

COUNTY COUNCIL LOCAL COMMITTEE FOR BARROW

Meeting date: 11 May 2022

From: Executive Director – Corporate Customer and Community Services

HEALTH AND WELLBEING UPDATE

1.0 EXECUTIVE SUMMARY

1.1 *This report updates Local Committee on the work of the Public Health Locality Manager (PHLM) to improve health and wellbeing outcomes for our communities.*

2.0 STRATEGIC PLANNING AND EQUALITY IMPLICATIONS

2.1 *The Health and Wellbeing Strategy for Cumbria sets as its vision as everyone in Cumbria will have improved health and wellbeing and inequalities in health and wellbeing across the county will be reduced.*

2.2 *The strategy proposes to achieve this vision by building a population health system which consists of integrated health and care provision, operating within a new set of system drivers/behaviours; and communities mobilised at scale for health and wellbeing.*

2.3 *The new Community and Corporate Plan seeks to put systems in place to enhance the direct work that the Council undertakes with residents, communities, businesses, and other organisations to ensure that the best services possible are delivered within the available resources. The proposed outcomes for the people of Cumbria are around being healthy and safe, they are well connected and thriving and the economy grows and benefits all.*

2.4 *As area-based production and delivery of services gathers momentum across the Council, the work of the PHLM place public health expertise at the heart of this area-based approach and ensures that health and wellbeing is embedded across the Council's activities at a local level.*

2.5 *Elected Members have a significant opportunity to help shape local communities and to improve their resilience. To this end, this report updates Members on the activity of the Barrow PHLM, together with the wider population health activity across South Cumbria.*

3.0 RECOMMENDATION

3.1 Members are invited to comment on the report and note its contents.

4.0 BACKGROUND

4.1 Barrow Health and Wellbeing Partnership

4.2 The partnership continues to grow and develop a systems approach to health and wellbeing, with a diverse group of statutory and third sector partners working together to improve the quality of life of Barrow and Furness communities.

4.3 Under the auspices of the partnership, Barrow is a key element of a four year transformation project looking at whole systems approach to mental health services. This will look to develop a place based approach to adult mental health services and provide a locality based offer, based on need.

4.4 The PHLM is working with Morecambe Bay colleagues to shape key areas of focus, such as men's mental health, self harm, suicide etc.

4.5 There is a great deal of good work already being undertaken across Barrow locality. This is being captured and fed in to support the development of any key lines of enquiry. The PHLM has been highlighting the 'family first' approach in all of this work. There is a recognition that poor mental health impacts on the whole family and that it is a key ingredient in any transformational programme.

4.6 There will also be an opportunity for partners on the ICC mental health multi disciplinary team to provide their locality expertise and experiences to help shape the project.

4.7 All of this partner engagement will provide a sound evidence base for potential additional funding to increase capacity to the system and sustainability for key Third Sector partners.

4.8 Information on the National Community Mental Health Transformation Framework can be found here: <https://www.england.nhs.uk/wp-content/uploads/2019/09/community-mental-health-framework-for-adults-and-older-adults.pdf>

4.9 Morecambe Bay Flourish Programme

4.10 Flourish was a concept that was originally launched in 2016 with the aim of supporting the University Hospitals of Morecambe Bay Trust internal workforce with their health and wellbeing needs. Since then, the Trust has moved forward a number of wellbeing initiatives and improved the overall offer to the workforce.

4.11 More recently Flourish has been expanded to work with key employers to help their workforce benefit from good health and wellbeing. Their workforce is their greatest resource, and all the Flourish partners are committed to improving how people experience work, given that when it is positive, this has a positive impact on the business. Safe, healthy, valued, respected, and supported people deliver higher performance in a safer way, which can only be good everyone; whether that be in a hospital, office, retail or whilst building a submarine.

