



## Board of Directors

<b>Subject</b>	Executive Directors Report – Quarter 3 2024/25
<b>Date of Meeting</b>	February 11th, 2025
<b>Author</b>	Lois Sidney
<b>Purpose</b>	For Discussion

## Staffing

There have been no changes to staffing in this quarter.

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## Staff updates

### Lois Sidney - Home Care Retender and Acquired Brain Injury

The Homecare retender 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 has been delayed for various internal reasons, however it has been a struggle to find the people that may be interested in being involved. We are looking at a variety of ways to engage with people and hoping to learn from this.

We were also commissioned to carry out some engagement work with people with an **Acquired Brain Injury** to find out what support they felt was appropriate for them to be receiving. This feedback will inform Cambridgeshire County Council Commissioners with their retendering exercise.

### KC Cade – Unlocking Wellbeing, Police recruit Training

We finished 2024 with our final **Unlocking Wellbeing** event for the year, and our first one in Ely. It was good seeing so many folks from different services meeting each other in the atmosphere of acceptance and respect, honouring people through their stories and feeling a good warm vibe with the homemade food on a cold day. Hearing the father of a service user talk about how everyone sees his son as 'just a drug addict', acknowledging the tough truths, while still publicly expressing his deep appreciation and love for his son—was a powerful shared experience.

At **Cambridge Central Mosque Wellness Day**, talked to many about processing our feelings in healthy and not so healthy ways, as well as habits that can form to addictions. Several people were worried about their teenage children's gaming



addictions, and some were keen to talk about neurodiversity. Explained about CGL, The SUN Network. GamCare and others.

Feedback from attendees of **police recruit addiction training**: 'I thought Jamie's input was the most beneficial, it was enlightening to hear what helped him turn his life around and I had a lot of respect for him and really appreciated him coming to speak to us. To be told what users of the Police find useful/helpful, especially since many people I will deal with will have addiction issues. I also found the chart of addiction KC drew at the end of the session informative and easy to remember. Also nice to hear a good news story of people living with addiction'

### Agata Polikowska – Culture of Care

I've been dedicated to the **Culture of care** project for the past few months as it has finally got its feet off the ground. It been lovely to work with the wards and see the staff actively trying to make change happen to better the experience of their current patients but also their future ones too. Also working alongside people with lived experience, it so heartwarming to see them being brave to share their story. I am also involved in the Good Life service review. This is still in the early stages.

### Kate Honan – culture of Care and Co-production Training

I have been leading on the **Culture of Care** project and have been facilitating the lived experience and carer involvement. We are now at the stage where the lived experience and carers are attending the ward meetings which are delivered on Microsoft Teams. We will be arranging for people with lived experience of learning disabilities and/or autism to visit the wards and feedback their observations. Rachel, Anne, Lois, David and I sat down to review all the feedback from the **co-production training** and look at how they could make improvements. The resulting refreshed training is something the team are really proud to deliver. The new format is getting really positive feedback from attendees. Below are some quotes from this quarter's attendees.

- 'Thank you to you and the rest of the team for delivering such excellent, inspiring training and showing such a wonderful example of **\*real\*** co-production'
- 'I enjoyed the training. Found it helpful and useful. Applicable to the work going forward. Facilitators were full of knowledge but also modelled active listening and pulling out or expanding from examples attendees provided'
- 'The training was informative and made me think of own practice and communication, when setting up new meetings / task to finish groups, work streams and how co-productive it can be / could be effective at the initial stages'



- 'Coming on training helps increase the conversations that happen about involving and co-producing and then help embed it in our workplace culture.'
- 'It was helpful to have active discussions with other attendees and the speakers. It has given me ideas as to how I can implement co-production in my work going forward.'
- 'I feel it is important to increase knowledge and raise awareness of the benefits and to promote a move towards a change in culture that embraces co-production'
- 'Really well run, good mix of training methods, facilitators were great and very engaging'
- 'Very informative and inspiring, great to get a proper idea of what coproduction is and isn't'

### **Rachel Nightingale – Dementia Pathways and Neurodiversity workstream**

The main focus of this quarter has been The SUN Network's involvement with the **Dementia Transformation** work that the ICB are doing. Our Dementia Advisory Group (DAG) (a group of people with lived experience and carers of people with dementia) co-produced with system staff, six surveys. The surveys were shared countywide where people had the option to fill in online, receive a paper copy or have a face-to-face conversation. The most effective way to get feedback was by speaking face to face with people. After going to many groups across Cambridgeshire and Peterborough, we successfully spoke to 85 people and got a really broad and insightful array of responses.

