Health and Adult Scrutiny Committee 25.6.24

Report by Michael Hanley

1. Minutes of previous meeting

M. Hanley (MH, L): Commented that the inclusion of councillors questions and comments was very welcome (previously minimum reference to this) as this is very important to record as the scrutiny by councillors was the whole point of this committee. Also pointed that in appendix 3 there was a report from a series of workshops held in April and May to look at the various scrutiny committees. One of the observations was that "participants were very clear that the minutes of Health and Adult Scrutiny meetings should include the questions and comments made by members and clearly record any recommendations and actions arising from items. "
MH also pointed a mistake in the minutes. The minutes described one of the biggest challenges for trainee doctors was the fact that none of the current GP surgeries had facilities large enough to carry out effective training. As a previous GP and GP trainer he knew this to be totally untrue. In fact many of the GP surgeries in Cumbria are training practices which contribute greatly to the production of new GPs. What J Scattergood actually said was that in relation to Primary Health Care growth there are fewer community health centres in Cumbria and more GP owned surgeries and this made planning more difficult. It was agreed that the minutes would be corrected.

2. Framework Agreement for the Provision of Homecare and Domicillary Care Services: Support for
Carers.

C Phipps (Adult Social Care Manager): 8.6% (estimated) of the population of WAF area are carers, 4170 adult carers known to Adult Social Care. 3006 carers use Carer Support Cumbria. 28% of carers report they provide 100 or more hours of care per week.
Support: All Age Carers Service, Carers Addiction Support, Carers Stroke Services, Short Breaks for Adults with a Learning Disability and or Autism, Direct Payments.
Carer Feedback: Communication and understanding is very important. Also being able to find the right information in the right time. Also access to short breaks and respite.
Next steps: develop a new WAF strategy.
Cath Whalley (CW, Director of Adult Social Care): When we develop our strategy we want the voice of young carers to be included. We will be having a listening event in Barrow soon.
D Jones(DJ, Chair, LD): Will you bring the results of this consultation back to the committee?
CW: Yes.
DJ: The figure of 8.3% being in financial difficulty looks low to me.
P Bell (PB, LD): Talked about elderly being helped into employment.

3. Health and Wellbeing Strategy

A questionnaire was sent out in November 2023 asking what keeps you healthy, what do you need more of to stay healthy and well? 701 responses were received
The strategy will be over 10 years and will focus on five themes: improve the building blocks of health and wellbeing (housing, employment, financial stability etc), support good mental health, best start in life for every child, support people to live healthy lives (exercise, healthy diet, warm homes, no smoking etc) and supporting residents to live well and independently for longer.
34,000 live in rural areas. 12 of our neighbourhoods are within the 10% most deprived areas in England (all in Furness).

Deprivation includes: low income, high unemployment, poorer education, more crime, poorer living environments and barriers to housing and services. Male life expectancy in Barrow Central is 70.5 years and at Hawkshead 86.6: over 16 years difference.
The main causes of disability in Cumbria in 2020 were Covid-19, ischaemic heart disease (angina etc), low back pain, COPD (lung disease mainly due to smoking) and stroke.
We need to work collaboratively across sectors to reduce the stark inequalities. Lives are being cut short. A local action plan is needed to reduce deaths from suicide. We need to reduce smoking in pregnancy. The rate of deliveries to mothers between 12 and 17 is significantly higher than national average in Furness. Also there are higher rates of dental decay and obesity in five year olds in Furness and South Lakeland. Tobacco remains a leading risk factor. In 2020 Furness had the fourth highest rate of deaths from drug misuse in the country.
A Kilgallon (AK, Public Health doctor): This is a longterm strategy to improve health and reduce inequality.
MH: Discussed the lack of reference to GPs, Health Visitors, Midwives, District Nurses etc in the sections on stopping smoking in pregnancy (midwives), parenting support in young families and improving vaccination cover and encouraging breastfeeding (health visitors). Also in reducing suicide deaths (community psychiatric nurses and community mental health teams). He said he realises this document is a draft but a lot of work has been done in the past to achieve similar health goals and there is a need not to disregard previous work.
J Murray (JM, LD): Discussed the local plan and that housing is very important. Urged that the people doing this health strategy should get in contact with the people involved with the new WAFC plan.

4. Promoting Independence and Wellbeing Programme

Objectives: Improve intermediate care (to elderly in their homes), avoid admission to residential care homes, integrate with NHS, overhaul Learning Disability service for greater independence and more fulfilling lives, maximise efficiency of the workforce and improve services, reduce “out of area “ placements, reduce debt (of the service).
Also to prepare for the upcoming Care Quality Commission (CQC) assessment.
Waiting lists for social work are down 50%.
K Cheeseman (Assistant Director Quality, Resources and Transformation): Discussed the above. Also measures to reduce risk of hospital admission and improving Reablement (process of helping elderly person to come back to their home after admission for such things as pneumonia, stroke. This involves home adaptions such as showers, stairlifts, new hand rails and occupational therapy/physiotherapy for the person).
It is possible that the rating from the CQC will be inadequate and will say that improvement is needed. Ultimately we want to be in a position where we are winning awards.
We just managed to disaggregate the Adult Social Services from Cumberland Council. We can now develop what we want. We have been working to improve things for the CQC, most areas (on the graphs) are green or amber but there are a few red areas where more work needs to be done.
MH: Asked about DOLS (Deprivation of Liberty Safeguards, mostly used to confine severely confused elderly people in hospital or nursing/elderly mentally infirm (EMI) homes). Has the the training of staff improved? Also asked about the debt and the date of the CQC visit.
KC: Yes, there has been more training of staff, there is a considerable debt and I don’t know the date of the CQC visit.
D Stephens (DS, Strategic Policy and Scrutiny Adviser): We should keep this on the agenda as to how close we are in covering the red areas in preparation for the CQC.

5. Committee Briefing

DS: Discussed priorities for future meetings. Mental Health was flagged as being a key one at the recent scrutiny workshop.
MH: Brought up the problem of arranging compulsory psychiatric admissions. There is a shortage of Approved Social Workers who usually arrange the attendance of a psychiatrist and the paperwork with sectioning (compulsory admission for a severely mentally ill patient) of a person in the community.
CW: The team is run by Cumberland Council. We cannot do anything until it is disaggregated which may occur early next year.
MH: So we can add this to the Forward Plan for next year?
DS: Yes.

End of meeting.