- 4.12 The PHLM sits on the Flourish partnership and has helped shape the Health and Wellbeing Flourish Strategy, as part of this wider offer. The supporting action plan will ensure a proactive and innovative approach to enhancing workforce health and wellbeing and promoting a culture where health and wellbeing is embraced by everyone across all our organisations.
- 4.13 Providing a safe and healthy working environment is a starting point for us. Healthy people are central to delivering great customer experience, so attention must be paid to their health and wellbeing, enabling them to flourish. This will enable and encourage people to be their best, to support each other, to be inclusive with kindness and joy enabling and ensuring the highest levels of compassion to be shown within the workplace.
- 4.14 The key benefits include:
- supporting people's health and wellbeing means we will have a healthier, happier, engaged workforce
 - people who are healthy and happy will have increased motivation and morale
 - improved organisational reputation, with both potential members of the workforce and service users
 - improved inclusion and accessibility to work for those with health issues
 - reduced pressure on the health and care system
 - breaking down of silos and better integration across organisations
 - increased employee retention and reduced sickness absence and associated costs
 - improved engagement and integration with local communities
- 4.15 A new 'fit for purpose workforce' health and wellbeing programme has begun to take shape. The Flourish steering group developed a cross organisational survey which provides an insight into the current health and wellbeing needs of workforces. This has been used to inform the design of a cross organisational health and wellbeing programme.
- 4.16 Initial feedback suggests that the programme addresses issues such as stress, mental health, physical health, workplace wellbeing, work-life balance, financial wellbeing etc
- 4.17 There has been a great deal of interest in working with the Flourish programme from organisations across the Bay. Locally BAE Systems, Cumbria Police and Cumbria Fire and Rescue Service are all participating in the programme.
- 4.18 Due to the pandemic, the programme is in its early stages. However, Members will be informed as it progresses.
- 4.19 **Community Public Access Defibrillators(CPADS)**
- 4.20 **What are CPADs?**
- 4.21 CPADs are cabinets located on the outside wall of a building containing a defibrillator, sometimes known as an Automated External Defibrillator (AED) which is a small electronic device designed to allow minimally trained people to provide lifesaving defibrillation (electric shock to the heart) to victims of sudden cardiac arrest.

- 4.22 As the CPAD is on the outside of a building it means that the AED inside can be accessible 24/7 to anyone in the vicinity who requires it. It means more people could benefit from the presence of your device and more lives could be saved.
- 4.23 The cabinets have a key code lock and the code is accessed by calling 999 which means the device remains secure. By having an AED accessible quickly and easily 24 hours a day in your community you are showing how much you care about the safety of the residents and visitors.
- 4.24 The issue of access to community based defibrillators in Barrow locality has been raised recently and Members may recall that a meeting took place to look at the actions required to ensure that anyone in need could access a defibrillator close by, anytime.
- 4.25 NWAS hold a register of CPADs, and communities are encourage to register their device with them. However, this is not a mandatory requirement, which means that there are unregistered devices out there that no one knows about nor can they be accessed out of hours. This is not acceptable and there has been an incident reported locally where this has actually happened.
- 4.26 To look at developing a comprehensive CPAD system for Barrow locality, the PHLM has been working with North West Ambulance Service (NWAS) to look at the current situation. By working together, a 'mapping and gapping' exercise has been undertaken. This has shown that a good proportion of the defibrillators across Barrow are old, need maintenance or out of service.
- 4.27 There are cost implications attached to the purchase of new CPADs and associated maintenance. Whilst NWAS do not fund them directly, they are a valuable partner when applying for national funding.
- 4.28 As soon as the CPADs database is complete and we have a clear picture of what is required, the PHLM will be preparing funding bids to support the action necessary to ensure that Barrow locality has a full complement of registered, working CPADs.
- 4.29 The PHLM is also developing a local CPAD framework, which will provide criteria and guidance for any organisations wishing to 'host' one on their building.
- 4.30 Members will be kept informed of progress.
- 4.31 **Furness General Hospital (FGH) Inreach**
- 4.32 Barrow has a high level of need in relation to alcohol harm. It has high numbers of alcohol presentations at A&E, re-visits and admissions. Data tell us that since January 2020 there have been 455 separate alcohol related presentations at FGH A&E, with 72 of these individuals being repeat attenders. This is particularly high, given the reduction in people attending A&E throughout the pandemic. When coupled with the 172 admissions for alcohol specific and alcohol related conditions for inpatient treatment, this has a negative impact on outcomes for this patient population, particularly those who are frequent attenders to A&E.
- 4.33 Anecdotally, FGH A&E staff are generally sympathetic to the needs of people with complex alcohol and related problems. However, they do not have the resources, training or time to provide the type of support that

people who frequently attend A&E for alcohol-related reasons require. This means that the person is treated for the acute condition, then discharged, which is only solving half of the problem, as it does not address the complex needs of the person once they leave the hospital.

