

Subject	Executive Directors Report – Quarter 3– 2023/24
Date of Meeting	January 22 nd 2024
Author	Lois Sidney
Purpose	For Discussion

Staffing

Vickie has announced that she is pregnant and will be taking maternity leave from May 2024. We will need to find a replacement for her role whilst she is off. However, we can only advertise once funding is confirmed.

Quarter 2 Headlines

Good to Go: Good Governance Scheme

The Good to Go Scheme is a Governance scheme operated by Hunts Forum and is a proactive, self-assessment process that enables Hunts Forum members to evaluate their policies and procedures against predetermined standards. The SUN Network policies were assessed and agreed to be of a robust and ethical standard, and we were awarded the Good to Go certificate at the Hunts Forum AGM in November 2023. The status is reviewed in three years time.

Older People's Mental Health update from Rachel Nightingale

I have been working to hear the voices of older people in relation to their experiences of dementia, and mental health. I have been involved in the Memory Assessment Service (MAS) scope review, where the idea is to increase access to MAS for South Asian Communities. I have also been working to ensure people with lived experience are included in the Older People's Mental Health Steering Board, a bi-monthly meeting to improve OPMH. I have attended Littleport Wellbeing Week, the Alzheimer's Society Networking Event and also took part in the King's Fund's webinar: From listening to action: putting the voices of people and communities at the heart of health and care. My work has predominantly been to create contacts to gain feedback and I have made plans to visit all the Camsight support groups in the region, alongside researching and attending other groups ad-hoc.

Lived Experience Thematic Feedback – Older People

Dementia



- Dementia resource centre is fabulous; however, it is not viable for everyone, and a lot of services have been cut
- Dementia waitlists are still an issue
- Pre and post diagnostic care just are not there. Patients and their loved ones do not know where to go for help when on the waitlist, and then when diagnosis has been given – too much information is passed on and it is not helpful
- Information re: support needs to be made more widely available
- Day Centres – NO day centre support provided by the council. This means that people have to pay for services for their loved ones if they need some respite themselves

Mental Health

- Though some will turn to the GP when feeling low, isolated, or worried, a lot of people are reluctant to take medication and/or go to talking therapy. In contrast, some people have felt so 'fobbed off' by their doctors they do not even try and engage with the GP
- The turnover of doctors can be difficult for older people as they have historically been used to having a doctor that they know, have a relationship with, and feel knows their medical history. Seeing different doctors can make people feel as though they are not being heard and they eventually give up attending surgeries
- People are fearful of going to the GP for fear of getting a dementia diagnosis
- There is a generational attitude of 'soldiering on' and not bothering the GP
- There is a language issue with older people not relating well to mental health and its terminology
- Overall, and to reach more people it has been stated that word of mouth, village magazines, noticeboards and posters and are an effective way to increase knowledge of services
- Digitalisation of how to and gaining access to services (such as HAY, Keep Your Head, and self-referral) are a huge barrier. Some people do not know how to use a computer, do not have access to a computer or are not digitally savvy enough to enable them to find the information. In relation to self-referral, which can also feel very impersonal, and OP feel that their GP does not really care and the patient themselves is unlikely to self-refer (digital barrier)
- 'It feels that since covid, older people have been forgotten' – this comment is in relation to services not being reinstated face to face and things being virtual. Support or community services being exclusively digital excludes huge amounts of people.
- Generational characteristics of stoicism and lack of acknowledgement of being unwell



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- There has been feedback surrounding when people transition from working age to older people's mental health support services, they feel as though they get lost in the system and older people do not seem to have the gravitas and focus that other generations do
- People feel slightly helpless, and they have dealt with these issues their whole lives, so they feel that you 'cannot teach an old dog new tricks'

Drug and Alcohol Addiction update from KC Cade

Many who do not use Change Grow Live (CGL) assume they will be judged and criticised for their substance misuse. Those who do approach and engage with CGL find that they are not judged but are understood and accepted. Many are understanding this to be because numerous workers at CGL have their own lived experience of addiction and recovery. Long-term drug & alcohol service users report improvements over time, and with regard to current service delivery compared to previous ones.

