

Annual Summit Report 2025

Mental Health – Closing the Gaps



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About Healthwatch Cambridgeshire and Peterborough

We are your local health and social care champion. We are independent and have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care.

Aims of the Summit

- To raise awareness of Mental Health
- To listen to people with lived experience

Introduction



Jonathan Jelley MBE JP, the Chair of Healthwatch Cambridgeshire and Peterborough, welcomed attendees with warmth and humour, setting an inclusive and engaging tone before moving into the day's serious focus. The Chair thanked Cambridgeshire Libraries and partner organisations, CPFT Research, Making Space, The Sun Network, and CPSL Mind, for their contributions, and outlined the day's agenda of keynote speakers, lived experience stories, breakout sessions, panel discussions, and networking opportunities.

Turning to the future of Healthwatch itself, the Chair addressed the Government's proposal under the new NHS 10-Year Plan to abolish Healthwatch. Expressing deep concern, they reaffirmed the organisation's ongoing commitment to its statutory duties: ensuring that patient voices are heard and acted upon. The Chair warned that abolishing Healthwatch would risk silencing the only truly independent voice for patients, especially for those least likely to be heard. "An app cannot replace a conversation. A form cannot replace trust. And a digital system cannot replace the power of people speaking up, together," they emphasised. Regardless of structural changes, Healthwatch Cambridgeshire & Peterborough pledged to continue championing that independent voice, because, as the Chair concluded, "silence is not an option."

The central theme of the summit — **Mental Health: Closing the Gaps** — was framed as one of the most urgent public health issues of our time. The Chair highlighted stark national statistics: one in five adults experiences a mental health condition each week,

and one in five young people aged 8–25 has a probable mental health problem. Yet, the reality for many is that help often comes too late, inconsistently, or not at all.

Drawing on recent local Healthwatch research with 125 young people aged 17–25, the Chair revealed distressing findings: only three in ten were seen within four weeks of referral, and one in ten waited over a year. Many described the experience as hopeless, with comments such as, “I stopped believing I’d ever get help.” Over half reported that waiting worsened their mental health, disrupted education or work, and led to isolation. For those transitioning into adult services, more than half said the process was unsuccessful, one describing it as “falling off a cliff at 18.”

The Chair called this not just a gap but a **“cliff-edge”** in care, warning that such failures have life-altering consequences. However, the speech also recognised hope, in the dedication of professionals, the compassion of communities, and the resilience of those who continue to speak up for better support.

In closing, the Chair issued a powerful **call to action**. Young people and families are asking for faster access, clearer information, joined-up care, smoother transitions, and above all, to be listened to and respected. These are not luxuries, the Chair stated, but the foundations of dignity and hope. “We cannot keep asking people to wait. We cannot let 18 be the age you ‘fall off a cliff.’ We cannot accept that your access to care depends on your postcode.”

The Chair ended with a challenge, and a promise: if everyone in the system works together, not only can lives be improved, but futures can be rebuilt and hope restored. The Healthwatch summit, they urged, must be a turning point, “because we are the system, and we have the power to change this.”

Formal Opening

As His Majesty The King's representative in the county, the Cambridgeshire Lieutenancy works tirelessly—often behind the scenes—to celebrate achievement, strengthen communities, and bring people together. The Lieutenancy embodies the very spirit of voluntary public service, and its members play a vital role in recognising and supporting the people and organisations that make Cambridgeshire thrive.

Brigadier Tim Seal TD DL brings an exceptional record of leadership and service to his role as Vice Lord-Lieutenant. His distinguished career spans both business and the Armed Forces. As a senior Army Reservist, he held responsibility for more than 25,000 personnel worldwide, combining strategic oversight with an enduring commitment to those he led.

Beyond his military and professional achievements, Brigadier Seal has dedicated significant time and energy to supporting charities, cadet organisations, and community groups across the county. His contributions reflect a lifelong commitment to public service and civic life.

He was appointed a **Deputy Lieutenant of Cambridgeshire in 2014**, served as **High Sheriff in 2020–21**, and was appointed **Vice Lord-Lieutenant** in 2023.

Tim Seal TD DL, His Majesty's Vice Lord-Lieutenant of Cambridgeshire, to formally open the summit.