I have pulled together the responses into a report which has been shared with the ICB and will be shared more widely once it has been shared with CPFT and the Memory Assessment Service. This information will help to inform the plans that the ICB are working on to improve the care people have for dementia, locally. This piece of work really highlights what people need from the health and social care system to feel better supported in their dementia diagnosis and caring roles.

The DAG have been very vocal in their feedback about the positive effect this work has had on them. One member said 'I cannot tell you just how much this means to me. I feel so very happy and grateful that we haven't been talking into the wind all this time and that we have been listened to by people like you both, who care enough to make the necessary changes happen'. Some of the proposed changes have made people feel heard and part of something important and useful.

For **Neurodiversity**, we collected information via online surveys and face to face conversations and compiled a report for the ICB about what people need for ADHD support. This is being fed into the ICB's plans to propose how to provide support for people living with, or expecting a diagnosis, in response to the national issue of



waiting lists. The SUN have facilitated several workshops in order to discuss the three main themes: peer support, work and life organisational skills, and neurodiversity informed care. The ICB have created a plan very heavily informed on lived experience feedback which is fantastic.

### **Sue Nicol – Drug and Alcohol Engagement – Peterborough**

I have been working on the joint needs analysis, gaining feedback to see what service users would like to see happening within the services in Peterborough. It has been very helpful from a professional and personal point. I feel I have gained confidence in talking to service users and building relationships within the services I am working alongside. Understanding what the commissioners do and supporting them to deliver what people need has been a great education for me.

I am looking forward to the coming months, Recovery College East is facilitating courses every Tuesday afternoon through February and March at the Fletton hub.

They are also offering a women-only service on Tuesday mornings. I feel proud of this as after attending a pilot course at RCE myself, I introduced them to Tanya who runs the Fletton hub, and we have now secured Tuesday afternoons for the courses to run. I have also been working closely with Tanya on how we can get more women into Fletton and we have now managed to secure this.

I have gathered some interesting thematic feedback for the commissioners to help them consider what support would be useful for individuals in active addiction and recovery.

### **Adam Earl – Keep Your Head**

During the last quarter, I was involved in the public launch of the refreshed Keep Your Head (KYH) website [[www.keep-your-head.com](http://www.keep-your-head.com)] on world Mental Health day. I helped make the new site more user-friendly and reflected service user feedback to the larger working group, ensuring that people can find relevant support topics and services far more efficiently than before, and with regular feedback to our web developer about minor user interface issues and bugs. I supported the launch with social media and email marketing campaigns, which increased awareness of the changes. Feedback from service users was largely positive, although one service user raised a valid concern regarding the absence of co-produced content on the new website related to eating disorders, and also the use of inaccurate terminology. I was able to resolve the issue to the service user's satisfaction, despite internal challenges. This experience reinforced the importance of prioritising service user needs. I also successfully negotiated with NHS stakeholders to ensure that The SUN Network retained the ability to make quick, flexible updates to the site without the imposition of excessive bureaucracy, and whilst maintaining clinical oversight of new content. This helps to ensure that the KYH site remains relevant, accurate, and responsive to service user needs going forward, and that The SUN Network is able to retain its management of the website.



I also worked closely with How Are You (HAY) to help promote KYH through both in-person events and online engagement, broadening its reach to new audiences.

Preparatory work was completed for the Big Thanks campaign, which is set to launch in the New Year. The campaign is designed to celebrate and recognise the dedication of mental health and drug and alcohol support staff, with nominations from the public.

I helped develop and launch the 12 Days of Christmas social media campaign, which offered encouragement, support, and signposting for people who may have struggled during the festive season. The posts were in keeping with The SUN Network's mission to provide timely and accessible support.

