“Health needs are as individual as we are, and that’s what makes us brilliant”.

Sue Bailey, Royal College of Psychiatrists, 2013
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Introduction

This conference was hosted by Cumbria Action for Health (hosted by Cumbria CVS) in partnership with Time to Change, the National Service Users Network (NSUN), The Royal College of Psychiatrists and Mind.

The aims of the conference were to:

- Increase knowledge and understanding of England’s Mental Health Outcomes Strategy ‘No health without mental health’ (2011), and the key themes within it
- Further champion and implement the strategy at a local level
- Jointly identify ways organisations in Cumbria can work together to improve our influence in local decision making around mental health
- Provide valuable networking opportunities

Participants included people who use services, carers, volunteers and staff from the third sector and public sector organisations in Cumbria.

We would like to thank NSUN for their financial contribution - helping to cover the costs of the conference and Time to Change for their assistance in planning the day and covering individuals’ travel expenses. Together they enabled us to ensure the conference was open and accessible to people who use services and Carers. I would like to give a special ‘thank you’ to Evelyn Bitcon for sharing her time and knowledge helping to make the conference possible.

Cumbria Action for Health is a network of around 400 third sector organisations working in health, social care and wellbeing in Cumbria. The network was established in 2004 and is supported by Cumbria CVS. It is open to the staff, volunteers and beneficiaries of those third sector organisations; colleagues working in the public sector are welcome to be part of the network but have no voting rights and can not act as representatives of the network.

Cumbria Action for Health holds regular events, facilitates third sector involvement on strategic planning and partnership groups and sends out weekly e-bulletins to keep members up to date with health, wellbeing and social care news and developments.

Joz Brown, Senior Engagement Officer, Cumbria CVS
No health without mental health

In line with the national strategy, Cumbria’s Working Together for Wellbeing and Mental Health 2011 - 2014: A Strategic Framework for Cumbria sets out to improve the mental health and wellbeing of the population and keep people well. It also aims to improve outcomes for people with mental health problems through high quality services that are equally accessible to all. The six objectives to be delivered under the strategies:

(i) More people will have good mental health
More people of all ages and backgrounds will have better wellbeing and good mental health. Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well.

(ii) More people with mental health problems will recover
More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.

(iii) More people with mental health problems will have good physical health
Fewer people with mental health problems will die prematurely and more people with physical ill health will have better mental health.

(iv) More people will have a positive experience of care and support
Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people’s human rights are protected.

(v) Fewer people will suffer avoidable harm
People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service.

(vi) Fewer people will experience stigma and discrimination
Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease.
Recommendations

Parity of esteem
Shifting funds away from acute services to preventative services is a challenge, and threats to acute provision are generally met with concern. Undertaking work to demonstrate that it makes financial sense and has a positive impact on individuals’ lives could help to alleviate some of this resistance.

Single points of referral and community based hubs were considered useful tools to prevent and/or reduce the negative impact of poor mental health and provide more holistic support to people. A more co productive approach to promote preventative work and highlight the importance of parity between mental and physical health could go some way to address the inequalities that exist.

Time to Change, challenging stigma and discrimination
Joining together to tackle stigma and discrimination around mental health would not only increase general awareness of the issues people face but could also improve the support that’s available for people in local communities.

Changing the term ‘service user’ to something that does not imply a passive recipient of services would be good and should engender a more co-productive approach. Increasing GP awareness of mental health issues would enable them to recognise problems people are facing earlier and encourage better use of non acute health and wellbeing initiatives.

Developing peer support in Recovery
In mental health, ‘recovery’ means the process through which people find ways of living meaningful lives with or without ongoing symptoms of their conditions. To help achieve this people who experience mental health problems should be supported and informed about how they can direct their own support, to suit their own holistic needs. This knowledge and motivation can be achieved through the use of ‘peer supporters’.

There needs to be a commitment to fully involving people with mental health problems in the running of organisations designed to support them, at all levels. A peer support programme should be jointly developed in Cumbria; this will help to ensure that both the public sector and third sector become more ‘recovery orientated’.

The Health and Wellbeing Discussion Kit
The Health and Wellbeing Discussion Kit was identified as a valuable tool for engaging with individuals and communities - and starting conversation about health and wellbeing. Attendees suggested that promoting the kit, encouraging its use and holding multi-sector training/refresher sessions would increase the use of the kit and develop partnership approaches to addressing poor health and wellbeing at both a local and individual level.
The Mental Health Challenge
http://www.mentalhealthchallenge.org.uk/

Local authorities have a key role in implementing the mental health strategy and improving mental health in their communities. The Centre for Mental Health, The Mental Health Foundation, Mind, Rethink Mental Illness, Royal College of Psychiatrists and Young Minds want to support and encourage local authorities to take a proactive approach to this crucial issue. So they’ve set up the Challenge.