- 4.34 In recognition of our poor alcohol profile and alcohol related presentations, a pilot exercise was undertaken at FGH four years ago, comprising of assertive inreach at FGH by The Well. It provided a wealth of evidence in relation to people attending A&E departments for alcohol-related reasons, in that they often have multiple and complex needs, sometimes coupled with other substance use, but prevalence of a range of comorbidities, social disadvantage and exclusion from society.
- 4.35 Assertive inreach uses this important window of opportunity, before discharge, to intervene in the lifestyle and behaviours of a person who frequently attends A&E for alcohol-related reasons. It is an ideal time for assertive inreach/outreach to step in with offers of practical support for the range of wider health and socio-economic problems, and referral to addiction services.
- 4.36 This pilot was extremely successful, in terms of reduced presentations at A&E, reduced hospital admissions and increase in people accessing support services in the community. Despite all the great outcomes, the funding was temporary, and the programme ended.
- 4.37 Over recent months, as the pressures of COVID have reduced, the PHLM has been working with colleagues, including FGH and The Well in an attempt to reinstate this valuable project back in FGH. A potential window of opportunity has been identified by the PHLM, which has enabled the development of a specification which meets this identified need. As a result, the PHLM is preparing a funding bid which supports the use of a whole person recovery approach, which addresses barriers to accessing support, caused by social isolation and stigma. It also provides the necessary mechanisms to build recovery capital, assets and networks across the locality to provide and promote sustainable and visible recovery in our communities.
- 4.38 This proposal is the culmination of several years effort to put pathways and processes in place within the current financial envelope. Although there has been ad hoc provision, as mentioned above, this additional investment is now being sought to provide a high quality and innovative alcohol inreach project at FGH, which will provide robust evidence for future commissioning of the service.
- 4.39 Members will be kept informed as it progresses.

5.0 OPTIONS

- 5.1 Members are asked to note the report.

6.0 LEGAL IMPLICATIONS

- 6.1 There are no direct legal implications arising from this report which is for noting.

7.0 CONCLUSION

- 7.1 This report provides Barrow Local Committee Members with an update on the some of the work of the Public Health Locality Manager. It seeks to assure Members that the work is being undertaken in a holistic way, through embedding health and wellbeing across all processes and that it is underpinned by a robust partnership approach and asset based community development practice.
- 7.2 This is strong evidence to support a whole systems approach to health and wellbeing. The role and key networks of the Public Health Locality Manager is an integral mechanism to improve health and wellbeing, together with quality of life and life chances of our communities.

Dawn Roberts

Executive Director – Corporate, Customer and Community Services

20 April 2022

APPENDICES

No appendices

Electoral Divisions: All

Executive Decision

	No
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Key Decision

	No
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If a Key Decision, is the proposal published in the current Forward Plan?

		N/A
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Is the decision exempt from call-in on grounds of urgency?

	No
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If exempt from call-in, has the agreement of the Chair of the relevant Overview and Scrutiny Committee been sought or obtained?

		N/A
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Has this matter been considered by Overview and Scrutiny?
If so, give details below.

	No
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Has an environmental or sustainability impact assessment been undertaken?

		N/A
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Has an equality impact assessment been undertaken?

		N/A
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N.B. If an executive decision is made, then a decision cannot be implemented until the expiry of the eighth working day after the date of the meeting – unless the decision is urgent and exempt from call-in and necessary approvals have been obtained.

PREVIOUS RELEVANT COUNCIL OR EXECUTIVE DECISIONS
[including Local Committees]

No previous relevant decisions.

CONSIDERATION BY OVERVIEW AND SCRUTINY

Not considered by Overview and Scrutiny.

BACKGROUND PAPERS

No background papers.

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