- "...better now than before..."

Service users understand the responsibility they carry, and that CGL can't do it all for them:

- "...the rest is up to me..."

and

- "CGL can only do so much, it depends on the individuals..."
- "...it always helps to be around others who understand what we go through as we aren't judged here..."

Feedback about the drug alerts was that the terminology was too advanced. Suggested using simpler terms for members of the public and the targeted cohort in mind rather than medical or criminal professionals. I am working on this with people who have lived experience to get feedback and co-produce a more accessible format.

Keep Your Head update from Victoria Morton – Marketing and Content Creation Executive

Over the past quarter I have been busy working on a project to give our local mental health directory website, www.Keep-Your-Head.com a refresh and redesign. As part of this work, we sent out a survey to gather feedback on what people like about the current website, what they do not like and what they would like to see from the new redesigned website. Upon receiving the survey feedback, we then facilitated a number of workshops to hear from adults, children and young people, healthcare professionals, and school professionals to see what they would like from a new



website and how that could look. Following this we are now beginning the exciting process of reviewing the first initial designs and are looking forward to seeing everyone's ideas and vision come to life so Keep Your Head can be the best it can be.

Involvement Forum update from Joanna Grimmer – Co-production facilitator

There have been two meetings (Nov and Dec) at the Maple Centre with some people attending in person and some online with another scheduled in January. A project raised from the November meeting was creating an email letter to all local Councillors raising their awareness of The SUN Network and what we do. A small task group met with a local Councillor in Glatton for advice and then attended an additional workshop in November to work on this and are currently co-producing the letter with myself. This was also the main focus of the Forum meeting in December, and they hope to finalise the letter contents at the January meeting.

In addition to this project, we have some other areas that we plan to work on in future meetings:

- How can we increase the members of the IF and the engagement of people who do not attend regularly?
- Encouraging services to remember that people are more than their diagnosis? (Diagnostic Overshadowing)
- Explore ideas around improving access to the First Response Service (FRS) through the 111 mental health helpline.

There is an open invitation for people to join the Forum however I will actively be recruiting for more volunteers in February

Networking and Awareness update from Kate Honan

I attended The Sun Network wellbeing event in Wisbech. This was fantastic for networking and has led to being invited to NCT mother and baby groups to speak to mums about perinatal mental health. Another good connection made was with Joe Keegan which I hope to progress into being able to speak to sex workers in the Peterborough area to gain their experiences with services. I attended the Cambridge Mosque to host a stall at a women's wellness event. I was able to gain some lived experiences from Muslim men and women and also able to talk to people about the work of The Sun Network. Also, there was a lot of interest around our crisis cards and wellness poster that I have been able to send out to several organisations. A new workstream I started in Dec was visiting as many of the Community hubs in Cambridgeshire and Peterborough to see what they have to offer and to chat to people from the different communities. I have been involved with the East Cambridge Mental Health collaborative and Mental health Early Intervention and Prevention Delivery board.



Home Care Retender

This is a workstream commissioned by Cambridgeshire County council (CCC) and is around co-production of Home Care – which is the personalised support received in a service users' own home to support with washing, dressing, or cooking, cleaning, activities, taking medication etc. The retender focuses on three areas of home care:

- Complex Learning Disabilities
- Mental Health
- Generic care of people aged 65+

The SUN Network are facilitating involvement for people to input into the specifications for each service, followed by asking questions for the retender and then scoring the retender and attending an evaluation workshop. We are currently at the reviewing specifications stage. **Update Q3.** This work has been pushed back by CCC and in the meantime, The SUN Network has run a short survey to try and hear from more people. Recruiting to this involvement opportunity has been quite difficult with only four survey responses and seven people involved in the work overall. It is anticipated that the scoring element of this work has been delayed again, however, there will be a workshop in March for the commissioners to meet with the service users to explain the delay.

