**Salford Mental Health Forum**

**Wednesday September 25th 12.30 – 2.30 PM**

**St. James’s House, Pendleton Way, Salford M6 5FW**

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| **Apologies** | **Present** |
| Anne BroadhurstEmma Hinchliffe (Service Manager – GMMH)Bernadette Conlon (START)Dennis Baldwin (START)Naomi Evans (Mind in Salford)Lawrence Cargill (Mind in Salford)Karen Fitzsimon (ForHousing/ Board Member)Vania Burnell (Vice- Chair)Sarah BuckleyCaroline Allport (CCG / SCC) | Dan Stears (Chair)Paul JacksonMaureen Burke (GMMH Public Governor)Dianne Jones (GMMH/IAPT Salford)Lesmond Taylor (Salford CVS)Leo NeginCatalina SalgauMargaret MaryJonathan AlsworthLauren Fairey (Salford CCG Council)Andy GreenKathryn Cheetham (Advisor to the board of SMHF)J Ahmed |
| **Welcome and apologies**Dan welcomed everyone and asked if anyone has apologies.**Housekeeping & ground rules****Updates from previous minutes and actions**- Dan has been nominated for a Heart of Salford Award for the work that he has done with SMHF in the last 12 month.- The room at the Gateway has been booked for the next 12 months. |
|  | **The CIO Application:** The constitution was accepted at the AGM and work is ongoing with the application before it is signed off by the board and submitted**Mental Health Week:** World Mental Health day 10th October – The forum has approached GMMH to have a stall at this event, still awaiting an answer.**Sue McAndrew – Professor of mental health and young people at Salford University :** A member of the group was interested in updates from the talk given by Sue McAndrew and suggested the forum should keep an open dialogue.**Actions*** Dan will chase up an update from Sue McAndrew;
* The minutes to be revised and amended before agreed and seconded;
* Dan to forward to the members the details Lauren Fairey will send by email.

**Lauren Fairey – Salford CCG and Council**Lauren introduced herself as the commissioning manager across Salford CCG and Council. As part of her role she is working on the Suicide Prevention Strategy at CCG. They have a quarterly meeting – Suicide Prevention Partnership Board comprising an action plan. This year they want to speak to people affected either by suicidal thoughts or bereavement from suicide. They are interested in personal experiences, both positive and negative that may lead to services improvements. The aim of the project is to collect qualitative data to back up all the quantitative data already collected. Ideal persons are aged over 18, Salford residents willing to share their experiences from the last 3 years. The project ends in November and they are only interested in a small number of people, with the possibility of extending the project, if successful.A number of questions and issues were raised/highlighted: The need for more such services for children affected by suicide both in terms of learning and understanding their experiences, and also support services to help with bereavement and mental health. As potential support – youth social groups who would link with grassroots organizations already referring members of the public to professional help. Lauren suggested that Jane Case, who’s working on a project dealing with adverse childhood experiences, could attend the Forum to explain what’s already being done to address suicide, bereavement and mental health for children.Details about the process and what support they have in place to prevent/help with the effect of remembering/talking about their experiences can have on the participants. It emerged that people were coming from Start, so they already have support in place, but they also link with Living Well and have available advice for services dealing with mental health.Lauren is happy to share with the Forum both their Suicide Prevention Action Plan and All Age Mental Health Strategy therefore she will email Dan with further details. And she’s also happy to join the Forum for another meeting to share the results of the project.Dan thanked Lauren for attending.**Dianne Jones – IAPT Salford Update**IAPT – Improved access to psychological therapies – comprises all types of talking therapies services on offer.Historically, Salford had a very long assessment waiting time - in excess of 16 months, followed by another long wait for actual treatment. From CCG’s point of view, it was a poorly performing service, not hitting targets in an area with high needs at a national level. CCG directed a lot of funding for identifying the problems.A few issues have been identified:* Due to the excessive waiting time, people were in a worse state and therapies weren’t working as they should have, as it was predicted they’ll work; -
* The other part of the physiological services is 6Degrees operating separately due to the way it was commissioned, but there’s a high need for cohesion and integration between services;
* High referral rate in excess of 500 referrals while IAPT was commissioned to provide for just under 300 referrals.

This body of work evidenced that the number of staff agreed upon was not enough to service the true demand of the people in Salford.As the result of the numerous meetings with CCG and additional funding from CCG and The Trust a further 6 to 9 staff were employed. Part of the staff dealt with the historical list and the rest with the new referrals, aiming to meet in the middle towards the end of 2019.This continuous work has resulted in improvements both in lowering the historical waiting list and a reduced waiting time.In July 2018 1100 peoples were waiting for CBT and only 472 were waiting at the end of August 2019; while for counselling 600 peoples were on the waiting list in July 2018 with only 175 peoples still waiting in August 2019. The overall waiting time was lowered to 4 to 6 months, with an aim of getting to a waiting time of 4 to 6 weeks. Due to the influx of referrals from 6 Degrees that was identified after the body of work started, the initial plan is still 3-4 months behind.A review is due in December when hopefully a non-recurrent investment in staff will be approved to align the initial plan to the actual needs of the population. A new business case will be submitted in March 2020 that is going to cover all the needs for the services until 2021. In the meantime work is being done on integrating the services: the service manager and clinical lead are meeting with 6th Degree to identify their referral pathway and to make sure both services are working together for a common goal.Members’ intervention highlighted a few aspects that could improve access to services:* what a good referral should be;
* self-referral should be introduced;
* a discrepancy between IAPT’s perception that 6th Degrees is over referring while the people feel that they are under-referring;
* a need for community mentors to cover the needs of people waiting for assessment;
* an integrated list of all the services available that GPs could use;
* Self-help advice to be given to people in need while they wait to access services.

Dianne is happy to come regularly to update the Forum on the progress and setbacks of the project. |
|  | **Maureen Burke – GMMH Public Governor for Salford**GMMC has 25 governors who are members of a voluntary group. They meet with the Trust board every other month and they fall between the board and the senior operational management. The group is formed of elected governors (Maureen is an elected governor), professional governors (elected by the staff they represent) and service user and carer governors.The role of the governors comprises: * receive and scrutinize annual reports and accounts the Trust provides;
* approve significant transactions (for example they were involved with the amalgamation of services in Manchester);
* give views on forward planning and strategic goals;
* participate in appointing, removing and deciding the terms for office and pay of the chair and non-exec directors;
* approve the appointment of the chief executive;
* provide links to and for members;
* not involved with operational management;
* don’t have any individual or specific server user or staff issues but can liaise;
* don’t handle complaints but can liaise;
* can’t deal with any confidential or staffing issues;
* It’s more of an oversight body.

They have a responsibility to engage with members but how can that be done in an efficient way and how can they increase the number of members. For example, in Salford, there are 650 members who only receive a newsletter and have ways to communicate with the Trust but is rarely happening. Maureen has asked for demographics to have a better understanding of the current members and also looked into confidentiality to determine who could be contacted directly for research purpose and better engagement. Members suggested an array of possibilities:* give purpose to the members;
* improve communication and accessibility;
* opening up to the members;
* clarifying the role of the governor, better presenting the candidates and ways in which the member could engage and influence services;
* embrace technology vs the old way of doing this meetings;
* use existing organizations for promoting;
* looking at what in the service can attract and engage the members of the public.

If members have any other ideas and/or questions to send them to Dan, who will forward them to Maureen. |

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| Dan thanked everyone for attending.**Next meeting Wednesday 30th October 12 – 2.30 PM at Pendleton Gateway, 1 Broadwalk, Salford M6 5FX.** |