**NOTES OF THE**

**WEST SUFFOLK VOLUNTARY AND STATUTORY PARTNERSHIP**

Held at:

**Recovery College Building, Hospital Road, Bury St Edmunds, Suffolk IP33 3NR**

**May 8th, 2018**

Present: Kellie Gwynne (NSFT); Sue Choules (Realise Futures); Jacqui Fairely (NSFT); Julie Williams (NSFT); Kobe Borich (Suffolk Mind); Kay Johnson (Health Outreach NHS); Laura Quinn (Turning Point); Terry Clements (St Edmundsbury Borough Council); Nicky Lawrence (Leading Lives); Jenny Mills (Leading Lives); Kate Sparkes (Shaw Trust); Dan Pennock (Healthwatch Suffolk); Allan Williams (Voiceability); Wendy Shepard (SUF); Jo Belfield (Community Action Suffolk); Simon King (Healthwatch Suffolk).

Chair: Chair. Will Wright (Suffolk County Council). Notes: Michael Mather (Julian Support)

**Action Points – Included at the bottom of the notes.**

**Welcome / Apologies & Brief Introductions/ what do Attendees Hope to get from VASP**

Apologies from: Nigel Moyse,

1. **KB – Suffolk Mind**

Explained that there has been some funding for ‘Your Needs Met’ course to be run in Newmarket, as well as some engagement events: 22/5 Newmarket Academy; 26/06 All Saints School; 24/07 Newmarket Racing Centre All 5.30 – 9.00pm. Being promoted around schools etc, and part of a drive to improve well being/mental/physical health in Newmarket. Currently has high Suicide rate. ‘Lift the Cloud’ Facebook Group – currently working with Healthwatch Suffolk.

KB mentioned Waves Service, which based in both BSE & Ipswich. KB said she is happy to come along to meetings and present her services.

**NL – Leading Lives**

A Social Enterprise, consisting of Hubs, and Supported Living. Large staff team, and keen to work in partnership. NL explained that Dual Diagnosis for them, includes MH/LD. Mentioed that they have issues with County Lines, drug dealers targeting Vulnerable Clients.

**Record of the previous meeting and Actions**

No notes received via email, no amendments offered at the meeting.

**Matters Arising**

No matters arising.

**Speaker: Laura Quinn Turning Point**

LQ gave overview of TP, and how referrals can be made, as well as linking to Dual Diagnosis, the current Locality Concern.

LQ explained that the TP Hub is in BSE, but that there are satellite drop-in’s in Haverhill, Newmarket and Sudbury. TP work closely with MVA Outreach, which is a good example of joined- up – working. They also have links with Racing Welfare in Newmarket/ Millennium in Haverhill. This on Tuesdays and Thursdays. Looking to expand on clinical presence. LQ manages Adult Service in WS, and Ruth Croft Young Peoples Service. Talked through the Referral system, which can be accessed directly on 0300 number, but these are screened and then prioritised to contact TP offices i.e if high risk. NVA Outreach can fast track into Prescribing Services, which can accelerate. Mixture of 1-1, group work, and recovery coordination. SU’s can support each other in achieving goals.

Discussed Dual Diagnosis, and the Suffolk wide concern that those with substance / alcohol use and struggling with MH, are told by AAT to go to TP; conversely, that TP say that MH issues need addressing and sent back to AAT. It is felt that this is usually more an AAT/NSFT issue, but agreed that this can depend wholly on the individual in AAT. Some Duty Workers have different views. LQ said that there have been joint assessments, and not always a difficulty, but it is apparent that there is no clear pathway, and a lack of any consistency. It was agreed that this needs to be fair, and consistent for all.

It was felt that P Devlin should be involved in VASP Meeting with Turning Point.

DP mentioned that there is a Patient Revolution event 18/07/18, where this kind of issue can be raised.

**What is WS VASP/ Anything that Supports / Alleviates Pressures on MH Services.**

WW asked whether case studies could be used to feed into VASP, and identify where pressures are, so that attendees from various organisations can help each other. This can highlight where things working, or not working well. MM said that the MHFG meeting earlier in month had a focus on Dual Diagnosis, which demonstrates that this is a county wide concern. As there is forthcoming work on the transformation of mental health services commencing soon, there are opportunities for the VASP to be involved. Partnership working is key to successfully alleviating pressures.

Mental Health Awareness Week

WW mentioned that there are ways in which we can all work in partnership, by putting on events etc. Haverhill VASP had their first meeting in April. This looks to have been successful, and those present had identified something to happen around Haverhill daily during MH Awareness week. This could be duplicated in BSE.

WS- mentioned said SUF event at British Sugar.

MM & JF – Open Space sessions in BSE & Haverhill Libraries have MH Awareness theme.

Ramadam Meeting at United Reform Church on 12/05.

Well Being event at Siemens, Sudbury on 16/05.

JB – talked about promoting Community Action Suffolk. MM suggested that could attend Open Space sessions, as ideal way to present information, promote voluntary organisations.

Time to Change & VASP Coordinators Update.

SK explained that TTC funding ends in August. 18 people have sourced money for events. Details of events on VASP Website.

Agreed that the legacy of TTC will continue to flow through VASP.

**West Suffolk Locality Concerns (VASP Priorities)**

Dual Diagnosis – This was discussed above.

Following the MHFG Meeting on 3/05/18, it was clear that the issue of DD is a county wide concern.

DP suggested that any concerns could be e-mailed to him, which could be discussed at next MHFG.

**AOB:**

It was asked what those present thought should be considered within the Suffolk Transformation for Mental Health Services, which was on the agenda at the MHFG Meeting.

WW – mentioned that there is limited support for LGBT in the county, and none in the west of the county. This is being looked into, and could be something the WS VASP works on.

DP – mentioned that there is an awareness that all provision needs to be considered. A rethink of how services will be provided moving forward. Those involved include the Mentally Healthy Communities Board, SUF, Suffolk Family Carers etc. The transformation will involve consultation with the above, and voluntary sector providers. MH & Physical health services to be linked together, and all options open. Need to consider what models work well around the country. What can WS VASP do? How can we be involved?

Circular E-Mails – It was mentioned that there seems to be less e-mails coming through the VASP Network.

MM asked all that were new to the meeting to confirm whether they want to be added to the WS VASP Circular e-mails, and whether this is for circular e-mails, or meeting only communications.

**Action Points:**

* **Action –** Could a Portal be used for VASP circulars.
* **Action:** All asked to present case studies where there have been examples of issues with DD, to include what is working well or not well (Dual Diagnosis)
* **Action:** Organisations to use Open Space to promote & meet with users of the sessions (What is WS VASP)
* **Action**: Bring issues to WS VASP, and suggestions as to what could help with MH Transformation.
* **Action:** Contact MM following minutes being sent out to confirm, and for which option (WS VASP Distribution List)

**Meeting Closed at 12 noon**

**Dates of future meetings**

Tuesday 10th July, 2018

Tuesday 11th September, 2018

Tuesday 13th November, 2018

**All scheduled to be held in large room of Recovery College**

**Recovery College Building, Hospital Road, Bury St Edmunds, Suffolk IP33 3NR**

**Please note that if enquiring at the Reception of G Block, they are unlikely to be aware that there is a VASP meeting. If you do, ask to be directed to the above building, which is at the rear of F Block.**