

Report by Michael Hanley

### 1. Independence and Wellbeing Programme

K Cheeseman (KC, Director of Quality and Resources): Discussed the strategy for Adult Social Care (ASC). The date of the CQC visit is not known. They have been looking at demand modelling (for ASC) for the next 3-5 years. The strategy should be completed by September 25.

M Hanley (MH, L): Asked how much of the services were provided in-house. It is well known that private provision of teenage childrens homes can be extremely expensive.

KC: 40% of our residential care is provided in-house, which is among the highest in the UK.

Other in-house services include reablement and shared (reused) equipment.

### 2. Learning Disability (LD) Service

Amanda McGlennon (AMG, Senior Manager, Transformation Adults):

0.56% of the population of WAF area has a learning disability (including autism). That is 1301 people. In 2014 there were 1101, the big rise may be due to improved diagnosis. People with an LD have a reduced life expectancy (average 62 years). 42% of their deaths are avoidable. Only 2.3% of people with LD are in employment. 67% live with their family. Waiting time for assessment by the LD Service has reduced from 8 to 3 weeks.

MH: Commended the service on reducing its waiting time. On looking at provision of residential care four are in Barrow/Ulverston and one in Kendal. There is no provision in the Eden area. Also what are the daytime opportunities in the Eden area? A lot of these people with LD are living with ageing parents. What will happen when the parents die? Also you talk about the LD Service working closely with the NHS. The important part of the NHS is the Adult Learning Disabilities Team. This team did not have a psychiatrist until recently. A lot of people with LDs especially those with autism are on regular drug treatment which needs to be reviewed.

AMG and other members of the LD Service: The reason for the lack of provision of residential care in the Eden area is before the creation of WAFC (Cumbria County Council days), residential facilities were mainly in Carlisle. There is a daytime opportunities centre in Penrith (Edington Centre). We work closely with the Adult Learning Disability Team (ALDT). We have annual reviews and if we think more clinical input is needed, we contact the ALDT. We are aware of the issue of ageing parents and we need to plan for this.

V Hughes (VH, LD): Asked about people with undiagnosed autism.

AMG: We rely on Primary Care to refer these people for a diagnosis.

D Jones (DJ, Chair, LD): I would like the scrutiny committee to be involved when you get to phase two of the programme.

H Hodgson (HH, LD): Asked about opportunities for people with LDs, how to involve them in society, how can councillors help?

Colin Phipps (CP, Senior Manager Adult Social Care): Discussed involvement of the public.

DJ: We are a caring council and the members have a wealth of experience.

### 3. Assistive Technologies

CP: Discussed digital monitoring systems: alarms, monitors etc. If an alarm is activated it goes through to a call centre and sometimes goes to 999. We have 22,000 alerts per annum, 6000 of these result in emergency calls, 1500 are 999 and usually falls. We have about 100 ambulance call outs per month. There is a challenge with the phone switch over from analogue to digital. A

significant proportion of the current devices in place are analogue (40%) and rely on the copper wire telephone network. The date of the switch to digital has been delayed until at least 2027. Recent evidence suggests further consideration be given to the reliability of digital devices and in some cases it may be analogue devices have higher resilience. We have discussed whether to change to digital equipment but have decided to delay. We need to be confident that the digital equipment is resilient enough.

Discussed the NOBI smart lamp (lamp with fall detection camera which sends an alert to mobile phone of carer when person has a fall). There has been a recent pilot study. "Long-lies" can have a real clinical impact on elderly patients if they have been lying on the floor for more than one hour. This can result in a 50% increase in mortality after 6 months. Where the NOBI lamp is used the waits are reduced to 3-12 minutes.

VH: Asked about the criteria for referral for those people who are supported.

CP: There are various routes: reablement, GPs, self-referral.

MH: Asked about Eden Alarms. Also commented on the switch over from analogue to digital phones. It is good to see that it has been postponed until 2027. Related experience of people in Alston Moor with power cuts. People in the area are very worried about the switch over and could you please help push it back further?

CP: Eden Alarms were an early provider. What we provide is different. Digital is not as dependable as analogue especially during power cuts and it is possible that the analogue stop date may be pushed back again. Solutions are being sought.