Ten actions
They are asking all upper tier local authorities to take up The Mental Health Challenge which sets out ten actions that will enable councils to promote mental health across all of their business:

1. Appoint an elected member as ‘mental health champion’ across the council
2. Identify a lead officer for mental health to link in with colleagues across the council
3. Follow the implementation framework for the mental health strategy where it is relevant to the council’s work and local needs
4. Work to reduce inequalities in mental health in our community
5. Work with the NHS to integrate health and social care support
6. Promote wellbeing and initiate and support action on public mental health for example through the joint health and wellbeing strategy
7. Tackle discrimination on the grounds of mental health in our community
8. Encourage positive mental health in our schools, colleges and workplaces
9. Proactively engage and listen to people of all ages and backgrounds about what they need for better mental health
10. Sign up to the Time to Change pledge http://www.time-to-change.org.uk/organisational-pledge

Working together in the future
Attendees demonstrated a strong commitment to working together to improve mental health and wellbeing in the county, at a service level and at an individual and community level. Cumbria Partnership NHS Foundation Trust and Cumbria Clinical Commissioning Group have indicated their commitment to working alongside the third sector in Cumbria, beginning with an open invite to the mental health service development day held on the 24 October 13.

The Cumbria Action for Health network and its members are keen for this to be the beginning of a more collaborative and co-productive approach, and offer an open invitation to public sector colleagues, and to people who have personal experience of mental health problems to further the progress and shared learning made at this event.
Speakers

Professor Sue Bailey OBE, President of the Royal College of Psychiatrists
www.rcpsych.ac.uk/discoverpsychiatry/thepresidentsblog.aspx

Karen Mellanby, Director of Communities and Networks, National Mind
www.mind.org.uk/

Sarah Yiannoullou, Managing Director, National Service Users Network (NSUN)
www.nsun.org.uk/
Sally Percival, Carer, Our Lives Cumbria
www.thinklocalactpersonal.org.uk/Browse/Carers/CarersExpertPartners/?parent=8213&child=8230

Karen Johl, Consultant Psychiatrist and Clinical Director, Cumbria Partnership NHS Foundation Trust
www.cumbriapartnership.nhs.uk/

Jane Mathieson, Consultant - Public Health Cumbria County Council
www.cumbria.gov.uk/publichealth/default.asp

Rachel Chapman, Commissioning Manager, Cumbria Clinical Commissioning Group
www.cumbriaccg.nhs.uk
Workshops and facilitators

Challenging Mental Health Stigma in Rural Communities
Oz Osborne (Time to Change) and Zoe McIntosh (Growing Voices/Carlisle & Eden Mind)
www.time-to-change.org.uk/ and www.cemind.org/

Parity of Esteem
Sue Bailey (Royal College of Psychiatrists)
www.rcpsych.ac.uk/discoverpsychiatry/thepresidentsblog.aspx

The role of Peer Supporters in facilitating Recovery
Mat Rawsthorne (Institute of Mental Health, Nottingham)
http://www.institutemh.org.uk/images/Peer_support_brochure_FINAL.pdf
A Fair Deal for Wellbeing: a discussion kit to improve wellbeing in individuals & communities
Ian Twiselton and Jane Mathieson, Cumbria County Council
Appendix 1
Workshop - Parity of Esteem with Professor Sue Bailey

Sue facilitated a workshop on Parity of Esteem focusing on how to ensure that good mental health is valued as highly as good physical health – and how we might move towards it in Cumbria.

Three agreed actions

A need to make the “economic argument”
Undertaking work to demonstrate that it makes financial sense to move funding from acute hospital care and into preventative work around mental wellbeing.

Ensuring that services were focused around the needs of users
Relevant to all services, but particularly important when it comes to accessing services during a mental health crisis. Single points of referral (from GP to mental health services) and community hubs (“21st Century Cottage Hospitals”, and/or hubs based in libraries, children’s centres and other community venues) were considered as means of achieving this.

Joining up and stream-lining services
Joining up meant two things:

i. organisations (voluntary sector and statutory) joining together, and lobbying for more importance (and funding) to be placed on mental wellbeing. This was because it was felt that other interests, such as cancer treatment and care, had achieved this already, and were attracting more funding as a result

ii. to ensure services were joined up, and perhaps consider if more organisations were involved than needed to be – is work being duplicated?

Streamlining included the point above about the number of organisations involved, but also emphasized that paperwork and reporting was often onerous, and could be reduced without compromising patient care.
Appendix 2
Workshop - Challenging Mental Health Stigma in Rural Communities with Oz Osborne (Time to Change) & Zoe McIntosh (Growing Voices/Carlisle & Eden Mind)

Time to Change is a social movement to end the stigma experienced by people with mental health problems. Growing Voices centres around the travelling talking tree, collecting the voices of people who have experienced mental health problems and the stigma they have faced. The project looks at ways to encourage people in Cumbria to talk about mental health, and by reducing stigma it aims to encourage people to get the help and support that they might need.

Time to Change Pledges made by workshop participants

- To support Time to Change and Growing Voices
- To volunteer with Minds services
- To continue to challenge mental health discrimination in West Cumbria
- To get round to organising the awareness training for volunteers
- To give more time to volunteering; suggest weekly social club evening to facilitate a “social experience” and get together other than round with interesting speakers
- To approach local schools with an offer of getting in to talk about mental health
- To put a link on all email footers to Time to Change and publicise mindful employers
- To help increase awareness of mental wellbeing and stigma amongst my organisation, colleagues and service users
- Volunteer in the near future with Time to Change and also involve my Mum who has mental health issues
- To go out with the Growing Voices project at least once, use my Facebook page to promote “A Time to Change” and raise awareness of stigma; write to the Herald
- To speak to clients and GPs regarding effects on staff and volunteers – and to invite Time to Change to visit our project
- Go to our local pub and congratulate them for having us
- To find out what local anti-stigma campaigns are happening in my community and get involved
- To help Survival of Bereavement SOBS by suicide in Carlisle develop
- To go out with Time to Change and try to help reduce the stigma of Mental Health
- To not only point out stigma in the community, but also stigma etc in hospitals (mental health hospitals) and care homes
- Not to use derogatory terminology
- Change the name of service-user to more friendly name; to get more involved; education for young people i.e. schools and colleges; better language in the media and papers; should be against the law to discriminate in public and the office

