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A Report from the
Overview and Scrutiny Manager

**Report of the Community Overview and
Scrutiny Committee on Post Foot and
Mouth Disease Environmental and Health
Matters**

Report Reference: OS 02/04

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GLOSSARY

FMD	- Foot and Mouth Disease
NHS	- National Health Service
DEFRA	- Department of Environment, Food and Rural Affairs
MAFF	- Ministry of Agriculture, Fisheries and Food
BSE	-Bovine Spongiform Encephalopathy
CAP	-Common Agricultural Policy
SEAC	- Spongiform Encephalopathy Advisory Committee
TB	-Tuberculosis
GP	-General Practitioner
NFU	-National Farmers Union
LEA	-Local Education Authority
LACORS	-Local Authorities Co-ordinators of Regulatory Services
EU	-European Union
LGA	-Local Government Association
NWDA	-North West Development Agency
CCRF	-Civil Contingencies Reaction Force
MP	-Member of Parliament
RAZ	-Rural Action Zone
RRC	-Rural Regeneration Cumbria
USA	-United States of America

1. INTRODUCTION

The 2001 Foot and Mouth Disease (FMD) epidemic started in February and the last case was reported on 30th September, the impact on Cumbria was devastating with 44% of the national total of cases being here. In large parts of Carlisle District the number of farms culled was 70%. The effects of this on the area of Carlisle City Council were widespread not only in the rural community but in the urban one as well. This was because of the extent of employment of rural dwellers in urban areas, the number of urban businesses serving the rural community and the social and service inter-relationship of those rural and urban communities.

For those who did not experience FMD it ended with the outbreak itself, for those in areas like Carlisle District the effects went on much longer. Indeed Members of Carlisle City Council's Community Overview and Scrutiny Committee felt that there were matters in relation to both the environment and to health, which were still continuing in 2004. For this reason they decided to hold a review/inquiry into these aspects of post-FMD Carlisle.

2. TERMS OF REFERENCE

The Terms of Reference adopted were:-

- a. To review the County Foot & Mouth Disease Inquiry findings on Environmental and Health Impacts
- b. To seek evidence to update the position on both aspects
- c. To establish what action has been taken in respect of that Inquiry's findings by relevant agencies on these matters
- d. To make any recommendations consequent upon the evidence received.

3. PROCESS

The committee adopted a 'select committee' style as being appropriate to this review/inquiry with the committee receiving evidence from various witnesses and asking them relevant questions to establish an evidence base on which to build any consequent findings/recommendations. The committee held evidence sessions on 28th October 2004, 26th November 2004 and 17th December 2004.

4. WITNESSES

The committee heard evidence from the following witnesses:-

Simon Barron, Environment Management Team Leader, Environment Agency.

Patricia McDonald, Member of Liaison Committee Watchtree Site.

Nick Utting, National Farmers Union.

Dr Catherine Gregson, Director of Public Health, Carlisle and District Primary Care Trust.

Mr Mike Graham, Senior Health Promotion Specialist, Eden Valley Primary Care Trust.

Dr Nigel Roberts, Head of Psychological Services, North Cumbria Mental Health and Learning Disabilities Trust.

Ms Lorraine Rockminster, Eden Mind.

Dr Peter Tiplady, former Director of Public Health, North Cumbria Health Authority.

Mr Richard Speirs, Head of Environmental Protection Services, Carlisle City Council.

Lancaster University Research Project Team (Dr. Maggie Mort, Dr. Cathy Bailey, Josephine Baxter and Ian Convery) together with some of the research project's diarists.

Donald Norrie, Cumbria County Council Emergency Planning Officer.

Stephen Greenhalgh, Head of Community Division, Cumbria County Council.

The full minutes recording the verbal evidence received are attached as the Appendix to this report.

5. THE EVIDENCE RECEIVED – SUPPORTING PAPERS

In addition to the extensive verbal evidence the committee considered the following papers:-

1. County Foot and Mouth Disease Inquiry report findings relating to Environment and Health Matters.
2. Annual Reports Lancaster University Research Project.
3. Outline 'Voices of Experience' Conference on above Research Project.
4. Extract Scottish NHS Website (since closed).

5. Extract Cumbria NHS Presentation 2001 (website since closed).
6. Extracts from Environment Agency Interim Impact Assessment 2001.
7. Extract Environment Agency Website updating above assessment.
8. Environment Agency Submission to County Foot and Mouth Disease Inquiry.
9. Conference Report – 'Voices of Experience Conference'.
10. Transcript of Professor Kai Erikson's presentation to 'Voices of Experience Conference'.
11. Transcript of discussion following Professor Erikson's presentation.
12. 'The Farmers Health Project' – Report to NHS Executive (North West) of Project RDF/LSC/99/0037.
13. Paper submitted by Lancaster University Research Project Team 'The Health and Social Consequences of the 2001 FMD Epidemic'.

References and contacts for and /or copies of these documents are available from Overview and Scrutiny Support, Carlisle City Council, Civic Centre Carlisle CA3 8QG. Telephone 01228 817000. E-mail scrutiny@carlisle.gov.uk.

6. THE COMMITTEE'S FINDINGS FROM THE EVIDENCE RECEIVED

6a. Environmental Matters

The areas of concern which the committee particularly wished to explore included pyres, on-farm burials, on-farm disposal of other materials, and mass burial sites.

- 1) The committee found that the generally accepted view was that the environmental effects of pyres were short-lived. However, this may well have not been the case if long-term burning facilities had proceeded.
- 2) The committee noted that on-farm burial sites had been mapped and sites revisited by the Environment Agency to validate the risk assessments undertaken at the time. The Agency had ensured that any appropriate remedial action had been taken where problems had been identified. The committee particularly welcomed the fact that DEFRA had let a contract for ongoing monitoring of on-farm burial sites.
- 3) The committee was reassured that DEFRA had commissioned consultants to map and classify on-farm materials disposal sites. The Environment Agency were involved and would require action to be taken to tackle risks identified and on-going monitoring would apply if necessary.

- 4) The committee stress the need for this mapping to be highly accurate and detailed i.e. by grid reference and made widely available.
- 5) In relation to mass burial sites, the committee received very detailed evidence in relation to Watchtree, and was generally impressed with the management and monitoring arrangements that were in place. The committee suggest that it is vital that the current level of monitoring activity undertaken by DEFRA be continued for the foreseeable future and that the Environment Agency also continues to carry out regular spot checks.
- 6) The committee noted that DEFRA's authorisation for the site ran until 2013 and that this was reviewed every four years. The committee also noted that there were no earlier similar sites from which scientific data on the need for long-term management requirements could be derived. For this reason, and to help maintain public confidence, the committee felt that it was essential for strict licensing arrangements to continue for a very protracted period, certainly in excess of the 20 years mentioned to the committee.
- 7) The committee welcomed the proposals for the future of the Watchtree site and especially the fact that the Liaison Committee had been well supported by the statutory agencies. It felt that it was essential that the same level of commitment should be continued following the establishment of the trust, which was to manage the site.
- 8) The committee noted that there were contingency plans for dealing with any problems identified by site monitoring and found that this approach must be actively maintained over future years.
- 9) The committee recognised that the Environment Agency made monitoring information available at its offices but advises that more effort should be made to make this accessible; in terms of both simplicity of presentation and availability at other public information points and on web-sites.
- 10) Whilst community involvement had been good at Watchtree the committee felt that the same was not the case at other waste disposal sites which had been used for carcass disposal. It felt that there were still steps which those involved should take to inform local communities about those sites and of management and monitoring arrangements.
- 11) The committee strongly supported that rendering should be the preferred method of disposal in any future outbreak but doubted whether there was adequate capacity for a large outbreak. It opposed Watchtree being reopened on a future occasion. It considers that DEFRA must plan so as to ensure

suitable and sustainable disposal capacity at short notice to achieve and maintain rapid disposal of slaughtered stock.

- 12) The committee noted that lessons did not appear to have been effectively learnt or applied from the 1967 outbreak. Whilst it noted that a new national plan was being prepared by DEFRA, it felt that this must take on board the findings of the Cumbria Foot & Mouth Disease Inquiry and that it was widely consulted upon. It also regarded it as essential that DEFRA ensured that there was a multi-agency local plan, linked to this national plan, and that it was kept up to date and exercised on an on-going basis. This plan should fully detail relationships and inputs from local authorities particularly in the areas of environmental health and trading standards. The plan must be widely communicated to the farming and rural communities.
- 13) The committee found that elements of the local emergency planning response were activated as the outbreak progressed. It believed, however, that any future outbreak should be treated as a disaster in the same way as any other emergency incident. Local co-ordination and management arrangements that are in place through the County General Emergency Plan should be activated in support of DEFRA's plan at an early stage.
- 14) The committee recognised that there had been a number of direct broader environmental impacts of the outbreak including loss of, or changes in use of historic farm buildings. Also both short and longer term impacts on landscapes and wildlife. However, the committee believed that these latter were mostly effects already emerging as a consequence of structural changes to agriculture which were brought forward or accelerated by the outbreak rather than solely attributable to it.

6b. Health Matters

The committee was concerned to establish the direct and consequential health impacts of the outbreak, particularly in relation to evidence from the most relevant service areas of public health, mental health, primary care services and the voluntary sector. The committee was also especially interested in learning from the experiences of those directly affected by the outbreak.

- 15) The committee noted that local NHS services had anticipated increased demands at the start of the outbreak and planned accordingly. In addition to general preparation and training there were a number of specific responses aimed at both support to individuals and to help access to appropriate

services. These specific initiatives had largely been conceived as responses to the outbreak itself and most ceased at or before the outbreak ended.

- 16) The committee was disappointed that there were no arrangements made to separately record illness attributable to the outbreak, any effects were, therefore, largely hidden within the general health statistics.
- 17) The committee noted that in the most likely areas of impact namely respiratory problems, cardiovascular conditions, mental health problems and also mortality there were little if any statistical changes which could be attributed to the outbreak. Prescribing data similarly showed no particular trends that could be related to the outbreak.
- 18) The committee recognised that there were difficulties in relation to increasing take up of certain NHS services particularly mental health. This being due to patients failing to appreciate their need for help and/or a common reluctance to openly admit to this type of health problem. This reinforces the need for outreach and voluntary sector support to those suffering in a disaster.
- 19) The committee accepted that the local NHS service providers recognised the outbreak as having significant health impacts and that there were often difficulties in making direct attributions of illness to the outbreak.
- 20) The committee was convinced, by compelling evidence, that there are still significant, on-going health problems resulting from the outbreak. In common with other natural and man-made disasters the consequences of the outbreak, particularly in relation stress, will endure and require supportive action for a considerable time.
- 21) The committee recognised the value of Eden Mind's project working in and with rural communities. It supported the approach adopted and welcomed its success in reaching people who would otherwise not have accessed help. It hoped that the project was able to attract funding to enable it to continue and urged funding bodies to give it support.
- 22) The committee found strong evidence from several sources that rural, and particularly agricultural communities have difficulties with ready access to services coupled with a reluctance to seek help with their problems. This is particularly so with health services where the committee feel that there is a compelling case, clearly demonstrated by the outbreak, for outreach services tailored to increasing accessibility and hence treatment and support.
- 23) The committee was impressed by 'The Farmers' Health Project' (as reported to NHS Executive North West under reference RDF/LSC/99/0037) which had

taken place in north Lancashire and south Cumbria. They commend that model to NHS service providers and urge them to consider its adoption in rural Cumbria.

- 24) Whilst acknowledging that short-term pyres may have minimal enduring environmental or health impacts, the committee felt that there were certainly short-term health impacts. It believes that pyre burning was deeply disturbing psychologically and impacted widely, well beyond the actual burn sites. It urges that pyres should not be used in any future outbreak.
- 25) The committee was pleased to note that there was further research on both diabetes and mortality underway or planned and supported this.
- 26) The committee felt that whilst it was widely acknowledged that children had been badly affected during the outbreak in several ways, and the need for research into this had been acknowledged, such research had not been carried out. The committee believes that it is essential that research into the impacts on children should be expedited.
- 27) The committee found strong evidence of the value of the various support mechanisms, predominantly telephone help-lines, which various agencies opened during the outbreak. This largely unplanned initiative was one of the best aspects of the response and the committee urges DEFRA and others to include for it in future planning including immediate encouragement, support and funding to the voluntary sector.
- 28) The committee was very concerned at the extent of continuing stress and anxiety, and consequential health impacts, in affected communities so clearly revealed in the evidence it received. It urges health planners and providers to initiate urgent action to address this, in part through the type of support mechanisms identified within this report.
- 29) The committee strongly believe that one of the factors which underlies the continuing health problems associated with the outbreak is the widespread feeling that appropriate lessons have not been learnt. A number of the committee's findings in relation to future planning seek to address this. However, there are number of matters not otherwise covered which the committee urges DEFRA and others to address. These would help in alleviating health related impacts in any future outbreak and include:-
- Clear simple and unequivocal procurement procedures
 - Capacity to immediately achieve 24 hour stock slaughter and 48 hour carcass disposal

Predetermined sensitive procedures for management and slaughter of stock with young

Adequate support arrangements for those employed in dealing with an outbreak

Acceptance that an outbreak is both a disaster and a long-term event requiring appropriate responses both in terms of extent and duration

Learning from and planning for future wide-scale use of the many effective local responses which emerged

Greater pre-planning for and simplified management and administration of stock movement restrictions

More extensive dissemination of information about and simplification of access to both short-term financial support and advice and longer term recovery and regeneration funding.

30) The committee believes that the Lancaster University research project has proved to be invaluable in understanding the health and associated impacts of the outbreak. It urges that the Department of Health take careful account of the findings and initiate actions both in respect of its own services and to influence other relevant departments and agencies to fully learn the lessons and amend their future planning and delivery accordingly. It should also publish the report.

31) The committee recognised that Cumbria County Council had taken a number of steps to take forward the recommendations of the Cumbria Foot and Mouth Inquiry. It was also aware that the County Council's lead officer was on long-term sickness absence at the time of this inquiry. The committee welcomed the information given in relation to progress and in particular that a detailed report is to be considered by the County Council Cabinet. The committee urge the County Council to continue to press that those recommendations be implemented and that it in turn supports these recommendations and takes them on board in relation to its own services and in its continuing work in taking forward the post FMD learning.

7. ACKNOWLEDGEMENTS

The committee would like to express its gratitude to all those who gave evidence and otherwise supported their work in producing this report. In so far as these findings highlight the issues that they brought to the committee, then

that is intended not only to address those issues, but as a tribute to their hard work and to their courage and determination.

APPENDIX

MINUTES OF EVIDENCE SESSIONS ON 28TH OCTOBER 2004, 26TH NOVEMBER 2004 AND 17TH DECEMBER 2004.

COMMUNITY OVERVIEW AND SCRUTINY COMMITTEE

SPECIAL MEETING

TUESDAY 28 OCTOBER 2003 AT 10.30 AM

PRESENT: Councillor Parsons (Chairman), Councillors Boaden, Earp, Fisher, Hendry and Prest (as substitute for Councillor E Mallinson)

COS.109/03 APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Councillors E Mallinson, Hodgson and K Rutherford and from M Mooney (Executive Director).

COS.110/03 POST FOOT AND MOUTH DISEASE ENVIRONMENTAL AND HEALTH MATTERS SUBJECT REVIEW/INQUIRY – EVIDENCE

The Committee, having considered a number of background papers, asked questions of and heard evidence from the following witnesses:

Mr Simon Barron - Environment Agency

Mr Barron advised that during the Foot and Mouth Disease crisis he ran the Environment Agency's Incident Room including responding to the public, liaising with Defra and co-ordinating actions. He was subsequently the account holder for Great Orton, which involved the regulation of the site, overseeing development and ensuring that legal authorisations were in place. During the last two years he had worked with the local Liaison Committee on restoration and redevelopment of the Watchtree Site at Great Orton.

Mr Barron tabled a map of the Watchtree Site which identified the surface and ground water monitoring locations within and outwith the site. He explained that the monitoring of boreholes enabled monitoring of performance of control measures and the migration of pollutants. Ground water flows from the north to the south, therefore there are some boreholes monitoring up stream and numerous boreholes inside and outwith the perimeter of the site, monitoring down gradient or down stream of the site.

Mr Barron also provided graphs detailing leachate generation. He explained that leachate is the liquid which results from the breakdown of the animal bodies and

rain water. The peak at the beginning was expected and thereafter there was rapid decrease with a gradual tail off over time. It was anticipated that in the long term it would be possible at some point to say that the site was no longer capable of producing leachate. There was a small peak from October 2001 to April 2002 and this could be explained as the site had not been permanently capped and there was a lot of rainwater during this time. After this peak there had continued to be a gradual decline in leachate generation.

Members then asked the following questions and responses were provided by Mr Barron.

Question – Could you please describe in general terms the monitoring processes going on at the Watchtree Site and other areas of interest and potential concern? Also, what are the continuing plans for monitoring arrangements? How is the monitoring information being communicated to the public and the community?

Mr Barron – In relation to the Watchtree Site, a permit has been issued to an operator with a set of specified standards. The ground water authorisation specifies the monitoring arrangements to be put in place. The onus is on DEFRA to undertake daily, weekly and monthly monitoring. On a weekly basis there is monitoring of surface and ground water with hand held instruments, this acts as an early indicator to potential problems. On a monthly basis surface and ground water samples are sent to laboratories for analysis. On a quarterly basis a detailed suite of analysis of ground and surface water is undertaken. All the information is given to the Environment Agency and held on a public register.

The Environment Agency monitored the site on a daily basis during the active phase of the Foot and Mouth Disease. At the current time, spot checks are undertaken to ensure that the DEFRA data is valid.

In relation to the on farm burials, DEFRA have recently let a contract to a consultant to monitor these on farm burial sites. The Environment Agency also undertakes visits to validate risk assessments which were done before the burials took place. At the time of the Foot and Mouth crisis these risk assessments were done on a desk top study basis, as there was not the time to visit every farm and burial sites were authorised on the basis of these risk assessments. Subsequently, the Environment Agency have visited the on farm burial sites to ensure that the burials have taken place in the right place. They have identified those areas in which there may be problems e.g. leakage and have ensured that remedial actions are taken to address these problem areas.

