

# Vocal

VCSE forums facilitated by  
Salford CVS

## Vocal Wellbeing, Health & Social Care Forum



**Date:** Friday 19<sup>th</sup> April 2024

**Time:** 11.30am – 2.00pm

**Venue:** Eccles Town Hall

**Number of people registered:** 53

### Speakers

**Charlotte Bailey** - Chief Officer, Northern Care Alliance NHS Foundation Trust, Salford Care Organisation

**Bruce Martin** - Chair of the Integrated Care Division and Emergency Department Consultant, SCO

**Becky Wilkinson** - Exec Director of Adult Social Care and Health Partnerships, Salford City Council

**Bethan David** - Operational Manager for Urgent Care, Greater Manchester Mental Health NHS FT

**Cara Oates** - Service Manager, Salford Adult Inpatients, Urgent Care and Hollybank, Greater Manchester Mental Health NHS FT

**Donna Harrison** - Assistant Manager, Age UK Salford

**Nadia Gazely** - Operations Manager, Cyril Flint

### Salford CVS staff present:

Alison Page (Co-Chair)

Bruce Poole (Co-Chair)

Michelle Warburton (facilitator)

Anne-Marie Marshall (facilitator)

Andy Mossop (minutes)

Imogen Openshaw (comms)

**The theme for this Forum meeting:** World Café conversation with Salford Care Organisation

As part of the wider work being done in conjunction between Salford CVS, the wider Salford VCSE sector, and Salford Care Organisation, Salford CVS hosted its first Vocal Wellbeing, Health and Social Care Forum of the year on the 19th of April 2024.

The purpose of the event was to understand the challenges faced by Salford Care Organisation and open up a positive conversation about how the VCSE sector and Salford Care Organisation can collaborate to address some of these challenges together, in a World Café style conversation.



### Setting the scene – Salford CVS and the VCSE Sector

The event began with Alison Page, Chief Executive Officer of Salford CVS giving a potted history of Salford CVS. Established in 1919 as Manchester and Salford council for social services, it predates the modern welfare state, and it operates across the whole city providing strategic and operational support services to the voluntary community and social enterprise sector.

Alison also gave an overview of Salford CVS's strategic priorities and the VCSE sector in Salford.

- Capacity building
- Volunteering
- Leadership and advocacy
- Partnerships and collaborations



Underpinning all of our work are our Values... and our Commitment to delivering high-quality services, products and programmes that meet the needs of local people and communities in Salford

The VCSE sector in Salford work with the most vulnerable people in society, it contributes massively to the local economy, it generates social and added value - and it is innovative and agile.

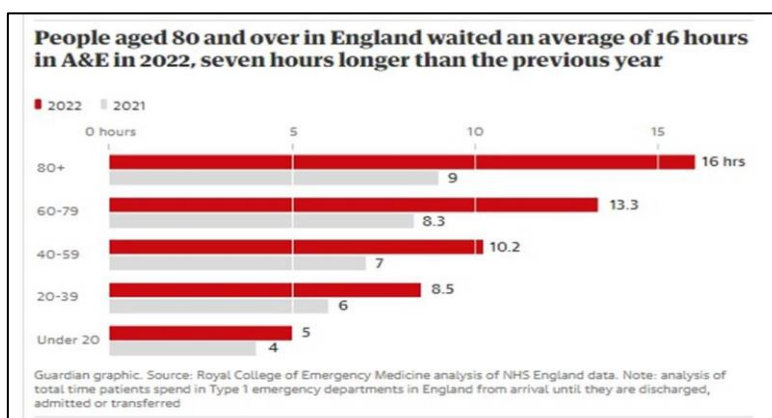
However, although the VCSE sector in Salford is many and its reach is great, the envelope of funding available for the sector to provide services for the most vulnerable, most in need, and most deprived has been reduced year on year. It is clear that with current NHS and local authority financial pressures, our public sector colleagues need to find a way to provide statutory services in an innovative and cost-effective manner.



## Setting the scene – Salford Care Organisation

The Forum heard from **Charlotte Bailey**, Chief Officer of Salford Care Organisation and Northern Care Alliance. Charlotte thanked Salford CVS and all attendees for giving up their time and introduced the Salford team, who would each in turn outlining some of the most pressing issues facing their area.

