



**MINUTES from
SOUTH LAKES HEALTH AND WELLBEING FORUM
TUESDAY 22nd September 2015, 2pm at
Enterprise House, Shap Road, Kendal**


PRESENT:

Angela White (Chairperson)	Cumbria CVS
Roz Bradshaw	Commissioning Manager, Cumbria CCG
Jozi Brown	Cumbria VS
Mike Conefrey	Public Health Locality Manager for South Lakeland, CCC
Rachel Earnshaw	Public Protection Officer, SLDC
David Fletcher	Elected member, CCC
Dr Jim Hacking	GP Lead, Cumbria CCG
Fiona Inston	Public Protection Manager, SLDC
Karen Johnson	Area Manager, SLDC
Graham Vincent	SLDC Portfolio Holder HWB
Mark Wilson	Elected member, CCC
Glenys Marriott	Kendal Organ Donor Town
Sarah Allison	HealthWatch Cumbria
Oliver Pearson	HealthWatch Cumbria

Apologies:

Simon Rowley	SLDC
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		ACTION
1.	Welcome & Introduction and apologies for absence	
2.	Minutes of meeting of 23rd June 2015 These minutes were agreed as a correct record.	
3.	Kendal Organ Donor Town Glenys Marriot kindly attended to give a presentation on this project. She explained that Cllr Chris Hogg and his wife are leading this initiative for Kendal. Rachel Hogg has been working on it for the last 20 years. Millom also launched their organ donor town project in July and both projects work in partnership. Partners include CPFT and UHMBT, Alison Bloxham (local Physio) is the national UK Team Physio leader. Farhan Amin, GP in Barrow, and various other people who are part of the team. Social media is being used to spread the word and there is a lot of publicity available. The ambition is to increase the number of extra organ donors with a Kendal postcode by 1000 this year.	

	<p>Please see attached presentation which include headlines:</p> <ul style="list-style-type: none"> • Working with local groups to share and spread information, and gain organ donor signatories. Likely to happen in Carlisle in the near future and working with other counties. Cumbria is quite poor at signing up, only a third signed up. • 330 new registrations so far (almost a third of the way) • Average is about a third of the populations signed up. There is a general reduction in the numbers of people who are actually donating. • Key issues are around donating eyes, registering children, ethnicity, relatives overriding consent at registered doors death and lack of knowledge... working with BME group's and also Buddhists in Kendal to tackle cultural barriers to donating. • Each of the local fora is being asked to add 'organ donation' as an additional target/priority but it is fairly expensive in terms of time, volunteers etc. • General campaigning around the 'opt out' rather than 'opt in' but there are questions about how effective that would be. • Working with younger people, youth groups etc. could be a useful way forward. This is a particular challenge as people struggle to talk about young people and death so education plays a critical role. <p>How can we help as a forum?</p> <ul style="list-style-type: none"> - Publicity and marketing, spreading the word - how can we spread it across South Lakeland - Raise awareness using local websites, for example One South Lakeland <div style="text-align: center;">  <p>KENDAL ORGAN DONOR TOWN.pptx</p> </div> <p>Action on all members for ideas/actions to promote this important initiative. Angela suggested an update on progress of the initiative would be a helpful future agenda item.</p>	<p>ALL</p>
<p>4.</p>	<p>HealthWatch in South Lakeland</p> <p>Sarah Allison was in attendance for Healthwatch Sarah explained that Healthwatch has six statutory functions:</p> <ol style="list-style-type: none"> i. Providing information to people across Cumbria ii. Promote and support the involvement of local people iii. Obtain views of local people about needs and experiences of local services iv. Make reports and recommendations about service improvement v. Make views known to HW England to enable it to carry out its role as national champion vi. Make recommendations to HW England and CQC <p>The following have been identified by Healthwatch as emerging trends and themes in South Lakeland:</p>	