Other points made

- We need to challenge stigma and help increase awareness amongst our colleagues, care workers and raise issue on facebook and in the media.
- We need to raise awareness of mental health issues amongst GPs so that they can encourage people to access the support that’s available
- Need to inspire and support people to take actions on their own behalf – be visible and heard within their own community
Appendix 3
The role of Peer Supporters in facilitating Recovery with Mat Rawsthorne (Institute of Mental Health)

What do we need to celebrate?

- Progress since Mental Health strategy formatted
- Recognition of value of service users (first step but need to progress)
- Invitation from CPFT to 24.10.13 mental health services development meeting

What do we need to know more about?

There has been a loss of knowledge gained through different pilot projects and initiatives. Some means of knowledge gathering and sharing is needed.

Who do we need to influence/hear from?

- Cumbria Partnership NHS Foundation Trust
- “Powers that be”
- Cumbria Clinical Commissioning Group
- Community Mental Health Team
- Impatient services
- Commissioners
- Service users (they are the best influencers! Use of own stories has immense impact)

Issues:

- Managing stakeholder perceptions - will need influencing skills
- Need to be mindful of frontline staff’s pressures/tensions
- We need to ensure that GPs, services users and carers, education, housing, Public Health etc. are involved
- A culture change is required

Actions and next steps:

- Need to motivate others (people who use services) and ensure appropriate support is provided to enable their involvement
- Genuine engagement with IMROC, we need the tools they have to do peer support (and the buy in from senior management)
- We need to have true engagement opportunities for service user involvement
- We need to make more of effective use of good practice and models (sharing)
- Get involved with the mental health service development work happening with Cumbria Partnership NHS FT
- Language barriers exist; we need to ensure we have a shared understanding of terms like coproduction, asset based and recovery.
Appendix 4
A Fair Deal for Wellbeing: a discussion kit to improve wellbeing in individuals & communities with Ian Twiselton and Jane Mathieson, Cumbria County Council

This workshop gave attendees the opportunity to take part in some of the ‘A fair deal for wellbeing’ discussion kit sessions.

What is it?
The discussion kit has been designed to get people thinking more about their wellbeing or that of their community and to consider what action could be taken to improve it in their area. Developed by Our Life in partnership with NHS North West, the North West Public Health Observatory, NHS Cumbria and NHS Liverpool, ‘A Fair Deal for Wellbeing?’ enables small groups of citizens to organise their own discussion about this complex issue.

Through the use of a set of cards, groups can consider a range of opinions before suggesting what they think is the best course of action. The kit can be used in groups of up to 10 people or as few as three and allows people to lead their own deliberative processes in whichever venue they like, with whoever they want to.

The discussion kit can be downloaded for free, or a hard copy can be ordered from http://www.ourlife.org.uk

Agreed actions

- To promote the discussion kit within our own organisations and communities
- Encourage its use with frontline workers and within local authorities (promoting it to Councillors etc).
- To offer refresher training to those that have previously delivered the training
Appendix 5
Professor Sue Bailey OBE, President of the Royal College of Psychiatrists Parity, care and compassion through Intelligent Kindness

Slide 1

Parity, Care and Compassion through Intelligent Kindness
9th October 2013
Action for Health Conference, Penrith, Cumbria
Professor Sue Bailey OBE FRCPsych FRCPsych FRCPE
President, Royal College of Psychiatrists
Vice Chair, Academy of Royal Medical Colleges UK
Professor of Mental Health Policy UCLAN

Slide 2

Investing in Health to Future Proof Society
‘Bridging the Gap’

‘No complaint affecting a living being can ever be entirely familiar, for each living being has his own individual peculiarities, and whatever his disease it must necessarily be peculiar to himself, a new and complex malady, unknown to medicine.’
(Tolstoy, War and Peace)

Slide 3

‘Underpinning all we do is the art of communication’
Kim Williams speech and language therapist, Manchester - June 2013.

- To ask for what we need
- To express likes and dislikes
- To express opinions
- To reject something / someone
- To ask for information
- To respond to others questions and instructions
- To form relationships with others
- To express our feelings
- To organise ourselves / make plans
- To solve problems
Significant Global Milestones

May 27th saw the World Health Assembly adopt the Comprehensive Mental Health Action Plan (A first in the history of the WHO) (150 member states).

The action plan focuses on four key objectives central to this years congress.

1. Strengthen effective leadership and governance for mental health
2. Integrated and responsive mental health and social care services in community settings
3. Implementation strategies for promotion and prevention in mental health
4. Strengthen information systems, evidence and research for mental health

To what end?

- To achieve by 2020 - 20% increase in service coverage
- A 10% reduction of the suicide rate in countries

What sort of world?