In relation to future environmental impact, it is difficult to give the exact timescales in relation to the Watchtree Site. Half a million animals were buried at the Site and there had not previously been burials of this amount of animals at any one site. However, evidence of experience in other landfill sites can be adapted for use at Watchtree. The Agency would expect to see a peak and then a long gradual tail off in relation to leachate generation. The initial peak can be

attributed to the breakdown of rapidly decomposing elements such as flesh, with tail off being attributed to materials which take longer to break down e.g. bone and hide, therefore the release of pollutants is slower.

The Agency will continue to monitor and analyse the results and ultimately should be able to say that what is inside the Watchtree Site poses no threat to what is outside the Site. DEFRA's authorisation runs until 2013, but there is legal requirement to review that authorisation after every 4 years. If there is still a threat after 12 years, then the authorisation could be modified for a continued period of time. An estimated timescale could be 20 years but this could not be known for certain.

In relation to the provision of data to the public, the legal requirements say that there must be a public register which is open to access during office hours at the Environment Agency offices. Mr Barron showed Members an A4 file which contained the monitoring information for April to June 2002. He stated that there was such a file for every quarter and that this information is available at the Environment Agency offices. The Agency was currently trying to put all information in an electronic format in order that it would be available on the web, but this is a task which will take a long time to complete. In response to a Member's question, he stated that the same standards would apply to the Hespin Wood site.

Question – How often are the Environment Agency undertaking spot checks to validate the data from DEFRA?

Mr Barron – Initially during the crisis it was daily, it had now reduced to monthly and may reduce further over time but the Agency reserves the right to take spot samples at any time.

Question – The Watchtree Site was designed in a particular way but there was also burials on farms. These burials included carcasses and other waste materials and therefore different criteria applies. Is it the Agency's view that there are more issues for those on farm sites than for a more controlled environment such as Watchtree?

Mr Barron – On farm burial is the least preferred option. The Agency would prefer rendering and land fill to burial or burn on farm, as the controls will be less than those at Watchtree. In relation to the burial of carcasses and ashes, prior risk assessments were done and the Environment Agency was testing the sites afterwards. In relation to the burial of cleansing and disinfection materials these were largely disposed of without prior agreement and potentially there is a lot more that the Agency does not know about. DEFRA have therefore commissioned consultants to map those areas and quantify them. If there are problems, the Agency will ensure that DEFRA deals with these. Ongoing monitoring of these on farm sites would depend on what the Agency finds, if there are no environmental risks then no action will be taken. However high risk

areas will require actions and there could be on going monitoring or even digging up and removal of the materials.

Question – There is concern that as time passes and the Environment Agency are saying things are okay the matter slips out of public consciousness. What monitoring arrangements are in place in relation to the burial pits from the 1967 outbreak of Foot and Mouth?

Mr Barron – I have no idea about these monitoring arrangements. Anything I say would be merely anecdotal. At that time two solutions were used and we are not sure that we know where any burial pits are and what state they are in. No environmental bodies were in existence at that time and there was no operational legislation in place. Now there are a number of statutory controls in place and a number of agencies with responsibility for environmental matters. I am not aware of any data from 1967. In relation to the current situation as long as DEFRA hold the ground water authorisations, they have to comply with these.

Question – Foot and Mouth had a massive impact on communities but as time goes on people have short memories, we need to find ways of keeping issues within the public profile. There is a need to find ways of providing information in a way people can access it but still meeting the legal requirements. Information should therefore be more accessible to assure the public that monitoring is still going on and that information coming out of this monitoring is generally positive.

Mr Barron – The Agency does not want to lose the experience gained through the Foot and Mouth Disease, the Agency was one of the first to produce a report on the findings. Information is provided on the Environment Agency's website and a huge amount of monitoring information is available to the public at the Environment Agency offices. As the Agency converts its information to be stored electronically, it will be easier to access the monitoring information in the future.

Question – During the Foot and Mouth Disease crisis a number of adult cattle were buried, is there a possibility that some of these animals were infected with Mad Cow Disease? Has any work been undertaken to monitor farms where adult cattle were buried?

Mr Barron – At the beginning of the crisis DEFRA's priority was to kill and dispose of carcasses, BSE did not enter into considerations at first. Cattle over 5 years old may have been buried but the Environment Agency does not have the regulatory remit to monitor this area. It is up to DEFRA or SEAC to monitor this area as the Environment Agency does not have the technical expertise.

Question – The Watchtree Site currently has a large fence around it and there is no public access, why it is fenced off with no public access if the site is safe?

Mr Barron – There is restricted access to the Watchtree Site for a number of reasons. The site is still an operational site which will be moving towards a

nature reserve. There are operational parts like deep manhole chambers with pumps at the bottom. Until these are removed it is not safe for the public to be wandering around. There are a number of health and safety issues surrounding public access. In addition, the fence ensures that the site is rabbit proof and fox proof which assists with nature conservation. There is a need to control the rabbit and fox population on the site.

If the public want to go onto the site they would have to approach the operators and they would be allowed on with the operator's permission. The operators and local community don't want sightseers with a morbid interest.

Question - What is the timescale for the removal of fences?

Mr Barron – The timescale will be managed by the Trust. The site will then be managed as a nature reserve open to the public, but it is envisaged that you would still have to book a slot and be shown which areas you can or cannot access. There are no set timescales for the removal of the fence. The Trust, when appointed, may decide to remove the fence, but there would be continuing issues with ensuring that the site is rabbit and fox proof.

Question – What are the long term effects on the water table and water quality?

If in the long term it is found that water has been affected is there a strategy in place to deal with this?

Mr Barron – Checks and balances have been put in place to ensure that this does not happen. However, if there is contamination the strategy would be to use the internal bore holes as scavenger holes, the water would be pumped out and the pollutants drawn away from the perimeter.

Question – In relation to Hespian Wood and on farm burials, could these affect the water tables and what are the implications if burials have been made in the wrong places?

Mr Barron – Before each burial on the farm a Risk Assessment was undertaken of the burial site. Since then visits had been made to the burial sites and remedial actions taken if necessary. After an initial Risk Assessment was done and the visit has been carried out by the Environment Agency, a further Risk Assessment is done and the sites are categorised as low, medium or high risk. If the categorisation is high risk, the Agency will require DEFRA to act. There has been a small amount of pollution from a small number of farms, but sealing and capping has taken place along with other remedial actions. If surface water has been affected remedial action such as work on drains is undertaken.

Hespian Wood is a landfill site built to required engineering standards, to ensure it is contained, the landfill site is capable of handling the waste. This site has the

appropriate means of disposal and has facilities for monitoring and treatment in place if necessary.

Question – The Hespin Wood site takes waste food – is this not where the whole problem started from?

Mr Barron – No-one is really sure of the cause of the Foot and Mouth disease outbreak. Waste food does go to this landfill site, but the site is engineered to ensure that it does not leak, and if there is leakage there are means of treating leachate. It is not therefore seen to be a viable means of Foot and Mouth disease transmission.

Question – What are the long term effects of the pyres on vegetation in the area?

Mr Barron – I have no information on this. The report on pyres was from a Public Health point of view, and it was found that the background level of pollutants was no greater than in the urban setting. It is difficult at this stage to try to go back and quantify the effect on vegetation.

Question – Have the County Council's recommendations on mapping of burial of other materials been implemented?

Mr Barron – DEFRA are currently doing this.

Question – What is the long term impact on the structure of agriculture and the knock-on effect on environmental impact?

Mr Barron – This is a difficult question to answer, it would be my personal opinion rather than the Agency. DEFRA estimates 25% of farms to go out of business in the short to medium term. In relation to the ultimate impact, Mr Utting may know better but it is difficult to answer this question without a crystal ball.

There are negative and positive effects on bio-diversity, there is more heather on the hills but the salt marshes had to be mowed as sheep are not there to graze. There is also a greater move from subsidy into agri-environment schemes. There are also other implications e.g. a reduction in bats and owls due to cleaning of farm buildings and an increase in the field vole population. It is difficult to predict what will happen in the future.

Question – Methane gas will be produced at the burial sites, is this being used as a source of energy?

Mr Barron – The larger landfill sites have gas extraction systems and use it for electricity generation, it is often sold at an inflated rate.

Legislation is currently being implemented whereby operators can choose which landfill site they wish to operate. If you choose certain categories the operator will be required to put in gas utilisation measures.

Question – Are gas utilisation measures in place at the Watchtree Site?

Mr Barron – Methane gas was produced for a brief period at the site but there is now no evidence of it. Systems are in place to remove it, but there has not been evidence of it since the early days.

Question – At the beginning of the Foot and Mouth disease crisis there was no correlation between the different agencies and departments involved. Is there a possibility that in the future the agencies could speak to each other and have a definite plan, if another crisis should arise?

Mr Barron – In a crisis the plan often goes out of the window. In 2001, DEFRA were reviewing their emergency plan for Foot and Mouth disease, but they didn't have a new plan. The Environment Agency don't have emergency plans for animal disease. There is a national DEFRA plan which is being worked on. Locally in Carlisle, DEFRA are writing their own plan with involvement from all the relevant Agencies. All these Agencies sit on a group to discuss animal disease outbreak and other wider regulatory issues with impact on a number of Agencies.

Question – How often does this Group meet and should Environment and Health Agencies meet more often?

Mr Barron – It was every 6 to 8 weeks. Mr Utting advised that is now 3 monthly.

The Chairman then thanked Mr Barron for his assistance and the information which he had provided. She stated that Members were not happy that there is no information available from 1967. Mr Barron responded that this was before the Environment Agency was in existence and before environmental controls were an issue in the public consciousness.

Mr Barron stated that he would remain in the meeting.

Mrs Patricia McDonald – Member of the Liaison Committee for the Watchtree Site

Mrs McDonald stated that she was a Member of the Liaison Committee for the Watchtree Site and that she would answer any questions.

The Chairman commented that she gets a copy of the Parish News including a leaflet produced by the Liaison Committee and she found it very helpful for the local people in the area.

Question – How has the Liaison Committee worked?

Mrs McDonald – These would only be my personal opinions not those of the Committee. The Liaison Committee has given a voice to the community and a means of getting information from Agencies and to have a say on what happens at the site now and in the future. It has given a voice to those who have concerns.

Question – How was the Liaison Committee formed, how does it operate and how often do you meet?

Mrs McDonald – In July 2001, Mike Phillips of Allerdale Borough Council suggested a Committee to have a greater say. A public meeting was held at which Parish Councillors, residents and members of the public attended and a nucleus of people were interested in having a say. The Committee also has representatives from statutory agencies including the Environment Agency, Carlisle City Council and Cumbria County Council. There are about 26 people in all.

In the early days there were monthly meetings, now the meetings are 2 or 3 monthly. There have been some personnel changes but there are about 13 regular attendees. Each meeting is minuted and open to the public and newsletters are issued with Parish magazines. The issue of newsletters is going down to quarterly but every household obtains a copy of the newsletter with information on what is happening on site. There have also been open days and matters are reported back by Parish Councillors.

Question – What are the main issues arising in your meetings just now?

Mrs McDonald – Deciding on the future of the site and how we want it to develop. These issues include the future management of the site, an exit strategy for DEFRA and discussions on the formation of a Trust. Proposals have been put together for the formation of a Trust but at the end of the day it will be DEFRA's decision.

Question – Are you confident that there will continue to be significant public involvement?

Mrs McDonald – Yes, I suspect it will decline from 2 years ago. It started with lots of enthusiasm and then has ended up with a core of people still interested and committed to the future of the site. These are probably the best people for a Trust.

Question – There is difficulty in balancing public access against health and safety and other issues surrounding the operational management of the site. How do you get the balance right of the need to allow public access with health and safety issues against public access?

Mrs McDonald – In February 2002 there was a Public Meeting and many local farmers were clear that they did not want public access with animals grazing and dog walkers walking over the site. The site is considered to be a memorial and a graveyard and local people do not want the public going there for leisure activities and picnics. It is not seen as a public place at the moment.

I was hoping that you would all go to the site, the best way to find out what it is about is to go and visit it. We are optimistic about the future, the locals want it as a nature reserve.

Question – Do you have confidence in DEFRA or the Government that it won't be re-opened if another outbreak occurs? Also, what has DEFRA done for the local population? There is not even a village hall or playing fields or even counselling for local people provided. Also, what has happened to the health of the local population and has much Government money has been put into the area?

Mrs McDonald – The land is Government property and could be opened at any time but the purpose of turning it into a nature reserve would be to make it as difficult as possible for DEFRA to re-open the site. My personal view would be that next time they would go for vaccination. The site could be opened tomorrow but the Environment Agency would have a large say and this would provide some protection. DEFRA have done the same for Great Orton as they have for other areas in the vicinity, they say that they have no mechanism for giving money to local communities. I cannot comment on local Health Agency matters.

Mr Barron added that this facility had been built at vast expense but that the bill for managing it for the next 20 plus years would also be large. Rendering would be much more preferable to DEFRA and they are more strongly focused on rendering than ever before.

A Member commented that there were not enough rendering facilities in existence and that there were vast stores of body parts throughout the country with the backlog to go through. Mr Barron commented that other schemes were being wound down.

The Chairman then thanked Mrs McDonald for attending the meeting and for the assistance she had provided.

Mr Barron and Mrs McDonald then left the meeting at 11.40 am.

Mr Nick Utting – National Farmers Union

Mr Utting opened by saying that from a farming point of view the crisis had brought incredible disaster on the County but post Foot and Mouth some good

things had come out of this. There were still a lot of people suffering but some had recovered better than they thought they would.

A number of decisions had been made by farmers but maybe should have been tackled previously ie to stay in or get out of farming or to change the pattern of farming. It focused people on lives and businesses. Many of those in business realised that they had to change, farming was currently undergoing the CAP Mid-Term Review. Some good things had come out of a disastrous situation.

Question – What is the CAP Mid Term Review?

Mr Utting – We had a Common Agricultural Policy (CAP) Review in 2000 which changed support payments and annual declarations. We are now in a mid term situation and Europe has decided to shift support to be linked 2001/02 earnings. It is now up to the individual member states to decide what to do, each country will probably do it in a different way. The income for Cumbria in 2001/02 will mean that some will suffer because of foot and mouth and some may be advantaged. It is complicated but hopefully the majority of Cumbrian farmers will not suffer as greatly as we thought.

Question – There is a concern about the effects on the farming community physically and psychologically. Do you have any views or experiences you wish to share with us?

Mr Utting – During the early weeks and months everyone was affected greatly. Not only farmers were affected but the whole community in Carlisle. Psychological effects were tremendous and there were also some physical effects. There was a horrendous psychological effect, some people will never recover and are no longer here. There are a handful who couldn't cope with what happened to their livestock. Farmers don't just farm, they have emotional relationships with the stock, who they have bred and reared.

There are a handful of people who I know personally, a small proportion who will never get over the loss of their stock. One farmer was never the same man, previously he was jovial and he never imagined that he would suffer as much. He couldn't cope with bringing stock back in if they weren't his. His son had no interest in farming. The farmer was not the same man as he had been prior to Foot and Mouth. One day he had a massive heart attack, he had other underlying problems but he was taken away from us.

There are still people suffering psychologically and physically as well. Most farmers have re-stocked but many say that they are not like the old stock, there are problems which there were not with the previous stock. One farmer re-stocked very quickly but his sons are disheartened and have no enthusiasm for the new cattle. This is still a minority of people, but there is a difficulty in helping those who are suffering. It is difficult to get some farmers' enthusiasm back.

Added to this in the dairy sector the milk crisis is terrible and getting worse. This doesn't help with the farmers' enthusiasm.

Question – A number of children I taught in the past came from farming communities and their only social interaction was at school. During Foot and Mouth a lot of children were not allowed off the farms. What are the long term psychological effects on the health of youngsters and is there anything that can be done to try to ensure that youngsters come through with a well balanced outlook?

Mr Utting – The children have recovered better than the adults. A number of groups were set up to ensure that facilities were available. Farmers and families often won't request help and overcoming that problem with certain individuals is very difficult.

There is no more than is being done that could be done, groups are there and now there are people in the community trying to help, but they really need to keep their eyes and ears open.

A Member commented that Rural communities are reluctant to seek out the help they need. I know a three year old who was traumatised because they thought the men in white were going to come and take their cows. We don't know what will happen 30 years down the line to trigger and bring back these fears and concerns. This area needs to be looked at very carefully.

Question - During the crisis the goal posts seemed to be constantly moved regarding the cleaning of buildings and moving lagoons etc, was the situation satisfactorily concluded? When old buildings that couldn't be cleaned were knocked down some of them were listed buildings and therefore permission had to be sought to knock them down.

Mr Utting – In relation to cleaning, no area was cleaned as thoroughly as Cumbria. In other areas such as parts of Scotland the cleaning was not as good. In Cumbria, every bit was taken apart and cleaned but as time went on the Authorities realised that they didn't need to go that far. In the first instance it was amazingly intense cleaning. If the buildings were removed and this involved taking down metal sheets or stones some were demolished and some buried.

The fact that we didn't have a resurgence of the disease showed that the cleaning had been very good if not a bit overcleansed.

There was concern about the cost and the damage caused during the cleaning process. The City Council's Conservation Officer tried to keep an eye on things and preserve buildings.

Question – Some necessary changes have come about post Foot and Mouth. From within the farming community what are the views and opinions of people on

the various Inquires which have taken place? Do you feel they have been acted on and lessons learnt for the future. If not, is it raising concern or disturbance that similar situations could happen?

Mr Utting – The Inquiries, scientific ones, European ones and Cumbria County Council ones were very thorough. They were welcomed by everyone and they all did their bit and highlighted similar issues we are concerned about and outlined what needed to be done to ensure that when it strikes again we are able to cope with it. The Inquiries have raised issues of whether to slaughter and vaccinate quickly.

It worries us that DEFRA may not move quickly enough to ensure that all Agencies are pulled together to make decisions as quickly as they are required.

Farmers remain concerned that the Government is not doing enough to prevent the disease entering the country e.g. through waste products or products to be consumed. There are not sufficient checks to ensure that everyone coming back into the country is adequately searched and checked. Currently it is just a case of putting posters on walls.

Contingency plans have supposedly been prepared already. Cumbria has prepared well with Agencies brought together and all being aware of what is required of them. I don't know if we have the same confidence in DEFRA nationally to prepare a contingency plan and activate it quickly enough. The State Vet Service dare not act until London gives them authority to do so. There is a worry that there is co-ordination in Cumbria but not in the whole of the rest of the country. It does not take a long time for a full disaster to erupt.