We were honoured to welcome Brigadier HM Vice Lord Lieutenant, Brigadier Time Seal TD DL, formally opening the summit.

His Majesty's Vice Lord Lieutenant gave a **strong message of support** for this summit, he stated that mental health is often viewed negatively, without taking the time to listen and learn. He highlighted the importance of working together to make change and said it was a huge privilege to be in a room full of people with the desire and commitment to fostering more collaborative working.

Guest Story

Louis Smith MBE is a retired British artistic gymnast and one of the Team GB's most decorated athletes. He made history at the 2008 Beijing Olympics by winning a bronze medal on the pommel horse – the first Olympic medal for British gymnastics in 100 years. He went on to claim silver medals at both the London 2012 and Rio 2016 Olympics, as well as team bronze at London 2012, becoming the first British gymnast to win Olympic medals at three separate Games.



Alongside his gymnastics career, he has been a Commonwealth and European champion and remains a highly influential figure in British sport. Beyond the gym, Louis is also well known for winning *Strictly Come Dancing* in 2012 and *The Masked Dancer* in 2021.

Louis's journey has also been shaped by his experiences with ADHD, diagnosed at the age of six. Growing up in Peterborough, he often found focus and discipline difficult, but gymnastics gave him a powerful outlet and sense of purpose. He has spoken openly about the challenges he faced as a child, including taking Ritalin until the age of eleven, and how sport helped him to channel his energy and thrive. Today, Louis shares his story to inspire others, particularly young people living with ADHD, showing that with the right support and determination, challenges can be transformed into strength.

Louis' Experience Living with ADHD

Background and Early Life

Louis shared his personal experience of growing up with ADHD and the impact it has had throughout his life. He was raised by his mother in a single-parent household on a council estate. At the age of seven, he was referred by his GP to a specialist, where he was diagnosed with ADHD and prescribed medication.

Louis described this period as a learning curve, particularly because he didn't know how to express his own feelings in meetings, which he felt were primarily interactions between his parent and the GP.

He noted that there was limited research and public understanding of ADHD at that time, meaning teachers were not well informed. As a result, he was often perceived as disruptive and labelled a "problem child."

Positive Outlets and Early Success

Despite these challenges, Louis found that he could harness his ADHD to hyperfocus on creative pursuits that inspired him. One of these was gymnastics, which became an important outlet and taught him valuable life skills such as discipline and perseverance.

At 19 years old, Louis made history by becoming the first British gymnast in 100 years to win an individual Olympic medal. However, this life-changing success came with new challenges.

Mental Health and Adjustment to Fame

Louis reflected on how unprepared he was for the sudden change in his life. He found it difficult to manage the immense responsibility and public expectations that followed his Olympic success. This led to mental health struggles, including periods when he did not want to leave the house.

He described feeling that his energy and motivation had been completely drained. Without therapy or emotional support at the time, he struggled to adjust to his new reality. Over time, however, he learned to embrace his life and recognise the incredible opportunities that his achievements had created.

Living with ADHD as an Adult

Now older, Louis explained that ADHD continues to affect him, but in different ways. He is navigating the complexities of parenthood, maintaining a relationship, and managing financial responsibilities. He struggles with a lack of routine, logistical challenges, and planning, which often leave him feeling overwhelmed.

Last year, Louis discovered a video about social anxiety that resonated deeply with him. This prompted him to complete an NHS questionnaire, after which he was referred to a specialist and received 12 sessions of Cognitive Behavioural Therapy (CBT).

Through therapy, he gained a clearer understanding of social anxiety and learned practical tools to manage it, resulting in significant improvement.

Understanding “Masking” and Public Expectations

Louis began researching a phenomenon known as “masking” – a behaviour often associated with ADHD, where individuals hide their symptoms or true selves to fit in or meet social expectations. He expressed that he feels a constant pressure to live up to the image of what an Olympian “should be like.”

This pressure leads him to alter his behaviour and actions depending on his environment, leaving him emotionally exhausted. At home, he feels able to remove this “mask,” but the process of constantly switching between personas results in burnout and affects all areas of his life – even leading to dread about attending simple social events like children’s birthday parties.

Communication and Coping Strategies

To help his family better understand what living with ADHD is like, Louis often sends his partner educational videos about the condition. He said that managing ADHD remains a daily battle, particularly as it causes impulsivity and makes him prone to speaking without thinking. This leads to constant worry that he might say something inappropriate or offend someone unintentionally.