- A world in which mental health is;
  - Valued
  - Promoted
  - Prevention programmes are in place

Those affected by disorders will be able to;

- Exercise the full range of human rights
- Access to high quality culturally appropriate health and social care in a timely way to promote recovery
- To participate fully in society and at work
- Free from stigmatisation and discrimination

Future proofing society through Mental Health

- A Brief History of Parity
- The Context – Disparity
- Defining and introducing Parity
- What doctors who are psychiatrists can do to promote Parity
- What the Royal College of Psychiatrists is doing to promote Parity
- Discussion
A Brief History of Parity in England

- **Policy Mental Health Strategy**
  (DoH, 2011)
  “We are clear that we expect parity of esteem between mental and physical health services”

- **Primary Legislation**
  - **Health and Social Care Act (2012)**
    - “The Secretary of State must continue the promotion in England of a comprehensive health service designed to secure improvement –
      (a) in the physical and mental health of the people of England, and
      (b) in the prevention, diagnosis and treatment of physical and mental illness’

The Context - Disparity

- **The Funding Gap** (WHO, 2004; DoH, 2011)
  Mental Health
  22.8% Disease Burden
  11.1% NHS Budget

  Diabetes
  1.8% Disease Burden
  1.45% NHS Budget

- **The Treatment Gap** (McManus et al, 2007; Ormel, 2008)
  Common Mental Disorder: 24% treated prevalence
  Diabetes: 94% treated prevalence

The Context - Disparity

- **Premature Mortality**
  - 15-20 years for Severe Mental Illness
    (Wahlbeck et al, 2011)

  - Common Mental Disorders also reduce life expectancy
    (Russ et al, 2012)

- **Stigma and Discrimination**
  - Amongst people with a diagnosis of depression - eight out of ten report discrimination in at least one area of their lives
    (Lasalvia et al, 2012)
A Definition of Parity

- In essence 'parity of esteem' is best described as: 'Valuing mental health equally with physical health'

- More fully, parity of esteem means:
  - equal access to effective and safe care
  - equal efforts to improve the quality of care
  - the allocation of resources on a basis commensurate with need
  - equal status within healthcare education and practice
  - equally high aspirations for service users
  - equal status being given to the measurement of health outcomes

What would good outcomes look like for our patients?

- (1) Preparing people from dying prematurely
- (2) Enhancing quality of life for people with long term conditions
- (3) Helping people to recover from episodes of ill health
- (4) Ensuring people have a positive experience of healthcare including mental health
- (5) Treating and caring for people in a safe environment and protecting them from avoidable harm whether inpatient or community

Preventing people from dying prematurely

- Smoking is the largest cause of health inequality in people with mental disorder yet only a minority of this group receives smoking cessation intervention, and they are less likely to receive help with their smoking than the general population, despite being just as motivated to stop

(Phelan et al, 2001; MacManus et al, 2010; Siru et al, 2008)
Enhancing Quality of Life for People with Long Term Conditions

- We already know that poor mental health is associated with a greater risk of physical health problems, and poor physical health is associated with a greater risk of mental health problems.
- Having both physical and mental health problems makes the treatment of both more expensive – it is the interaction between the mental and physical health problems that drives up the cost of treatment.
- The additional cost of treating long-term conditions for those with depression and other mental health problems is between £8 and £13 billion each year (Kings Fund, 2012).
- Enhance role of liaison psychiatry and liaison physician both at level of hospital primary care and Accident and Emergency departments.

Helping People recover from Episodes of Ill Health

- Back to the treatment gap - even psychosis only has a 65% treatment prevalence (McManus et al, 2007).
- What might that 65% then encounter?
  - Ten-fold variations between English mental health trusts in terms of access to crisis care services.
  - Crisis resolution home treatment (CRHT) team understaffing in 40% of trusts (MIND, 2012).
- Would this ‘crisis in crisis care’ be tolerated for physical health conditions such as cancer and coronary heart disease?

Ensuring that People have a Positive Experience of Care

- The attitudes of mental health professionals also need to be considered, as in general service users report more discrimination from people with whom they have the most frequent contact. Findings from the Time to Change initiative indicate that mental health professionals are showing the least improvement in their attitudes to service users (Henderson et al, 2012. BJPsych suppliment June 2013).
- There is anecdotal evidence of lower aspirations:
  - ‘You’ll never work again.’
  - ‘He’s schizophrenic, of course he’s going to smoke.’
Ensuring that People have a Positive Experience of Care

- No part of any health care system should tolerate professional attitudes, behaviour or policies that stigmatise mental illness and thus contribute to the discrimination experienced by people with mental health problems
- Doctors who are Psychiatrists must spearhead this change in attitude

Safe Environment/Avoidable Harm

- 30–70% of patients have an error or unintentional change to their medicines when they transfer between acute providers (Royal Pharmaceutical Society, 2012)
- MH services especially susceptible to this – complexity, number of transfers & poor development of electronic prescribing records
- Mental health services should ensure that medicines reconciliation occurs as a routine part of every admission to care within mental health services. ... In transition from inpatients, community, primary care, across into physical health care and across transition of adolescent into adult and adult into elderly care

From Rhetoric to Reality: What can doctors who are psychiatrists do?