We all need to do our bit to be a nuisance to the State Vet Service here to ensure that we have it all ready and in place. This nuisance might have happened after the 1967 outbreak but we need to maintain this nuisance over the relevant Agencies for a number of years as contingency plans will have to be looked at and reviewed as time goes on with a trial every now and then.

Question – Do you have to wait for an outbreak to vaccinate animals?

Mr Utting – There is a vaccination that you can give to animals but it is used only in countries where Foot and Mouth is endemic in the country. We don't want to do this here, it would be better just to act quickly if there is another outbreak. It was allegedly transferred to Holland, France and Ireland. They quickly vaccinated and slaughtered around the sites and they successfully prevented it from spreading.

Question – Are many farmers still waiting for compensation payments?

Mr Utting – No, there are still one or two valuations and appeals still running. The cases recently in the press were mostly involving contractors, Cumbria County Council and auction companies who had been in dispute with DEFRA.

It is frustrating for small businesses and small contractors who all waded in to help at the time of Foot and Mouth. At that time local DEFRA staff and others agreed rates of pay and people were paid at these rates. Then auditors from London said they were being paid too much and they stopped the payments or said they would be looked at more closely later.

Some contractors are still waiting to be paid and others have got letters asking to recover monies they had been paid. One contractor was paid over £1,000,000 but then he had to bring in equipment and hire people, DEFRA now want £200,000 back. All invoices were rubber stamped at the time and paid but they are now saying that contractors may have been paid too much.

Question – Are there still issues for the farmers who did their own cleaning?

Mr Utting – A lot did their own and maybe a handful are in the same boat as some small contractors but generally most of them got paid and there is not too much left by way of queries. The payment situation could roll on in farming communities for months and years to come, it is deplorable.

Question – Farming was under pressure pre Foot and Mouth and then there was Foot and Mouth, now what are the long term consequences and how do you characterise them against other structural changes in farming?

Mr Utting – Prior to 2001 all Cumbria farming sectors, beef, sheep, dairy and arable were holding their own but not terribly well and a number of farms were close to the end. Farmers were living off savings and facing difficult decisions for a number of years. Some of them had been selling off bits of pieces of land and other things and not managing to do much in the way of maintenance, they were merely surviving.

Foot and Mouth forced farmers to make decisions. There were some herds which did not go down to Foot and Mouth and for them the cow prices went up and they got out of farming at that point. Others have decided to change in some ways, improving the quality of cows, milk production, improving operations, improved milking parlour and housing systems all with an effect on the efficiency of milk production. New systems have been introduced throughout the country partly due to the spending from Foot and Mouth compensation money.

A number of farmers were driven out of business by the crisis. However, a number have improved with bigger herds purchased, farms now seem to need 200, 300 or 400 cows at least to survive. With milk costs dropping from 25p to 16p or 17p per litre, there is a need to produce more milk. The beef industry is doing fairly well at this stage.

Question – Are there more farmers scraping along than there were pre Foot and Mouth or during the crisis?

Mr Utting – There are less as they have now gone.

Question – Is the strategic NFU view that overall it has been good or bad?

Mr Utting – It has been bad for the industry and for rural communities and particularly in North Cumbria. Less people want to work in the rural area, although many want to live in the rural area. It is hoped that we will end up with a nucleus of more profitable farmers but this partly depends on the outcome of the CAP Review.

In North Cumbria there are now 370 dairy farmers, it is not so long ago since there were 1,000 and there are a few beef and sheep in addition to this. I am not talking about taking in the Lake District as it is not in my North Cumbria area.

Question – In the past the NFU was anti-vaccination, is it now pro-vaccination? Since we have brought in cattle from out of the county is there more TB in cattle in Cumbria? Have farmers been diversifying e.g. bed and breakfast, paintballing, fishing etc?

Mr Utting – It was never an NFU policy to be anti-vaccination it had never been on the agenda as part of the contingency plan. It raised its head so far into the disaster that we were against vaccination at that point as we couldn't see it working. Vaccination would have had to occur very early on in the outbreak.

At the early stages there were outbreaks of the disease in Longtown, Hexham, Penrith and Devon at more or less the same time, which could be attributed to the movement of animals throughout the country. It was therefore an intense disease in various parts of the country and vaccination would therefore have been very difficult. There would have had to be massive slaughter around the vaccination areas and it would not have been of benefit to controlling the disease.

Now vaccination is firmly on our agenda and there has been and should be more research into how it should be used.

In relation to TB there has been an increase recently as stock has been brought in from other parts of the country. However, it may have been increasing anyway in the county and it may be that increased testing since Foot and Mouth has revealed more TB than before. There is also a debate regarding the increasing badger population and the carrying of TB. At a recent meeting there was an indication that it seems to be on the wane and the situation with TB seems to be getting better although more testing needs to be done over the winter and the results looked at.

There has been concern about the loss of blood lines and also about the effects on vegetation. There has been an increase in heather and bracken, with a loss of scenery and more rough ground and scrub growing. We need to maintain stocking levels to keep nature right.

More and more farmers are diversifying, the problem in North Cumbria is that there is not a great deal of opportunity in the rural areas e.g. as much as there is in the Lake District with tourism. However the Hadrian's Wall Trail has shown that it is about using all the advantages that we can take, one farmer has seen this as an opportunity to develop tourism and this corridor of tourism along the trail is making it possible for diversification.

A Member commented on the increase in ragwort. Mr Utting agreed that this was something that all of us needed to address.

Question – If there was one thing that the NFU would like the Government to do now, what would it be?

Mr Utting – It would be to ensure that all the recommendations from all the inquiries are put in place and regularly reviewed to give assurance that if this happens again the Government and other Agencies could cope with it in whatever way was necessary. Need to ensure that all Agencies and communities are kept involved and the situation is kept under review.

Question – Psychologically a lot of people just want to draw a line under Foot and Mouth and move on. Is there anything you would urge us to do as a City Council?

Mr Utting – It is difficult as I want to forget and move on and when I visit farms the subject is not discussed. However, we need to continue to discuss it like this at regular times to ensure that people are able to cope with another Foot and Mouth disaster when it takes place. I will continue to chivvy locally and ensure that Head Office do the same in London. Local Authorities should do the same thing, continue to review as you are doing. In 6 to 12 months Officers should revisit and look at what has been done lately. Every 2 years you should review this again as you have done now.

At the end of the day, DEFRA have the control but they need to be reminded that they can't do the job unless we are all involved. We want to be involved if it affects the community and we need to put pressure on DEFRA to ensure that adequate arrangements are in place for involving the appropriate Agencies at the right time.

The Chairman then thanked Mr Utting for his attendance at the meeting and for all the valuable assistance he had given to the Review.

Mr Utting left the meeting at 12.45.

The meeting adjourned at 12.45 at which time Councillor Hendry left, he did not return for the afternoon session.

The meeting re-convened at 2.00 pm

COS.111/03 SUSPENSION OF COUNCIL PROCEDURE RULE

RESOLVED – That Council Procedure Rule 9 in relation to the duration of meetings be suspended in order that the meeting could continue over the time limit of 3 hours.

COS.112/03

POST FOOT AND MOUTH DISEASE ENVIRONMENTAL AND HEALTH MATTERS SUBJECT REVIEW/INQUIRY – EVIDENCE

Dr Catherine Gregson, Director of Public Health, Carlisle and District Primary Care Trust

Mr Mike Graham, Senior Health Promotion Specialist, Eden Valley Primary Care Trust

Dr Nigel Roberts, Head of Psychological Services, North Cumbria Mental Health and Learning Disabilities Trust

Dr Gregson advised that she had been the Director of Public Health since April 2002 and was an Executive Director on the Carlisle and Eden Primary Care Trust Board. She was responsible to ensure that the Board looks at NHS provision but also looks at health promotion. She has a responsibility for communicable disease control and screening programmes. She also has responsibility for giving advice about NHS provision and on treating disease in the NHS hospitals, clinics etc.

Mr Graham advised that he has a generic public health role and works with Dr Gregson's counterpart in Eden. He has been developing projects with partner organisations aimed at preventing disease and promoting health. The Eden area covers Brampton and therefore has an impact on Carlisle City Council area.

He also takes the North Cumbria lead for Mental Health promotion and works with partner Agencies to prevent mental health and promote health prevention.

Dr Roberts stated that he is a Consultant Clinical Psychologist based at Whitehaven and is in charge of Psychological Services with the North Cumbria Mental Health and Learning Disabilities Trust. Psychological Services include psychotherapy, clinical psychology and counselling.

In response to a Member's question, Dr Roberts advised that he has clinical face to face contact with patients at the Carleton Clinic. He usually does one or two days a week in Carlisle with the remainder in Whitehaven.

Question – If a person presents with an illness to a GP how is it connected to possible Foot and Mouth and is this information fed back to you centrally?

Dr Gregson – In relation to a respiratory disease in reality it is fairly unlikely that these would be connected with Foot and Mouth now. At the time of the pyres we were in touch with GP's practices regarding what they were experiencing, particularly in terms of respiratory and mental health problems. Now it is so unusual that if it was felt to be related to Foot and Mouth the GP would ring me up and let me know.

In relation to mental health if we were looking at a significant problem it would be a referral making reference to Foot and Mouth.

Dr Roberts – At the onset of Foot and Mouth we were contacted by GP's asking for a quick response. We established different levels of response e.g. a Consultant Psychiatrist if psychiatric conditions were developing. It was more common that there would be a use for psychologists or counsellors. Fast track counselling was made available if required similar to that put in place after last week's stabbing. We were ready to provide a lot more and we looked into providing this in places outwith hospitals so that it could be provided without stigma attached, however we were surprised at how few people took up this fast track service.

Question – Are you still looking for people who may present with conditions relating to Foot and Mouth.

Dr Roberts – The referral system has now changed. Initially we were looking for direct referrals related to issues surrounding the slaughter of cattle or isolation of people on farms. We are now looking at indirect links and are still seeing people where Foot and Mouth may be a component. This includes adults and children.

Question – Statistics on their own mean little however the analysis of statistics provides pointers for us. Looking at long term and not short term effects e.g. chest, cardiovascular and mental health, who analyses statistics to identify long term effects?

Dr Gregson – Immediately the Foot and Mouth crisis hit the Department of Health set up monitoring, particularly in relation to issues associated with air quality. The evidence regarding air quality showed that standards around pyres were similar to those in urban areas. The Department of Health was satisfied that long term respiratory disease relating to the pyres was highly unlikely.

Monitoring of statistics take place at a local level but there have to be sensible ways of identifying associations. If we get clusters of disease the Department of Health is geared up to look at this. If there were clusters these would be examined but this hasn't been the case as yet.

Dr Roberts – In the early days diagnosis would be a reaction to a traumatic event ie post traumatic stress disorder. Now that is unlikely to be the diagnosis. It could be that depression, anxiety or bereavement could be the diagnosis but that Foot and Mouth may have worsened reactions to any of these.

Question – Are there any statistics on death and causes of death, have there been increases in deaths in specific age groups, have any minor conditions suddenly become major conditions?

Dr Gregson – There has been monitoring of deaths through suicide from farmers during and since the outbreak. There have been no suicides of farmers in the Carlisle District. In relation to deaths for Carlisle District Area there is a trend of reducing deaths. 2002 deaths were higher than 2001 but were lower than 2000. 2003 looks as if it is going to be continuing trend downwards.

Question – Are the patterns of death specific to rural or urban areas?

Dr Gregson – Causes of death are monitored but there are no patterns of death to be applied to Foot and Mouth. Nationally there has been an acknowledgement that a local level deaths would be an insensitive way to look at Foot and Mouth impact. It is not a sensitive measure unless it is a major disaster such as an earthquake. There is nothing in the statistics relating to deaths which points to the impact of Foot and Mouth.

Question – Who analyses the statistics?

Dr Gregson – Analysis is undertaken at the Primary Care Trust and looking at the figures overall we haven't seen an impact of Foot and Mouth. If a heart attack occurs 6 months after Foot and Mouth it is difficult to relate that, as coronary heart disease is a very common cause of death and it would be difficult to attribute a particular death to Foot and Mouth. We have a number of staff who look at and analyse data.

Question – More people are having heart bypass operations to prevent them from dying of heart disease, there are a lot of factors which could contribute to heart attack.

Dr Gregson – I agree but it is a common cause of death in Carlisle and to decide on causation it would be very difficult to say how Foot and Mouth stress contributed. There had been a concern that air quality would contribute to cardiovascular deaths but the figures don't back this up.

Question – What area do your Carlisle District's statistics cover.

Dr Gregson – Your Carlisle District Council area.

Dr Roberts – A contributory factor to heart disease is anger and there was a lot of anger from the farming community. Stress and anger do contribute to coronary disease but is it difficult to link this to specific deaths.

Question – Were the reasons for the low take up of your services looked into and services amended accordingly?

Dr Roberts – We were prepared to provide help, we looked at how to improve the use of the service and there was an acknowledgement that farmers are under-represented in mental health services. We thought about the reduction of stigma which could be off putting and we set up self referral systems, sessions in local village halls, promotion by Lancaster contacts, Radio Cumbria, leaflets and the Cumbria Stress Information Network. We were really making it up as we went along but we tried to reduce stigma e.g. by not putting letter head on anything we sent out. However there was still little uptake for the service.

Mr Graham – I had been involved with the Cumbria Stress Information Network which was set up on the back of the BSE crisis by Health with Partners. It was based in the voluntary sector through Voluntary Action Cumbria and is set outwith the Health Sector. A telephone helpline was offered through the Foot and Mouth crisis and 2,500 calls were received. We logged the reasons why people were ringing and although there were a lot of emotional difficulties and anger, particularly at the information they were receiving, most were wanting specific information or practical advice and support. A number of questions related where the latest outbreaks were, where people could hold of disinfectants, fodder, financial information and advice. The Network signposted people to agencies to provide practical help and assistance. The majority wanted specific advice and information to enable them to keep control of the situation.

Farming communities are stoical and independent and wanted to be in control, all their energy was put into keeping on going. There was a fear about what may happen during the period before farmers were allowed to re-stock, but it did not seem to result in the calls for help that we expected.

Question – Reactions may have taken a longer period of time. Subsequent to Foot and Mouth what has happened since, e.g. for some the biggest crisis may be one year later than when the stock is culled. What is there is now in terms of a flexible response and community support.

Dr Roberts – GP referrals are the system in place now. If there is significant distress then they will be referred to us. If there is a referral to a Councillor this will take a few weeks, but a referral to a Psychologist may take between 3 and 4

months and a referral to a Psychiatrist could take anywhere between these two time limits.

The funding which was linked to an additional service is still there and part time counsellors are doing additional sessions. We have used approximately £700 of the £3,000 which was allocated.

Question – I accept there are GP referrals but for some who we have admitted are difficult to access, what is available in the middle?

Mr Graham, the Stress Information Network continues in a reduced form, as funding ran out at the beginning of 2003. There were two workers whose main role was to link to the City Council Drop In Centres, identifying people with financial difficulties and providing assistance and advocacy. There was also development work done with locals through the Farming Women's Network.

Question – These were measures in the short to medium term, they are now seeing people presenting with indirect problems, is it just the normal structure which we now have in place?

Dr Roberts – it is a well developed structure. Ongoing cases linked to Foot and Mouth are still being seen, but overall the number of people prepared to go to Psychology Services has grown enormously. People are more psychologically minded and the gender balance has also changed. Sixteen years ago, 90% of patients were female but now it is more or less 50-50. There has been a societal shift in perceptions of psychological problems. There is a problem we can't go out and get people in as it may make them worse, e.g. for last week's stabbing a mandatory de-briefing was suggested, but this may actually increase trauma. We are not sure what we can do to reach out further to the farming community.

Question – There were some Community Nurse Practitioners in place but these finished a while ago, but there may still be a need there in relation to unmet feelings and needs.

Mr Graham – A Rural Nursing Project has been based in Morecambe Bay for a number of years. A van went round Auction Marts and County Fairs offering health checks and referrals. It was successful but it took a long time to gain the trust the farming communities. Once Nurse Practitioners had established contacts it was difficult to get people to move on to mainstream services. When the funding ran out in Morecambe Bay, it left a caseload of people high and dry as they had not moved on to mainstream services. During the F&M crisis, North Cumbria Nurses aimed to replicate aspects of the Morecambe Bay project but contact was difficult as restrictions were in place on the farms. Nurses couldn't just drop in and ask people how they were.

The project didn't get started as it was difficult to make contact and Nurses left and weren't replaced. The Hatfield Trust funding is starting to trickle through but

it is a small amount for a short term. There is a reluctance in Morecambe Bay to start a Nurse Practitioner model on short term funding, there is a need to get people to contact mainstream services but the issue is how we do this. We need to think of a way of using funding to address these questions and to have a more sustainable use of funding.

Question – The Pentalk Scheme was set up to keep people in contact – was this successful?

Mr Graham - Yes it was. In addition, there is the Farm Crisis Network which is a group of farmers who act as befrienders for each other, it gives them someone to talk to in different situations. The Churches Together Group took this forward.

Question – Has there been an increase in the amount of anti-depressants prescribed after Foot and Mouth?

Dr Gregson – We get prescribing data for a number of drugs and overall the number of prescriptions is going up. I haven't got a monthly breakdown but I could do so.

A member suggested that it would be useful to have such a breakdown from February 2001 to the current date.

Dr Gregson – I could provide this breakdown but the question would be whether it was linked to Foot and Mouth or whether it was a local and national trend. Showing a relationship between prescription of anti-depressants and Foot and Mouth would be a difficult one to prove.

A member suggested that people should be analysing statistics for rural and urban areas.

Mr Graham – A lot of training is provided to GP's in relation to treating depression and drug companies are continually promoting products, therefore it would be a challenge teasing out any linkage to Foot and Mouth.

Dr Roberts – Anti-depressants are also used as a treatment for anxiety the interpretation is very complex.

Question – Is any training or advice given to practitioners in identifying or responding to Foot and Mouth Disease problems?

Dr Gregson – Other than mental health problems we wouldn't expect there to be any other problems. Would you expect anything specific.

The member responded that she was enquiring as to whether there is training in anything linking to Foot and Mouth Disease.

Dr Gregson – We would only expect mental health problems. There had been a concern that there would be an increase in food poisoning but there wasn't any in relation to respiratory and breathing, we wouldn't expect to see any long term effects or problems. We don't give out training to staff for identifying and responding to breathing problems in relation to Foot and Mouth, and we do monitor food poisoning regularly.