Despite these challenges, Louis maintains a determined outlook. He said that he does not want to fall victim to the difficulties associated with ADHD and considers it a huge honour and privilege to share his story publicly to raise awareness and support others.

Questions and Comments



1. Was there a specific moment or thing that inspired you to speak publicly about ADHD?

There wasn’t a lot of information about ADHD available when I was younger, especially in the sporting world. I am still finding things out now. I have a platform and whenever the opportunity arises, I want to share my experience with the hope that it can reach a broader audience and help people.

2. I relate to your story as I have faced similar experiences. The recent media view that ADHD is over-diagnosed and over-prescribed has left me feeling quite down, however hearing you speak today and being such an advocate for those with ADHD has restored the fire in me to continue being myself. Thank you. My 6-year old son also has ADHD and we have put him in gymnastics classes with the hope that this will be an outlet for him.

I cannot stress enough the importance of nurturing the interests of children with ADHD. If we recognise what it is that sparks their passion and put them in the right roles, they can flourish.



Summary

Louis' story offers valuable insight into the lived experience of ADHD from childhood to adulthood, highlighting the long-term impact of early diagnosis, societal misunderstanding, and the ongoing challenges of managing symptoms alongside professional and personal responsibilities.

His openness about mental health, social anxiety, and masking highlights the importance of awareness, early support, and understanding for individuals with ADHD. His advocacy work serves as an inspiration to others, showing how challenges can be transformed into opportunities for growth, empathy, and empowerment.

Speakers



Dr Sarah Hughes, Chief Executive, Mind

Sarah has worked in mental health and social justice for 35 years. She has held a number of Chief Executive roles in the voluntary sector including for the prestigious think tank, The Centre for Mental Health. Sarah holds a number of board roles including, One Small Thing, Global Leadership Exchange and is a fellow of Sciana Health Leaders Network and Salzburg Global.

Sarah regularly appears in the media and is called on by governments and private companies across the world for her mental health knowledge and commentary. Sarah holds a professional doctorate on the topic of women and leadership and was given an honorary doctorate by Hull University where she happily studied social work in the mid 90's. When she's not at work you can find Sarah spending time with her amazing family and large number of pets.

Background

Sarah has dedicated 35 years to working in mental health roles across the UK. Her career began as an Events Coordinator at a residential home for individuals who had spent long periods of time in psychiatric hospitals. She later joined **MIND** at just 18 years old and, through dedication and leadership, worked her way up to become Chief Executive Officer.

Current Landscape of Mental Health in the UK

Sarah highlighted the severe pressures currently facing mental health services. Across the UK, 1.7 million people are now on waiting lists for mental health support. Among children and young people aged 8–25, 1 in 5 are experiencing a mental health problem – a rapid and worrying increase from 1 in 9 in 2019.

She emphasised that social media has played a significant role in this deterioration, contributing to increased anxiety, comparison, and pressure among young people.

Challenges and Systemic Pressures

Mental health services are under unprecedented strain. Sarah noted that:

- People are waiting up to 2.5 years for an ADHD assessment.
- It can take up to one year to access effective mental health support that leads to meaningful recovery.

Although there are examples of excellent support and strong campaigning across the sector, Sarah stressed that *without addressing the underlying social and systemic factors*, lasting change will not be achieved.

She warned that stigma, discrimination, and violence are increasing, further undermining the influence and bargaining power of mental health professionals.

Public Discourse vs. Lived Reality

Sarah drew attention to a growing disconnect between how society talks about mental health and the experiences of people actually seeking help. Public awareness campaigns have improved understanding, but access to care and real-world outcomes have not kept pace.

She highlighted the importance of addressing misinformation, especially among young people, and encouraging open communication and connection as protective factors against poor mental health.

A Complex and Shifting Landscape

Sarah described the current situation as a “hurricane of factors” impacting mental health — including social, economic, cultural, and technological pressures.

While there has been notable progress over the years, she expressed concern that recent developments have reversed some of these gains, leaving the sector “back at the bottom of a hill we thought had been conquered.”