- Place the physical health of people with mental health problems as a central concern
- Encourage a ‘prevention paradigm’ for physical health – anticipate initial weight gain on antipsychotics etc
- Promote smoking cessation programmes
- Make it clear that stigma and discrimination are not acceptable
- Never accept or expect second best for mental health service users
- Adopt a human rights-based approach including a focus on equality, dignity and respect – this can also improve clinical outcomes (Curtice and Exworthy, 2010; Ipsos Mori, 2008)
From Rhetoric to Reality:
Lester Cardiometabolic Health Resource

- Supplement with recent BJPsych
- www.rcpsych.ac.uk/quality/NAS/resources

From Rhetoric to Reality:
Case Study

- All the patients at Broadmoor (large forensic hospital) have been assessed for their cardiovascular risk. A scoring system, QRISK2, has been used, and a multidisciplinary team approach taken for those patients who are considered at high risk of suffering a cardiovascular event in the next 10 years.

- The mental health care programme approach (CPA) process has been supplemented by a physical health CPA, which includes a routine set of bloods, an ECG, a physical examination and an assessment of health education and health promotion needs.

- Using this approach the proportion falling into the highest category of risk has fallen from 6.9% to 2.1%.

From Rhetoric to Reality:
What is the College doing?

Parity Report
March 2013

UK government has accepted all recommendations and we hope other psychiatrists internationally would ask their governments to make similar commitments.
What is the College doing?

- The College has committed itself to a long-term programme of work
- Currently underway:
  - Work on smoking cessation
  - Work on employment
  - Work on improving prescribing
  - New RCPsych Parity Award
- Spreading the word at Congresses such as this one

Examples of Longer Term work:

- Developing MH standards for A&E and auditing services against them
- The MRCPsych exam will reaffirm the importance of preventing, identifying, assessing and managing physical illness
- Working with the regulators and those responsible for education to improve the Mental Health content of undergraduate medical/nursing education
- Parity will underpin our responses to all government reports especially where there has been faults in the system

What is the College doing - in detail

Smoking cessation

- 42% of tobacco is smoked by people with mental illness (McManus et al, 2010)
- College is drafting and proposing new smoking-related QoFs
- College is updating its medical education material re smoking
- College is engaging with NHS Stop Smoking Services to improve access, efficiency and safety
- College is working with NHS Confed to achieve smoke-free wards in practice
What is the College doing – in detail

Parity and Employment

- In the UK, people with long-term MH disabilities are less likely to be active in the labour market than those with physical disabilities – 18% in employment cf. 52% (National Statistics, 1999)
- Are we comparing apples and oranges? Not necessarily – variation in employment rates between and within countries suggests there is something else at work. Rates of employment for people with schizophrenia in London 2.7%, Leicester 15% (Marwaha et al, 2007)
- Most people – up to 90% - with mental health problems want to work (Secker et al, 2001)

Parity and Employment

Roundtable

- Bringing together service users, carers, clinicians, academics, employers, government departments and private industry to explore the links/gaps in the pathways for better mental health and employment.
- Examining how we can help people with mental health problems to gain and stay in employment, and wider implications for public health.
- Considering mental health and its effects on the health workforce itself

A Constructive Conversation about Social Networks and Positively Managing the Social Determinants of Mental Health

Series of four seminars. The objectives:

1. Take stock of what we know and do not yet know about the social determinants of mental health of populations and the impacts of people’s social networks, relationships and employment on their mental health
2. Review the health economic advantages of investing in health and social care interventions that focus on programmes that help people to improve their social skills and social networks to escape or moderate the social adversities that raise risk and limit their recovery
3. Develop a plan for further research to harness the processes of developing psychosocial resilience to mental health and promoting people’s recovery
4. Formulate opinions on:
   1. How cost-effective, economic and evidence-based services might be developed and drawn into service design
   2. Better integrating approaches to dealing with the social determinants of mental health with the work of neuroscientists
   3. The implications for policy and health and social care strategies of implementing better-integrated social and preventative services
Parity is not ‘just another Royal College of Psychiatrists report’

It is the mindset which our patients deserve

- ‘We frequently do not know what is possible until we try’

  (Dr Glenn Roberts, RCPsych Member)

- How do we together deliver parity internationally?

The full report and an executive summary are available at:

www.rcpsych.ac.uk/parity

Article in International Psychiatry (p53-55) about using parity legislation as a lever for change:

www.rcpsych.ac.uk/pdf/PUB_IPv10n3.pdf

- Contact Professor Sue Bailey at:

  jmudd@rcpsych.ac.uk

THANK YOU
Unstoppable Together

Mind’s vision for Mental Health Services

Karen Mellanby, Director of Networks and Communities

9th October 2013

Slide 2

"No Health Without Mental Health: a cross government mental health outcomes strategy for people of all ages."

Six Objectives:
- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

Slide 3

Key Headlines from Strategy

- Government wide strategy not just DoH
- £400m commitment to talking therapies through IAPT until 2015 including model for children and early intervention
- Funding for Time to Change Part II
- Repealing of law forcing MPs to stand down if sectioned under MH Act for more than 6 months
From its title onwards ‘No health without mental health’ recognises the crucial fact that mental health is not simply a ‘health’ issue to be covered by the Department of Health in isolation, rather it affects every area of a person’s life and can drastically impact upon their ability to play an active role in society.