Dr Roberts – There has been lots of training for Primary Care Trust Practitioners such as GP's, Health Visitors, District Nurses etc about mental health but not specific to Foot and Mouth Disease.

Question – Are you aware of any research other than Lancaster Research, particularly any research on children?

Dr Gregson – The Lancaster University Research was for adults. I know of small projects which have been done in addition to this one but they have been very small. The Lancaster Research was funded by the Department of Health and it was a significant project.

I am aware that the Cumbria Inquiry recommended that the research should be extended to encompass children, but we have not received any funding for the research, therefore none has been commissioned on the impact of Foot and Mouth Disease on children. If any agency has the funds to commission the work then we would be happy to help commission that research. It is difficult to obtain funds from Central Government post Foot and Mouth. We have received a letter from the Government saying that local NHS Trusts have to facilitate their own additional research. If funding is available from the City Council we could participate in the commissioning of research.

Mr Graham – A project was developed for Rural Primary Schools e.g., one school not affected by Foot and Mouth but villages around had been, and it was just waiting to be affected. There were psychological impacts at that school. Along with the LEA we developed an Arts Project, which got a lot of funding, this involved a variety of visual arts in schools for a week at a time, including drama, story telling and visual and ceramic art. The intention was not to provide therapy but to allow teachers and pupils to discuss how Foot and Mouth was affecting the community and how they would like the community to look after Foot and Mouth. Efforts were made to get parents involved as the matter was quite sensitive in local communities.

Question – The Lancaster Research has not concluded but has had initial findings, as this is the only significant health related research project, what is the response likely to be to the project? Do you have a view as to the kind of responses that could be made at a local level?

Dr Gregson – We are hoping that the research will make recommendations. The research has so far made specific points, but we hope for recommendations. It is not about lack of will on the part of NHS Agencies.

Dr Roberts – We did offer assistance and it was not taken up, we need to look at the perceptions of the help offered. It is about analysing the perceptions of the benefits of psychological services against the stigma attached to them. The people who have taken up the services provided have benefited a lot. We would be looking to the research for help about modifying perceptions and ways of responding if this comes up again.

Dr Gregson – We are not saying that the impact of Foot and Mouth was insignificant. In terms of mortality it is difficult or impossible to measure linkages to Foot and Mouth Disease. It was not insignificant and it was a devastating incident, but in terms of measuring mortality and prescriptions it is difficult to make the link to Foot and Mouth Disease.

Dr Peter Tiplady worked hard to get Department of Health funding for the Lancaster Research, and we are hoping for recommendations from this research. This will help to make decisions about how to use post Foot and Mouth resources.

A Member commented that there were also ill health implications which could have been created from unemployment in areas such as tourism. Unemployment can contribute to ill health and it would be interesting to analyse the number of visits to GP's. This is another huge area that needs to be looked at.

The Chairman then thanked Dr Gregson, Mr Graham and Dr Roberts for attending the meeting and giving the Committee their time and assistance.

(The meeting ended at 3.05 pm)

COMMUNITY OVERVIEW AND SCRUTINY COMMITTEE

SPECIAL MEETING

WEDNESDAY 26 NOVEMBER 2003 AT 10.30 AM

PRESENT: Councillor E Mallinson (Chairman), Councillors Earp, Fisher, Parsons and K Rutherford

COS.133/03 APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Councillors Boaden, Hendry and Hodgson and also from M Mooney (Executive Director) and Annie Gray, Eden Mind who was unable to attend the meeting due to ill health but had arranged for Lorraine Rockminster to attend in her absence.

COS.134/03 RECORDING OF MEETING

In accordance with Council Procedure Rule 23.1 the Chairman reported that Border TV had asked to record part of the meeting.

RESOLVED – That approval be given for Border TV to record part of the meeting.

COS.135/03 POST FOOT AND MOUTH DISEASE ENVIRONMENTAL AND HEALTH MATTERS SUBJECT REVIEW/INQUIRY – EVIDENCE

The Committee, having considered background papers in relation to a "Voices of Experience" Conference asked questions of, and heard evidence from, the following witnesses:

Ms Lorraine Rockminster – Eden Mind

Thank you for your, I am a poor substitute for Annie Gray as I don't have the face to face contact, in depth knowledge and experience, but I am her Line Manager. I have spoken to Annie Gray over the telephone and have been briefed on what she had wanted to say at the meeting. I have a of poignant examples of how people had been affected by the Foot and Mouth and will give these later.

Lots of reports have been written, but no-one really knows how Foot and Mouth has affected individuals and communities as there is a tendency for Cumbrians just to get on with it. Below the surface it is a topic of conversation and still a real issue.

I will give an overview of the project with which Annie Gray is involved. Eden Mind was impressed with the work of the Rural Woman's Network, where complimentary therapies had been provided to isolated rural communities as a means of stress relief. Although it had been predominantly women who had attended these, there had been some men. At the time it seemed to be the only thing that was happening of real benefit and it was using existing networks.

Eden Mind wanted to develop the work being done and thanks to Cumbria County Council, Barclays Rural Regeneration and Cumbria Community Foundation, funding was made available to develop this work.

Annie Gray acts as a catalyst, co-ordinating work throughout rural Cumbria. The work started in Longtown and Brampton. It started with getting stakeholders involved in planning complimentary therapies and stress relief. These included Health Visitors, GPs, Community Mental Health Teams, Community Centres and Adult Education, as many interested parties as possible. Programmes of activities were planned and a taster day was introduced one Saturday in October. Fifty people from all over the County attended this taster day, which let people try out the complimentary therapies. The caretaker at the hall where the taster day was held had said that "We should have more of this".

After the taster day a programme of Self Help classes were developed which teach people how to address their own feelings of stress. These included homeopathy, shiatsu and other techniques which people can use within their everyday life. In Irthington, 19 people signed up for a shiatsu class, and the Adult Education Centre have been amazed at the interest.

The project has been successful in reaching groups that wouldn't access Adult Education classes. Health Visitors are providing the information to young mums and the transport and free crèche which are being offered are attracting people. People are also being offered taster sessions in their own homes before signing up to courses and this helps to boost self esteem or continue interest. The project started in the Brampton area.

After the introduction in Brampton, Annie has been asked to work in Longtown and she is currently planning a programme of work in Longtown. She is acting as the catalyst to make things happen and she has also been asked to work in Alston, Kirby Stephen, Kendal and Ulverston.

Annie Gray is keen that Eden Mind are not just parachuting something in for 6 weeks, she wants a sustainable work with contacts and links made. It is hoped that the lessons learnt from this project e.g. the provision of the free crèche, will ultimately help to enable more people to access adult education. Funding for the project runs out in June 2004.

Question - What further programmes are planned as a spin off to carry this work on?

Ms Rockminster – We are hoping to raise additional funding to carry on this work, Adult Education, Community Centres and Health Services all have budgets which we could try to access.

The Programme of Work at Brampton will be evaluated after the first phase is completed in February and this evaluation will be used to gain funds for continuation or spin-off projects.

Question - Is there much interfacing between Eden Mind and the NHS?

Ms Rockminster – At most levels we have a positive relationship with the NHS and we are trying to replicate this at the level where Service Planning and Delivery happen.

Primary Care Trusts have appointed Mr Michael Smillie in a strategic planning role. The Council for Voluntary Services across Cumbria has put partnership officers in posts to build bridges between the voluntary sector and those involved in mental health. In addition, I have been involved in Integrated Care Pathways in Schizophrenia, this is a pilot project in Eden and I have been involved from the start. At most levels we have a positive relationship with health services, with one or two exceptions.

I will give you a number of examples of how the Eden Mind Project has touched individuals. A therapist who had been attending a WI Group spoke of how, although the group had been planned to talk about something else, Foot and Mouth became the topic of conversation. In another case, when we were interviewing for Annie Gray's post one of the applicants was keeping a diary for the Lancaster project, was in tears as she told her story.

In another example, Annie had a one to one session on homeopathy with a local businessman. The subject of Foot and Mouth came up and he went purple in the face, she was concerned about his health and blood pressure. The reason for this reaction was that he was still owed money by DEFRA and there were a lot of unresolved issues and unpaid debts.

In another case, a haulage company had been in dispute with DEFRA over payments, a solicitor had gone to take statements from workers involved in Foot and Mouth which was expected to take half an hour or so. The statements had taken two days to take. The only person who seemed to be getting over it was one of the workers who was a diarist from the Lancashire Project.

There were lots of unresolved issues which were causing symptoms including headaches and sleeplessness. Physical symptoms had been presenting within two years including Irritable Bowel Syndrome and blood pressure problems.

No-one can prove a link with Foot and Mouth but you can see some trends. Dr Tiplady has in the past mentioned some more sensitive methods of research which can identify trends, but trends cannot be identified through referrals to Community Mental Health Teams. There is a health time bomb waiting to go off. There is stress associated with the isolation of living in rural communities, but exact figures are hidden because people are self-reliant and are not asking for help. At an introductory session in Penrith, 30 people from all over the County attended.

The Project has been able to get to people who don't get out of villages much and there has been a lot of demand. The Project has provided add-ons through transport and crèche facilities.

People will tend not to go to a GP, they will just get on with it. The Eden Mind Project is reaching some of these people and it is a catalyst for getting together people who are already working in communities.

The Chairman then thanked Ms Rockminster for the information she had provided. She stated that a lot of people were concerned about what is going on now and thanked her for all the examples she had given.

Question – The Eden Mind Project is due to finish in June, if it is unfinished by then is there any prospect of continuing beyond then and expanding the Project? Also, are most of the people getting help from an agricultural background and what proportions are from agriculture, tourism etc?

Ms Rockminster – I don't know if the Project is measuring those from agricultural, tourism backgrounds etc. This may be useful to include in evaluations in the future and I will make a note of this. Initially it was geared to agriculture but the Project has broadened and is reaching others e.g. young mums.

The initial funding is to June 2004 and Annie Gray is on a one year contract, but we have spoken to Barclays Rural Regeneration Community Fund about the continuation of funding and we are also looking at money held by the Rural Stress Information Network and we hope to apply to Cumbria Community Foundation. We have learnt lessons from other successful projects including the Rural Emotional Support Team in South Staffordshire, which works in the agricultural community. This project goes to farms and works alongside people who have multiple needs, e.g. debt, health and other problems. They found in this project that although people are reluctant to say that they have mental health problems they are happy to take practical help and will talk about problems. That project has provided practical help including sorting out debts, and on occasion taking a shot-gun from a farmer who had considered suicide. There have been no suicides in farming in South Staffordshire since the project had started. There is a video of this project available if you want to see it. It was funded through lottery funding.

Question – There has been no counselling in the past for things like Chernobyl or wars. Is there long-term harm because of previous major disasters? Is the incidence of the increase in anti-depressants due to Foot and Mouth or due to a national issue of stress? Do rural communities live in a more stressful existence, e.g. with BSE, Common Agricultural Policy, grant applications, falling milk and beef prices and is it the farmers' wives who take on the stress?

Ms Rockminster – I do not know how qualified I am to answer these questions but I will try. I do not have a background of mental health but I have experience of mental health problems due to post-traumatic stress disorder. In my own experience, five years ago I did not think I would work, but with counselling and hard work I have come through this. I know what treatments can do for you and it is a case of whatever works for you. People do not seem to want counselling but on the other hand they do think it is nice to have someone to talk to.

In relation to anti-depressants, stress is a major factor in our society and I would be surprised if Foot and Mouth has not added to this. Dr Tiplady's analysis of health trends show a slight increase in some health problems but it all depends on how you measure things. If you use bald statistics, you would say it has no effect but more sensitive tools show evidence of an effect.

I do not know the statistics about the amount of people farming but the figures did plummet within a short time and this would have been stressful to anyone. On the farms, the whole family, including wives, took on the strain. There has been some research done by Dr Bennet who gave a presentation to the "Out of the Ashes" Conference. She looked at the effects of Foot and Mouth on other businesses, not farms. In these cases, income reduced and partners took on more work or children had to do without things they previously had.

However, I am not a specialist in any of these areas and in the past my only involvement in agriculture had been running a café at the Sedbergh Auction Mart.

Question – Has any work been done with children who are obviously affected in a number of ways and some of them could not get to school? No-one seems to be looking at the long-term damage to children. I know of a three-year old child who has been affected in his play, he will lie down with his feet in the air saying he is a sheep and that the white men got him.

Ms Rockminster – Eden Arts were involved with the schools during and after Foot and Mouth. They had a series of activities in schools but this seemed to be the only thing that was happening with children. It is the only project that I know of.

Question – You mentioned post-dramatic stress disorder. Would you say that the NHS has not been meeting the needs of communities?

Ms Rockminster – They have been providing a service but not one that is truly accessible to every community. In some cases, farmers would rather talk to vets about their health than go to their GP. We need to find different ways of getting services to agricultural communities that are acceptable to these communities.

There are statistics about people going to GPs. A free counselling service was provided but it was not taken up by many people. We do need to find ways to make the services more accessible to communities but I am not sure how we do this. There does appear to be a lack of understanding, one size does not fit all.

Question – Have you been involved with Dr Rebecca Wagstaff regarding post Foot and Mouth Stress and Suicide?

Ms Rockminster – There is a Suicide Prevention Group with which we are involved, but I could not attend the last meeting. We have a small team and it is not always possible to do everything that we would like to, but she does send the papers to me.

The Chairman then thanked Ms Rockminster for attending and for the valuable information she had supplied. She commented that all the issues were interlocking and that in the long-term the area may have to wait five to six years to see the real repercussions of Foot and Mouth.

The meeting adjourned at 11.15 am and was reconvened at 11.20 am.

Dr Peter Tiplady – former Director of Public Health, North Cumbria Health Authority

The Chairman thanked Dr Tiplady for coming to the meeting. She explained that Scrutiny worked like a select committee, taking evidence from people with an input. This Committee was looking at the wellbeing of communities in the area and how Foot and Mouth has affected them and how it will affect communities in years to come. The Committee hoped to get a wider picture on how it is affecting rural communities.

Dr Tiplady – “Thank you for asking me to your meeting. There is a long lasting effect of Foot and Mouth but it is not just in rural communities, it affects urban communities too and also those who are not just in the front line. There have been economic impacts which have affected both urban and rural communities.

When the Foot and Mouth outbreak started, the County Council organised a Task Group at Kendal. At that Group meeting, I said that we would need to look at the impact on health and the Group were pleased to do that. I joined the Task Force to look at possible health impacts, although it was difficult to put this at the head of the agenda. Little thought was given nationally to health impacts.

It was clear that stress would have an enormous impact on health in the short, medium and long term and other disasters such as floods and earthquakes suggest that, in addition to an immediate impact, there is a need for support for many years. I would expect the stress impact to last a long time. At the beginning, support was given by friends and neighbours but after that, some people have needed more professional support. At the early stages, two Community Health Nurses were appointed and the Health Action Zone provided a 24-hour Help Line. Money was made available to GPs for protective clothing and for locum fees if required. These services were provided as an immediate response.

The second main issue of concern was the direct effect of pyres. At the beginning, the Department of Health advice was that there would be no significant impact, but as time went on, the scale, size and number of pyres meant that things looked different. Too slowly, information we got suggested that pyres did have a health concern as they produced particles, gases, dioxins and polyaromatic hydrocarbons, all of which are bad news if produced in large amounts. Not knowing about the pyres was the real problem.

Scientists were working on computer models but the information was slow in coming out. The findings were circulated confidentially but the recommendations made were difficult to comply with. I cannot be certain of the numbers, but the recommendations were something to the effect that a pyre with more than 500 carcasses should not be burnt within one kilometre of habitation. My Department was involved in looking at the location of pyres but it was almost impossible in Cumbria to comply with some of the recommendations. It was a real problem and we were turning pyre locations down. We turned down about one-fifth of requests. Environmental Health Departments were also involved and a significant proportion of pyres were turned down on health grounds.

Most of the pyres were not fulfilling the Department of Health criteria. There was large public concern and the Health Authority did ask MAFF not to light any more pyres. One pyre which had been built was dismantled and after that no more pyres were built or lit.

Work was done within Environmental Health and a pyre was monitored. This work suggested that particles and gases predicted were produced but in very small amounts. The Department of Health guidance was theoretical rather than practical. The particles produced are likely to precipitate asthma attacks or bronchitis and theoretically some people's health may have been affected.

In October 2001, six months after the initial outbreak, thought was given to the research needed to clarify issues. Meetings were held with the Health Service and Lancaster University and two bids for research were submitted to the Department of Health with a request that these bids were fast-tracked. The project they eventually funded got £1/4 million and started just after Christmas 2001. This project is now virtually complete and is based on a panel of 54

people keeping diaries. Two full-time research workers have been working on the project and discussion groups are held with diarists. A "Voices of Experience" Conference was recently held at Carlisle Race Course and I understand that Dr Maggie Mort may be coming to talk to you at a later stage.

The project still has a few months to run and will then be written up. I have no doubt that this will confirm that Foot and Mouth has long term effects on some people. Some of the diarists in the Lancaster Project have flash-backs, difficulty in coping, anxiety attacks and other prolonged problems. The data will be analysed over the next few months.

I was also interested in whether there was an effect on mortality rates related to pyres. It is difficult statistically to analyse this as mortality rates vary from summer to winter and are affected by bad weather. The work done so far suggests that there has been an impact on mortality rates, there was an increase in the rates above what you would expect around Easter 2001. The data on mortality rates has still to be analysed and needs more work to quantify how big any effect was. I need to work out how much is attributable to Foot and Mouth and I have links with West Lakes to undertake this work."

Question – Has there been a higher incidence of chest infections and pneumonia?

Dr Tiplady – No, the information I have is based on deaths. There is no similar information on illnesses, although I have looked at asthma and prescriptions and there has been no effect. Hospital admissions could be looked at but these things vary anyway.

It sounds like carping, but I am somewhat critical of the slowness of the Department of Health in responding to issues we raised during the outbreak e.g. how do we know if pyres will harm people, and the recommendations were difficult and slow to come out from the Department of Health. The information was there and we could have been given a stronger steer at the beginning. In Cumbria, we asked that no more pyres be lit and this was agreed, but pyres continued to be lit in other places in the country including Devon.

