

MEETING:	Mental Health Partnership Board ( <b>MHPB</b> )
DATE:	Tuesday, 21 January 2025
LOCATION:	St John's Hall, Penzance and via Microsoft Teams

### ATTENDANCE (in person)

Name	Position	Organisation
Colin Martin (CM)	Chair of MHPB	Cornwall Council (CC)
Karen Hooper (KH)	Head of Commissioning, Adult Social Care	Cornwall Council (CC)
Martha Reed (MR)	Commissioning Lead	Cornwall Council (CC)
Robert O'Leary (RO)	Partnership Boards Lived Experience Project Officer	Healthwatch Cornwall (HWC)
Karl Smith (KS)	Contracts & Performance Manager	Healthwatch Cornwall (HWC)
Sarah Jones (SJ)	Engagement Projects Coordinator	Healthwatch Cornwall (HWC)
Jay Thompson (JT)	Partnership Board Administrator	Healthwatch Cornwall (HWC)
Henri Sloan (HS)	Social Prescriber	Pentreath
Andrew Thomas (AT)	Recovery College Peer Mentor	Pentreath
Lisa Williams (LW)	Recovery College	Pentreath
Matt Bennett (MB)	Project Manager	Pentreath
Beata Webb (BW)	Founder, Manager	Pegasus
John Lewis (JL)	Business Development Manager	Pegasus
Chris Kent (CK)	Operations Manager	Active Plus
Lucy Johnson (LJ)	Support Coordinator/Counsellor	Stroke Association
Anne Oliver (AO)	Senior Administrator	CN4C
LX1*	Lived Experience	-
LX2*	Lived Experience	-
Pauline Hardinges (PH)	Lived Experience, Part Time Carer	-

\* denotes individuals with lived experience who wish for their names to be redacted

## ATTENDANCE (via Microsoft Teams)

Name	Position	Organisation
Hazel Ashman (HA)	Youth Wellbeing Manager	Hugs Foundation Bodmin
Ellie Nicholas (EN)	Deputy Chief Executive Officer	Wild Young Parents
Samantha Mokkaram (SM)	Community Advocate	The Advocacy People
Noeleen Gerber (NG)		The Advocacy People
Ben Uren (BU)	Administrative Support Officer	Healthwatch Cornwall (HWC)
Roxanne Eaves (RE)	Tobacco Dependency Advisor	Healthy Cornwall
Katie Mutton (KM)	Communication & Engagement Coordinator	Pentreath
Bev Wilson (BW)	Strategic Lead	Inclusion Cornwall
Lisa Tope (LT)	Outreach Coordinator	Counselling for Social Change
Paula Chappell (PC)	Advanced Practitioner	Public Health
Richard Sharpe (RS)	Consultant	Public Health
LX3*	Lived Experience	-
Shirley Sweeney (SS)	Lived Experience	-
Jane Godfrey (JG)	Lived Experience	-

\* denotes individual with lived experience who wished for their name to be redacted

## APOLOGIES

Name
Jemma Meyrick
Karen Tanner
Jane Johnon
Bernie Delord
Jenny Tarvit
Annette Mayers

## ACTIONS AGREED AT MEETING

Action	Responsible
Improve virtual accessibility for those attending via Teams (unintelligibility, PowerPoints, acoustics, resources etc)	HWC
Schedule agenda item to discuss working group at April meeting	HWC



### **Discretion Warning**

*This document may contain themes, direct quotes or testimonials that make overt reference to self-harm and experiences of mental health crisis.*

Item	What was discussed	Action
<b>1.</b>	<b>Welcome, introductions and apologies</b>	
	<p>RO welcomed everyone to the meeting and the virtual attendees were informed that the meeting will be recorded for internal use and asked that members online use the 'raise hand' function if they wished to speak.</p> <p>Expectations regarding meeting etiquette were outlined.</p> <p>KS informed the board that the venue's fire alarm is scheduled to be tested at 3pm.</p> <p>There were "round table" introductions and RO read out apologies received, as detailed above.</p>	
<b>2.</b>	<b>Updates from Members</b>	
	<p><b>Karen Hooper – Adult Social Care, Cornwall Council</b></p> <p>At the beginning of October 2024, the first housing and support services contract has been launched for Mental Health, Learning Disabilities and Autism service providers and will be opening this up again to Mental Health services and other providers. More work is being done to establish more provision for those that are eligible for social care.</p>	