Paul Farmer, Mind Chief Executive

opportunities
- Mental health services are improved in current system but remain patchy - chance for new ways of working to drive up standards
- Greater patient-centred commissioning driven by local need
- Better integration of health, social care and public health - divides artificial for mental health
- Potential for more flexible, innovative commissioning - move away from block contracts
- New opportunities for patient engagement via CCGs or Health & Wellbeing Boards
three key challenges
Central mechanisms of the system eg
• outcomes – difficult to measure in mental health
• informed choice – rarely a reality in mental health
due to block contracts, people may lack capacity or be too unwell to exercise choice without support
• clinical commissioning – GPs themselves acknowledge lack of mental health expertise.
Risk that larger providers with little expertise will win contracts.
Possibly fewer tailored services

Slide 8

We're Mind, the mental health charity. We're here to make sure anyone with a mental health problem has somewhere to turn to for advice and support.

Slide 9

• Nationally Mind campaigns and influences policy, provides information and support our local Minds and the wider mental health network
• 154 local Minds across England and Wales
• Local Minds operating in communities for local people
• In Cumbria there are five local Minds: Carlisle Eden Mind, Mind in Furness, Ulverston Mind, Mind in West Cumbria, South Lakeland Mind
Our ambition

By 2016, millions more people who have a mental health problem will have the support and respect they need and deserve

Our Goals

A: Staying well
B: Empowering choice
C: Improving services and support
D: Enabling social participation
E: Removing inequality of opportunity

This will be achieved in partnership
**Partnership working in Cumbria**

- Carlisle Eden Mind – delivering suicide prevention work in conjunction with county wide strategic partners; especially Public Health
- South Lakeland Mind - Gateway project is delivering advice and info with community partners via new GP surgery outlets
- Further work developing with Mind in Furness and Ulverston working in partnership with local CAB due to local demand

**The Yorkshire and Humber Consortium Model**

- Consortium amongst local Minds originally developed to utilise expertise from one local Mind for a job retention service across Yorkshire
- Successful contract allowed new local Minds to offer the service in their area – using each other’s learning and track record
- Consortium has raised the profile of smaller local Minds across Yorkshire with commissioners
- Allows the local Minds to bid for regional contracts

**Across the network**

- Coventry and Warwickshire Mind – delivering IAPT services in partnership with relationship counselling from RELATE
- Mind in London – engaging with new audiences through heritage work with the Royal Palaces
- Tameside Oldham and Glossop Mind – running three cafes on behalf of the local authority as part of the community rights agenda
Oxfordshire Mind’s Wellbeing Service

Step 1 – MHFA, public information campaigns
Step 2 – local info, benefits advice, assessment
Step 3 – short courses focused on life skills
Step 4 – peer support groups
Step 5 – recovery planning

Oxfordshire Mind’s Wellbeing Service

- Worked with over 3000 people in two years & managed 21,000 enquiries for information
- Framework acts as a ‘christmas tree’ that commissioners understand and Oxfordshire Mind or partners can ‘hang baubles on’
Appendix 7
Sarah Yiannoullou, Managing Director, National Service Users Network (NSUN)
‘From individual experiences to collective perspectives’

Slide 1

‘From individual experiences to collective perspectives’
Sarah Yiannoullou
Managing Director
National Survivor User Network
sarah.yiannoullou@nsun.org.uk
07778 659 390

Slide 2

A National Infrastructure:

Vision
• To bring mental health service users and survivors together to communicate, feel supported and have the power and the platform from which to have direct influence at every level.

Mission
• To create a network which will foreground support the wide diversity of mental health service users and survivors across England in order to strengthen the user voice.

Aims
• Facilitate active links between service user groups and individuals.
• Build capacity for service user groups.
• Facilitate access to service users for purposes of informing and influencing policy makers and planners.

Slide 3


In order for the movement to reach out to greater numbers of service users/survivors and to have a substantial influence on mental health policy and service provision, there needs to be a strategy, based on a collaboration between the service user/survivor movement, the government, health and social services and voluntary organisations, with the following aims:

• To build the capacity of the movement to support and represent service users/survivors.
• To strengthen and develop user involvement nationally and locally so that it can have a real impact on service provision.
• To develop a new integrated prevention, self-management, recovery and inclusion focus for all mental health services and related social and employment services.
2006 Our Future Conference is held in Birmingham
2007 NSUN receives five years funding from Comic Relief and Tudor Trust
2010 NSUN becomes an independent Charitable Company
2011 NSUN holds the first Annual General Meeting in Birmingham

2012 targets

Communications
Reach of 4800
Reach of 9600

Membership and recruitment
1600 members
3200 members

Partnership working
Four partnerships
Six partnerships

Engagement and capacity building
Working in four regions
Working in six regions

Involvement and influencing
600 people
900 people

‘There is a depth & breadth of information, radical perspective & alternative views, not a corporate but grass roots image, an authentic user-led organisation’
Quote from Members’ survey 2012
1. Need for person-centred/holistic care
2. Cuts/lack of resources
3. Access to mental health services
4. Fighting discrimination and stigma
5. Information/linking with others locally & nationally
6. Benefits changes / ATOS assessments / Personalisation / debt
7. Prevalence of the medical model/labels/negative experiences of psychiatry
8. Need for service user voice to be transmitted to policy makers
9. System’s reliance on medication/issues with medication
10. Local peer support
11. Need for real user involvement in all geographical areas
12. Recovery
13. GP commissioning / NHS changes
14. Creativity / arts-based therapies
15. Finding support to think positively / have confidence / somewhere to turn
16. Poor quality services
17. Need for better training for health professionals
18. Equalities issues & Human Rights
19. Commissioning systems leading to big providers hogging funding
20. Employment / attitudes of employers

The National Involvement Partnership (NIP) project ‘Involvement for Influence - Influencing for Improvement’ aims to develop national standards for the involvement of service users and carers and establish an infrastructure for involvement.