In Cumbria, there was a substantial amount of knowledge and expertise which was simply not listened to. Central control of the Health Service was in Whitehall at the Department of Health and they were not listening to what people were saying on concerns about pyres and health effects. At the time, we got no money from the Department of Health for extra support, they turned down requests for funding for services but then later gave £1/4 million for a research project. They wanted hard outcome measures and we had to work on the professional experience of what happens in epidemics. This professional experience was not being listened to. Primary Care Trusts withdrew the funding for the Community Health Nurses as they did not see any direct benefit in the work. As they did not have any output measures, they did not justify the work ie

the nurses could not demonstrate that they had saved lives or prevented suicides.

Question – The evidence from the last Foot and Mouth outbreak recommended that we should not have pyres. In light of that evidence, why did we light them? The pyres had the potential to spread the infection if the wind changed direction.

Dr Tiplady – The decision to light the pyres was not the Health Service's decision but we were involved in discussions. We envisaged that burial would be used more. Our concerns at the outset were that there should be no pyres, but the information given from the Department was that they would not be a health problem. The recommendations about 500 carcasses within one kilometre from a community were given but there was no definition of "community". In practice, it was difficult to find sites that did not upset anyone. Some sites were clearly unsuitable but others people just had to put up with it. We suggested that people could be temporarily evacuated but they thought that this was ridiculous. We were advised by the Department of Health to say to people that they should close windows and stay indoors. We were laughed at when we gave this advice at Longtown meeting and understandably so.

A Member commented that the smell in the houses in Longtown at the time was appalling.

Question – The Great Orton Burial Site, are you concerned at the long-term effects on communities of leaching or effects on the Solway?

Dr Tiplady – The Environment Agency did a lot of planning work and the monitoring so far suggests that it is okay.

There may have been some BSE infected animals buried, but apart from that it was well done. The slaughter and disposal was on an industrial scale and was well managed when the Army took over. In the North East some of the pits were dug on sites with service pipes passing through, this did not happen at Great Orton.

I have looked at the evidence of infections reported by GP's and there is nothing showing. The other problems at Great Orton related to vehicles driving fast through the villages and play areas disappearing. The Great Orton site is well managed but it needs to be monitored for many years.

The Chairman then thanked Dr Tiplady for the information he had given so far, stating that it confirmed a lot of the Committee's fears and that there was a lot of juicy information there.

Question – A lot of children were severely affected by Foot and Mouth – is any research being done or is planned, or should it have been done on the effects on children?

Dr Tiplady – No, No, Yes. Some clues during the outbreak as to the effect on children and in extreme cases some children were being let through windows to get out of farm buildings to avoid seeing dead animals. Some children saw things that they should never have seen, like their father crying in the street. A Medical Student who was here at the time did some work on what GP's were doing in relation to children, with some Head Teachers, although at the time they thought that there was little impact and with Educational Psychologists although there were no referrals to them. The effect on children changed as quarantine came into force as they were either stuck on the farm or had to stay with relatives. No special research has been done on children other than monitoring of infant mortality.

The Cumbria Inquiry recommended research into the effect on children but I don't know if this is ever been funded and undertaken.

Question – Could the effect on children manifest itself in 10 to 15 years?

Dr Tiplady – Children are resilient but a few may need long term help. So far they don't seem to have used health services. It would not be too late to undertake research into the effects on children.

Question – Do you find that we tend to keep things within our families? How will this have an effect long term?

Dr Tiplady – Cumbrians do tend to keep things within their families. At the time of the outbreak, the Community Nurses did try to get to infected communities and talk to people rather than just wait for them to come forward. On the whole farmers won't just approach health services for support. Prior to the outbreak some Community Nurses took caravans into Farmers Markets, but this method was not available during the outbreak due to restrictions.

Tremendous work was done through the telephone hot lines, some calls took 2-3 hours. You may want to speak to some of these hot line operators. If Foot and Mouth happened again in the future, I would have to say that there should be an immediate response of outreach services to the affected communities. At the time of the outbreak families, friends, neighbours, vets, all became part of a network of support which developed rapidly.

A Member commented that Councillors, particularly rural Councillors, found that they were phoned by a number of people and the extent of use of these contacts has not come to the fore.

Dr Tiplady – Farmers can be phlegmatic about illness and may think that to say that they are not coping is a sign of weakness, we have to help them to make the first step. Vicars, Vets, Police and all sorts of other people had a role in providing support, and people do need all sorts of support.

Question – Would you say we are better equipped if, heaven forbid, we have another Foot and Mouth outbreak. At the start of the outbreak, the rules seemed to change on a daily basis. Also, could Foot and Mouth be partly responsible for diabetes problems.

Dr Tiplady – In health terms we are better prepared. If it happened again we would have a more definite response to pyres or burials, and it would be better to have an increased capacity for rendering. There are issues surrounding getting carcasses disposed of quickly.

In terms of the overall management of an outbreak, I think we are only slightly better off, not all the recommendations of all enquiries have been implemented.

Regarding diabetes, Dr Large noticed that some diabetic people were putting on more weight and that diabetes control had slipped. He did a project which is just about to be submitted for publication. The project shows a slight increase in diabetic control problems during the outbreak. This may be due to the difficulty in accessing services, e.g. getting to the doctors or over eating during the outbreak. There was an impact on some people who already had diabetes as their control was affected.

Question – Asthma could be affected by the smoke from the pyres but there is also stress related Asthma, was this made any worse? Also, was there is an increased incidence of Irritable Bowel Syndrome, Blood Pressure, Strokes, Heart Attacks, or other stress related problems like psoriasis after the outbreak? Where these things monitored?

Dr Tiplady - People who already had asthma may have found that it was worse through inhaling smoke, I do not have the same information regarding the effects of stress without smoke. I have heard nothing about Irritable Bowel Syndrome being made worse, although if it were stress-related the stress of the Foot and Mouth outbreak could bring it out, but I have no hard data to support this. Blood pressure data during and after the outbreak could be looked at.

We did not find any increase in suicide rates although it may be that some bad health deaths were brought forward by the stress of the outbreak.

Question – What percentage of people would need long-term support? Is it in the tens, hundreds, thousands?

Dr Tiplady – There will be a number needing long-term support, probably very few, but I do not know the exact figures. Ms Rockminster may be able to comment.

Ms Rockminster – I am not qualified to say.

Dr Tiplady – Some of the 54 diarists are still reporting symptoms and may need long-term treatment. I suspect that the number needing long-term psychiatric help will be very few.

Question – Were there any children who were diarists?

Dr Tiplady – None of the diarists are children.

Question – How do we identify those needing long-term treatment, also what are the likely effects in urban areas?

Dr Tiplady – We are not good at detecting those needing support, the only way to pick them up is by outreach services, you cannot rely on them making themselves known. We may have missed some needing help.

In urban areas, people in towns were just as much distressed by watching the pictures on TV or they may have worked in industries affected by the outbreak. Bed and breakfast, restaurants etc particularly in West Cumbria were affected, although B&Bs in Carlisle were full with people dealing with the outbreak. A lot of people's livelihoods were affected indirectly. In addition, smoke was not contained to the countryside.

A Member commented that the smell over the Easter period was horrendous.

Question – From what you have said and the research project, the diarists are having ongoing needs met by the fact that they are part of the project. From this can we say that there is a large chunk of people out there who would benefit from support?

Dr Tiplady – There has been benefit from keeping a diary and speaking. The diarists say that before this no-one asked them how it affected them. The 54 diarists were selected independently according to a demographic profile and some have ongoing problems and get support from the research, there must be others out there who need the support and are not getting it.

Mr Speirs – I will give you detailed information from the environmental studies carried out with District Councils and Health Services later on.

Question – There were people passing through the M6 corridor who would have been affected. The pyres upset my son and he said that the smell hung over Carlisle. The outbreak must have touched a lot of people's lives and will manifest itself in the future.

Dr Tiplady – Research is also showing strong evidence of recovery from the outbreak. I know a man who was particularly gloomy during Foot and Mouth. His wife was pregnant at the time but she has since had the baby and they are

progressing well. Other farmers have got first prizes in shows with their new stock, but there are some people who have flashbacks and bad dreams etc.

The Chairman gave a sincere thankyou to Dr Tiplady. She said that he had given us a lot of food for thought about how it affects us as Councillors and our community. There are lessons to be learned about how support agencies have a profound effect on communities and also lessons about the pyres.

Question – What about the burial of ash?

Dr Tiplady – There is a proper protocol for doing this and it was followed. There were some technical difficulties but overall it was satisfactory.

The Chairman then stated that the Committee looked forward to seeing the research and that they may get in touch with Dr Tiplady again. She asked him to let them know in the future if there is anything he feels they should know for the community or if he wants to use Councillors as a vehicle for getting information over.

Question – Can we have copies of the results of the Lancaster Project?

Dr Tiplady – I will send you the Diabetes Project and the Lancaster Diary Project will probably be published in the Spring.

A Member commented that the Committee was hoping to do this kind of Review every two or three years.

Dr Tiplady and Ms Rockminster left the meeting at 12.10 pm.

Mr Richard Speirs, Head of Environmental Protection Services

Mr Speirs – "It is appropriate to recognise the impact of the Foot and Mouth outbreak on the Council's Officers and services. The Council has a legal involvement in water quality and supplies and also in local air quality.

At the start of the outbreak there was no consultation from DEFRA whatsoever. The first we were aware of was complaints from Longtown residents regarding pyres. Pyres were not constructed in accordance with best practice and should have been out within seven days although some burned for weeks.

There was no information available on the pollutants from the pyres. It was largely due to Carlisle Officers and Dr Tiplady trying to persuade agencies that small scale fires burning unregulated was not the way things should be developed. It was then moved to one larger, more remote fire. We visited one on the Scottish side of the border which was just a larger version of the same problem with the small fires and there was a lot of smoke.

Along with Dr Tiplady, we arranged for our pollution monitoring equipment to be used at a large pyre site at Longtown. No-one else was monitoring pyres on a national basis and it was crucial to identify pollutants. The equipment at one pyre was monitoring, but Murphy's Law meant that the wind took the plume of smoke away from the monitoring station. Concerns were raised that pyres should not be an appropriate means of disposal because of potential risks. There was persistent badgering of DEFRA by the Local Authority, the Environment Agency and Health Authorities to be involved in discussions on pyres and on farm burial sites. The Environment Agency's only comments were regarding the nationally important water supplies but they had no record of private water supplies. We had weekend on-call rotas for Officers to handle enquiries regarding burial or burn sites.

Communication from DEFRA was a problem nationally and the State Veterinary Service locally were trying to improve communications but were frustrated by London inertia.

We managed to get a partnership with West Lakes. Carlisle, Allerdale and other Local Authorities effected collectively hired West Lakes to undertake a study of a pyre. They monitored two pyres and the facts they found were as follows: For one pyre to burn 500 cattle there were, 300 tons of cattle to burn using 700 tons of coal, 7,500 litres of red diesel, 500 tons of wooden sleepers, 60-65 tons of wooden pallets and straw

This meant that there was 1,500 tons of material to be burned on a pyre to take 500 cattle.

I can give some reassurance on the conclusions of the study. I quote from the reports:

Respiratory irritants – "Residences close to the pyre site were likely to be at risk of being exposed to air concentrations above the air quality standard, although the short-term peaks in these pollutant concentrations were not likely to cause substantial exceedances of air quality standards." They were not likely to give rise to someone suddenly suffering asthma, but if already susceptible could have been a trigger.

Dioxin intakes via inhalation – "...even assuming that the worst case emission factors apply, exposure to airborne dioxins at the nearest residence to the pyre would not pose an appreciable risk to the health when levels are compared with statutory guidance."

Poly-aromatic hydrocarbons – "...the levels of carcinogens in air downwind of the pyre was not found to be pose a significant risk to health."

There was an effect on the whole atmosphere in Longtown and rural communities surrounded by seven or eight pyres which burned for two or three weeks. The physical impacts were negligible but the psychological impact is a significant feature. After the pyres, there was a concern about the land, in particular the chemicals falling from the air and the effect on soil. Environmental Health Officers have worked with the Food Standards Agency in monitoring the farms in the vicinity, taking milk, egg and soil samples. The results were that there was no risk to health from the fall-out from the pyres.

Monitoring work is still continuing at Hespian Wood and Great Orton. In addition, there is monitoring of private water supplies and shallow springs, all of which have the potential to be affected. To date, there are no indications that private water supplies have been adversely affected but officers will continue the monitoring.

My greatest concern is about what we might have again as Foot and Mouth is not the only animal disease which can reach epidemic proportions.

I will outline the role I played during Foot and Mouth, I was the link for all environmental health functions in the County and I am still continuing that role. The local State Veterinary Service have a local contingency plan and they meet regularly with Health Services, the Environment Agency, Trading Standards Officers and Local Authorities. The plan is rehearsed on a regular basis. Quarterly meetings are held so that the main stakeholders do not lose sight of the importance of animal disease. There is concern that this may not be replicated nationally and some communication problems will kick back.

LACORS is a national organisation for regulatory services bringing together Trading Standards and Environmental Health and promoting legislation and promoting quality regulation. LACORS were appointed as the communication network for DEFRA and this is still their role.

I went to a meeting with LACORS and am quoting from their report:

"Unfortunately, the vast majority of local authorities do not feel that DEFRA have taken enough definitive action in relation to this issue. A series of major flaws remain in any preparation DEFRA has taken toward limiting the consequences of a disease outbreak, and Local Authorities primarily feel that they would be relying on their experience from FMD in 2001 if a similar situation arose again."

If lessons of 1967 had been applied in 2001 there would have been a significantly limited extent."

I hope that this report to DEFRA will improve things at a national level but locally the State Veterinary Service in Carlisle are holding regular meetings with stakeholders to handle any situation, God forbid it happens again.

Regarding pyres, I doubt if the national capacity of rendering could cover such a huge outbreak. You could say the outbreak happened because of moving livestock from one auction mart to areas all over the country, but this could happen again. I hope that mass burial would be used in the future if it is in a proper site where effluent could be collected and disposed of.

I would like to see the Local Plans replicated better nationally.

There was and still is a tremendous amount of officer work. The County Council Emergency Planning Section had a crucial role and became the local link for information. They provided a useful source of areas beyond Cumbria, e.g. Northumbria used them as well. A lot of work was undertaken by Local Authority Officers during and after the Foot and Mouth outbreak.

The Chairman commented that there was an important observation to be made on the impact of Foot and Mouth on Officers and officer capacity and the effects are continuing even today through the monitoring by Environmental Health Officers. She then thanked Mr Speirs for his observations on the situation.

Mr Speirs - The Trading Standard Officers will need more support. If, in two or three years time, local government is re-organised, what will happen to the County-wide Trading Standards, who will look after livestock marts and bio-security on farms. LACORS have identified slippage in bio-security on farms and all evidence points to decline in on-farm bio-security as a major cause of the spread of Foot and Mouth. Pyres were not as such connected with the spread as the spread did not seem to occur down-wind of pyre sites.

Members commented on theories they had heard about Foot and Mouth including sharks coming up the Solway as they had been attracted to the blood and pumping out of effluent into the sea at West Cumbria.

A Member commented "I was involved in the 1967 outbreak, including the moving of carcasses. I accept that a Local Plan is now in place but during the recent outbreak, London tied the hands of local people. It is no good having a Local Plan if London says no to local people's views. Local people with local knowledge were not allowed to have an input.

The 1967 Inquiry had said not to have any pyres if it happened in the future, but there were pyres in 2001. If there is another outbreak, central authorities will not take any notice of what we say at local level. Political and economic considerations determine what we do. Also, controls at ports and airports are not tight enough. Few people ever go through the red channel at Customs and in the green channel people are hardly ever picked out. We are not as strict as we should be about controlling materials coming into the country. The USA and Australia do not allow fruit and meat into their countries e.g. I was not allowed to take haggis into Australia. During Foot and Mouth, other countries would not allow people to walk in with leather shoes. In Norway, I was not allowed to visit

certain places as I was a vet. We are not strict enough in this country with our controls. Local plans are fine but London can say no to our local plans. DEFRA have a communication problem and this should be sorted out nationally at a high level.

There are 100,000 cattle missing from the national database at Whitehall. I think we will have the same chaos if there is an outbreak in the future."

Another Member expressed concern that if there was another outbreak, we would be no further on. Mr Speirs responded that we would be better prepared locally but may be frustrated nationally.

Question – What about asbestos burial on farms?

Mr Speirs – Ash disposal from the pyres was recognised at an early stage and dealt with. The Environment Agency recognised asbestos burial as a potential problem. The Environment Agency have appointed consultants to investigate the risks of materials disposed of on farms. If buried underground, asbestos is okay, the problem is when it becomes airborne.

Question – After Chernobyl there was a lot of monitoring done at the early stages but I am not happy that there may be areas in Cumbria with high radiation and we are not aware of them.

Mr Speirs – Some areas in the fellsides are heavily monitored. We undertake routine radiation monitoring at a number of sites to identify normal background, so that if we do have another situation like Chernobyl we will know the impact. It was difficult to get information from anywhere regarding Chernobyl. In Carlisle, there was a negligible effect, but we continue radiation monitoring and food sampling.

Question – Following Chernobyl, are there still sheep which are allowed to breed and their flocks destroyed?

Mr Speirs – I am not sure.

The Chairman then thanked Mr Speirs for his contribution to the meeting, adding that it was always a pleasure to have him at Committee as he was always very informative

Mr John Mallinson – Overview and Scrutiny Manager re Emergency Planning

Mr Mallinson – "I am lead on Emergency Planning within the City Council and was the Council's representative on the Task Force. During the outbreak, MAFF refused to let local authorities within the County to treat the situation as a disaster and bring into place the approach to deal with a disaster. They did not want the

additional publicity. A great deal of the aspects in the Emergency Plan were subsequently brought to bear and it would have been better to do it from the start. A District Control Centre was established here in the Civic Centre and was used for months. A County centre was operational 24 hours a day. The key thing was the reluctance to approach it as if it were a disaster but an acceptance that the Emergency Planning resources were relevant and brought to bear."

Question – Who controls what is a disaster? Is it controlled locally or nationally?

Mr Mallinson – In the normal course of events, the decision is made locally by the Police Commander in charge of an incident, in consultation with local authorities, but this is usually on the basis of a civilian disaster. It is usually a local decision.

Question – So why wait for DEFRA in London?