Training

We have been receiving out of area interest in our co-production training and have also noticed more organisations offering the training nationally. There has been good uptake, however poor attendance from ICS/ICB staff for the training locally. This has been raised with the Mental Health, Learning Disability and Autism partnership.

There has been really positive feedback from people attending the addiction training:

'Very in depth, genuinely very interesting! I liked being able to have an open and frank discussion about addiction and its causes. Understanding what actually is effective in treating addiction and supporting those with addiction was the best part.'

'Absolutely brilliant training! It covered pretty much everything, from: "What is addiction?" "Why addiction?" to recovery and signposting. I loved the fact that there was a big emphasis on trauma. Lastly the trainer was comfortable sharing his own lived experience which made the whole course really powerful and inspiring. Highly recommend it to anyone!'

Co-production

Lois and David attended Anglian Ruskin University to give a lecture on Co-production to third year Psychology students. This was attended by approx. 30 students.



The SUN Network have launched a local co-production survey to see what the local knowledge and understanding is. We hope to produce some data and statistics around that in Q4.

There has been a lack of ICS co-production opportunities, and this has been raised by SUN with the ICS. A meeting is due in January with the MHLDA ABU representatives to discuss the issues.

Signposting (no change from Q2)

We continually try and signpost people to support. We have been offering the A3 Wellbeing posters both in person and electronically to places across the county. The uptake is really positive. We continue to share knowledge of services from statutory, and third sector, right down to grass roots support. We have recently set up a monthly update meeting with the staff at HAY to share information and work streams.

Events for people with lived experience

We collaborated with Cambridge Recovery Service to hold a wellbeing event in Wisbech in October which was well attended and some people with lived experience shared their experiences. We also collaborated with the local MIND to hold a menopause event in Huntingdon which also had good attendance. There are plans for further events in Q4.

Co-chairing the Coproduction Collaborative

The co-production collaborative has had fairly good attendance and regular system updates, however, there is still not much co-production happening locally. There is frustration around the disconnect between the co-production collaborative and the ICS/ABU

Social Media, Websites and Marketing

We continue to raise our profile on social media with increasing followers. We have acquired the website domain www.coproductiontogether.co.uk and reserved the .com domain. We hope to put together a mental health and addiction co-production platform encouraging people with lived experience to get involved.

Meetings networking, raising awareness, signposting, or representing lived experience: (not changed from Q2)

Reason for attendance – Drugs and Alcohol = D&A, Mental Health = MH, Older People = OP

- Adfam – Kinship Training
- Adult Social Care Forum (CCC) (MH)
- Birth & Beyond (D&A, MH)



- Blackfield Creatives (D&A)
- Cambridge Mental Health Network meeting - third sector networking meeting for Cambridge (MH)
- Cambridge Recovery Service (part of Change Grow Live) (Cambridge, Hunts, Wisbech) (D&A, MH)
- Cambridgeshire and Peterborough NHS Foundation Trust Recovery College East (D&A, MH)
- Cambs City operation group, rough sleepers and homeless (D&A)
- Community Mental Health Steering group (MH, OP)
- Community Strategic Transformation Partnership (MH, OP)
- Co-production Collaborative (MH, D&A, OP)
- Countywide drug and alcohol delivery board (D&A)
- Countywide harm reduction group (D&A)
- CPSL Mind Operations meeting (MH, D&A, OP)
- Creative Fenland (D&A)
- Crisis Strategic Transformation Partnership (MH)
- East Cambs Mental Health Collaborative (MH)
- FENHMAN Meeting – Fenland 3rd sector networking meeting (MH)
- Ferry Project (D&A)
- Fitness Rush, Hunts (and Fens) (D&A)
- Good Life Board (MH)
- Health Alliance – Hunts forum (MH, OP)
- Healthy You (D&A, MH)
- Justice Safeguarding Panel (D&A)
- Keep Your Head website refurb (MH, OP, D&A)
- Mental Health and Learning Disabilities Collaborative Board (MH, OP)
- Mental Health Priority – ICS strategy steering group
- Mental Health Seasonal Pressures Funding Meeting (started within ICS, meetings stopped due to ICS prioritising of other work) (MH)
- Meridian PCN practice network meeting – connecting services with the meridian practice (MH, OP)
- Moody Mondays (MH)
- People & Animals (MH, D&A)
- Personalised Care working group (MH, OP)
- PMAN – 3rd Sector Networking for services in Peterborough (MH)
- Recovery writing @ the Edge café (D&A)
- St Neots Integrated Network Project Group (MH)
- Substance using offenders pathway (D&A)
- Suicide Prevention Strategy Implementation Group (MH, D&A, OP)
- Traveller/Gypsy/Roma drop in – Cottenham (MH)
- Wisbech Integrated Network Project Group (MH)



