

<b>MEETING NOTES:</b>	Carers Partnership Board
<b>DATE:</b>	18 <sup>th</sup> July 2024
<b>LOCATION:</b>	Microsoft Teams

## ATTENDANCE

Name	Position	Organisation
John Bastin (JB) (Co-Chair)	Cornwall Councillor and Chair of Health and Adult Social Care Overview and Scrutiny Committee	Cornwall Council
Mike Hooper (MH)	Partnership Boards Coordinator	Healthwatch Cornwall
Robert O'Leary (RO)	Partnership Boards Lived Experience Officer	Healthwatch Cornwall
Angelika Semenuik (AS)	Partnership Boards Officer	Healthwatch Cornwall
Beccy Summers (BSu)	Research Associate, PenARC Patient and Public Involvement and Engagement Team	University of Exeter
Chris Watkin (CW)	Project Lead	Cornwall Carers Service
Dr Hazel Lacohee (HL)	Parent carer of Ben, featured in the Hearing Families film	
Jane Williams (JW)	Parent carer of Darren, featured in the Hearing Families film	
Jayne Price (JPr)	Contract Lead for the Carers Service	Cornwall Rural Community Charity
Jenna Pulley (JPu)		
Karen Glasson (KG)	Councillor for Probus & St Erme	Cornwall Councillor
Kate Alcock (KA)	Head of Commissioning Older people and Carers	Cornwall Council Social Care
Kirsty Dexter (KD)	Network Coordinator – Cornwall Memory Café	Disability Cornwall
Lorraine Corrigan-Turner (LCT)	Community Partner	Mencap
Lucy Tuson (LT)	Director of Engagement and Communications	NHS Cornwall and Isles of Scilly Integrated Care Board
Lynda Berry (LB)	Parent Carer and Director	Constantine Carers Group and Cornwall Partners in Policy Making
Megan Nicholls (MN)	Patient Engagement Coordinator	Royal Cornwall Hospitals NHS Trust
Paula Chappell (PC)	Advanced Public Health Practitioner, Wellbeing & Public Health	Cornwall Council
Pauline Hardinges (PH)	Carer	
Priscilla Long (PL)		Cornwall Partnership NHS Foundation Trust
Sally Mollard (SM)		
Stuart Cohen (SC)	Deputy Lead for Adult Mental Health, Learning Disability and Autism NHS Cornwall and Isles of Scilly Integrated Care Board	NHS Cornwall and Isles of Scilly Integrated Care Board

<b>Name</b>	<b>Position</b>	<b>Organisation</b>
Theresa Court (TC)	Advice Services Manager	Disability Cornwall
Wendy Gauntlett (WG)	Ex-carer and support for carers	Penzance Carers Group, Penzance Carers Forum and Adult Safeguarding Board
Zoe Locke (ZL)	Head of Patient Experience and Carers Lead	Cornwall Partnership NHS Foundation Trust

## **APOLOGIES**

<b>Name</b>	<b>Position</b>	<b>Organisation</b>
Sandra Ward	Co-Chair of the Carers Partnership Board, Parent Carer of lady with complex self-needs and autism, sandwich carer of four elderly parents & Director	Parent Carers Cornwall
Ali Bulman	Strategic Director, Care and Wellbeing	Cornwall Council
Alison Short	Advocacy Coordinator, Cornwall and the Isles of Scilly	The Advocacy People
Amanda Wilton	Derriford Patient Council & Carer for an adult with profound and multiple Learning Disabilities Parent Carer	University Hospitals Plymouth NHS Trust
Bernie DeLord	Director	Promas Caring for People CIC
Chris Ballett	Community Partner, Our Active Community - St. Austell and Clay Country	Mancap
Debbie Gilbert	Chief Executive	Healthwatch Cornwall
Gary Dymott	Community Connector	Mencap
Gayle Andrews	Team Lead for Cornwall	FILO project
Jenny Tarvit	Promas Caring for People CIC	Director
Joanna Dobson	Patient Engagement Manager	Royal Cornwall Hospitals NHS Trust
Kaddy Thomas	Parent Carer	Elijah's Hope
Kate Alcock	Head of Strategic Commissioning – Older People, Physical Disability and Carers	Cornwall Council
Neil Lindsay		Bodmin & Wadebridge Carers Groups