Local Strengths and Hope for the Future

Despite national challenges, Sarah recognised that the Cambridgeshire and Peterborough region is a place of innovation, compassion, and care. She praised the strength and commitment of the local mental health community, describing it as “*incredibly powerful*” and full of individuals and organisations striving to make a difference.

She emphasised that everyone has a role to play in advocacy, influence, and holding decision-makers to account.

Sarah concluded by reaffirming **MIND's commitment** to its mission:

"MIND won't back down in trying to create a mentally healthy society."



Questions/comments:

1. Are the MIND cafes still functioning?

The cafes are still up and running as part of our Good Life service but their location changes as they go on the road. Mental health is made in communities.

2. As a smaller charity affected by funding, what can we do?

It is important to work in collaboration and use the power of big organisations. MIND acts as an umbrella for the smaller charities. Trish Barker-Barrett at CPFT would be a good person to connect with.





Steve Grange, Chief Executive, Cambridgeshire and Peterborough Foundation Trust

Steve brings over 20 years of experience across senior NHS roles and was appointed Chief Executive at Cambridgeshire & Peterborough NHS Foundation Trust in October 2024.

Before this, he served as Director of Strategy and Strategic Integration and Deputy Chief Executive at the Midlands Partnership University NHS Foundation Trust, where he had been since 2006. Prior to that, he worked as a National Improvement Lead at the NHS Modernisation Agency.

Steve is deeply committed to people-centred care and reducing health inequalities. He also chairs the NHS Ministry of Defence Joining Forces Network, a role he has held since 2008, reflecting his longstanding dedication to supporting our armed forces and their families.

When Steve joined the **Cambridge and Peterborough NHS Foundation Trust (CPFT)**, he acknowledged that the organisation had undergone a significant period of change and had not fully delivered on its previous commitments. He began by offering a sincere apology for this, recognising the impact it has had on service users, families, and staff.

Progress and Improvements

Steve reported that progress is now being made across the Trust. The most recent Care Quality Commission (CQC) inspection identified “*green shoots*” of improvement, particularly in organisational culture and the development of a more collegiate and collaborative leadership style.

He also highlighted that CPFT has now achieved University Teaching Hospital status in partnership with the University of Cambridge — a significant step forward that supports research, training, and excellence in patient care.

Focus on People and Inclusion

Steve emphasised the importance of remembering that behind every discussion about services are real people – family members and loved ones. He called for local voices to be included in national mental health conversations, ensuring that decision-making remains grounded in the lived experience of communities.

He expressed his appreciation for the work of Healthwatch, recognising its core role in society by providing valuable insight and influencing improvements in health and care services. He also raised concern about the proposed abolishment of Healthwatch, noting that dismantling such an organisation risks undoing many years of progress in amplifying public voices and accountability.



Questions/comments:

1. I work with a lot of families who are experiencing mental health issues and are below the poverty line. There are issues at grassroots which affect their ability to access support. How can we change opinions to ensure that these families are able to access support better?

The worry with the recent mental health movement is that when resources become tight, then walls start to be built. There is never health without mental health. Often mental health issues are related to people's environment and relationships. It is important to work in partnership with other organisations and agencies such as MIND, to help drop these walls.

2. The system enables a lack of integrity and respect. There is little thinking and lots of box ticking.

We need to get back to basics and think about the people not the processes. People and patients should be put at the centre.



Breakout Sessions

1. Supporting young people and children with neurodivergence

Kathryn Velat, Senior Educational Child Psychologist for Autism/Neurodivergence, Cambridgeshire County Council

2. Looking after your own mental health

Trish Barker-Barrett, System Engagement Lead | H.A.Y. Team Manager, H.A.Y. Cambridgeshire and Peterborough

Christine Burton, Carer Support Worker, Making Space Cambridgeshire

3. Information and advice to support people with access to benefits and access into employment

Tracy Hyland, Chief Executive, Disability Huntingdonshire (DISH)

Lucille Corby, Senior Benefits Caseworker – DISH

Nicola Harris, Primary care Network Programme Manager Integrated Care System, Workwell

Carl Watkins, Disability Employment Advisor Huntingdon and Ely Jobcentre Plus

4. Support for carers

Jill Nooji, Awareness and Voice Delivery Lead, Caring Together

Jonathan Wells, Rethink Carer Support

Key Points from Breakout sessions

Looking After Your Own Mental Health: It is important to reach people where they are with the help they actually need, done in collaboration with the community.