- i. Praise for Milnthorpe surgeries
- ii. Long waiting times for specialist referrals
- iii. Availability of beds for hospital admissions especially mental health
- iv. Delayed cancer diagnosis although there are speedy services once the diagnosis is made
- v. Lack of availability of GP appointments
- vi. Transport – loss of 106 bus services – delays n NWS Patient Service
- vii. Poor staff attitude from admin staff (not clinical)

The CQC is due to inspect CPFT during which they will have a specific focus on mental health services which should provide us with an idea of improvements to services such as First Step. Asked what actions HW have taken regarding cancer services it was stated that where HW have carried out a piece of work and made recommendations there is a statutory 20 day response time when service providers have to provide evidence of improvements. They can follow up after 12 months for example.

HW aim to work with organisations rather than hit providers with a big stick. Issues can be escalated to HW England and reported at a national level if they are not responded to within the 20 days.

Countywide Healthwatch projects include:

- i. Patient Experience Review of Cancer Services
- ii. Children and Adolescent Mental Health Services
- iii. CAMHS
- iv. Review of Complaints processes
- v. Diabetes Health
- vi. Deaf Health
- vii. Maternity Reviews – countywide
- viii. Primary Care Communities

Sarah told the forum that they are willing to hear ideas and suggestions from South Lakeland Area. They continue to seek Health Ambassadors, Trustees and Board Members and would welcome applications for these roles from interested parties to represent South Lakeland District Attached to the minutes is information about the ambassador role which please pass to colleagues/constituents who may be interested in applying. Please contact Oliver Pearson at oliver.pearson@healthwatchcumbria.co.uk for further information or to apply.



Application form for HW Ambassadorwith HW Logo.docx Volunteer Brief

GV raised the question of HW being able to adequately represent the people of Cumbria given that roughly 70000 of our citizens need to go out of county for health services which aren't available within. How can HW tackle issues with services used in Lancaster and Preston as outside the Cumbria HW area?

<p>5.</p>	<p>Accessibility</p> <p>Karen presented the context of accessibility in South Lakeland in particular our low population density at 66 people per square kilometre and the fact that CCC has to save 55 million pounds (£1 in every £4)</p> <p>Current physical access support includes:</p> <ul style="list-style-type: none"> i. Public transport (variable and can be costly, or unviable...) ii. Patient Transport Services iii. Rural Wheels iv. Home from Hospital v. Voluntary Social Car Scheme <p>Increasing use is being made of digital Access where technology may enable 24 hour virtual access for certain types of service although it is recognised there are a range of challenges to this including not everyone being digitally literate or 'online' and the availability of broadband access is not ubiquitous in Cumbria.</p> <p>However, it is also recognised that through increasing use of technology, apps, 'fit bits' etc. many people are choosing to take greater responsibility for their own health and others can be encouraged to do so. We are also working with people to learn how to use smartphones and tablets – as well as PC's.</p> <p>Additional challenges include managing high service user expectations and the service provider position.</p> <p>We need to explore way for greater engagement with communities, understanding needs, examining the evidence, enabling and supporting communities to help themselves, plan services with accessibility designed in, manage expectations and work across organisational boundaries.</p> <p>Forum discussion sought view on the following:</p> <ul style="list-style-type: none"> i. What else are you aware of which presently being explored, commissioned or delivered? ii. What is your organisation's approach to accessibility? iii. How should the H&WB Forum approach this? iv. <p>Accessibility links with the developments with the Cumbria Health and Social Wellbeing System, NCI and HWB Hubs as part of the universal offer.</p> <p>Do we know what the broadband coverage is in South Lakeland? Could be working with Connecting Cumbria to get an update.</p> <p><i>Karen will collate the responses and circulate them for additional comments and approval.</i></p>	<p>KJ</p>
<p>6.</p>	<p>Task and Finish Group Questions on Updates</p> <p>Mental Health</p> <p>We need an understanding of the scope of what is happening to ensure there is broad provision to meet mental health need.</p> <p>There was discussion of the importance of ensuring sufficient funding for third sector organisations delivering mental health at a 'lower level'. There is work happening within the CLIC and the MHPF in December to focus on how we transfer funding to the third sector to help with longer term sustainability.</p> <p>Reduce Health Inequalities</p> <p>Cybermoor (Daniel Heery) have been developing applications to encourage a healthy weight – this work to be explored</p>	<p>MC</p> <p>MC</p>