### ACTION LOG

Meeting	ACTIONS CARRIED FORWARD	RESPONSIBLE	STATUS
18/07/24	Develop draft workplan to present to Board.	PB Team / Co-Chairs / KA	To be scheduled.
25/04/24	Development of a Partnership Compact	KA	To be scheduled.
25/04/24	Results of the National Carers Survey	BS	To be scheduled.
25/04/24 20/07/23 04/05/23	Outcomes of the review of the Carers Service and alternatives for Carers Forums.  Also, Carers Voices Partnership – how it will link with the Board.	KA / BS / ZL	To be scheduled.
25/01/24	Bereavement Planning and Support for Parent Carers	SW / PB Team	SW provided an update 25/04/24. Public Health agenda item scheduled for 18/07/24.
25/01/24	Making the Board as Effective as Possible	PB Team	A survey was circulated in June. The Board is requested to agree that a Workplan be formed from that and Board decisions by the Co-Chairs, PB Team and Commissioners. To be circulated for comment via email.
25/01/24	Review of Overnight Respite Provision for Working Age Adults	JM / BS	Updates as appropriate.
20/07/23	GP identification of carers.	TBC	New contact required following Claire Martin leaving post.

Meeting	ACTIONS CARRIED FORWARD	RESPONSIBLE	STATUS
04/05/23 26/01/23	Continuing Healthcare group updates.	PH / JP	Updates as appropriate.
04/05/23 11/08/22	Update on Day Opportunities	EB	Update to be received following 12 months of implementation.
11/08/22	Update on sharing of patient information across IT systems.	KH / JB	Updates as appropriate.

	<b>Item</b>	<b>Action</b>
<b>1</b>	<b>Teams Guidance and Meeting Etiquette/Apologies received</b>	
	<p>The Chair welcomed everyone to the meeting and asked that members online use the 'raise hand' function if they wished to speak. Use of the chat function was encouraged in order to allow the meeting to flow.</p> <p>Expectations with regard to meeting etiquette were detailed on page 3 of the agenda.</p> <p>There were "round table" introductions and MH read out apologies received, as detailed above.</p>	
<b>2</b>	<b>Minutes of the Meeting held on 25<sup>th</sup> April 2024, Actions and Matters Arising Actions from Previous Meetings</b>	
	<p>The Chair proposed that the minutes of the previous meeting be confirmed as a true record. The Board agreed that the minutes were a true record.</p> <p>The Chair proposed that rather than running through the actions of previous meetings, the Board agree for the Co-Chairs, Partnership Boards team and KA to formulate a workplan for the next year, to be circulated to the Board for approval. The Board agreed. KA stressed the importance of Board members having the opportunity to contribute to the workplan. Moving forward with the recently agreed revised specifications for the Board, it will be vital to have clear objectives and reflective report at the end of the year to demonstrate the positive impacts of the Board.</p> <p>Robert recently circulated a related survey to all members and the findings from that will be fed into the plan.</p> <p>The Chair encouraged members to view the future workplan with a mindset to including other partners and people with lived experience in the conversations. KA encouraged the sharing of information considered at the Board with others, particularly in regard of upcoming service design. The Board needed to become an integral part of how peoples experiences are heard and how services are developed as a result.</p>	<p>Develop draft workplan</p>

<p><b>3</b></p>	<p><b>Healthier Together – Prevention Booklets</b></p>	
	<p>LT greeted the Board and shared a presentation providing an overview of the prevention communication campaign, Healthier Together (attached as an Appendix).</p> <p>A four strand approach would be delivered through the prevention strategy:</p> <ol style="list-style-type: none"> <li><b>1. Training</b> (for all health, care and voluntary sector workforce) using ‘Making Every Contact Count’ to increase understanding about how to signpost and refer people to relevant support;</li> <li><b>2. Communication campaign</b> to raise awareness, understanding and to increase participation</li> <li><b>3. Making the most of existing prevention opportunities</b>, including increasing screening, vaccinations and doing full quota of NHS Health Checks and medical reviews for people with long term conditions</li> <li><b>4. Developing and evaluating and spreading new initiatives</b> – some suggesting of a focus on children, others keen to develop across the ages.</li> </ol> <p>The campaign focuses on 5 themes of wellbeing:</p> <ol style="list-style-type: none"> <li><b>1. Get checked</b> – take part in eligible checks, screenings and vaccinations and find out the risks and take action (NHS checks and reviews, vaccinations to cancer screening);</li> <li><b>2. Eat well</b> – healthier eating, portion control;</li> <li><b>3. Move more</b> – tips to help you move more;</li> <li><b>4. Try new things</b> – learn new skills, take up a new hobby or sport; and</li> <li><b>5. Be kind</b> – look after your mental health and giving to others, volunteering.</li> </ol> <p>LT asked members to assist in the development of the work, including:</p> <ol style="list-style-type: none"> <li>1. The testing of a short survey;</li> <li>2. Was the booklet easy to read, understand and follow?;</li> <li>3. Did you find the booklet length: About right/Too long/Too short?</li> <li>4. If too long, what information would you remove?;</li> </ol>	

