

Health and Wellbeing Board

At 2.00 pm on Tuesday 19th March, 2024

Held as a Council Chamber - Corby Cube, George Street, Corby

Present:-

Councillor Gill Mercer (Chair)	North Northamptonshire Council
Councillor Macaulay Nichol (Vice Chair)	North Northamptonshire Council
Jane Bethea	Director of Public Health, North Northamptonshire Council
Lisa Bryan	Northamptonshire Police and Fire Services
Martin Claydon	East Midlands Ambulance Service (EMAS)
Dr Jonathan Cox	Chair, Local Medical Council
Pratima Dattani	Chair of Wellingborough Community Wellbeing Forum
Councillor Scott Edwards	North Northamptonshire Council
Colin Foster	Chief Executive, Northamptonshire Children's Trust (NCT)
Chief Inspector Scott Little	Northamptonshire Police
Vicki Martin	Office of Police and Crime Commissioner
Steve O'Brien	University of Northampton
Dr Raf Poggi	Primary Care Network
Trevor Shipman	Vice Chair of Kettering General Hospital (KGH)
Sean Silver	Kettering Community Wellbeing Forum
Jess Slater	Chair of East Northants Community Wellbeing Forum
Colin Smith	Local Medical Committee
Sheila White	Healthwatch Northamptonshire
Kate Williams	Chair, Corby Community Wellbeing Forum

Officers

Jenny Daniels	Democracy Officer, Democratic Services (Minutes)
Sam Fitzgerald	Assistant Director of Adult Social Services, North Northamptonshire Council
Alison Gilbert	Director of PLACE, North Northamptonshire Council
Chris Kenny	Public Health Consultant, North Northamptonshire Council
Chris Pallot	NHS Integrated Care Board (ICB)
Lisa Weight	Business Manager to the North Northamptonshire Health and Wellbeing Board
Chief Inspector James Willis	Northamptonshire Police

14 Election of Chair for Meeting

The Vice-Chair informed the Committee that the previous Chair had resigned her post on the Executive as Member for Adults Health and Wellbeing and thus her chairmanship of this meeting. It was therefore proposed that her replacement as the Executive Member for Adults Health and Wellbeing be Chair of this meeting. That is Councillor Gill Mercer.

RESOLVED that: The Health and Wellbeing Board elected Councillor Gill Mercer as the Chair of the meeting.

15 Apologies for Non-Attendance

RESOLVED that: Apologies were received from Jonny Bugg (Chief Executive of Office of Police, Fire and Crime Commissioner), Naomi Eisenstadt (Chair, Northamptonshire Integrated Care Board), David Maher (Managing Director and Deputy Chief Executive of Northamptonshire Healthcare NHS Foundation Trust), Jo Moore (Chair, Kettering Community Wellbeing Forum), Deborah Needham (Chief Executive of Northampton General Hospital), Toby Sanders (Chief Executive, NHS Northamptonshire Integrated Care Board) and David Watts (Executive Director of Adults, health Partnerships and Housing and Interim Director of Children's Services),

16 Notification of Requests to Address the Meeting

There were none.

17 Members' Declaration of Interests

There were none.

18 Minutes of the Meeting Held on 5 December 2023

The Vice-Chair noted that the previous Chair of the Board had resigned her post on the Executive and that they had been replaced by Councillor Gill Mercer. Councillor Mercer was duly elected as Chair having been nominated by Councillor Macaulay Nichol and seconded by Jane Bethea.

RESOLVED that: the Health and Wellbeing Board approves the minutes of the meeting held on 5 December 2023.

19 Chair's Introduction

The Chair thanked her predecessor, Councillor Helen Harrison for the hard work she had undertaken in the role.

20 Action Log

The Chair noted the following:

- Data had been provided from the Environment health teams in relation to air quality spikes.
- The NHSE screening lead had been informed of the concerns that access to GP appointments could be a barrier to cancer screening. A response from the most appropriate person in the ICB was awaited.
- Presentations would be made from all the organisations represented on the Board.
- The minutes had been updated regarding attendance.
- Sponsors being sought from the Board to work in 5 main areas of work was ongoing.
- Board development sessions was an ongoing subject.
- The Schools support pack and other resources from the Suicide Awareness Strategy had been published on the website.

- The suicide rate for 100,000 of the population had been shared with the Board alongside a reference to the current action plans and evidence driving them.
- Questions for staff from the University of Northampton had been supplied on how to engage in and help to develop the Adult Social Care strategy.
- The localized directory of services from the Foundation Trust/KGH had been shared.

RESOLVED that: the Health and Wellbeing Board notes the action log.

21 **Health and Wellbeing Strategy Update** **- Tobacco**

At the Chair's invitation, the Director of Public Health introduced the report (copies of which had been previously circulated) which provided a description of the health and wellbeing consequences of tobacco and tobacco related product (e.g. e-cigarettes) and focused on 1 of the 5 priorities within the Health and Wellbeing Strategy. It also stated what actions were required to enhance the joint working in relation to the Health and Wellbeing Priority.