The idea is to ‘hard wire’ the service user and carer direct voice and experience into health and care services. The project will develop the previously evaluated NIP work, share good practice, centralise resources, strengthen existing networks and build an infrastructure that connects and coordinates involvement.

Principles
Purpose
Presence
Process
Impact
Principles: all involvement should be values-led and must be inclusive, equitable, supportive, respectful, transparent and open, acknowledging and valuing diversity. A commitment to listen and to change in response to the views of service users and carers.

Purpose: having a clear purpose for involvement enables everyone to understand their role and avoids the risk of tokenism and involvement for its own sake.

Presence: the number of service users and carers involved; their characteristics in relation to the project/work (e.g. age, gender, ethnicity, service specific – diagnostic/treatment & experience).

Process: at what level in the project/work are service users and carers involved; what role(s) are they occupying? How is the process of involvement experienced by all? Are good practice guidelines being implemented (e.g. payment policy, inclusive and accessible practice).

Impact: what impact – if any – are service users or carers having on the project/work?

No Health Without Mental Health

• The Cabinet public health and social justice sub-committees which are meant to co-ordinate cross-government implementation of the strategy have never discussed it and the DH now says this job will be moved though where to we’re not sure.

• The Department for Education has scrapped ‘wellbeing’ and community cohesion from Ofsted school inspection requirements potentially damaging early intervention, emotional and social education. It has also scrapped minimum nutrition standards with impact on mental and physical health.

• The proportion of money spent in mental health continues to fall disproportionately more quickly – behind physical conditions.

• Welfare changes are increasing homelessness and poverty which are key determinants of mental health.

Norman Lamb, when challenged by Mental Health service users and providers at a round-table meeting at NSUN on 13th January 2013 about a lack of action on the coalition’s mental health strategy, said:

“There’s nothing I hate more than a yawning gap between rhetoric and reality. That is not to attack rhetoric as you have to start somewhere, you have to set a standard and a goal but the task now is to make that happen. Everyone has agreed to the objectives of ‘No Health without Mental Health’. The critical thing is to get the financial incentives in mental health services working. At the moment there are no financial drivers in mental health which is a complete mismatch with payment by results in acute physical care. This creates an institutional bias against mental health and in my time as minister I am determined to correct that.”
Together we are stronger
Appendix 8
Sally Percival, Carer, Our Lives Cumbria
One size doesn’t fit all...

WHAT IS WORKING

- We have a personal budget which is working well and that we are in control of.
- Mum is back to health which had nosedived when she was away.
- Alex and mum are part of their chosen community.
- Mum and Alex say when they want to have support and mum says when she wants to go to bed.
- The staff work for them, They are the employers.
- All of the staff have a good relationship with the rest of the family and we work as a team. We have regular staff meetings to discuss any issues that arise and celebrate successes.
- Mum feels safe in her home, even though her staff are not there 24/7 we have systems in place to enable cover at all times, this includes her neighbours, friends and family.
- Alex and mum are in control of their finances just as it should be, they just need a little help to make sure things run smoothly.
- When mum was in a care home and Alex was having social care managed support they were NOT happy. That made me feel constantly guilty and apologetic. That has changed and they are both happy with their support and care.

WHAT ARE THE CHALLENGES

- Without informed family or good informed support we wouldn’t have known about personal budgets.
- Fair Access to Care.
- Uninformed professionals!
- Councils can often be too prescriptive on what personal budgets can be spent on e.g. only on personal care, rather than what meets outcomes.
- Inequity of training and understanding about personal budgets between the different teams of adult social care.
- The family has to take much more responsibility. Although I delegate as much as possible, I am now responsible for shopping, organising house maintenance, hospital and doctors appointments, etc and sending direct payment returns.
- You have to become an employer.
- Family have to be available to attend all meetings.
- The right equipment is not available, so you have to fighting for it.
- Adequate funding is always a challenge.
- The needs of the family carer is not really taken into consideration.
Appendix 9
Karen Johl, Consultant Psychiatrist and Clinical Director, Carlisle Locality, Cumbria Partnership NHS Foundation Trust

Key points of presentation

- Karen spoke about her personal experience of mental health in relation to her family and friends

- She highlighted the importance of recognising that all of us: staff, users and carers, voluntary sector have valuable experience and all of us are members of our community who can work together to produce positive change

- Karen gave some examples of recent developments within Cumbria Partnership NHS Foundation Trust’s specialist mental health services, including liaison in general hospitals with mental health staff based at all acute hospitals in Cumbria, memory clinics run with third sector organisations and the new intensive rehabilitation unit being developed at the Carleton clinic site.