	<p>5. Did you enjoy reading the content? Yes / No. If yes, why / if no why not?;</p> <p>6. Did you do anything differently as a result of reading the booklet? Yes / no.</p> <p>7. If yes, what do did you do?</p> <p><b>How the testing could work</b></p> <p>A printed copy of the booklet could be sent to you in August with a QR code to scan to do a survey (printed copy also available).</p> <p>You will have a month to try out the booklet and give feedback by 6 September. We will use your feedback to make final amends to the booklet ahead of wider distribution</p> <p>The Board thanked LT for the presentation and a number of members said they would get in touch.</p> <p>In response to a question from the Chair, LT said that as part of plans to improve community access to health and care services, a number of new vehicles had been purchased.</p> <p>Falls cars were introduced in February 2023 and x-ray cars earlier in 2024.</p> <p>Following 999 calls for falls, a falls car would act as the first response, prior to an ambulance. Mobile x-ray cars enabled x-rays to be taken in the home, with images received immediately by the Radiology department. That enabled quicker identification of breaks and appropriate care to be given.</p>	
<p><b>4</b></p>	<p><b>Hearing Families – A Short Film</b></p>	
	<p>JPu provided the background to the development of the Hearing Families short film.</p> <p>Around 4 years ago, Cornwall Partners in Policymaking (CPP) were approached by the ICB and asked if they would work with JH and HL to share their stories. Both had lost their sons and whilst the film would touch upon that, the focus would be about their experiences navigating services and having their experiences heard.</p> <p>CPP were passionate about the project, having already been</p>	

	<p>familiar with many families that had similar stories. The film is quite specific in that it is about families of people with learning disabilities and/or Autism and the troubles faced in navigating services.</p> <p>The Board viewed the film. The Chair stated how powerful the film was and proposed a short break, with many people in attendance visibly upset by what they had seen.</p> <p>Prior to the break, JW emphasised that the reason for making the film was to ensure that other families didn't go through the same experiences. Being blunt, people within health and social care services needed to do their jobs properly. All had a duty of care and they had to look after families and their loved ones. Seven years down the line, the same failings were still happening and it had to stop. The experts that live it day by day had to be listened to and those families would not stop until that happened.</p> <p>JW hoped that the film would be viewed by as many organisations as possible. She also expressed surprise that it had not been incorporated into Cornwall Council staff training, as RCHT had and their LD team had. It needed to hit home just how badly herself and HL were affected, as well as Ben and Darren.</p> <p>The Chair invited any further questions and/or comments.</p> <p>AW reiterated how powerful and upsetting it was, from the point of view of a parent carer of an individual with profound and multiple learning disabilities, that the families were so badly let down. She expressed shock that Cornwall Council had not used the film for staff training. She commended JW and HL for their bravery.</p> <p>SC said that there were plans for services to be developed through co-production, which he hoped would come to the Board for discussion.</p> <p>There were no further questions or comments.</p>	
<p><b>5</b></p>	<p><b>Short Break</b></p>	
	<p>The Board broke for a short comfort break.</p>	



<p><b>6</b></p>	<p><b>A Bereavement Service for Cornwall</b></p>	
	<p>PC gave a presentation on exploring the need for an adult Bereavement Service in Cornwall and the Isles of Scilly, attached as Appendix 2.</p> <p>The experience of bereavement will affect everyone in their lifetime, and many people can manage this profound upheaval with the support of friends and family. For those who need it, however, there can be challenges in accessing formal bereavement support. This can be due to availability and stigma, and some population groups are particularly affected, such as Black, Asian and ethnic minority communities and other underserved and vulnerable population groups.</p> <p>Bereavement is associated with impaired mental health and increases in adverse health behaviours and outcomes. Examples of this are affected sleep, increase in drug and/or alcohol use, increase in unhealthy eating behaviours, lack of physical activity, homelessness and an increase in social isolation and loneliness. For many, bereavement may be preceded by a period of caregiving for the deceased, which may heighten risk of psychological distress and suicidal ideation, attempts and death by suicide.</p> <p>There is currently no commissioned general bereavement service in Cornwall and Isles of Scilly for adults, and our public health team is seeking to understand if there is a need for a service of this kind to support our residents. A soft Market Test has yielded 5 responses from the Voluntary, Community and Social Enterprise sector. This will be supplemented by a resident’s survey available via Let’s Talk Cornwall to provide an opportunity for local people to tell us what the needs of bereaved people are.</p> <p>Our aim is to identify and tackle the inequalities in the support that people receive around bereavement, and to explore the development of a service that meets the needs of bereaved people in Cornwall and Isles of Scilly. This could both improve mental health and wellbeing outcomes and reduce the risk of suicide in those bereaved.</p> <p>A public survey could be completed here:  <a href="https://letstalk.cornwall.gov.uk/bereavement-support">https://letstalk.cornwall.gov.uk/bereavement-support</a>.          Those that hadn’t used the platform before would need to create</p>	