	<p>It caters towards providers that support people in their home towards accessing daily living skills, employment support.</p> <p>The Adult Social Care team at CC are also working with housing providers as well as care and support providers, to bring them together to provide supported living offers – the first time that they have worked with housing providers to drive that support.</p> <p><b>Anne Oliver – Cornwall Neighbourhoods 4 Change (CN4C)</b></p> <p>AO gave an update on the Community Health &amp; Wellbeing workers scheme – a national programme funded by the NHS. The scheme covers most of Cornwall, with a focus on the on the most deprived postcode with CN4C covering Redruth and Illogan and currently around 170 families are being supported.</p> <p>The Community Health &amp; Wellbeing Team works with the community, working with individuals and familiar to empower them to deal with their current issues through:</p> <p><b>Community outreach</b></p> <ul style="list-style-type: none"> <li>• Door knocking / leafletting / open days</li> <li>• Being present at community events and services</li> </ul> <p><b>Building professional links</b></p> <ul style="list-style-type: none"> <li>• Operating alongside essential services e.g. GP surgeries, ASC, Housing and the Police</li> <li>• Building professional partnerships, e.g. Healthy Cornwall and Coodes Solicitors</li> </ul> <p><b>Providing essential services</b></p> <ul style="list-style-type: none"> <li>• One on one support – person centred, trauma informed, coaching conversations</li> <li>• Crisis Drop ins</li> <li>• Information, Advice and Guidance</li> <li>• Advocacy – providing support for interacting with services where needed</li> </ul> <p><b>Lucy Johnson – Stroke Association</b></p> <p>LJ stated that the Stroke Association are continuing to receive referrals for emotional support.</p>	<p>(Virtual attendees noted difficulty in hearing people that were far from the microphone, this will be mitigated at any future meetings held at large venues.)</p>
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**Pauline Hardinges – Liskeard Memory Café**

PH stated that there is a lack of information regarding the Liskeard Memory Café partly down to the NHS and care services not communicating or not making individuals who may benefit from the Memory Café aware of its existence

CM reiterated this point stating that the Memory Café in his hometown of Lostwithiel had plenty of volunteers, but was forced to close due to low attendance, as many were not aware of it.

PH continued to explain that Trevillis House in Liskeard had in fact began to signpost individuals to the Liskeard Memory Café but what many of those who attended would testify is that information regarding continuing care or crisis support was not readily available.

CM suggested that the Memory Cafés are a good tool for individuals in earlier stages of dementia, and so the Memory Cafés could potentially provide material or activities that prepare individuals with dementia for what to expect if it progresses.

PH argued that whilst it could be beneficial, dementia is complex and individuals with dementia 'do not fit into one box'.

CM agreed, stating that a main issue that is brought up on a regular basis is the fact that the NHS often does not treat people's needs as their own individual needs.

**Paula Chappell – Public Health, People in Mind Programme**

Started in April 2023, the People in Mind Programme is a collaboration of 8 voluntary sector organisations that support 16+ individuals in Cornwall, mainly focused on prevention of mental health concerns. It is a 5-year programme and there have been many encouraging outcomes.

CM enquired regarding eligibility criteria for individuals of who can access the programme and enquired regarding the waiting times and whether there is capacity to take on more individuals.

PC explained that the programme is for anybody over the age of 16 and that the wait times can vary. This is because the programme is run by 8 different organisations that specialise in various aspects of mental health support and so the wait times depend on the presenting factors of the individual seeking support.

The programme can be accessed by the [Community Gateway](#) provided by Age UK.