The SUN Network have been asked to represent the Voluntary, Charity and Social Enterprises (VCSE) Health Alliance at the Mental Health, Learning Disability and Autism (MHLDA) Accountable Business Unit (ABU). This means that Lois attends the ABU and feeds back to the small group of Health Alliance reps. Any questions raised by Lois about the work of the ABU are taken up by Health Alliance.

Performance against Key Performance Indicators (KPIs)

SUN - Key Performance Data Grid 2023/24

The board have reviewed the KPIs and decided considering the positive performance of previous years to raise the KPI targets for this year.

Area	Detail	Q1	Q2	Q3	Q4	Year to Date	EoY target	RAG rating
Views gathered	Substance Misuse	24	28	53				
	Mental Health	101	143	172				
	Both e.g., dual diagnosis	117	9	35				
	Older People	44	103	45				
	Other/unknown	24	53	56				
	Total	310	336	361		1007	750	
	Cambs City	95	151	60				
	Cambs South	6	3	50				
	Cambs East	1	9	35				
	Huntingdon	57	77	126				
	Fenland	16	25	13				
	Peterborough	55	26	53				
	Other/Unknown	80	45	24				
	Total	310	336	361		1007		
Meaningful Engagement		63	43			106	200	

Sentiment of feedback

	Q1	Q2	Q3	Q4	TOTAL
Positive	161	119	118		
Negative	46	124	88		
Mixed	86	65	95		
Unclear	1	6	5		
No sentiment	13	22	55		

Not Applicable	3	0	0		
TOTAL	310	336	361		

Demographics

Age	Number of people				Age	Number of people			
	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4
Unknown	132	128	203		40's	35	36	27	
Under 18	5	0	0		50's	25	31	30	
18/19	4	0	1		60's	19	30	11	
20's	26	33	23		70's	17	22	30	
30's	37	28	28		80's	10	28	8	
Total						310	336	361	

Gender	Number of People			
	Q1	Q2	Q3	Q4
F	172	187	190	
M	68	89	106	
Other/self-describe				
Unknown	70	60	65	
Total	310	336	361	

Ethnicity	Number of People			
	Q1	Q2	Q3	Q4
W	117	136	144	
Unknown	180	171	177	
Gypsy/Traveller	6	5	16	
Asian	5	12	14	
Black British	1	2	0	



Black Caribbean	1	0	1	
White other	0	10	9	
Total	310	336	361	

Engagement and Involvement:

We gained feedback from 361 people across the county in this quarter about their experience of accessing or trying to access mental health or substance misuse services.

Feedback themes:

Many of the themes are unchanging as they have not been eliminated or decreased enough to no longer be thematic system-wide issues.

Qualitative feedback from South Asian/British Asian community:

- Needing a mental health model that fits the cultural beliefs
- Needing better understanding around the cultural relationships between males and females
- More work needed by services to bring services into the communities
- Less medicalised model as the option/answer
- Better understanding and approach to the stigma and shame people can feel around mental health and addiction challenges

Local services will admit that there are small numbers or no presence of people Asian/Asian British within their services, particularly older people, some services are actively seeking to support Asian/British Asian communities.