	<p>an account. The survey is live until Friday 26 July 2024.</p> <p>The Chair invited questions and/or comments. None were forthcoming. He urged people to complete the survey, which had been circulated to all four Partnership Boards.</p>	
<p><b>7</b></p>	<p><b>Update on the Informal Carers Support Service</b></p>	
	<p>JPr provided an overview of the Carers Support Service report, circulated in advance of the meeting (<a href="#">click here</a>).</p> <p>Via the chat function, PH asked what support there is for a carer when a crisis occurs? i.e. Carer rushed to hospital with a suspected heart attack. JPr said that the care and emergency pod provided the opportunity for conversations to develop a support plan for those in need of care. Future planning and identification of resources.</p> <p>PH continued, how long would it take for, i.e., a replacement carer to be in position? JPr stressed the importance of carers carrying an Carers Emergency Card, as that is the prompt to reach out for appropriate support.</p> <p>Via the chat function, KA provided an update from Cornwall Council:</p> <p>‘We are just about start work on our new carers strategy and will be asking to help us to create this shortly. A review of the current strategy has also been completed and we will share this with members of the CPB shortly.</p> <p>We will also be starting the work on the recommissioning of the carers service alongside the strategy development and will be talking to carers about their experiences, what's working well and opportunities for the future.</p> <p>Heather Brumby has started at the new Strategic Commissioning Lead for Community Based Support which will include support for Carers.</p> <p>The maximum Carers Budget has been uplifted for this year  The Carers Service variation for this year will introduce a review function so carers assessed last year will have a review in future  We have started some work on opportunities for direct access to</p>	

	<p>breaks for carers and will have more info on this shortly.'</p> <p>The Chair thanked JPr for her update.</p>	
<b>8</b>	<b>Any Other Business</b>	
	<p>The Chair called for any other business.</p> <p>PH highlighted the three Dementia Care awards recently awarded to Cornwall at an event in London.</p> <p>JPu spoke on behalf of JW and HL, stressing the importance of sharing the knowledge and experiences highlighted within the Hearing Families film.</p> <p>JW highlighted her concerns around safeguarding. When her son had broken his leg, a Social Worker had contacted the Police. Three months later, when the safeguarding case was to be closed, the Police had stated that had they known the full information from the start they would have handled it differently. JW, her son and his PAs had not been contacted. Darren's case was now being used to train new detectives on how to investigate the abuse of children and young people. Families and carers should be involved from the start.</p> <p>JW acknowledged how upsetting the film was but added that everything in it was factual. The hope was that it would change how professionals work with families. Link Workers would be greatly beneficial. She added that they had piloted personal budgets in the community, which in 11 years had saved health and social services £1,444,000. The Government rolled bespoke care plans out to over 350,000 patients with a learning disability. So while Darren had left a huge legacy, we still needed to ensure that people were stepping up to the mark in Cornwall and hearing what families have to say. In the long-run, it is cost effective and saves people's lives.</p>	
<b>9</b>	<b>Next meeting</b>	
	<p>Hybrid Meeting: 2pm on Thursday, 24<sup>th</sup> October. Venue to be confirmed. Also on Microsoft Teams.</p>	



# Healthier Together

## Prevention Communication Campaign overview

To support Central Integrated Care Area prevention strategy: July 2024-March 2025

# Our health and well being prevention strategy

**A four strand approach would be delivered through their prevention strategy:**

- 1. Training** (for all health, care and voluntary sector workforce) using 'Making Every Contact Count' to increase understanding about how to signpost and refer people to relevant support
- 2. Communication campaign:** to raise awareness, understanding and increase participation
- 3. Making the most of existing prevention opportunities** including increasing screening, vaccinations and doing full quota of NHS Health Checks and medical reviews for people with long term conditions
- 4. Developing and evaluating and spreading new initiatives** – some suggesting of a focus on children, others keen to develop across the ages.