Finally, the redesigned Let's Co-produce website [[www.letscoproduce.org.uk](http://www.letscoproduce.org.uk)] is almost ready for public rollout (pending final content and editorial updates) and will serve as a valuable tool in promoting effective co-production and promoting The SUN Network's co-production training programme.

These projects reflect a consistent focus on cooperation, engagement, and a commitment to empowering service user's and carers by ensuring that their voices remain at the heart of everything we do.

### **Good Life Service Review**

Cambridgeshire County Council have requested that we carry out a review on the One-to-One support service that CPSL Mind deliver. This will take place in Q4.

### **Signposting**

We are actively signposting people to support to coincide with the Keep Your Head relaunch. We have updated our A3 Wellbeing posters and have been sharing them through the Integrated Neighbourhood Teams (INT) The uptake is really positive and remains a constant element of our work. We are aware from our social medias that there is still a lot of work to do around ensuring that the people of Cambridgeshire and Peterborough know where to go for support.

### **Co-chairing the Coproduction Collaborative**

Frustratingly the co-production collaborative still has no real structure within the hierarchy of the system in terms of escalation. The four main chairs (Anna Tuke, Jonathan Wells, Keith Grimwade and Lois Sidney) are meeting to discuss how we can move forward to ensure that the group can have impact.

### **Social Media, Websites and Marketing**

We continue to raise our profile on social media with increasing followers across all platforms. We are looking at what new platforms are out there and if we can create a presence on them. There have been some news articles recently around the safety or particular social media sites that are no longer being 'fact checked' and we are keeping



a close eye on these and looking at alternative social media sites to grow our presence on such as Bluesky.

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**Meetings, networking, raising awareness, or representing lived experience:** (meetings in bold type are new additions, meetings in orange have people with lived experience in attendance.)

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

- **Adult Social Care Forum** (CCC) (MH)
- Armour Project, St Neots (MH)
- Awareness of local support – Fenland INT (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)
- Cambs City operation group, rough sleepers and homeless (D&A)
- Camsight meetings (MH, OP)
- Caring Together Drop-in, Ely (MH, OP)
- 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)
- CPFT Recovery College East (D&A and MH)
- CPSL Mind Good Mood Café St Ives (MH)
- **CPSL Mind Good Life Board** (MH)
- CPSL Mind Operations meeting (MH, D&A, OP)
- Creative Fenland (D&A)
- Crisis Strategic Transformation Partnership (MH)
- **Culture of Care – Inpatient Transformation** (MH, OP)
- **Dementia pathway redesign** (OP)
- East Cambs Mental Health Collaborative (MH)
- Fenland Integrated Neighbourhood Board
- FENHMAN Meeting – Fenland 3<sup>rd</sup> sector networking meeting (MH)
- Ferry Project (D&A)
- Fitness Rush, Hunts (and Fens) (D&A)
- Gamcare (D&A)
- **Good Life Board** (MH)
- HDC Community Spaces/Chest (MH)
- Health Alliance – Hunts forum (MH, OP)





- Healthy You (D&A, MH)
- Huntingdon Community Swap (MH)
- Hunts Integrated Neighbourhood Project (MH)
- **Homecare workshops** (MA, OP)
- Isolation and Loneliness – Fenland **INT** (MH, OP)
- Justice Safeguarding Panel (D&A)
- **Keep Your Head website refurb** (MH, OP, D&A)
- Mental Health Early Intervention and Prevention (MH)
- Mental Health and Learning Disabilities Collaborative Board (MH, OP)
- Meridian PCN practice network meeting – connecting services with the meridian practice (MH, OP)
- Moody Mondays (MH)
- **Mortality Review Meetings** (D&A) (Lived Experience rep)
- People & Animals (MH, D&A)
- PMAN – 3rd Sector Networking for services in Peterborough (MH)
- **Recovery writing** @ the Edge café (D&A)
- Riverport Business Club, St Ives (MH)
- St Ives Cares Network Meeting (MH, OP)
- St Ives Knitting, Crochet and Crafts (MH, OP)
- St Neots Integrated Network Project Group (MH)
- Substance using offender's pathway (D&A)
- Traveller/Gypsy/Roma drop in – Cottenham (MH)
- Warm Welcome Drop-in, St Ives (MH, OP)
- Wisbech Integrated Network Project Group (MH)

The SUN Network continue to represent the Voluntary Sector Network 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 voluntary sector reps. Any questions raised by Lois about the work of the ABU are taken up by the Voluntary Sector Network.