Supporting Children and Young People with Neurodivergence: Recognition of conditions is important – whether it is formally diagnosed or not.

Information and Advice to Support People with Access to Benefits and Access into Employment: Communication about services needs improving, so that people find it easier to access them. Improve, simplify and clarify.

Support for Carers: The importance of the carer role was highlighted. People don't volunteer for the role and are not trained. There is often a gap in their expertise and therefore the information and support is needed in a timely manner.

The presentations and notes from each breakout session are available to download [here](#):

[Mental Health Summit 2025 - Closing the Gaps!! | Healthwatch Cambridgeshire](#)



Panel Session

Introducing the panel

Jan Thomas, Chief Executive, Cambridgeshire and Peterborough Integrated Care Board (ICB) and Chief Executive Designate for the new Central East ICB

Jan began her career as a nurse, building a strong foundation in patient care and a deep understanding of the human side of healthcare. Over the years, she has worked across acute care, commissioning, and the private sector, gaining a broad perspective on how different parts of the system connect and where real impact can be made.

As CEO of Cambridgeshire & Peterborough for the past several years, Jan has led with a focus on people, both within her organisation and across the wider health landscape. She has also contributed to national work on recovery support.

For Jan, it's always been clear: healthcare is, above all, a people business—rooted in relationships, compassion, and collaboration.

Matt Gladstone, Chief Executive, Peterborough City Council

Matt Gladstone has been serving as the Chief Executive of Peterborough City Council since January 2022.

Matt has extensive experience in both central and local government, having held various positions including Executive Director for Place at Barnsley MBC, where he led the regeneration and growth agenda. He has also served as a Corporate Director and Assistant Chief Executive and has experience in the private sector working on digital infrastructure.

Throughout his career, Matt has played pivotal roles in enhancing performance within local government and fostering strong relationships with key partners in the business and the voluntary sector to facilitate change and improvement. He is passionate about driving up standards and performance, achieving better outcomes, and improving the organisational culture.

Matt's tenure at the National Audit Office has provided him with a solid understanding of finance, and he has since managed large and complex budgets.

Dr Helen Gilbert is a Fellow in the Policy team at The King's Fund and leads on work around mental health.

As part of this she has conducted research on the transformation of mental health services, understanding quality, costs and staffing in mental health, supporting the early implementation of the community mental health programme and most recently in developing a Mental Health 360 – to provides a picture of mental health through data and insight. Prior to joining The King's Fund she worked at King's College London undertaking mental health services research, and for Rethink Mental Illness supporting the development of information and advice for patients and the public.

Jonathan Wells is the co-ordinator of Rethink Carer Support – Cambridgeshire and Peterborough. After a career in mental health, in the past 8 years he has been a Director of Healthwatch and Chair of The SUN Network. He is passionate about service users and carers being fully involved in local quality improvements at a time when mental health services are under so much pressure.



Panel Question and Answer Session

Question 1

Having watched last night's local news, I learnt that a great deal of services for children and young people stop when they reach 18 years old. As a grandmother of an autistic child, I am worried about what the future holds for him once he finishes full time education.

Matt: *There is normally very careful transition planning from children to adult services with a team working sensitively to manage and support. If this practice is not happening, please challenge this and let me know. The SEND provision is under huge strain and we have been lobbying the Government hard for fair funding distribution. We will have confirmation of this re-distribution of funding in November, however I am optimistic and hopeful.*

Jan: *I share your concerns. We need to give people the best start in order for them to live long and healthy lives. We are seeing patterns of young and middle-aged people becoming less healthy and are aware that there is a correlation between mental health and physical health. People need education and a job to give them the skills they need for later in life. We need to look at how we can equip young people so that they have resilience. Healthcare can't always be the answer because the demand is too huge.*

Jonathan: *There is an ongoing problem around young people who are discharged from NHS care once they reach "adulthood", with no ownership from another service. The Children & Young People's Mental Health Coalition strategy proposes to work to ensure that NHS-funded mental health services are provided for young people aged 0–25.*

Helen: *The community mental health strategy looks at joining up services. The challenges faced are that parts of the sector and system work very differently and people access the service via different routes. There needs to be equity across different conditions. Policy and practice are trying to play catch up.*

Question 2

I feel positive about neighbourhood health and the impact it can have on mental health specifically. What can we do to enhance the integrated neighbourhoods?