Mr Mallinson – The decision-making just did not happen. Effectively, we were not in charge. It is another factor that reinforces the lack of value placed on local input.

COS.136/03 NEXT STEPS FOR THE SUBJECT REVIEW/INQUIRY

Mr Mallinson advised that the Minutes of the first Inquiry Meeting on 28 October 2003 had been circulated to Members and would be used during the last session of the Review. Following the 28 October 2003 meeting, Dr Gregson had sent information regarding the prescribing levels of anti-depressants. It appeared that nothing could really be learnt from that information.

Mr Mallinson then commented on the Farmers' Health Project and advised that he could provide information to the next review meeting.

In relation to County Council involvement in the Review, Mr Mallinson had tried over the past few months to get someone to come and speak to the Committee and it may now be possible to get somebody for the 17 December 2003 meeting. At the Voices of Experience Conference at the Racecourse, it had come to light that some of the County Council Cabinet had the task of monitoring the implementation of the recommendations from the County Council Inquiry.

The County Council have information on the impact on children but this is raw data and not in the form that we can do anything with. The information is in the form of teacher feedback and records of absence and although it is raw data, we could suggest that some research could be carried out based on this information.

The next special meeting of the Committee to continue the Subject Review/Inquiry is due to be held on 17 December 2003 at 10.00 am. The Lancaster University Research Team will be coming to this meeting, including the lead Researcher and the full-time workers, they were also hoping to bring some of the diarists but they were unsure if this could be organised. A briefing meeting

would be held at 9.30 am on 17 December 2003. Councillors Fisher and Parsons advised that they would not be available for the meeting on 17 December and asked that their apologies be submitted.

Members then discussed the pulling together of the Review/Inquiry and asked that after the meeting on 17 December, Mr Mallinson and Mr Taylor prepare a draft report. Mr Mallinson advised that the draft report could be submitted to a special meeting of the Committee to be held at the end of January or beginning of February 2004.

He then added that an additional special meeting of the Committee would need to be held to consider the Sheepmount Project as a tender was being submitted to the Council on 12 February 2004 and if the Committee wanted some involvement a report would have to be considered between 19 and 30 January 2004.

RESOLVED – (1) That after the meeting on 17 December 2003, the Overview and Scrutiny Manager and the Overview and Scrutiny Support Officer prepare a draft final report to be considered by the Committee at a special meeting to be arranged towards the end of January or beginning of February 2004.

(2) That a special meeting to consider the Sheepmount Project be held on Friday, 23 January 2004 at 10.00 am.

(The meeting finished at 1.05 pm.

COMMUNITY OVERVIEW AND SCRUTINY COMMITTEE

SPECIAL MEETING

WEDNESDAY 17 DECEMBER 2003 AT 10.00 AM

PRESENT: Councillors E Mallinson (Chairman), Councillors Boaden, Earp, Hendry, Parsons and Prest (as substitute for Councillor Fisher)

ALSO PRESENT: Councillor Joscelyne attended the meeting as an observer.

COS.137/03 APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Councillors Fisher, Hodgson and K Rutherford.

**COS.138/03 POST FOOT AND MOUTH DISEASE (FMD)
ENVIRONMENTAL AND HEALTH MATTERS SUBJECT REVIEW INQUIRY
EVIDENCE LANCASTER UNIVERSITY RESEARCH PROJECT**

The Chairman welcomed researchers and diarists from the Lancaster University Research Project. She outlined the role of the Overview and Scrutiny Committee and the progress it had made so far in the Subject Review/Inquiry.

Members of the Committee then introduced themselves followed by introductions from the following people:

Dr Maggie Mort, Ms Josephine Baxter, Dr Cathy Bailey and Mr Ian Convery (Research Team – The Institute for Health Research Lancaster University), Mr Mike Christian (a diarist and vet at Wigton), Ms Teresa Taylor (a diarist and district nurse), Ms Lynne Brookes (a diarist and employee at a vet's practice) and Mrs Sue Forsyth, a member of the public.

Dr Mort – Thank you for showing an interest in the project. I will say a few words and then pass on to two of the Panel respondents. After that members of the Research team have brought evidence regarding some of the bullet points in the papers which have been circulated. The Project's Annual Report set out the aims and methodology of the project.

Fifty four project respondents were selected from all over north Cumbria. They fit in to demographic profile and assigned to 6 different demographic groups. The paper which was sent to you before this meeting highlights the concerns of the 54 project respondents from their weekly diaries, interviews and group meetings. The bullet points in these papers are marked to show which demographic group the responses came from.

The Panel of Citizens reflected a broad spread of all kinds of people affected, including, farmers, agricultural workers and front line workers who have since gone back to other jobs or are unemployed. For front line workers it was particularly amazing and traumatic work and these workers are often invisible in reports and inquiries on Foot and Mouth.

Work, like the work that this Committee is doing, highlights the health effects in an ongoing way, it helps to highlight enduring problems on post Foot and Mouth issues and is a helpful way to assist people to move on.

The Project's respondents have been writing a diary every week for a period of 18 months. There are now 3,800 diaries with the first diaries being started in December 2001 and a staggered beginning and end. In the diaries the respondents have told us what their health is week to week and have also written in free text reflecting on Foot and Mouth and what has happened. They have

also met in groups to discuss the aims of the project and their hopes for the future.

A report on the Project will be submitted to the Department of Health in April 2004 and we will send you a copy whenever it has been accepted by the Department of Health. The Project has helped to document the process of recovery over 18 months. It has, so far, identified a number of issues and problems.

With health there had been formal and informal sources of help. It is often the informal sources that are most helpful and most able to trust and it was found that respondents had turned to these informal sources for help. The people running the formal services don't have a lot to say as problems are only reported to them when they have become pathological. Informal support has not been recorded but the Project respondents have told us that their experience of informal support for people who had suffered enormously. The formal sources will all say that it is not much of a problem. The Project will show how respondents survived and at what cost and we will tell you later about how we are pulling together the evidence we have gathered, and what we do with it from there.

Teresa Taylor – Diarist – District Nurse

"I cannot talk for all health professionals who looked after communities affected by foot and mouth. What I encountered in my work was the individually unique response of that community to a severely stressful event in their social, occupational and private lives. My interpretation of the effects of foot and mouth on that community is based on my professional training and experience, as a nurse, a psychiatric nurse, a district nursing sister and as a fellow human being.

As the outbreak of foot and mouth progressed in the area I work, I watched the stresses and anxieties among the people I cared for rise dramatically. There was the day-to-day tension of checking the animals for signs of the disease, and the increasing fear as neighbouring farms went down, farmers struggling to find words of comfort to offer friends and neighbours affected, who were living through the very situation they themselves dreaded. The protective voluntary curfew meant this gregarious community no longer met up, so support was limited to family members, essential visitors and the lifeline contact of the telephone. Everything stopped for Radio Cumbria's foot and mouth updates, the most reliable source of information. MAFF was unable to provide consistent or accurate information, and was not listening to the advices of vets in the field. Farmers, the tourist industry and small businesses no longer trusted, the government, it was so obviously failing to cope.

Those farms affected by the disease had the pressure of the cull and disposal of their stock, and the inconsistent bewildering instructions of what they had to do to clean up. Those who avoided the disease lived with the constant dread of its arrival and the difficulties of how to feed the stock that still survived and the restriction of animal movement and its red tape. During all this there were the normal tensions, of exacerbation of existing illnesses, new illnesses, shortage of money and death of family or friends, which affect any community. The effect of foot and mouth on these normal stresses, however, led to internal and family debates as to the safety of leaving the farm, attending the doctor, or friend's funeral. Some families chose to bury their dead quietly, to spare others being forced to take extra risk, later feeling they had denied them the farewell they deserved. Everyone was affected who lived or worked in the area. Their livelihoods were affected, their family life was affected, financially they were affected and they had seen and heard things which they would rather have not.

However if an audit of the medical and nursing records were undertaken for that period, would there be little evidence of any increase in consultations. Consultations outside the farm were considered too risky, if the disease had not yet struck so advice was sought by telephone. Where foot and mouth had occurred, an informal network of self-help became established, from those who had already had foot and mouth, who offered their sympathy, their support and their experience. The farmers they were then too busy with the clean up to seek professional help, and put off any health concerns until they were quieter, a time that never seemed to come.

However where there was established contact with health workers, support and advice became the norm. Wound dressing visits that previously took fifteen minutes, stretched to over an hour as patients sought to off load their concerns for themselves, or their loved ones, who were so stressed they were rapidly losing weight, or whose existing symptoms had worsened, or who were not sleeping, or in tears, or not talking, or so angry, or turning to drink. No visit to a house during that period was simple. Emotions were near the surface, and everyday brought fresh news and concerns, so the burdens got heavier and heavier. In surgeries too this picture was repeated both among GPs and practice nurse staff.

Foot and mouth disease brought tensions and stresses, the affect of which were very visible to those who were in contact with this community. These stresses began with the news of the first outbreak, continued throughout its occurrence, clean up, restocking and through to the present day with the new rules, regulations and red tape. But what was the effect of all the stress and tension? Where are we now? I think that is the biggest unanswered question. Some people may have resolved their experience, but I feel the majority put it onto the back burner and gradually buried it in the day-to-day realities of living. This does not mean that it is gone. For many people it is like an unexploded bomb, at some point in their individual lives some event will trigger its detonation. Emotions are still more obviously on the surface than previously. A lame sheep, specialised

sales, a dead ewe or calf- previously part and parcel of the farming life, can revoke the emotions of that time.

Stress is well known to be detrimental to physical and mental health and plays a contributing part in many conditions. Yet the effect of the stress of this period may remain undocumented or appreciated, as it would be hard to allot blame specific to one time frame. Many diseases to which stress plays a contributing factor, heart disease, hypertension, stomach ulcers, cancers and mental illness take differing time spans to produce symptoms. My fear is that the true human effects of the foot and mouth outbreak are yet to be seen in many areas. I also fear that these people will feel as disaffected at the health care provision offered to them in the wake of foot and mouth, as they do with the government and Maff.

We have all heard what a terrible time it was, how much stress was engendered, but if that is all that these enquires, research and committees come up with, then they will lose the respect of the communities they are meant to serve. Those affected by the foot and mouth outbreak deserve that health care provision is put in place for them to access as they require it. They need access to health assessment, health promotion and mental health awareness and support. It needs to be highly accessible and visible. The human suffering of foot and mouth has yet to be addressed. The medical and nursing professions like the government stress the need for high quality in all its services, it recognises the importance of addressing local needs in locally convenient ways. The two rural health nurse posts, created in the wake of the foot and mouth outbreak faded away even before their funding had run out. This does not inspire belief that these communities needs are being heard or addressed.

Farming is known to be a vulnerable occupation. They do not place priority on their health or on disease prevention. Statistically farmers are twice as likely to commit suicide as the average member of the public. Farming is the second of 160 occupational categories most likely to take their own life, and suicide is the second commonest death for farmers aged 15-44. Action needs to be taken if these statistics are to be averted, the likelihood is that without action they may rise. When I speak to those most obviously affected by the outbreak now, what I hear is that they are fed up of speaking and hearing about how things were and of the red tape that has been imposed as a result of foot and mouth, which is making their lives harder. Actions speak louder than words, perhaps it is now time for the words to be over and the actions to begin."

The Chairman thanked Ms Taylor for her evidence and asked if the Committee would be allowed to have a transcript of the evidence.

Ms Lyn Brooks – Diarist – Employee at Veterinary Practice

"I work in a Veterinary Practice on the outskirts of Carlisle, it is a mixed Practice of approx 70% large animal and 30% small animal, of the 70% large animal they

are mainly dairy. During FMD we lost 80% of our clients herds, if the contiguous cull had continued we would have lost them all.

At the time of FMD we had 4 full time and 1 part time vets with 8 support staff, by the end of FMD we had 1 full time & 1 part time vets & 3 support staff.

20th February 2001, 23rd February 2001, 1st March 2001, 3rd March 2001, 24th June 2001, 30th September 2001

What do these dates mean to you? Possibly nothing, possibly something. They all mean something to me.

The rest of my short talk is mainly about what happened in our Veterinary Practice during FMD 2001. It is a very personal account, but the FMD was for so many people a personal & very emotional experience, it changed lives instantly and overnight. I will try to give you some idea just what it was like, it was real but unbelievable, it was sad and amazing, it was sad and amazing, it was traumatic and over whelming, and it happened.

Here goes!!

It was one of those situations that you always remember where you were and what you were doing. One of our vets had heard on the radio that there was a suspected case of FMD in Essex. Our Veterinary team were all discussing it, not knowing then what it actually was going to mean. A few days later there was the case at Heddon on the Wall in Northumbria, that was getting close. All the vets began to see what information we had on the subject, it wasn't a lot and hadn't really been updated since the last outbreak, we even had a new graduate and all she could find in her notes was only half a page.

Shortly after Longtown was mentioned this was definitely too close for comfort, we contacted DEFRA but unfortunately information and advice was limited!!!

That morning we got together as a Practice to decide what we were going to do. Our staff were brilliant it was agreed we would cancel all farm work bar emergencies and one TT test that was still to read. We went out and bought disinfectant and new waterproofs for everyone and all the vehicles, equipment etc, were disinfected. We also set up spray cans and footbaths with disinfectant at the Practice.

At the beginning of the following week things really changed. Two of our Vets went to DEFRA, one was sent to Northumberland and the other stayed within the county. Our large animal work had stopped immediately and surprisingly so did the small animal.

Also during that week we lost our first client to FMD, all work had ceased, we had to think seriously about what was going to happen.

We found we had also got new roles, not very easy or nice and one I found particularly hard to cope with. We had become an information bureau and counsellors. Farmers were phoning for advice, some re confirmed cases, some in the contiguous cull, some just needing some information and someone to talk to, but all very very confused, angry and upset. We sat and listened mainly, sometimes just to someone crying on the other end of the phone.

Trying to get them the information that they so desperately needed. This took up most of our day and most of the night. This was a job we were definitely not prepared for. If we had have been able to get some just basic information, I feel it could have eased a lot of frustration and mistrust that unfortunately a lot of people feel. Everyone understands that it was important to work hard in trying to stop the disease spreading and it may have seemed a nuisance to try and help when they should have been doing something else, but it could have stopped a lot of ill feeling. The animals were treated with more respect and dignity than some people.

I felt very let down and hurt that no one seemed to care or was willing to look at the full picture or the one that really mattered, the effect all this was having on people living with it and trying to deal with it.

There was only one person we found who would listen, help, put our points forward and kept in constant contact and that was David Maclean MP.

The day Mr Brown announced that statement that statement regarding all animals to be culled will be a day I will never forget, no one should be allowed to do that to other people and then just say it was a mistake. It's sick.

With regard to our Practice as a whole it was devastated, still no large animal work bar emergencies and still next to nothing small animal, this had been the biggest shock, because we thought initially that we would at least have the small animal work to keep us going, we did discover later that people had presumed we were either closed or too busy helping to deal with the FMD. Along with this double shock we realised we were going to have to look seriously at our staff level, and sadly had to start laying staff off, it was an awful thing to do and one of the hardest.

Everyday began to become a battle for one reason or another, with trying to get information, how we were going to work each day, as you couldn't plan ahead. By now we had only two vets to support the farmers and small animal clients. Work wise we did manage some sort of routine, one vet would do large animal and one vet would do small animal. If the large animal vet had been on a farm that later got FMD then they did Small animal and the other did large animal, if as happened on one occasion they were both we got our part time vet back into help. We got great support from the other local practices and everyone helped each other out in lots of ways.

In the space of a few weeks our whole lives, business, everything had changed, it was like we had been transported to another place, if you actually stopped to think about it, it was horrific and you would just end up in tears. Listening to the farmers experiences etc was hard, but there was still a great community spirit and you can't cull that!!!!

As the weeks turned into months, it was becoming much more emotional, there were a lot of our clients who had done the total block in, nothing and nobody in or out you could eat off the tanker, and really the telephone had been their only connection to the outside world. You felt you couldn't go anywhere and all our trips were limited, we provided a drug delivery service which also included going shopping, going to the post, shouting across a gate so as not to get too close. The really worrying and frightening thing is that it did all for brief time became our way of life.

You don't get over it you change, and it will always be there as any disaster and will carry on materialising in many different ways, for many years to come. I can't really do the experience justice if you were not directly involved you just won't get it, or feel it, we all must make sure it is not allowed to happen in this way again.

On a brighter note our Practice did survive, is that is what you call it. It has altered greatly and it has taken a long time, we managed to build up new staff and they are a great team. We realise it can never go back and I believe you should never go back but going forward should be better.

The Chairman thanked Ms Brooks for her evidence.

Dr Mort – The information from the Respondents shows that there was a lot of informal caring going on over the telephone. For example one respondent was an auctioneer and he said that he became a counsellor overnight. Support was also given by a local feed merchant who said that he could be on the phone for a long time. This caring was largely invisible and not recorded, until it has been set out now by the diarists.

I would refer you to the first bullet point in the paper I sent out which states that there was widespread anxiety that an animal disease outbreak will happen again and that the Government is not prepared for this "feels like a time bomb". The anxiety and concern is about what has been learnt, what is the contingency planning like, can people trust it? I would ask Mike Christian to come in with a point about the underpinning problems.

Mike Christian – Diarist – Vet in Wigton

"In February 2000, I was at a meeting in Carlisle for Senior Vets on the threat of exotic disease coming to the UK. This was seen as an increasing risk and we were being made aware of the problems that may happen. There was a lot of discussion on the threat of the spread of TB in cattle. Richard Drummond, the Regional Veterinary Officer, was speaking on TB and Doctor Kitchen was talking about exotic disease. I have been a vet for two outbreaks of novel disease, including BSE and parvo virus in dogs. There is the threat of old diseases and novel diseases in the future.

At the end of February 2001, I rang the State Veterinary Service after the first outbreak of Foot and Mouth and volunteered to help for 2 weeks to help to stop the spread of the disease. The State Veterinary Service had no idea if they could pay me or how much or whether they had any equipment. I ended up being there for 6 months and used my own equipment. I was one of the vets in white suits and also ended up dealing with the press and farmers.

In the early days, the problem was that everything went through London. It was only when the Army came that decisions could be made locally and even then information was sent to London for rubber stamping. There was a lot of crisis management but there were only two phone lines into the centre, we had six phone lines at our practice which were engaged all the time. The organisation was not ready to get up and run.