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## Performance against Key Performance Indicators (KPIs)

There is a separate KPI data set for The SUN Network and the Keep Your Head work.

Some of our KPIs were raised again by the commissioners, however, they are aware that as we get more co-production work, which is more resource intensive, we may struggle to achieve some of the KPIs, particularly as some of our staff with specific projects are only part time, such as Rachel with Older People

KPI #	Description	Q1	Q2	Q3	Q4	Current Quarter			Year End Target/Actual  RAG rating
						Oct	Nov	Dec	
KPI 1 Target		450	450	450	450	150	150	150	1800
KPI 1	How many people have accessed the service overall? (including system professionals)	556	420	490		156	205	129	1466
KPI 2 Target		288	288	288	288	96	96	96	1152
KPI 2	Number of views gathered across adults and OPMH	424	341	352		129	126	97	1117
KPI 3 Target		60	60	60	60	20	20	20	240
KPI 3	Number of meaningful engagement opportunities offered	60	71	112		12	59	41	243
KPI 4 Target		70	135	135	135	45	45	45	480
KPI 4	Number of times people are signposted to relevant organisations	148	145	138		49	47	42	
KPI 5 Target		120	120	120	120	40	40	40	480
KPI 5	Number of people aged 65+ accessing the service	109	134	154		47	99	8	397
KPI 6 Target		24	24	24	24	8	8	8	96
KPI 6	Total number of system (ICS) meetings and boards service users are representing themselves at through The SUN Network	26	25	24		8	8	8	75
KPI 7 Target		42	42	42	42	14	14	14	168





KPI 7	Total number of system (ICS) meetings and boards that The SUN Network represent service users at and promote involvement and engagement at.	58	46	53		17	19	17	157
<b>KPI 8 Target</b>		2	2	2	2		2	2	8
KPI 8	Deliver two co-production training sessions per quarter	4	2	2		1	1		8

Amber denotes a target less than 10 percent under. Red denotes a target over 10% under. The ambers and reds have been discussed with the commissioners and are not of concern. The nature of our work means that sometimes we are out and about in the community and get lots of feedback, sometimes we have labour intensive co-production which is a smaller number of people but greater depth of work, and although monthly targets are sometimes under, quarterly targets are met and we are on target for year end.

## Demographics

Area	Detail	Q1	Q2	Q3	Q4	Total
Views gathered	Substance Misuse	105	49	113		
	Mental Health	171	103	65		
	Both e.g., dual diagnosis	74	62	98		
	Older People	119	134	147		
	Neurodiversity			41		
	Other/unknown	87	72	26		
	<b>Total</b>	<b>556</b>	<b>420</b>	<b>490</b>		
	Cambs City	93	94	75		
	Cambs South	22	24	80		
	Cambs East	19	12	1		
	Huntingdon	158	100	113		
	Fenland	71	61	30		



	Peterborough	111	62	118		
	Other/Unknown	82	67	73		
	<b>Total</b>	<b>556</b>	<b>420</b>	<b>490</b>		

## Sentiment of feedback

	Q1	Q2	Q3	Q4	TOTAL
Positive	219	136	217		
Negative	76	111	33		
Mixed	136	68	186		
Unclear	13	10	0		
No sentiment	41	15	41		
Not Applicable	71	80	13		
<b>TOTAL</b>	<b>556</b>	<b>420</b>	<b>490</b>		

## Demographics

Age	Number of people				Age	Number of people			
	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4
Unknown	187	206	197		40's	84	50	64	
Under 18	0	0	0		50's	54	36	39	
18/19	2	0	1		60's	55	47	44	
20's	33	0	42		70's	39	38	44	
30's	84	41	48		80's	18	2	11	
<b>Total</b>						<b>556</b>	<b>420</b>	<b>490</b>	

Gender	Number of People			
	Q1	Q2	Q3	Q4
F	278	152	211	
M	195	125	139	
Other/self-describe	1	3	2	
Unknown	82	140	138	
<b>Total</b>	<b>556</b>	<b>420</b>	<b>490</b>	



