

Health and Wellbeing Board (HWBB) 18.2.25.

Report by Michael Hanley.

1. Better Care Fund (BCF)

Colin Phipps (Service Manager, Adult Social Care):

There has been an increased focus on the Better Care Fund. The framework was published in January and the submission needs to be in by March 2025. This is a very tight deadline. There is pressure to shift the focus from sickness to prevention and increase support for people living at home. A shift from hospital to home with support from paid carers and the use of adaptation equipment (handrails, stairlifts etc). The Disabled Facilities grant fund is £3.45m, The Local Authority Better Care Grant fund is £11.47m and NHS Minimum Contribution £23m. £14m of this is for Adult Social Care. The total of all BCF grants is £38m.

There will be monitoring of performance in: over 65 year olds admissions, the average length of stay in hospital, the average length of stay of patients ready for discharge, the rate of transfers to residential care and nursing homes. By 31.3.25 a full admission needs to be made to the National BCF team. In May 2025 an outcome letter will be sent to the HWBB.

Katriona Stephens (KS, Director of Public Health, WAFC): Asked for more detail on the metrics.

C Whalley (Director of Adult Health): We need something around Reablement and Intermediate Care. This will drive down the number of patients who do not need to be in hospital.

P Bell (PB, Cabinet Member for Adult Care): The metrics can indicate where the system is working well or not. There are more elderly in the community who are on the verge of needing help.

J Battye (JB, Cabinet Member for Children's Services): How will the system cope if there is no extra money and an increase in NI contributions.

CP: There will be increased costs due to inflation. There is some inflationary increase though this is limited.

CW: Discussed targeting residents who may need care in the next six months (as a preventative measure, to avoid admission).

Ed Tallis (North Cumbria Integrated Care Board Director): Lord Darzi painted a bleak picture last September. The funding is quite bad. There are long waiting lists, patients can't get to see their GPs. The metrics are very much focused on the acute sector. Prevention and avoidance of admission is very important.

J Derbyshire (JD, Cabinet Member for Housing): Discussed using all the indicators of possible future need to monitor the population.

CW: We have to be careful not to overburden the Third Sector with referrals of frail elderly.

CP: Discussed Reablement. 70-90% of people do not need further care after discharge. The number of residents who receive equipment varies between 11,000 and 13,000 per month. 98-99% of the equipment gets re-used.

PB: Asked about residents who return to the Reablement Service after discharge. Also about delays in providing equipment.

CP: Most equipment will be delivered within three days.

VT: Asked about recycling equipment.

CW: We clean equipment so that it can be re-used (Zimmer frames etc, this does not happen in a lot of other areas).

2. Health and Wellbeing Board Update

KS: We said that we would look at a separate theme at each meeting. Actions are progressing

well. Work is taking place in suicide prevention. Over 250 “trauma-informed champions” are working in the area. These focus on people experiencing increased trauma and stress. Employers are important in suicide prevention (reducing job stress, increasing staff wellbeing, increased staff support and support during a crisis). At the last HWBB meeting we had a presentation from Every Life Matters. Action plan: look at perinatal health and the Perinatal Community Mental Health Team.

PB: Asked about parents of children with behavioural problems and how they can get more support.

Mil Vasic (MV, Director of Children’s Services): A lot of work is going on with children with autism and ADHD. I could bring back a report on this.

JB: Asked that access to mental health care for young people is made easier.

KS: Yes, we need to improve this.

Mental Health Services representative: The waiting time for Young People’s Mental Health Service has reduced. At the time of the pandemic it was one year and it is now about 18 weeks.

3. Report from Jane Scattergood (Director of Health and Care Integration, South Cumbria NHS):

Discussed the proposed new hospitals in Lancaster and Preston. After the election there was a review. The time scale for the new hospitals has been extended, delayed until 2035-2038. Sites have been purchased. Morecambe Bay Hospital Trust is mainly in Segment 2 (better than average) but is in Segment 3 for finance.

4. WAFC Draft Poverty Plan

KS: The plan is to try and mitigate and reduce poverty.

Simon Blyth (WAFC officer, working on the Poverty Plan): Poverty alleviation links with Community Power, Quality and Diversity. We need to support residents facing food, fuel poverty and mitigate the increased cost of living. Residents in need should be signposted to local support for those in fuel poverty.

Perspectives from those in poverty: Increased turbulence, helplessness, need for safety and security, not accepted, powerlessness. Discussed the Poverty Truth Commission in this area. In Barrow this has a presence on the high street. In South Lakes there are training resources for council and community hubs and in Eden there are rural poverty alleviation recommendations. The Poverty Plan started in 2023. There is the Household Support Fund of £3 million per annum. This is a crisis fund. There is the Cumbria Poverty Reference Group which meets several times per year. WAFC is reviewing the funding of the Third Sector.

Projects in the plan: Target residents not claiming benefits. Increase the uptake of free school meals (under-subscribed). Continue working with Poverty Truth Commission.

PB: Asked about non-payment of council tax as a means of detecting residents in poverty.

Maybe contacting these residents by telephone to discuss how they could be helped.

Discussion: Citizen’s Advice service is important in persuading residents to apply for benefits.

How do we reduce the stigma of poverty?

M Hanley: Discussed the Alston and Fellside Place Action Group project to set up a Food Bank for Fellside with the Alston Food Bank as a model.