This presentation sets out the plans for the communications campaign ahead of its launch wc 22 July 2024.





# Target audience



All public – with ‘life stage approach’ to tailor advice for

- Young people, parents and families
- All adults over 40s
- All older adults over 65

With extra targeting to reach those:

- Those people facing the most health inequalities
- People who don’t exercise, are overweight, smokers and regularly consume alcohol
- People most likely to have poor Cardiovascular disease outcomes, respiratory illness and diabetes
- People who have missed screening and vaccinations



# Prevention communication campaign strategy overview

GET

Our target audiences

TO

Make small changes that make a big difference  
(get checked, eat well, move more, make, try new things, be kind, quit smoking,  
reduce drinking, lose weight if they need to)

BY

**Making it relevant**

by driving awareness and educating the public on the ‘things’ that lead to poor ill health (poor diet, drinking too much alcohol)

**Elevating the importance**

by highlighting potential serious consequences of continued lifestyle choices and promote value of vaccinations, cancer screening, attending health checks

**Driving to a simple solution**

Showing how people can make small changes to get on the right path to getting healthier (using local and trusted influences) ...making it fun, attractive and worthwhile

**Show how others have made changes**

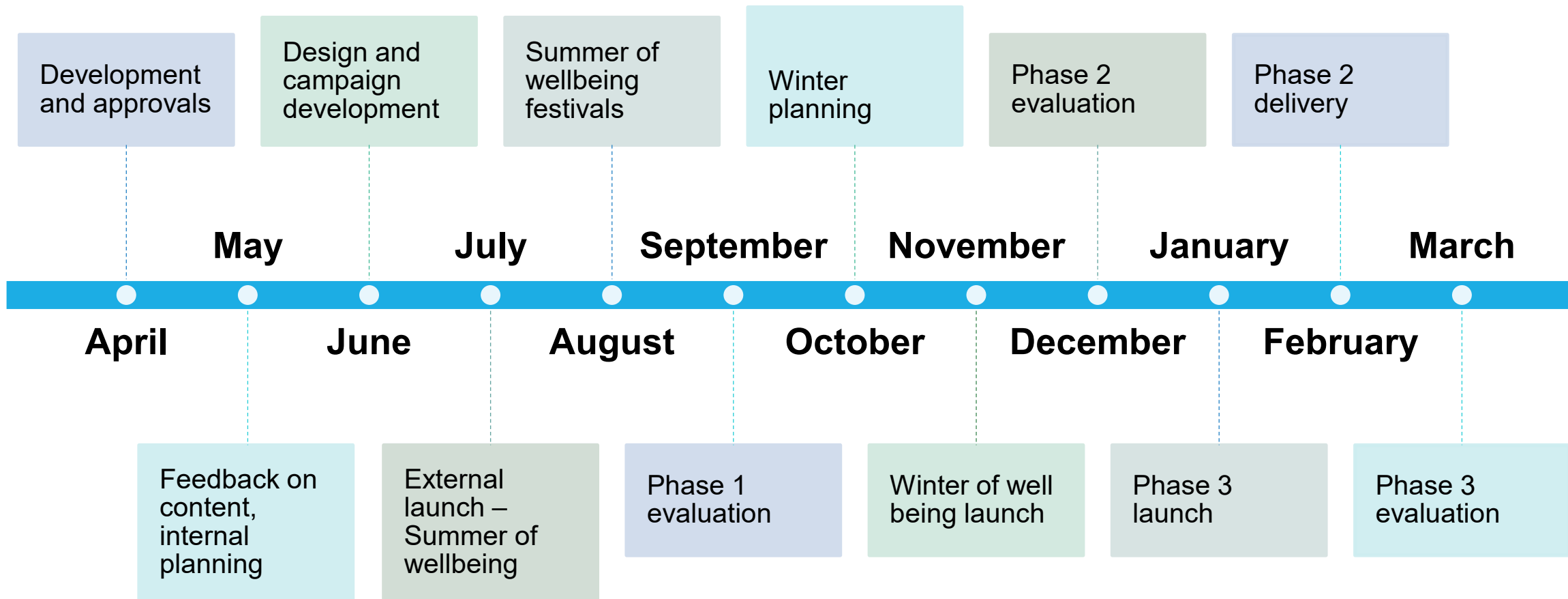
Telling the stories of others who have made small changes

Showing the journey to change – using peer to peer case studies and celebrating achievements