Jan: A core principle is that care should be delivered as locally as possible; where people live, study and work. We are doing a piece of work looking at how we do this. Currently, each service does a separate job, this means we are using more resources if multiple services are having the same conversation with a person – and this is also a lot of repetition for the individual. We need to build around the person, including pharmacies and the voluntary sector. This piece of work is currently in the hands of two groups who are developing what this actually means in practice and how we can join the services up for more community care.

Jonathan: Twenty years ago the idea of integrating mental health services was explored. I assumed it would become the norm but it requires all health and care services to agree to work more closely together.

Question 3

I have struggled with my mental health as a result of poor physical health. How much research is being done to look at the prevention of mental health? I am a disability advocate and speak to many people with chronic physical health issues, who have had no input from mental health services. Mental health support needs to be offered before these people become desperate for help.

Matt: In terms of children's mental health, in those acute mental health cases involving multi-agencies, we need to look at what we could have done differently with safeguarding teams. Discussions are shifting following the NHS 10-year plan and the aim to keep people out of hospitals, therefore prevention management is vital. The voluntary and community sector also has a massive role to play. There is lots of research that is being tapped into.

Jan: The NHS is struggling and change is needed. If we don't do something differently then the burden will be so great. It is less about managing hospitals and more about how we shift the curve. To do this we need to make care really personal because what works for one person won't work for another. We should be building around those who are most at risk of needing services in the future. The question is how can we identify those individuals? We need to put mental health next to physical and chronic health.

Helen: The evidence is out there. We need to invest consistently. Things have already been done and can be worked on and developed.

Jonathan: Early intervention is key. If people are starting to notice feelings of depression or low mood, then Talking Therapies is an excellent place to point them to.

Question 4

I am a mum of a 24-year-old neurodivergent child with a personality disorder, who has experienced suicidal thoughts and psychosis. We have had contact with NHS 111 option 2 on numerous occasions but the service just seems to exacerbate the situation. It seems to have limitations. The mental health unit at Hinchingsbrooke Hospital closes at 5pm and often we are told to go to A&E. Our experiences have led my daughter to feel like no one cares. One of her mental health crises led to four weeks of full-time social care support in our home, which is very costly for the NHS.

Jonathan: *NHS 111 option 2 is advised to access support in a mental health crisis. It is difficult to assess over the telephone and make a judgement. Home visits can be made if felt appropriate. There is work going on to have a fresh look at crisis mental health services across Cambridgeshire and Peterborough.*

Helen: *Your experience is not uncommon. Research done in collaboration with the University of Sheffield found that what is important in a mental health crisis is trust. The person needs a response that helps them, otherwise they are unlikely to seek help in the right way. There needs to be alternatives to hospitals in these situations but unfortunately it is a postcode lottery and services work differently across the country.*

Jan: *Hertfordshire have the lowest rate in the country of people being sent to A&E in a mental health crisis. They do this by providing more personal care in a more suitable environment to A&E, which means situations are de-escalated. The Chair of the new ICB and I are working on getting leaders from Hertfordshire to review our systems and advise what we need in place and what this looks like. If someone else is doing something better than us, we can use it as a learning opportunity to make improvements. We are trying to make steps forward.*

Jonathan: *There are mental health walk-in centres across the country, which people can self-refer to and be seen face to face. These can work better than A&E but do require funding, recruitment and retention.*

Question 5

What plans are in place to compensate for the closure of beds at Arthur Rank Hospice, along with mitigating any issues caused and the risk of associated mental health issues?

Jan: CUH and Arthur Rank Hospice had an agreement in place to allow access for patients in the last few days of their life. They have decided not to continue with this arrangement. The providers will work together to ensure they are both meeting each other's needs. Usually during the end of life, individuals are admitted to hospital either because they are in so much pain they cannot cope, they cannot breathe or someone panics. Individuals need supporting at this stage so that they do not need to go into an acute hospital, e.g. help and advice to provide hospice care well at home. There also needs to be more mental health support for those families that do provide this care at home.