In this area farms are spread out with fields mixed, this problem was not understood and it still isn't, there is no system for identifying farms, farmers and animals and this is a big concern to me.

There was Swine Fever before Foot and Mouth and the regional Veterinary Officer, Mr Richard Drummond, wrote a report saying that we were not prepared for a big outbreak. The swine fever outbreak was about 68 so there was no way we would be prepared for a much bigger problem of a 1,000.

In February 2000 the threat of tuberculosis was discussed and this has proved itself right as we now have a lot of tuberculosis outbreaks in the county. There is a lot of concern in farms and distrust of DEFRA over how any future outbreak would be dealt with. Contingency planning is being done but the DEFRA ethos has not changed, there is still a Central London bureaucracy.

A contingency plan must be promoted as well as being in place. No-one is getting out to the farming community and saying what is in the contingency plan.

My own view is that it should be done on a much more local level. From this study and what I have learnt locally, if people feel in control of a disaster they

cope better, but if they feel that it is a distant force, they and not locals are in control this makes anger, disillusionment and stress worse.

I hope that a County based contingency plan could be put in place.

If a plane goes down it is classed as an emergency, if one farm goes down to Foot and Mouth it was not an emergency. With 50 it was not, with 100 it was. Someone has to press the emergency button and it should be pushed at the first case of Foot and Mouth.

Perhaps I may finish with quote from Mr Michael Jack, MP EFRACom parliamentary committee in speaking to the chief scientist. 'We are talking about this; we are going through consultation and ministers are making speeches but there does not seem to be any end game in sight. Is that a worry?'.

Action is going on but it needs to be out in the open and publicised at a local level in North Cumbria and other places."

Dr Mort – That is why the work of this Committee is so important. At the Voice of Experience Conference, Kai Erikson said that listening to local people and communities seems to be part of the recovery process. I will now hand over to colleagues who have supporting evidence from some of the other respondents.

Ms Cathy Bailey – Researcher

The 2nd bullet point is that for some there is *little sense of closure or resolution, following 2001, as many continue to live with anger and/or anxiety*. In support of this, I will refer to some diary extracts. A Livestock Auctioneer said that FMD had left a hole in him which had been patched up but not healed. He said it never would until he gets over the nagging feelings of bitterness and that "we should never have had to do what we did"

A Rural GP recorded a really nasty anxiety problem with a farmer much affected by F&M who has continuing and varied farming problems, now mostly unrelated to F&M which have continued to pound him. The GP also referred to another farmer who lost his sheep to FMD. He had a variety of symptoms and the GP thought the farmer would probably retire. The GP worried about him and he was almost embarrassed to talk about his unhappiness.

A Health Visitor at the Rural Stress Awareness workshop had spoken about family events and other things which acted as triggers and reminders of FMD.

The 3rd bullet point is about *frustration with post FMD livestock movement legislation which makes every day working life very difficult and at times almost impossible*.

In September 2002, a Livestock Haulier recorded his frustration with a Trading Standards Official. One haulier had two lots of sheep for next door neighbours in the same village and the Official made him take them in separate loads although the sheep had been mixed up in the market all day.

In February 2003, an Agricultural Contractor had referred to changes in the regulations and market places which seemed to be changing almost weekly. It seemed to be getting harder for smaller businesses in the rural community to survive as it isn't easy for them to adapt to big changes overnight.

The 4th bullet is about a *serious erosion of trust particularly of Government Agencies, some of this due to the chaotic handling of the disaster itself, but much is due to the handling of the aftermath, and failure to recognise pain and sensitivities which remain long after.*

In June 2003, a Livestock Haulier wrote that at some time DEFRA, London, will have to trust local knowledge and locals will have to trust DEFRA or whoever is in charge. But he did not think this would happen as over the last two years all trust had gone.

The 5th bullet is that *frontline workers (ie those seconded to dealing with slaughter and disposal of animals) are still "coming to terms" with what they had to do. They question whether they would be prepared to work in this way again.*

Christine Horn, a Field Worker, who spoke at the Voices of Experience Conference referred to how she was constantly thinking on her feet and not having any rules to follow. She said that a lot of people felt they were badly treated and would not be able to help the next time. If they did not help again in the future, a lot of expertise would be lost.

There was also a frustration with the bureaucracy and farcical nature of the paper work that front line workers were dealing with.. In February 2002, a Livestock Auction Credit Controller who worked for MAFF/DEFRA during the epidemic said that the thought in his mind was "You are thick" every time they changed the rules or made new ones. He gave examples of how the information required for one form could be obtained by referring to the information contained in two others. A Farm Assessment Form had 3 columns and a Building Assessment form also had three columns. Two of the three columns on each form contained identical information and the simplest way to gather it would have been to add a fourth column to the original form rather than to re-issue it with one column headed differently.

The 6th bullet is that *small businesses (from rural tourism to craft industries) experiencing crippling effects of having to "pay back" tax etc that was "frozen" in 2001.*

In January 2003, a Wood Carver who had opened a rural craft and coffee shop two months before the Foot and Mouth outbreak recorded about this. To be eligible for tax relief and business funds he had to fill in forms on the right day or he would not qualify. Because he didn't get his accounts in he didn't get the tax relief. He was paying double business rates to pay back for when he did not get his accounts in. He spoke about his loans and how he keeps throwing money in but nothing is coming out. He said that it is a vicious circle.

Ms Josephine Baxter – Researcher

There is a bullet point about *ongoing health and environmental anxieties for respondents living near landfill sites and burial sites where animals were disposed of.*

I have information from one Respondent who sent me the minutes of a meeting. She is a mother with two sons and she and her husband both work. She lives directly over the wall from the landfill site at Flusco. She went to one public meeting but you had to book your place for the meeting and she said "Why do you have to book your place to go to a meeting?".

She describes the meeting at which there were 18 residents. The minutes of the previous meeting were not discussed because of the time that had lapsed since the previous meeting. At the meeting, they said they were going to arrange a site visit in six months time.

In Summer, she says that "a farmer was told by the vet that infected stock had been buried". In late Summer she recorded that there was still no meeting – and there probably would not be one, it seemed that the less they talk to us the better for them. In the Autumn, she recorded, "I suppose we will never find out about the smells in the morning". In the following Summer, "there was never another meeting or any more contact". She said that she hoped it was not leaking but she said "I suppose we will never know".

I have Lakeland Waste Management Minutes which state that there would be a site visit and six monthly meetings, but there have not been any. These sort of actions are just not engendering the trust of the local community.

Mr Ian Convery – Researcher

I am passing round some handouts for you. We have a large data set of 3,800 diaries and we have used an ethnoplots where we take the structured questions, score them 1 to 5 and relate it to diary entries. The plot covers 60 different weeks. The shaded area relates to self-reported quality of life and the thick grey line relates to self-reported health. There are also quotes from the unstructured section of the diary and these are round the outside of the diagram.

This allows us to pull together a picture of what has been going on in people's lives.

The Chairman thanked the researchers and the respondents, stating that it had been very moving and had opened a lot of wounds for her. She felt challenged and upset by this snapshot of what people were experiencing and found it difficult not to cry.

A member echoed the thanks of the Chairman and thanked the research team for the paper they had sent in advance of the meeting.

Question – I am interested in the diagram on how diarists' views and feelings have changed over time. Is it that the further out they stretch out the more positive a response?

Mr Convery – Yes. The score at the centre is 0.

Question – As time goes on, it appears that there are more positive feelings but people suffer from trauma in different ways which may be triggered by anniversaries etc. Is there a perception that things are getting better or is it a case of one step forward and two back?

Dr Mort – There is a huge variation. Some have experienced severe trauma, for example the slaughter and disposal, or watching the sheep starve. The trauma can be triggered at different points by unrelated incidents or anniversaries. For some, the process of dealing with it was helped by events such as a memorial service at Great Orton Watchtree site. Our Local Authorities can make steps to understand people as part of the process of recovery.

One person came up to me at the end of the Conference at the Racecourse. He had suffered dreadfully throughout FMD. They told me that the opportunity to have his story told helped him to move on. There are unusual ways in which people achieve resolution of problems.

Ian could comment on the gradient going up.

Mr Convery – As time goes on, the simple parts of life are coming back on track. In the diagram, Week 54 to 55 was the turning out of cattle. This is all part of normal life starting again and is a sign of renewal and hope.

Ms Bailey – Kai Erikson said that people who have been through disaster feel that the world is not as tightly organised as they thought it was and that this is not a bad thing. Agencies should not sweep in and assume that they know how to help. You get a sense of this from a lot of the respondents.

Question – On the other side, you refer to a time bomb or unexploded bomb – what are people's perspectives as to means that could be implemented to try and alleviate that. There is a feeling among some people that Foot and Mouth will not happen again but it will happen. Is there coming through some clear statement of things which could alleviate this time bomb?

Mr Christian – Closure is important. It would have been useful if when the County was declared free of Foot and Mouth, something could have been done at that point to say it was finished or over. This would have given some sort of closure.

Ms Taylor – It would have helped if someone had acknowledged that people as well as animals were suffering. In some cases, weddings were cancelled or funerals were undertaken quietly and there was no opportunity to hear about these things. Lots of people have stories to tell, but no-one to offload this to, so that they could say it was behind them and could move on. I don't mean a counsellor or a doctor, they just wanted someone they could access. Farmers tend to put animal health ahead of their own and if a farmer wants to commit suicide, they know how and they have the means to do so.

In Yorkshire, they have rural health nurses at auctions and other places and farmers and other workers can just drop in to these sessions.

Ms Baxter – I spoke to someone managing a Tourist Information Centre in an affected area and they had a very difficult time and had to put up with flack from the public and farmers and deal with a lot of confusion over information. No-one got the TIC people together and said well done. It was frustrating that their work was not being recognised.

There have been quotes from respondents about the Cumbria Inquiry Report. All the way through, they were taking an interest and inputting, but there was a feeling that it would be ignored.

The Chairman commented that the report went to London but there is a feeling that once it goes there, it just gets put on a shelf.

Question - Regarding the Farmers Health Project and specifically the health of children, has any research been done on the long term effect on children's health?

Dr Mort – No, not as far as I am aware. It has been called for in the Cumbria Report. There was an Eden Arts Project and the Cumbria County Council have some figures on school absences, but there has been no systematic follow-up of these issues. It is a specialised area of work, we would not get the ethical clearance to recruit children as diarists. Phil Thomas hoped that something would be done.

A Member stated that he hoped the recommendations should say that something should be done. He taught some of these children and they were traumatised.

The Chairman said that Members had asked Dr Tiplady about any research on effects on children and his answer had been the **same**. She stated that one of the Committee's recommendations will be that there should be research and funding of this research, into the effects of Foot and Mouth on children.

Another Member commented that it could be 10 to 15 years down the line that we will see the effects on children. She said it **was** a shame that diaries could not have been kept and suggested that they would be out there somewhere, as children do tend to write things down.

Dr Mort – There was a lot of discussion by parents who were respondents on how the children were effected and we will try to track this and pull it out.

Ms Baxter – It was only really in conversation that they would tell you the difficult points.

Dr Mort – There was an Abervan Survivors Study and there were children who survived but no-one did work with them and some of them are now suffering severe problems.

The Chairman said that this just highlights that we do not learn from previous disasters.

A Member stated that there should have been evidence and information gathered from the 1960's outbreak but the reports from that date seem to have been put in a drawer and left.

Ms Taylor – They didn't even look at the reports.

Mr Christian – You should put in your review that no-one read the Northumberland Report. Closure of Footpaths and mats on roads all became issues again. I got hold of a copy of the report and it sickened me.

Ms Taylor – The 1960's reports said that they would never have another pyre.

Question - Veterinary Surgeons – There was a shortage of vets on the ground and there is now an even greater shortage of large animal vets in the county. Lots of foreign vets were brought in and I believe that 30% to 40% of the initial diagnosis were incorrect, any other diseases of the feet and the mouth were diagnosed as Foot and Mouth and a lot of animals were killed that needn't have been. We should have a core of veterinary surgeons who could be called in, in an emergency. There was a meeting after the event at Merrythought when vets were told how to recognise diseases like Foot and Mouth. People like me were

involved in 1967 were never called on to give advice and it is difficult to diagnose something you haven't seen.

Contingency plans are a good idea but they never seem to take effect. It was Central Government but now it is the EU who will control contingency plans. In the future we would have to know what the EU says and it will be even further from our control as Brussels will control it.

These solutions refer to Rural Regeneration. There are plenty of Quangos talking about Rural Regeneration but where is the money? The rules and regulations regarding funding should be simplified so that people can access money more easily.

A Member who was observing the meeting and not attending as a Member of that Committee asked to make a contribution but the Chairman advised that he would not be able to participate in that way.

Question - People did not seem to be wanting to use the formal channels for help. They were using informal networks. The difficulty is how to establish the strength of informal networks in a formal way. Have you anything that can give us a pointer at specific ways to establish formally the strengths of these informal networks?

Dr Mort – Through Outreach working and accessible and available multi-agency working and I will talk about this in the next Agenda item. There is a call for increasing the recognition of problem solving work that any professional does. It is the disaster that is abnormal not the people, they just have normal responses to an abnormal situation. In a disaster there is a lot more recognition of the resources put into outreach working. The voluntary sector did this better than the statutory sector. The voluntary sector gained a lot of expertise.

Ms Taylor – Statutory services provided from 9.00 am to 6.00 pm were just not enough.

Ms Baxter – Times do make a difference. I spoke to a Practice Manager in Penrith who said that the nurse in the practice listened to the Foot and Mouth bulletins on the radio and would ring any of their patients who had been affected. Another practice had a Health Visitor involved in ringing round and this took substantial time and cost.

Teresa Taylor has already spoken about her going to dress a wound and it could take an hour because you were talking to people. In the evenings I could easily be on the phone for an hour doing an application. There has to be a recognition of the need to make available the time and the cost associated with this.

Mr Convery – We have information on the Cress Project in the USA in which local people come together to deal with disaster situations.

Dr Mort – We will give you a copy of this report.

Mr Christian – There was good use of local radio and there were communications from Cath Graham and the local NHS Direct Helpline.

Question – Was there was any increase in respiratory problems?

Ms Taylor – No research has been done into the figures. It could be looked at by examining the prescribed drugs over a period of time. I only know of a diabetic study which was done. Most of the chronic disease went through a bad period of management. If you have any stress you won't recognise that you need help.

A Member commented that with regard to mental health there is a new strategy which has community teams which work on a 24 hour response basis. She suggested that these could be built on to encompass an emergency. The Chairman added that she had been consulted on community mental health being centralised and these new 24 hour Outreach teams. A report is going live from the NHS which takes on board Health Scrutiny's comments.

Ms Taylor – People won't access it if they don't know about it they should look at other ways. We could provide access through kids at school going back to parents.

Dr Mort – I read the West Lakes Report saying that there were no effects on respiratory health of the pyres. The precautionary principle should be to prove that it doesn't affect health, it should not be up to citizens to prove that it does. The jury is out on the effect of the pyres. The research hasn't looked at all the issues around. The precautionary principle and common sense have not commenced.

Ms Bailey – We have a paper on diabetes, I would need to source it for you but I can leave it with you.

The Chairman stated that she was delighted that so many people had come and that a lot of evidence had been given that we can use and the Committee will highlight aspects of this evidence. The Committee will pick these out and include them in their final recommendations. She added that the Committee looks forward to seeing a copy of the Lancaster University Research Project.

Dr Mort responded that she may be able to get permission from the Department of Health to send a copy of the draft, but they may be touchy about this.

The Chairman stated that she recognised that we would not be able to quote from a draft. She asked if someone would be prepared to come to a future meeting of the Committee once the report was out and talk about the report. She

added that any recommendations which this Committee makes will be sent to the research team and any other interested parties and they would have an input in seeing that this Committee's recommendations are carried through.

Mr Mort commented that it was part of their remit to work with anyone who is working on solutions.

The Chairman then thanked everyone for taking time off work to come here and for the positive evidence that they had contributed to the scrutiny process. She wished them safe journeys home and a Happy Christmas and thanked them for the work that they were doing.

Mr Mallinson asked anyone who had any expenses related to attending the meeting to contact him and he requested electronic copies of the transcripts of evidence given to be sent to him.

The meeting adjourned at 11.35 am and was reconvened at 11.40 am.

COS.139/03 POST FMD ENVIRONMENTAL & HEALTH MATTERS SUBJECT REVIEW, INQUIRY EVIDENCE - FARMERS HEALTH PROJECT

Mr Mallinson referred to the Farmers Health Project, copies of which had been circulated to Members of the Committee and had picked up on the Committee's interest in outreach work. He added that Dr Mort had been involved in this project this gave Members an opportunity to receive further information and learn some specifics which they may care to make recommendations about.

Dr Mort – I would rather answer questions on the project. Jospehine Baxter was involved in the set up of the project and can also answer any questions. It ran for 3 years and was highly successful and established the principle that outreach should underpin any rural health services. It has been copied and enhanced in other parts of the country. People from the REST project in Staffordshire have visited the Farmers Health Project. There is scope for outreach work in North Cumbria if you want to make a recommendation. I may later make some corrections as there were problems with how a project was described in an earlier piece of evidence given.

Ms Baxter – I can only talk about the part in North Lancashire and Kendal. I worked part-time as a Support Worker with the Health Practitioner and worked on publicising the project and administrative work. I was paid by the NHS and based at an NHS clinic and it was done along clinical lines using patient notes, I would contact GPs regarding interventions or tests.

Question - I have been involved in a project appointing a Nurse Practitioner in Botcherby. I am interested in the obstacles to overcome getting people to utilise that provision. Does it take a period of time to establish trust and build

relationships to get service take up? I would like comments on how projects can be sustained as it can take a while to come to something significant.

Dr Mort – To gain trust it helps if you have insiders in the community as gate keepers to the service. It is about patience and taking time. With this project we were surprised that we had responded relatively quickly, there are lots of myths about hard to reach groups but others have different views on this.

Regarding sustainability, the NHS works on key targets and services and it is almost impossible to innovate. We use what they call soft money, or funny money or partnership money, it takes a lot of work to keep the money coming in and the amount of worker required to keep the money coming in is often underestimated. I referred to a correction of earlier evidence regarding the District Nurses project, the money didn't run out but the funding was from non health service routes and it took a lot of management to draw it together. Work is being done to re-establish the service.