Qualitative feedback from people diagnosed with a personality disorder:

‘Mental health professionals are diagnostic overshadowing. When people have a symptom or behaviour, the MH professional will attribute it to the original diagnosis rather than treat holistically and look at the potential of it being something else entirely’

‘Where is the support? I don’t know where it is, I can’t find it. Why is it so hard to find?’

‘I don’t think I have the right diagnosis, but no-one will listen to me, and care is non-existent.’

Other regular long standing unresolved thematic issues are:

- Older people – mental health support is disjointed and focuses mainly on Dementia/Alzheimers – not enough focus on depression, anxiety, personality disorder etc
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- Older people – Discharge from hospital to home/care home not well supported – unrealistic expectations of carers both in terms of finances and capability
- Older people – still huge barriers to access including digital exclusion, lack of GP appointments, use of language that doesn't cause fear or concern, a 'stiff upper lip' attitude and a collective sense of them no longer mattering to society
- People with PTSD or Complex trauma cannot find support
- People with co-occurring conditions (dual diagnosis) are still not finding joined up support with substance misuse and mental health services
- More people are feeling that the system does not yield to personalise care. The person has to fit the system
- People do not know what mental health support is available to them locally other than GP
- People are struggling to get a GP appointment
- Not knowing what support is out there for when you have been discharged from a service – feeling like you have been dropped – CPFT not referring to other local services
- CPFT staff knowledge of other services or referral to other services not good
- Waiting lists are long and people are not sure if they are even still on a waiting list or not as they are not hearing anything – these times have increased with no proactive 'waiting list management' that could support people to access other help sooner
- ADHD and Autism assessment service waiting lists are approximately 2 years
- People phoning FRS 111 and the service sending the police round to their house
- People phoning FRS are waiting so long for the phone to be answered that they are giving up
- People feeling patronised by their conversations with FRS staff
- People who do get the support they need at the time they need it are happy with the support
- Lots of positive praise for CGL and CRS (Cambridge Recovery Service)

Meaningful Engagement:

Meaningful engagement will be defined by any involvement opportunity that includes service users in a more involved way than offering feedback on their experiences. For example, peer assessing, sitting on tender or interview panels, attending meetings, writing blogs, co-production work or telling their stories. This list is not exhaustive.

In Quarter 3 the team provided a total of 49 opportunities (which were carried out by 27 people) to participate in meaningful engagement.



These include: (some unchanged from Q2 2023)

- The SUN Network involvement forum
- Co-producing a letter around MH awareness for local councillors
- Participation and representation in meetings*
- Delivering co-production training
- Co-designing 'Implementing co-production' training
- Sharing story with police cadets for training
- Sharing their own story at various public events
- Countywide Drugs and Alcohol Delivery Board
- 'Be heard' session with Drug and Alcohol commissioner
- Meeting around how to improve drug alerts for people with lived experience
- Older People's Mental Health Board
- Countywide Harm Reduction group
- Cambridge Rough Sleepers meeting
- Keep Your Head website review workshops
- Giving a lecture on co-production to Anglian Ruskin Psychology students

*Meetings include Collaboration and Co-production Group, Integrated Neighbourhood Teams, CPSL Mind Good Life Board, Personalised Care meetings.

Teamwork:

The SUN Network staff are meeting regularly to share our workstreams and to focus on how best to evidence the impact of our work. We are supporting each other and crossing over on projects to ensure that we work together. We have regular meetings to share our work and are in the office at least one day a week to catch up face to face.

Focus for Quarter 4 2023/24:

Co-production – ensuring that there are opportunities available within the ICS system for the people on the forum. Lack of opportunities will be raised as an issue at the co-production collaborative and at the Mental Health, Learning Disabilities and Autism Accountable Business Unit (MHLDA ABU)

Reaching out to underserved communities to hear their experiences as outlined in Goal one of the SUN Network's 2022-2025 strategy.

Populating the new Co-production website.