Question 6

I am caring for my mother-in-law in the advanced stages of dementia, which is a painful journey. Following her GP diagnosis, we weren't provided with any information about the support available. Instead we had to navigate the internet to research ourselves.

Helen: The Government have announced the introduction of a dedicated service, so that as soon as a patient has a new diagnosis, they will be signposted to a relevant support charity.

Jonathan: Work needs to happen. The ICB has found it difficult to prioritise and get on with their goals. They created a list of 25 things they planned to deal with – the dementia pathway was one of these. A re-provision of assertive outreach services is going to happen.

Jan: The ICB are committed to reviewing the dementia pathway. I am aware that even a simple phone call asking what help is needed makes such a difference to people. Health services are often over complicated and simple touch points are necessary. Statistics look at how many people are diagnosed with dementia, rather than how many people who have dementia know where to go for support. We need to work out a way to change things on a human level.

Matt: The council team are looking at technical tools to help people understand what support is available and the choices they have. We need to work harder to get the message out.

Question 7

We have been discussing mental health today. In a few words, what is the one change you think will make the biggest difference for young people and their families trying to navigate the system?

Jan: *More information*

Matt: *AI and how we target people*

Helen: *No wrong door*

Jonathan: *Don't add to the system, take things out to make it simpler*

Closing Speech

Jess Slater, Chief Executive, Healthwatch Cambridgeshire and Peterborough

As the 2025 Mental Health Summit concluded, the CEO of Healthwatch Cambridgeshire and Peterborough, Jess Slater extended sincere thanks to all participants. Appreciation was expressed to speakers for their insight and honesty, to partners across the NHS and local authorities for their continued commitment, to the voluntary and community sector organisations who support people every day, and most importantly, to those with lived experience who shared their personal stories. Their openness and courage were recognised as the driving force behind ongoing system improvement.



The Summit set out with a clear purpose: to listen well, to learn quickly, and to agree actions that will lead to real and lasting change. Discussions explored what good mental health support looks like across several key areas, prevention, timely access, crisis support, community-based provision, and the vital transition from youth to adult services. Participants reflected on examples of effective practice, while also identifying where improvements are still needed. This approach reflects Healthwatch's core mission: to surface the truth of people's experiences so that services can be designed around what matters most to them.

The CEO also addressed the current national policy context, noting the government's stated intention to abolish Healthwatch. This means that the event is likely to have been the final Healthwatch-led Mental Health Summit in its current form. However, it was emphasised that **the patient and public voice will continue to play a central role** in shaping health and care services locally.

Healthwatch Cambridgeshire and Peterborough will work closely with NHS and local authority partners to ensure that its core functions are effectively transferred and strengthened. This includes maintaining the independence, insight, and constructive challenge that communities value, and ensuring that lived experience continues to inform decision-making at every level. The organisation remains committed to safeguarding this principle through the transition period and beyond.

In practice, this will involve handing over not only data and reports, but also the relationships built over many years, with communities, seldom-heard groups, carers, and young people. Established engagement pathways, such as surveys, outreach, Enter & View-style activity, and co-production work, will be sustained wherever possible. The key priorities emerging from the Summit, earlier intervention, smoother transitions, culturally competent care, better support for families, and parity of esteem for mental health, will continue to be championed.

Partners were encouraged to embed the learning from the Summit into ongoing service reviews and commissioning decisions. The importance of measuring what matters to people, rather than relying solely on easily quantifiable indicators, was highlighted. Attendees and community members were urged to continue sharing their experiences, recognising that meaningful change occurs when stories meet evidence and are met with accountability.

The CEO concluded by thanking Healthwatch staff and volunteers for their dedication and professionalism, which have made the organisation a trusted home for people's voices across Cambridgeshire and Peterborough. Whatever the future structure, these values and principles must endure.

The closing message reaffirmed a shared commitment: that every decision about mental health in Cambridgeshire and Peterborough should begin—and end—with what people say they need.

In partnership with:



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Cambridgeshire

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Healthwatch Cambridgeshire and Peterborough
The Maple Centre
6 Oak Drive
Huntingdon
PE29 7HH

www.healthwatchcambridgeshire.co.uk

www.healthwatchpeterborough.co.uk

t: 0300 355 1285

e: enquiries@healthwatchcambspboro.co.uk