	<p><b>Sarah Jones – CHAOS Gateway</b></p> <p>CHAOS works with individuals 16+ to offer mental health support. Referrals received via a gateway telephone manned 364 days a week, 8am – 8pm.</p> <p>CM spoke of a telephone number that was active during the COVID-19 lockdown that offered Mental Health Support 24/7 to anybody in Cornwall. CM asked whether the gateway was similar to this? MB explained that the gateway was primarily for signposting and those in crisis can instead contact the Mental Health Connect Line ran by the NHS on 111 (option 2)</p>	
<b>3.</b>	<p><b>Healthwatch Cornwall – Survey Updates, Workplan, Workshop</b></p>	
	<p>KS briefly explained the running order of this section, starting with the key themes discussed at the Mental Health Partnership Board launch event in October 2024.</p> <p><b>MHPB Launch – 11 Key Themes</b></p> <ul style="list-style-type: none"> <li>• Young People’s Mental Health</li> <li>• Suicide Prevention</li> <li>• Isolation &amp; Loneliness</li> <li>• Targeted Support</li> <li>• Trust and System Reliability</li> <li>• Collaboration &amp; Holistic Approaches</li> <li>• Access to Care &amp; Communication</li> <li>• Awareness and Training</li> <li>• Workforce &amp; Employer Culture</li> <li>• Systematic Changes</li> <li>• Specialist Areas</li> </ul> <p>KS shared some testimonials and comments that had been received from the MHPB Launch, HWC ‘Have Your Say’ forms and HWC’s ‘Cornish Communities in Focus – Evolving Voices in Mental Health’ survey that related to the 11 key themes, such as: a lack of funding and availability for young people’s mental health support services; the stigma around suicide and lack of prevention for young people reaching a crisis where “suicide seems like their only option”; more support needed to prevent isolation and loneliness; focus on long term effects of mental health, not just the short term; and “dual diagnoses” wherein individuals are explaining many things to different service providers.</p>	

CM interjected regarding the terminology of “dual diagnosis” and whilst he understood what the individual making the comment meant, “dual diagnosis” typically describes when an individual receives two different types of diagnosis.

**Cornish Communities in Focus** – Evolving Voices in Mental Health *(Survey)*

KS presented an update on the results of HWC’s mental health survey to demonstrate that the comments and testimonials from the MHPB launch event can be statistically supported by these findings. The PowerPoint presentation covered:

- **Support** – Have you reached out for support? What type?
- **Barriers** – Have you faced barriers when trying to access support?
- **Quality & Consistency**
- **Personal Impact**

**MHPB Workplan Development**

KS explained that the quarterly meetings will each be themed around a specific theme. KS had drafted a workplan using this principle, using data and testimonials to determine which themes were most important, however wanted the board to discuss what they think are important themes to discuss, to foster collaboration when creating the workplan. The draft workplan is as follows:

- **April** – Access to Mental Health Services
- **July** – Crisis Care Pathways
- **October** – Cost of Living Crisis

CM stated that he feels the topics outlined in the survey are an accurate reflection of what is being reported but prompted the board to consider whether anything had not been mentioned.

**Group Discussion**

A discussion surrounding the proposed meeting themes would be beneficial or whether other themes would be preferred.

The Microsoft Teams call was muted in the venue to allow those joining virtually to discuss amongst themselves.

- **Microsoft Teams Discussion**

SM agreed to facilitate the online discussion.

As forestated, due to the acoustics of the venue, some of those online were unable to properly hear what was being said in person. Those online agreed it would've been beneficial to have copies of workplans and presentations to refer to, much like what is provided in person.

HA addressed the proposed theme for the next meeting (Access to Mental Health Services) and how transportation is a major barrier for those in rural areas of Cornwall. The group agreed that transportation is such a complex topic that a working group would be more beneficial.

LX3 stated that certain conditions are barriers, explaining that they were diagnosed with cerebral palsy and that they were referred to health psychology, but due to the fact they had cerebral palsy, they were not eligible to health psychology, even after reaching a crisis point.

SS reiterated this, stating her daughter had been admitted to RCHT after multiple overdoses and that the care was appalling and, from working previously as a volunteer at RCHT, understands that a main problem is funding. Additionally, the care from Caradon's integrated mental health team was equally poor. SS then explained that the most stressful part of the situation was the lack of correspondence from Bodmin Community Hospital when calling to complain about the poor service.

NG informed SS that the Advocacy People can support her in raising a complaint

SM confirmed the notes of the discussion.

- **Workshop Discussion in Person**

Individuals on each table discussed with one another the proposed themes for the next few meetings and wrote key points on A2 paper. An overview from each table will be outlined below.

The virtual attendees and board members in the room reconvened and SM gave an overview of the online discussion outlined above.





In response to issues with the complaints service, RO informed the board that Healthwatch Cornwall has a 'Have Your Say' form where service users and professionals can share their experiences within Health and Social Care in order to report and collate concerns and praises to drive change in Health and Social Care in Cornwall.