	<p>'Stop Smoking' was identified as an area for further development, and Public Health are currently looking at commissioning stop smoking services, so we can have an update at a future meeting.</p> <p>E-cigarettes were also discussed, and their long term use. There are mixed messages regarding the effectiveness and use of them which would be helpful for us to understand.</p> <p>Maintaining Independent Living It is recognised that many of the points raised under this topic also relate to reducing health inequalities. Also that we must endeavour to identify others' plans and strategies that are being implemented so as to avoid duplication and ensure we are all working together.</p> <p>It was suggested that we invite representatives of The Gateway Hub to a future meeting to provide us with an understanding of the work the wider third sector are doing in South Lakeland.</p> <p>The provision in terms of support to lose weight/maintain a healthy weight is often private or commissioning from a third sector organisation. Private sector is generally considered most effective. Public Health now commissions these services – so there have been a few changes.</p> <p>Some challenges are being presented by the range and scale of project ideas being put forward, and a balance needs to be found between maintaining and sustaining current provision whilst encouraging small groups to develop their ideas.</p>	<p>AW</p>
<p>7.</p>	<p>SLDC HWB strategy</p> <p>RE and FI led a discussion around SLDC's health and wellbeing work including the strategy and the action plan. The three major themes include:</p> <ol style="list-style-type: none"> 1. Wider influences on health and wellbeing 2. Health improvement through healthy lives and physical activity 3. Health Protection <p>Potential future projects were discussed including:</p> <ol style="list-style-type: none"> 1. Healthier Businesses Project - SLDC already have a Healthier Menus Award for cafes and restaurants etc. FI discussed HONOR award which had been developed whilst working in Norfolk and includes: Healthier Menus; Breastfeeding Friendly; Disabled Access and Locally Sourced Food award elements. Initial research by RE has found this could be developed here to include these schemes adapted for the area, and other elements may be possible such as dementia friendly training, suicide first aid and a healthy workplace award for businesses. Further development needs to be undertaken. Assistance from partners in developing this, particularly in areas such as assistance with delivering training and promotion would be welcome. 2. Smoke free playgrounds - SLDC put up no smoking signage on play area entrances in the last year, many other councils have also done this. We are aware that 13.8% of mothers are smoking at the time of delivery (figures aren't recorded on men who smoke with a young baby) - this is higher than the England average of 12%. This indicates they are possibly still smoking whilst children are young. The evidence suggests that if children see smoking in lots of different environments by different people it is seen as more socially acceptable. <p>Research undertaken by Liverpool and Manchester indicates that many play areas include signage on entrance to parks but there are no reminders once inside. There is an opportunity to undertake an education project with primary school children to design signage which could then</p>	

	<p>be installed inside play grounds. Signage designed by children would have more impact than the no smoking logo. More research required to develop project idea.</p> <p>3. Outdoor gym - a bid has been put into the SLDC capital bid. If successful we would like to introduce an app alongside traditional signage to assist users to use the equipment correctly, it could also potentially be used to track progress. We would also like to introduce training on the equipment.</p>	
8.	<p>Any other business?</p> <p>Angela suggested it would be helpful to understand scope of the work being undertaken by other locality fora and as such welcomes an inaugural meeting between Chairs and Vice Chairs set for October.</p>	
9.	<p>Date and Time of Next Meeting</p> <p>Tuesday, 15th December 2015 at 2 pm in the Bindloss Room, Kendal Town Hall</p>	