedback provided on the suggested payment of £100 for groups preparation and delivery time of facilitating a session. | 3.1 | LM |
| Raise concern that there is no VCSE sector included on the provider forum. | 3.1 | CB |
| LM provide information collated during meeting to NT and take to the reps meeting to progress further. | 5.1 | LM |