Karen requested help in developing specialist services and invited attendees along to the event on 24th October 2013 to look at how we can work together to develop a vision
Appendix 10
Jane Mathieson, Consultant - Public Health Cumbria County Council and Rachel Chapman, Commissioning Manager, Cumbria Clinical Commissioning Group

Slide 1

Serving the people of Cumbria

Working Together for Wellbeing and Mental Health: A Strategic Framework for Cumbria 2011-2014 – Two Years On

Dr Jane Mathieson, Consultant in Public Health

Slide 2

Serving the people of Cumbria

No Health without Mental Health

A cross-government mental health outcomes strategy for people of all ages

Twin aims:

• Improve people’s mental health and wellbeing
• Improve services for people with mental health problems

Slide 3

Serving the people of Cumbria

Health and Social Care Act

Out go:
• Primary Care Trusts
• Strategic Health Authorities

In come:
• NHS England (National Commissioning Board)
• Clinical Commissioning Groups
• Public Health in Local Authority
• Public Health England
The Cumbria strategic framework for wellbeing and mental health 2011-14

- Aims to maximise mental health and wellbeing outcomes, making the best use of all available resources
- Informed by Joint Strategic Needs Assessment for Mental Health in Cumbria

Cumbria JSNA model

How has framework contributed to mental health and wellbeing?

- The framework identifies the building blocks (actions) required across a range of organisations and partnerships in order to achieve better mental health outcomes

Overarching strategic outcomes:
1) More people have good mental health and wellbeing
2) More people recover sooner from mental health problems

Intermediate outcomes:
- Service Outcomes
- Building block actions needed to achieve outcomes
Two years on, what is being achieved?

Example 1: Working towards outcome:

Wellbeing is integral to the work of the Health and Wellbeing Board and to the Health and Wellbeing Strategy

• Mental Health and Wellbeing is one of Cumbria JSNA and HWB Strategy’s four priorities
• A mental health dashboard has been developed to improve outcome framework monitoring and decision-making

Why a discussion kit?

• Share findings of NW Survey & Five Ways to Wellbeing
• To get people talking and thinking about what well-being means to them and their community
• To understand more about what affects and improves our well-being
• To encourage action on what matters most
Slide 10

Refreshing the WB and MH strategic framework
What is the dashboard telling us?

1) Subjective measures of wellbeing:
More people in Cumbria rate themselves as having good wellbeing (when compared to the England average)

\[ \text{e.g. 79.14\% of Cumbrian residents are satisfied with their lives (compared to 75.73\% nationally)} \]

Source: ONS Subjective wellbeing survey

Slide 11

What is the dashboard telling us?

2) Other key messages...

• An increasing number of people with anxiety and depression are accessing treatment
• The proportion of residents hospitalised due to self-harm is higher in Cumbria than the national average
• Excess mortality in under 75's with serious mental illness remains higher than the national average in Cumbria

Slide 12

Commissioning Priorities – Cumbria CCG

• Complex Packages – Complex Case Management, Joint Commissioning, Repatriation, S.117s, ANIS Eating Disorder, Specialist Commissioning, Forensic step-down, Risk Management
• Pathway Developments – Adult Autistic Spectrum/ADHD, Personality Disorder, Intensive Rehabilitation
• Locality & Primary Care – e.g. Copeland pilot, Furness, Eden, Increasing Access to Psychological Therapies (IAPT) – First Step
Context and Next Steps

- NHS partners to Wellbeing
- Financial Austerity and Value for Money
- Review of CPFT adult MH services
- Social Inclusion and recovery focused
- MH Partnership Board – January 2014
- Refreshed Wellbeing and MH Strategy

Other people's points of view
## Appendix 11
### Delegate list

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Beren Aldridge</td>
<td>Growing Well Ltd</td>
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<td>Jane Anderson</td>
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<td>Stroke Association</td>
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<td>Gordon Jones</td>
<td>Families Matter</td>
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<td>Gail Knopfel</td>
<td>The Birchall Trust</td>
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</tbody>
</table>
Ruth Lax: Self Harm Trainer
Steve Lax: Chair
Ria Lowrie: First Step
Pam Mahoney: Mind
Rachel Marshall: Carlisle College
Jean Mason: Caritas Care
Jane Mathieson: Cumbria County Council
Jennifer McCarthy: Carlisle Eden Mind
Angela McDougall: Families Matter
Zoe McIntosh: Carlisle Eden Mind
Kay McMahon: Howgill Family Centre
Karen Mellonby: Mind
Nigel Morant: Best Life Wellbeing Network
Kate Norman: Cumbria Partnership NHS FT
Oz Osborne: Time to Change
Carolyn Otley: Cumbria CVS
Gillian Percival: Citizens Advice Bureau Copeland
Sally Percival: Our Lives Cumbria
Alison Phillips: Cumbria CVS
David Pollitt
Robin Powell: People First
Gill Puncher: Best Life Wellbeing Network
Aidan Quigley: Job Centre Plus Carlisle
David Ralph: Furness Mental Health Trust
Mat Rawsthorne: Institute of Mental Health
Phil Roberts: Aspatria Community Transport Group
Linda Robinson: Making Space
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Sara Talebaoui: People First
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Louise Telford: Northern Rock Foundation
Richard Thwaites: Cumbria Partnership NHS FT
Elizabeth Tiledsley: Eden Mencap Society
Maria Toman: Cumbria Museums Consortium
Melanie Turner: First Step
Ian Twiselton: Cumbria County Council
Hein Van Der: Cumbria Youth Alliance
Westhuizen
John Walters: Carlisle Eden Mind
Ian Ward: Making Space
Helene Wickins: SAFA
Hilary Wilson: Cumbria Partnership NHS FT
Mandy Wright: Croftlands Trust
Sarah Yiannoullou: National Service Users Network
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Cumbria Action for Health is funded by Cumbria CVS and Cumbria County Council.