Brampton and District 50+ Forum

Report of the meeting held on Tuesday 18 January 2011 in Brampton Community Centre.

24 members were present for lunch and 2 members attended the meeting.

The chair, Ann Oswin, welcomed everyone to the meeting then gave an update on events and activities relevant to the Forum members.

- 'Walks are welcome' are holding a coffee morning on Saturday 5 February in the Moot Hall.
- Storytelling by Ben Haggerty with musical accompaniment, at 7:30 on 12 February in the community centre. Concessionary tickets £6.
- Salsa sessions are starting at the community centre (and in Walton village hall).
- Hospital transport. Eligibility rules have changed and most people are now expected to used public transport or family and friends. Age Concern have a campaign to assess problems this may cause. It involves using Traveline (http://www.traveline.info/) or tel: 0871 200 22 33 to test the feasibility of using public transport to get to hospital and then completing a questionnaire. However, the Traveline information service does not make reference to the rural wheels service which some people may use.

Ann then introduced Professor John Ashton who is Director of Public Health and medical officer for Cumbria.

After describing how he came to be working in Cumbria Professor Ashton explained how the large area and low population density of Cumbria led to some of the difficulties in providing appropriate health services. He used hospitals as an example. The population of Cumbria justifies only one hospital but Cumbria has 3+ to provide services to its widely separated centres of population. As a consequence they provide 'weak services'; 60 people per day are referred to Newcastle; hospitals are carrying out procedures that GPs should be doing. He suggested that the 'Closer to Home' approach would free hospitals to reclaim 'proper hospital work'. Cumbria's GPs are less de-skilled than in some parts of the country.

The health services are only part of Professor Ashton's responsibility; public health considers the whole population and a wider range of issues. Professor Ashton mentioned the recent outbreak of meningitis, 'flu', and drug deaths. That he has quick access to local data allowed him to discuss the rise in winter deaths seen in Cumbria before Christmas; he suggested reasons why a similar rise is not seen in Scandinavia - housing is better insulated. In Cumbria most excess winter deaths are in the 70+ age range and are caused by chest infections or heart conditions associated with cold housing where only one room is heated. Professor Ashton argued for a more progressive pricing structure for fuel, the basic amount for keeping warm should be cheapest. Other topics discussed included: problems associated with Cumbria's aging population and why there should be a greater range of housing available in each locality to maintain independent living whilst maintaining social networks; transport difficulties that might be alleviated by greater use of school buses and synchronising clinic times with bus timetables; the projected increase in dementia (6000 currently, 10000 in 10 years), the inability of hospitals to cope and the end of life care services and support that are needed to allow people to die in their own homes. Questions from members gave rise to discussion on: the transfer of health spending decisions to GPs and the checks and balances that were in place; emergency services sharing facilities; children; alcohol.

After Ann had thanked Professor Ashton and members had shown their appreciation for what had been a stimulating session, the meeting ended with tea and biscuits in the community café.