Ms Baxter - If you only have 6 months money it may be better to have the money part time for a year. My boss went week after week to auctions and then it took off but it did take investment of a lot of time. It seemed that regular and shorter hours were better and even after a year there were people who you hadn't reached.

The Chairman thanked Dr Mort and Ms Baxter and suggested that there could possibly be a recommendation to look at a piece of outreach work in the North of the County.

Ms Baxter – Reeth in Yorkshire have a Health Visitor who has part of her hours dedicated to Outreach work to farmers.

The Chairman added that the Committee could move outreach work forward as an Agenda item for Joint Health Scrutiny.

Dr Mort – Related points beyond health e.g debt relief would be the key to the problem of solving outreach work.

Ms Baxter – It came out from the respondents that as long as the health professionals have the information they will point them in the right direction.

A Member commented that the Carlisle Health Group is partly supporting the Nurse Practitioner in Botcherby and this Group could be approached for funding.

The Chairman again thanked Dr Mort and Ms Baxter for their time and the evidence they had given and commented that joined up thinking helps to tackle situations. She thanked Dr Mort and Ms Baxter again for their time and courtesy.

**COS.140/03 POST FMD ENVIRONMENTAL AND HEALTH MATTERS
SUBJECT REVIEW/INQUIRY – EVIDENCE - CUMBRIA FOOT AND MOUTH
DISEASE INQUIRY**

The Committee had previously been circulated with a copy of the List of Recommendations from the Cumbria County Council Foot and Mouth Disease Inquiry.

The Chairman welcomed Mr Steven Greenhalgh, Head of the Community Division at Cumbria County Council. Mr Greenhalgh stated that he was attending the meeting on behalf of Mr John Hetherington and would deal with the follow-up to the Inquiry's recommendations. The Chairman also introduced Mr Donald Norrie, the County Emergency Planning Officer.

Mr Norrie – I was appointed six to eight months before Foot and Mouth and it has not gone away fully yet. We are still discussing the implications and impact and trying to get the local wing of DEFRA to get together on local contingency plans.

Mr Donald Norrie – County Emergency Planning Officer

I refer to Recommendation 1 about contingency planning and I gave evidence to the Inquiry on this matter. We went straight to the 1969 Report and we knew all about the recommendations, e.g., on mats but it took at least nine months to get a letter from DEFRA regarding the role of mats.

There is clear evidence of generational amnesia. All those involved with and with experience of the 60's outbreak have moved on and there has been re-learning of all the lessons. In dealing with MAF – DEFRA, it has proved that we must have a local contingency plan in place which is effective and it can only be effective if it is tested, exercised and trained. We must keep knowledge live and stop generational amnesia, it is difficult to get DEFRA to resource the preparation of the plan. I have sympathy with DEFRA as they have a backlog of work and TB testing, but the County Council was critical of the lack of resourcing for the contingency planning.

I will be very careful in my comments as there has been some progress made at a local level. We castigate the centre and sometimes this trickles to a local level and can make relationships difficult. There have been problems as the divisional person was on ill health and has now retired. His deputy was fire fighting other problems and local contingency planning is not a very high priority, but it is a priority.

The County Council does not have a Foot and Mouth Disease Plan, but we have a responsibility to respond to rabies. There are novel diseases out there and post 11 September animal disease outbreaks could be introduced.

In castigating Central Government, we have seen progress, there have been versions of an interim contingency plan and these have vastly improved. But there are delays as these versions are put out on websites without announcements. The latest version 3.1 was produced on 3 December and the plans are superstrategic regarding Ministerial Crisis Teams and the Chief Veterinary Officer, but are not worked up down to a regional or sub-regional level. It is not all joined up. But, that said, we have had a healthy dialogue with the Divisional Vet Manager and his team.

Regarding contingency planning for the future, the County has a general Plan but regarding animal disease it is not a specific plan. It would mean invoking the General Emergency Plan and dealing with consequences rather than trigger events. Locally, there has been progress, means of alerting have been agreed and there has been a reduction in the size of division looked after from Carlisle. It is now coterminous with Cumbria rather than a larger proportion of the North of England.

There was criticism of the speed of bringing in the military but this has now been changed. Regional Resilience Forums have been established and although they are not mature they are forming. They will form a committee with a co-ordinator and will call on Civil Contingency Reactionary Forces (CCRF) which would be military. Five hundred military would be called for in Cumbria within 72 hours.

It is recognised that vets are not contingency planners not logisticians. Version 3.1 recognises the need for a Regional Operations Director to look at non-disease aspects and logistics.

The progress of contingency planning is dependent on DEFRA's funding. Any pressure you can bring to bear is welcome, but DEFRA is very compartmentalised. They have a rabies plan and DEFRA thinks that it should be expanded to embrace any animal disease outbreak. They envisage that the General Animal Disease Plan should encompass all diseases, but DEFRA is compartmentalised with different project teams doing different things.

The Central Government way of thinking is difficult. Many deliberations went unminuted and information was not passed out. It has changed at local level as we have a healthy dialogue with the division at Rosehill. The response should not be as chaotic in the future as relationships have been built. During the outbreak we had to take a battering ram to the DEFRA office door to be able to talk, the mindset was that animal disease was not a local authority problem.

Version 3.1 is putting in mechanisms to reinforce the local level plan. There is a commitment to train and arrangements have been made for exercising and testing of plans. We cannot hold up a local contingency plan as it does not yet exist.

The Chairman then thanked Mr Norrie for his information.

Mr Greenhalgh - Head of Community Division, Cumbria County Council

I will comment on specific recommendations, giving the information on what the County Council has been involved in. Donald has covered Recommendation 1. I will go through some of the other recommendations.

Recommendation 11 on the implementation of legislation – There was difficulty at the time of Foot and Mouth Disease as there was a lack of risk assessments. There is now a schedule attached to the DEFRA plan but it still lacks clarity. There is no definitive explanation of how the disease was propagated. During the crisis, we were dealing with conflicting scientific information and different information was being given to farmers and to the local authority regarding public access. I would say that the schedule still needs further clarity.

Recommendation 12 – “That there should be closer co-ordination in the veterinary risk advice provided nationally and locally” —on all points Cumbria County Council has lobbied Government and I have copies of responses. DEFRA talked about a hub and spoke mechanism, this is not adequately covered. We are still in no-mans land with a great degree of central control still in place.

Recommendation 13 – “That in any future disease outbreak, any general legal declaration covering the closure of footpaths or land by the County Council should be made on a strictly time-limited basis eg 28 days”. – During the crisis we were involved in blanket closures but that law is now repealed and it will now be on a parcel of land rather than a county-wide basis. For the closure of small areas, the 28 day issue does not come into play. At the moment, there is provision for areas of 3 km or 10 km and this is now more possible for the County as we have footpaths electronically mapped. However, I am concerned that the way it is described does not fit in Cumbria, as there is lots of common land. I would be open to the concept of local concordats with specific differences of localities. This needs to be pursued.

Recommendation 14 – “That the appropriate local authority should hold sole responsibility for closures of rights of way or other pathways.” – In 2001, responsibility was shared with DEFRA and the Highway Authority. The Government is committed to the dual powers and they are not moving on this.

Recommendation 15 – “That the County should build on the work of the Restriction Review Team to establish regular meetings between responsible bodies and key stakeholders to develop methods and policies to protect and enhance countryside access.” – Progress has been made by Cumbria County Council who no longer have responsibility but it has been developed through the Local Access Forums and a report was submitted to the Cabinet in September. I believe that Local Access Forums exist but do not know about the tourism involvement, which would be important.

Recommendation 16 – “That the County Council build on the FMD Task Force Model and create similar but smaller groups to take forward initiatives related to the County’s post-FMD recovery and regeneration.” - The development of the Rural Action Zone was based on a number of thematic groups and the Rural Regeneration Company operates under the themes outlined for the Rural Action Zone.

Recommendation 17 regarding tourism insurance – I spoke to Cumbria Tourist Board but their representative was not aware of developments on this issue. There is a real question about the feasibility and practicality of this type of insurance. There was an offer of support from Baroness Blackstone regarding the Chartered Institute of Insurers, but my personal comment would be that I do not hold out much hope.

Recommendation 18 – “That there should be a programme of research to provide an improved understanding of the relationship between economic activities and the creation of jobs in the Cumbrian economy.” – The research has been carried out and there has been a report for which Alan Hale is the County Officer responsible. I cannot detail the research findings but Cumbria County Council has carried out its responsibilities.

The Chairman then requested a copy of the report to the Cabinet on Local Access Forums and a copy of the research on the Executive Summary of it from Alan Hale.

Recommendation 19 – “That local and central government campaign for greater flexibility and state aid rules to allow specific economic emergencies to be addressed.” – This issue was raised in connection with the ability of the state to provide aid being restricted by the European context as it can affect competition. The guidance is that this should be pursued through the LGA, we lobbied Government on this and this was the line they gave. There is no change with regard to the Belwin Formula.

Mr Norrie – The Belwin Formula is subject to review but the conclusion is that it will not be adjusted.

Mr Greenhalgh – Recommendation 20 – “That the NWDA and Cumbria County Council build on existing initiatives to establish an intensive programme of regional economic monitoring that will provide the detailed, up to date data necessary to allow business support initiatives to be targeted to the needs for economic regeneration”. - Research is about to be commissioned with secondary research in 2004 through the Cumbria Economic Intelligence Partnership and bi-annual surveys have been carried out.

Recommendation 21 – “That Cumbria County Council seek to establish a Forum in which the public sector agencies covering environment and health would meet

on an annual or more frequent basis, to create closer links between the different service providers and to develop an integrated plan for Cumbria covering the areas in which the national and local bodies have responsibilities, including FMD contingency planning." - Regional Resilience Forums have been set up but are not mature.

Recommendation 22 – "That the operators of the Distington Landfill and the Watchtree mass burial site build on existing initiatives to ensure that complaints of smell or other environmental intrusions on the local community are fully addressed." - Liaison committees have been set up. Distington has been completed and settled. Watchtree Liaison Committee continues to work, this links to Recommendation 23 and I believe the site is now restored.

A Member queried what would happen if the Watchtree site was closed and we have another outbreak of Foot and Mouth.

Mr Greenhalgh – this is a question that needs to be raised. I will check this with the County Planning Officer.

A Member stated that it would be better to designate a burial site now.

Mr Norrie – I understand that there were sensitivities regarding the moving of carcasses and that sensitivity has now gone. It is being looked at on the basis of regional or national facilities, DEFRA may have identified future facilities.

The Member stated that it would be a good idea to designate areas.

Mr Norrie – I will ask that question. I understand that it is being looked at as a national not local resource.

Mr Greenhalgh – Recommendation 24 – "That the County Council, Environmental Health Departments, Environment Agency and DEFRA jointly consider what might be done to map where materials are buried on farms and where necessary address any safety issues that may emerge" – Donald had to press DEFRA to record this. At the height, the manner of dealing with the outbreak was swift and information was not always well documented. The Environment Agency have created a database of burials, burn sites and ash burial sites. The Chairman added that the Committee had previously received evidence to this effect.

Mr Norrie – It is remarkable that some of the information was recorded as vaguely as a post code.

A Member stated that the information must be made available to Planning Departments as in the future they will have to be aware of the sites when looking at all planning applications to ensure that burial sites are not dug up.

Question - Has there had been any progress on sharing this information?

Mr Greenhalgh – I cannot answer this.

Mr Greenhalgh – Recommendation 26 – “That the RAZ should be promoted internationally as a exemplar of good practice in rural development.” – Rural Regeneration Company appointments have been made and people appointed have European experience to ensure that issues are raised in Brussels.

Recommendation 27 – “That at the earliest possible stage, the RRC establishes a publicly accessible database for all the projects and partnerships operating in Cumbria with outline details of the work being undertaken.” - Development of the databases underway, a partnership review group is mapping existing partnerships throughout the country and a report is being developed regarding corporate governance.

Recommendation 28 regarding participative research techniques in agricultural development – this one is not ours.

Recommendation 30 – “That the concept of a Cumbria Institute be explored with a view to advancing the development of higher education, research and consultancy in Cumbria.” – The concept of a International Centre for the Uplands is being developed through the Rural Regeneration Company.

Recommendation 31 – “That within the RRC Programme there should be a rural agendas project designed to facilitate community action and leadership on rural issues.” Cumbria County Council prioritises rural issues significantly and have had to develop a programme to complement the Rural Regeneration Company. This includes a conference programme, stronger and better web information, community support, business support and development of Parish Councils.

The Chairman then thanked Mr Greenhalgh for the information he had provided. As a general observation, she commented that all this work had been done in pockets and that she had learnt things which she previously did not know. She stated that it is important to share this information with partners, including the people who have been at the meeting today, as some of these people are concerned that they are sitting on a time bomb. They are concerned that Government and Local Government are not prepared and there should be joined-up thinking to ensure that information is filtered through.

Question – I would comment that I think that there are something like five various forums or working parties being set up that you have referred to. I hope that these cocoons will not do their own thing and ultimately nothing will be done.

Mr Greenhalgh – I arrived in Cumbria before Foot and Mouth Disease and the setting up of the Task Force and Strategy Group did co-ordinate things but when it all draws to a close people get back to their day jobs and co-ordination or

working together can be lost. I agree that people are working separately and not coming together. If we are not careful, all this work will not be pushed through. I welcome this scrutiny as it is an opportunity to say hang on, some of these things are not as pulled together as they should be.

Question – Recommendation 27 suggests that a database should be set up and I understand a database is being produced. In Cumbria, there were 48 regeneration projects going on, will the database pick up on the concerns of people not working together and information not being shared.

Mr Greenhalgh – Not unless it is raised with the Group. It may help if you contact Councillor Stothard who chairs the Partnership Review Group. Foot and Mouth is not being addressed by the Partnership Review Group but it is looking at how the County works with partnerships.

The Chairman commented that it is costing a lot of time and money to go to partnership groups and meetings. Joint working takes time and has a cost and this is something that should be borne in mind.

Question – Recommendation 5 about outstanding disputes and payments. What is the current position here?

Mr Greenhalgh – I cannot comment on this.

Mr Mallinson commented that the Committee had received evidence on this in the past and that although a lot of the disputes were resolved, there is still forensic accounting going on and some people are being asked to give money back to DEFRA.

The Member who had asked the question stated that he was concerned, not just about the outstanding disputes, but that it is about a matter of closure. Things really need to be done to resolve disputes as they must have a negative psychological effect. It flies in the face of natural justice.

The Chairman stated that it was not a recommendation which was the responsibility of the County Council but that we could comment on it. A Member stated that the County Council should follow up to ensure that their recommendations are carried out.

Question – Can you comment on Recommendation 9 about the commissioning by DEFRA of bio-security research?

Mr Greenhalgh – I cannot comment.

The Chairman added that Richard Speirs had told this Committee about this.

Question – A lot of work has been done at Watchtree but there are also a lot of people who live near Flusco and Hespian Wood. Is the same amount of work being done on these sites, as we do not seem to hear anything from those two?

Mr Greenhalgh – This is one of a number of technical issues which we can provide answers to.

Question – Recommendation 27 about the Rural Regeneration Company setting up a database of Cumbrian projects and partnerships – It is inordinately difficult to get through the bureaucracy to access grants. Is there anything the County can do with the Rural Regeneration Company to simplify the process?

Mr Greenhalgh – I am massively sympathetic to this, Rural Regeneration issues always seem to be complicated. Part of the concept of the Rural Regeneration Company was to make it simpler, but if people say it is still difficult, then we need to say this to the Rural Regeneration Company.

A Member commented that he had been told by the Rural Regeneration Company that if a project has economic sustainability, they are interested but if it does not they are not. He said that it is strange that Carlisle Airport can get finance but a playground or village hall cannot get money.

Mr Greenhalgh – It has effects at community level. If people in community are more content then this can be built on and developed. I would agree with you.

Question – Recommendation 29 is about the formation of a Cumbria Tourism Forum – how does this sway with the Cumbria Tourist Board's work – are these not two different bodies doing the same thing.

Mr Mallinson commented that they were partly replicating the Tourism Forum with practitioners which did good work at the time and this was the basis for this recommendation.

The Chairman thanked Mr Greenhalgh and Mr Norrie for coming to the meeting as they had given good insights and she requested that they come back with the reports and information which Members had requested throughout the evidence.

Mr Greenhalgh – If you give me the information from the Minutes on the reports that you require I will provide these for you.

Question – Recommendation 4 is about the spread of the disease from pyres – we were told at the last meeting that it did not spread through the smoke from pyres.

Mr Mallinson stated that the recommendation in the County Council Inquiry predated the evidence which the Committee received at the last meeting.

Members joined together to state that they appreciated County Council Officers being at the meeting and wished them a Happy Christmas.

COS.141/03 MINUTES OF PREVIOUS MEETING

The Minutes of the previous meeting of the Committee held on 26 November 2003 had been circulated to Members and Mr Mallinson advised that these would be subsumed in a draft report on the Inquiry.

COS.142/03 NEXT STEPS IN THE INQUIRY

In discussing whether they required any further evidence, Members commented that they did not think that the County Council had an overarching approach to the recommendations of its Inquiry. However, they did not think that they would get any further in trying to get senior officers or Members to come to give evidence to the Committee. There was a comment that the County Council should have been working through the recommendations and reporting on them and that the general public and Scrutiny Members should have been able to see evidence of this. There had been a lot of criticism of DEFRA but this was a report which had been established in Cumbria but was not being picked up by the people who had commissioned it. It was suggested that this could be the basis of one of the recommendations of this Committee.

Mr Mallinson suggested that the recommendations of this Committee could examine whether the County Council's recommendations should be moved to the Rural Regeneration Company for them to drive forward.

Members commented on the importance of considering what should happen with the recommendations of this Committee, stating that lessons had to be learnt from the County Council's Inquiry recommendations. This is a matter which should be addressed in the draft Final Report as there was a danger of setting up something which has not got the resource to monitor it.

Mr Mallinson confirmed that after the Committee have completed the Inquiry the report would then be forwarded to the Executive and to the City Council.

Mr Mallinson stated that he and Mr Taylor would now work on the draft Final Report and would update the Committee at its ordinary meeting in March 2004 on progress. At that time a date for a special meeting could be agreed.

RESOLVED – That the Overview and Scrutiny Manager update the Committee on progress at the meeting in March 2004

(The meeting ended at 12.55 am)