WITH

Support and signposting from frontline staff every step of the way through  
‘Making Every Contact Count’

# Timeframes for delivery







**How the campaign  
will work**

# Our campaign focuses on our 5 themes of wellbeing



**Get checked** – take part in eligible checks, screenings and vaccinations and find out the risks and take action (NHS checks and reviews, vaccinations to cancer screening)



**2. Eat well** – healthier eating, portion control



**3. Move more** – tips to help you move more



**4. Try new things** – learn new skills, take up a new hobby or sport,







**5. Be kind** – look after your mental health and giving to others, volunteering



## Healthier Together – summer wellbeing festival

Working together with community hubs, town councils and local organisations we're running 8 free Summer Wellbeing Festivals over the summer.

### Where people can:

-  Enjoy free activities and try new things
-  Find out about local wellbeing support
-  Health checks and advice from NHS
-  Fun for all ages

To find out more about the events visit:

<https://www.healthycornwall.org.uk/HealthierTogether/>

**FREE EVENTS**

**SUMMER of WELLBEING Festivals 2024**

Our wellbeing festivals are happening across Cornwall this summer. Why not attend one close to you?

- 1 Redruth Rugby Club and CN4C at The Elms  
Saturday 3 August
- 2 Park House Centre, Bude  
Saturday 3 August
- 3 Humphry Davy School and Trelya, Penzance  
Friday 9 August
- 4 Poltair Park and CN4C at The One and All Bank, St Austell  
Saturday 17 August
- 5 Town Hall, Launceston  
Saturday 17 August
- 6 Hayle Recreation Ground  
Saturday 14 September
- 7 Basset Centre, Camborne  
Saturday 14 September
- 8 Newquay Orchard  
Saturday 21 September

Enjoy free activities and try new things

Find out about local wellbeing support

Health checks and advice from the NHS

Fun for all ages!

**NHS** Cornwall and Isles of Scilly | **CORNWALL COUNCIL** | **Healthy Cornwall** | **Cornwall Neighbourhoods for Change** | **CHAOS** | Scan to find out more and sign up to be kept informed on latest news and events happening near you!

# Recruit people and families to take part

Throughout phase 1, through our summer festivals events and marketing activity, we plan to recruit people to sign up to the campaign this includes:

- ✓ Completing our campaign sign up form
- ✓ Receiving a relevant booklet
- ✓ Receiving information about the ten health and wellbeing topics of interest – through monthly bulletin
- ✓ If postcode eligible, they can be request support from our health and well being workers
- ✓ Offered into a prize draw to win leisure pass (individual, couple and family)
- ✓ Agree to be contacted and featured in future part of campaign



  
**SUMMER**  
*of*  
**WELLBEING**  
*2024*  
*Festivals*



# Campaign comms toolkit and hub

## For staff:

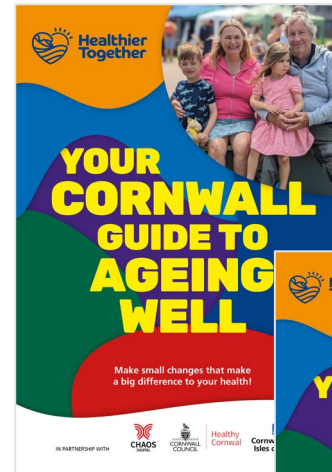
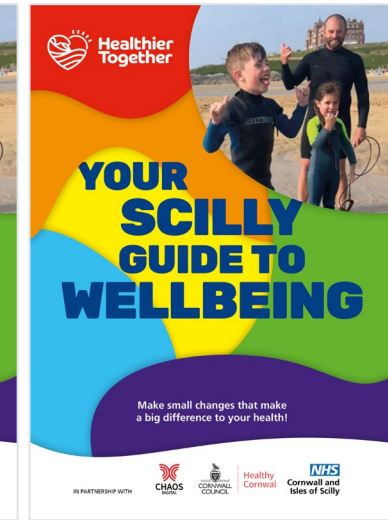
- **Wellbeing booklets** to use to 'make every contact count'
- **Use of campaign branding** being used across wider/aligned comms materials

## For public:

- **Wellbeing booklets** – Two versions (Live and age well versions) with Cornwall and IOS specific details
- **Sign up to receive personalised comms** throughout the campaign

## Healthy Cornwall website

- Hosts the campaign, online form, advice and promotes local events/activities/advice
- **Campaign hub for professionals** – to download comms toolkit and other useful information



# Testing our wellbeing booklets

Wellbeing booklets are being created with the campaign's relevant information and advice