This began with Bruce Martin, Chair of the Integrated Care Division and Emergency Department Consultant at Salford Care Organisation. Bruce gave a stark picture regarding the current state of the emergency department. As seen in an article in the National Health Executive, the Royal College of Medicine estimates 'long A&E waits are associated with 23,000 excess deaths' and that 'people aged 80 and over in England waited an average of 16 hours in A&E in 2022 - 7 hours longer than in 2021'.



Bruce explained that a key driver of these problems is that people in their last year of life are attending the emergency department when often this isn't the best place for their care and often can lead to deconditioning and harm.

The Forum then heard from **Becky Wilkinson**, Executive Director of Adult Social Care and Health Partnerships at Salford City Council. Becky explained to the Forum the staggering cost-per-patient that the council is paying – with one week it is costing over £1.7m to provide care to 5,300 patients across all service types (Community, Nursing, Residential). This is evidently unsustainable, however unfortunately reflects national trends.



In terms of going forward, Becky explained how the council wants to create a consistent pathway for those entering the adult social care system, from first requiring support, right through to a review to ensure that interventions are working. Underpinning this, is the council's belief that Adult Social Care is about independence. Patients should be supported in retaining or regaining their independence.



Next to speak was **Cara Oates**, Service Manager, Salford Adult Inpatients, Urgent Care and Hollybank, Greater Manchester Mental Health NHS FT. Cara described how the NHS Long Term Plan outlines how it is looking to improve how the NHS treats people with severe mental illnesses, including during crisis, building on developments set out in the Five Year Forward View. Key points include:

- Expand services for people experiencing a mental health crisis (inc 24/7 crisis services and core 24 compliant liaison services)
- Ensuring the NHS will provide a single point of access and timely, universal mental health crisis care for everyone (via NHS 111 press 2 for mental health)
- Post crisis support for families bereaved by suicide
- Increase alternative forms of provision for those in crisis. (Sanctuaries, safe havens, crisis houses and crisis cafes) as suitable alternative to A&E
- Mental health ambulances and mental health practitioners in ambulance control rooms

In terms of the GM context, Cara explained how Out of Area Placements (OAPs) are one of the major problems. This is because OAPs are a huge resource drain on the NHS, with expected cost pressure of at least £12 million for 2023/24. Although it is a national ambition to eliminate OAPs, the current level of OAPs is significantly higher than planned levels.

Other challenges include:

- Length of stay (LOS) in department - based on complexities and bed capacity
- Environment in which care is delivered
- Challenges with recruitment particularly for band 6 Mental Health Practitioners.
- Highest number of referrals to the Mental Health Liaison Team within GMMH have been past two years.

## VCSE perspective

The Forum heard from two VCSE partners in Salford, who both provide invaluable support to Salford's residents and to the wider wellbeing, health and social care infrastructure.



First to talk was **Nadia Gazely**, Operations Manager, Cyril Flint. Cyril Flint is an established befriending service of which the core operation is matching volunteers with an elderly person (usually in their own home) on a regular one-to-one basis. It may be someone who lives alone who has little or no contact from friends and family with limited community support.

Although, at the time of writing, this service is only available in Trafford, Cyril Flint will be delivering a post-discharge check and support / befriending service in Salford in the very near future.



**Donna Harrison**, Assistant Manager at Age UK Salford spoke next, describing their Hospital Discharge Aftercare and Reablement Service.

The service supports people 55+ (and their carers) from the point of entry to Salford Royal Hospital, and for up to a maximum of 6 weeks after hospital discharge. It offers support and advice when patients are due for discharge from hospital or shortly after discharge from Salford Royal Hospital.

Once at home, the service visits the patient in the community as soon as possible and completes with them a Home Safety Check and Personal Support Plan to help get them back on their feet & reduce the risk of a crisis reoccurring in future.

### World café conversations

The Forum began discussing on their tables in a world café style 5 separate priorities:

- **Flow in** - People can't always navigate or access the right service for the crisis experienced in community at the right time leading to ED being the default option
- **Mental Health** - People can't always navigate or access the right service for the crisis experienced in community at the right time leading to ED being the default option

- **Community Resilience** - People who are socially isolated, lonely or not connected in communities may have missed opportunities for prevention and present in crisis or interact with health services for social only needs
- **Flow out** - People leaving hospital may have difficulty readjusting and with recovery or feel isolated
- **Frailty** - People in last year of life will attend and be conveyed to ED which may not be the best place for them



## Feedback



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