Ethnicity	Number of People			
	Q1	Q2	Q3	Q4
White British	301	192	236	
White European	13	5	11	
Unknown	144	189	199	
Gypsy/Roma/Traveller	21	8	6	
Asian/ British Asian	73	20	31	
Black British	4	6	7	
Black Caribbean	0	0	0	
White other	0	0	0	
<b>Total</b>	<b>556</b>	<b>420</b>	<b>490</b>	

### Keep Your Head Data Set

KPI #	Description	Target Q3	Actual RAG Rating
KPI 1	Number of hits on the adults keep your head website per month		27,600
KPI 2	Number of hits on the CYP keep your head website per month		24,562
KPI 3	Number of posts about services or community support on social media per month		36
KPI 4	Number of keep your head news page updates per month		9

**NB:** The data for the KPI's has not yet been agreed following on from the website refresh, as it was designed to enable people to find the support they were looking for more effectively. Also, the data is now captured in a different way, so the previous KPI's are now obsolete.

### Engagement and Involvement:

We gained feedback from 490 people across the county in this quarter about their experience of accessing or trying to access mental health or substance misuse services.

### Feedback themes:

**Regular long standing unresolved thematic issues unchanged from 2023**



- Older people – mental health support is disjointed and focuses mainly on Dementia/Alzheimers – not enough focus on depression, anxiety, personality disorder etc
- 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 – this is emerging as an increasing trend
- 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 they 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. Update: There is a new 'Waiting well' initiative from CPFT but the people that we hear from have no knowledge of this initiative
- ADHD and Autism assessment service waiting lists are approximately 2 to 3 years, with some people being told 4 to 10 years
- 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)
- Mixed feedback for GP's around mental health – people not being referred to the social prescriber/community navigators

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## 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.*

This quarter has been fantastic for meaningful engagement with the team providing a total of 112 opportunities (which were carried out by 78 people) to participate in meaningful engagement.

**These include: (some are ongoing opportunities, new opportunities are bold)**

- Participation and representation in meetings\*
- Delivering co-production training
- **Co-reviewing the Co-production training**
- **Creating a video for use as part of the co-production training**
- Participating in the countywide mortality review
- Sharing story with police cadets for training
- Sharing their own story at various public events
- Countywide Drugs and Alcohol Delivery Board
- **ADHD workshops to discuss people's experiences pre and post diagnosis**
- **Dementia Advisory Group, a new group of service users and carers formed to ensure the service user and carer voice is heard systemwide**
- Countywide Harm Reduction group
- **Culture of Care Inpatient Transformation ward meetings and ward visits talking to patients and staff**
- Adult Social Care Forum
- **A journaling recovery workshop**
- **A trauma informed care project**
- **A carer sharing her story of caring for a parent with dementia**
- **Drug and Alcohol group to discuss the effects of court orders and probation**
- **Collaborating with Heart and Soul to share lived experience stories**
- **Collaborating with CGL on the Unlock Wellbeing event**
- **Collaborating with Recovery College East Wellbeing Hub to enable training for women in drug and alcohol recovery**
- **A Be Heard group feeding back to drug and alcohol commissioners**
- **Crisis care rethink workshops**

\*Meetings include Co-production Collaborative Group, Integrated Neighbourhood Teams, CPSL Mind Good Life Board, Drug and Alcohol meetings.

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## Teamwork:

The SUN Network staff are working hard on several big pieces of work involving people with lived experience in inpatient transformation and dementia workstreams. Staff are



supporting each other where necessary and checking in regularly with days together in the office or out in the community.

### **Feedback from service users and carers about The SUN Network**

- 'You are amazing. Thank you for everything that you do'
- 'Thanks for giving me and others an opportunity to be heard'
- 'You have made me feel like I matter. I'm not used to that'
- 'It's good that The SUN Network exists, It is much needed'

### **Focus for next quarter**

Keep Your Head refresh launch.

Let's Co-produce website launch.

Big thanks Campaign – a campaign where we encourage people to offer their positive experiences of staff across the mental health and drug and alcohol fields to nominate them for a prize.