We'd like your help in testing the content and the advice

We're asking:

- Our Healthwatch Partnership Boards
- Community health and well being workers
- Healthy Cornwall team
- Healthwatch engagement team
- Our Diabetes expert reference group
- Through our summer wellbeing festivals

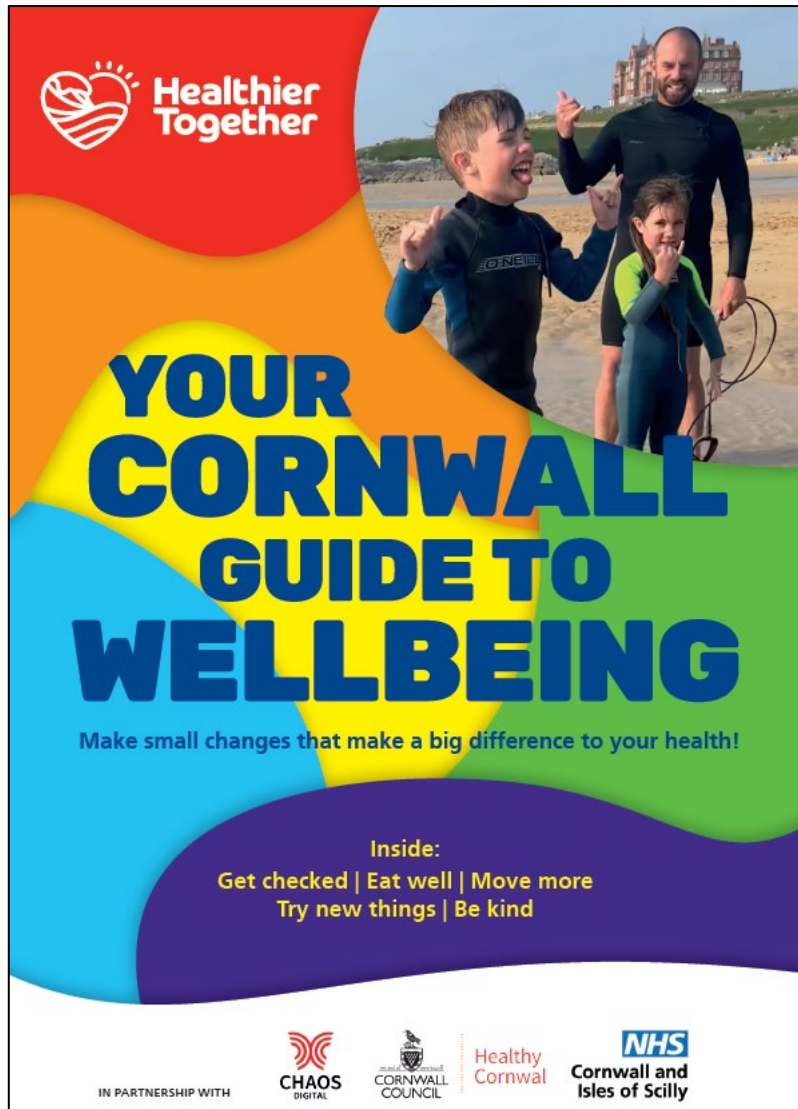
To test the content and the advice in the booklets.

The intention is to make sure the information is understandable, relatable and doable

Using the feedback from staff and our people, we will update and then look to use the finalise booklets in Phase 2 of the campaign.



# What you will test – a short survey



Was the booklet easy to read, understand and follow?

Did you find the booklet length: About right/Too long/Too short  
If too long, what information would you remove?

Did you enjoy reading the content? Yes No If yes, why / if no why not?

Did you do anything differently as a result of reading the booklet? Yes no

If yes, what do did you do?

- Thought about making changes to improve my health and well being
- Scanned a QR code to visit a website listed
- Took action to improve my health and well being

If you took action, what did you do?

- Changed the way I eat
- Moved more
- Looked into 'Getting checked'
- Tried new things
- Took action from the be kind section
- Referred myself to talking therapies
- Other please explain

Did you complete the action plan at the end of the booklet? If not, why not?

Is there anything else you would like to tell us to help us improve the booklet?

