

## THE COMMITTEE'S FINDINGS FROM THE EVIDENCE RECEIVED

### 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.

### **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.