A representative from each table then summarised what was discussed per group in the room:

- **Barrier** – when an individual is experiencing a mental health crisis, they can often tell when the care they are receiving is inadequate for their needs but do not have the energy to attempt to address this. There is also a concern that speaking out about inadequate will result in losing care altogether.
- **Meeting Discussion** – individuals with lived experience should begin the meeting by sharing their experience of mental health crisis for service providers to then address by informing individuals with lived experience of what provisions already exist, or for service providers to develop provisions for use in the future.
- **Working Groups** – working groups should be established to allow board members to discuss the theme of following meetings. CM requested that this be an agenda item at the following meeting in April.
- **Befriending services** created by volunteers and catered to lived experience to help 'offer an additional layer of support'
- **Transport** can be inconsistent in Cornwall, not only with regards to punctuality or routes but also who is eligible for bus passes and how that affects individuals' ability to access support
- **Promotion and Education** of helplines and services
- The **proposed order of the topics** (being treatment, crisis and prevention) should be amended to reflect the realistic order of the topics (being prevention, treatment and crisis)

The board unanimously agreed with this amendment.

HWC to schedule a discussion regarding working groups at the next meeting

**10-minute break**



4	<b>Active Plus – Health &amp; Wellbeing Support</b>	
	<p>CK from Active Plus gave a brief overview of what Active Plus do, including employing wounded/injured/sick military veterans to offer teambuilding courses and community work with a range of ages from 8 years old to 104 years old. The teambuilding and community work is to support their communication and confidence and particularly their mental wellbeing.</p> <p>CK spoke about the 'Armed Forces Community Social Prescribing Link Work' service that Active Plus offers. It was established 4 years ago and sought to provide social prescribing resources to armed forces veterans. A 3 year contract and funding from the NHS Cornwall and Isles of Scilly integrated Care Board provided Active Plus with two Armed Forces Community Social Prescribing link workers to cover Cornwall and the Isles of Scilly.</p> <p>Active Plus support the Armed Forces 'Community' – not just veterans, but their families and care workers too.</p> <p>Active Plus has held GP practices across Cornwall to account to ensure they are Veteran Accredited, with now 100% of GP Practices now being Veteran Accredited – the first UK county to do so. Additionally, Active Plus work with the South West Ambulance service to ensure veterans are referred to the support they require. Active Plus are also working towards a similar provision with Devon &amp; Cornwall Police to refer veterans who may have been arrested to Active Plus to offer support.</p> <p>Active Plus are beginning to work more closely with RNAS Culdrose to support members of the armed forces who may be discharged without support of where to go, particularly if they are not a resident of Cornwall.</p> <p>CM enquired that whilst it was positive that Active Plus' Armed Forces Community Social Prescribing link work is funded, are the services that Active Plus are referring individuals to also funded?</p> <p>CK stated that the services that individuals are referred to varies, they do refer to both funded organisations (such as Cornwall Council housing support and the Department of Work and Pensions), they also refer individuals to third sector organisations.</p>	



<b>5</b>	<b>Pentreath – Peer Mentor Program</b>	
	<p>AT from the Recovery College at Pentreath spoke about what the Recovery College and Pentreath do, particularly the peer mentor program which entails a 10 course volunteering program over 6 months (1 day per week). AT and LW detailed how the program had helped them overcome mental health concerns they were experiencing.</p> <p>Additionally, AT stated that the Personal Independence Payment (PIP) assessment is an extremely distressing process for those that access Pentreath support.</p> <p>CM agreed, stating that the recent announcement of Cornwall Council's budgetary concerns will impact this negatively.</p>	
<b>6</b>	<b>Any Other Business</b>	
	<p>KS briefly mentioned that Co-chair recruitment will begin soon and will be addressed at the meeting in April.</p> <p>CK informed the board of a Mental Health Response Vehicle commissioned by the Southwest Ambulance service, currently running on Friday-Sunday, due to be 7 days a week by March 2025.</p>	

**The meeting dates for calendar year of 2025:**

- Meeting 1: 21<sup>st</sup> January St John's Hall 1:30pm – 3:30pm
- Meeting 2: 17<sup>th</sup> April Truro Library 1:30pm – 3:30pm
- Meeting 3: 17<sup>th</sup> July Bodmin Shire House 1:30pm – 3:30pm
- Meeting 4: 23<sup>rd</sup> October Trethorne Golf Club 1:30pm – 3:30pm