## How the testing could work

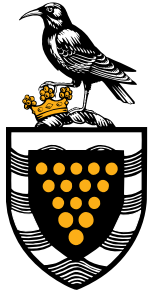
- **We will send you a printed copy of the booklet in August and a QR code to scan to do a survey (printed copy also available)**
- **You will have a month to try out the booklet and give feedback by 6 September**
- **We will use your feedback to make final amends to the booklet ahead of wider distribution**

**Are you happy to help?**





**Questions and  
feedback**



**CORNWALL**  
**COUNCIL**  
*one and all • onen hag oll*

# Exploring the need for an adult Bereavement Service in Cornwall and Isles of Scilly



[www.cornwall.gov.uk](http://www.cornwall.gov.uk)

# Background

It is estimated that between 4 and 5 people are affected by each death (UK Commission on Bereavement), and the UK Commission on Bereavement report (2021) found that 33% of respondents wanted to access bereavement services but indicated no support was available and 37% said they didn't know how to access support.

Feelings of sadness and hopelessness are common following general bereavement, however when these are prolonged this can sometimes be related to complex or complicated grief. This is more likely when death is sudden or traumatic and in particular circumstances, such as the death of a child. Given the impact Covid-19 has had on the general population, and the previous rules around lockdown and social distancing, this will have had an impact on how people grieve or celebrate the life of a lost one.

- Mortality data for Cornwall and Isles of Scilly shows the following:

Date	Total	Male	Female
2018	6,556	3,307	3,249
2019	6,158	3,170	2,988
2020	6,536	3,304	3,232
2021	6,865	3,467	3,398
2022	6,948	3,523	3,425

# Bereavement as a Public Health issue

- The experience of bereavement will affect everyone in their lifetime, and many people can manage this profound upheaval with the support of friends and family. For those who need it, however, there can be challenges in accessing formal bereavement support. This can be due to availability and stigma, and national research suggests that there will be inequalities in access to these services by underserved and vulnerable groups
- Bereavement is associated with impaired mental health, increases in adverse health behaviours and outcomes, and heightened risk of suicidal ideation, attempts and death by suicide. Examples of this are affected sleep, increase in drug and/or alcohol use, increase in unhealthy eating behaviours, lack of physical activity and an increase in social isolation. For many, bereavement may be preceded by a period of caregiving for the deceased, which may heighten risk of psychological distress and suicidal ideation.

# Additional data

- Suicide and suspected suicide deaths related to bereavement:

Year of death	Number	Percentage
2021	4	5.33%
2022	10	13.2%
2023	24	26.1%

A deep dive research into suicide deaths in Cornwall during the time of the Covid pandemic found 23.3% of people were bereaved.

- Drug Related Deaths and suspected DRDs related to bereavement:

Year of death	Number	Percentage
2021	9	22.5%
2022	16	36%
2023	15	35%

# Mapping of current offer

Currently there is no commissioned adults bereavement service in Cornwall and Isles of Scilly.

Mapping of bereavement services across Cornwall and Isles of Scilly showing a very limited current offer delivered by the VCSE and private sector.

RCHT Bereavement Service offers practical support to families of patients who have died.

The VCSE offer is focused around a limited face to face offer across the county.

Local and national helplines are available, often for a limited 6/12 week offer, some only available with specific conditions attached.

There is no service to support those bereaved by a Drug Related Death so there is potential to consider how a generic bereavement offer may sit alongside a specialist service. This could help to break down the stigma that exists surrounding this bereavement type.

# Soft Market Test

- Not everyone who is bereaved requires or seeks help to cope with this, however a service that is locally recognised for providing bereavement support, no matter the cause, may increase the uptake of support whilst also helping address any stigma related to bereavement.
- Public Health sought to understand the market response to a request for a generic bereavement service for Cornwall and Isles of Scilly, with the option to include a specialist bereavement support for those affected by Drug Related Deaths.
- Public Health seeks to understand what service would be offered, how providers of potential services would seek to identify those bereaved and how they intend to market their services appropriately.
- 5 organisations have responded to the SMT
- Next steps include a public consultation to inform what people want from a bereavement service, an engagement plan and a programme specification

# Resident survey

- Public health is seeking to understand the requirements of Cornwall and Isles of Scilly residents in relation to bereavement services. The Let's Talk Cornwall website will host the questionnaire for 4 weeks from 28 June to 26 July 2024.
- Questions will centre around
  - Previous experience of bereavement support
  - What worked well
  - What type of support was offered
  - How the support was offered (face to face, telephone, online etc)
  - The referral pathway
  - Barriers to access
  - Preferences and needs
  - Specific topics

<https://letstalk.cornwall.gov.uk/bereavement-support>





## Next steps

Consolidate the learning from:

- Soft Market Test
  - Survey
  - Engagement
- 
- A review of this evidence will inform decisions made



# Thank you / Meur ras

If you have any questions or comments

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