She stated the strategy would be a live strategy and would actively engage communities. They had also reviewed strategies of other areas of the country to see where they were taking a similar approach to a health and wellbeing strategy. They were partnering with Nottingham and working with them on how they worked around the system. They had provided some information on setting up governance and working to ensure the right processes are in place behind the strategy.

She was the sponsor for Tobacco. They would also use the assets already in the system such as the very active Tobacco Alliance. The plan would be to use the existing infrastructure to ensure the strategy had the right approach.

Action plan and issues would be brought to the Board and areas highlighted where it was felt things were getting 'stuck' so that partners could work together to resolve the issues.

They would utilise the Local Area Partnerships. In Corby they were aware that there was a high level of smoking that was much higher than the national and North Northants averages. They would work with the Local Area Partnerships (LAPs) as a vehicle to carry out the community engagement.

The Public Health Consultant, North Northants Council highlighted the following:

- It was a national issue and a significant proportion of cancers were caused by smoking as was Chronic Obstructive Pulmonary Disease (COPD). Many mothers were still smoking on delivery of a baby and even though much had been achieved, around 15% of the population of the population of North Northants still smoked
- Vaping was considered to be a therapeutic way to give up smoking but should only be used as a means to give up smoking.
- There were several complementary specialist services, but they were under severe pressure. There was an aim to increase the amount of smoking cessation resource in the system to try and alleviate the burden on the specialist services.
- As part of the national strategy, much work was being undertaken to address the issue of illegal tobacco sales. There was an announcement from the

Government in October 2023 stating they were trying to develop a smoke free generation. A lot of work was required to address the age at which people can buy cigarettes and the ease of buying vapes.

- The sum of £487,000 had been allocated to North Northants and it could be used to increase the capacity in smoking cessation, by funding staff and various therapeutic strategies, including nicotine replacement therapy. The Local Area Partnerships (LAPs) could be a really good vehicle for delivery, working with the NHS
- It was suggested that the focus be on people in routine and manual occupations and on pregnant mothers. Longer term, a system was required where other issues could be addressed such specialist services such as support with mental health issues.

The Director of Public Health stated engagement with Board members would be undertaken between now and the next Board meeting to develop and agree a Smoking and Vaping action plan for presentation to the Board in June. This would be followed by a presentation on the strategy relating to Children and Young people for discussion and agreement on areas of focus.

The presentation would include the areas of challenge to ensure really good governance.

In answer to queries on the report the following was confirmed:

- Spend on tobacco was an issue in poverty. Someone who smoked would spend that money on tobacco rather than other things they might need.
- People were not recommended to vape instead of smoking, only as a way to stop smoking. If someone did not smoke in the first place they were not recommended to vape.
- Some engagement work would be undertaken with young people locally to ensure they understood not to start vaping unless it was a way to stop smoking and to help them to make an informed choice.
- Community Wellbeing Forums (CWFs) were a way to help get the message out. It would also be mentioned at the LAPs and Community Wellbeing Forums who could undertake a youth led project on vaping. The Director of Public Health would discuss it with the Director of PLACE to ensure there was no duplication of work in this area.
- It was also noted that it was not yet known what harm or benefits vaping would produce. Only that it was beneficial for ceasing smoking.
- It was also known that many children vaped instead of smoking and that adults were buying the vaping items for them. This was just one of a number of issues to address.
- It was also noted that there was a need to understand why a particular issue existed in Corby with around 30% smoking. The ways in which organisations could help with the plan was also discussed.

The recommendations were proposed by Councillor Macaulay Nichol and seconded by Councillor Scott Edwards.

RESOLVED that: The Health and Wellbeing Board:

- 1) notes the update on progress and is in full agreement with the way in which the North Northamptonshire Health and Wellbeing (HWB) strategy is developing;
- 2) notes the current nature and impact of local stop smoking services across the local authority and the NHS, particularly the fact that there are still approximately

- 50,000 people who smoke across North Northamptonshire;
- 3) notes the opportunities that the Local Area Partnerships and Family Hubs bring in terms of helping us to develop the right offer for our communities, based on need and community engagement;
 - 4) asks the Northamptonshire Tobacco Control Alliance to continue to lead the system wide fight against tobacco locally and ensure the actions arising from this report come to fruition, acting on behalf of the Health and Wellbeing Board;
 - 5) Supports the proposed development of stop smoking services with a focus on pregnant women, preventing take up in children, routine and manual workers, and a system based on prioritisation of those most in need;
 - 6) endorses the draft proposals for the spending of new allocation £487,696; and
 - 7) considers publicly committing to the tobacco control agenda by signing up to the NHS Smokefree Pledge and Local Government Declaration on Tobacco Control,

22 Combatting Drugs Partnership Update

At the Chair's invitation the Director of Public Health introduced the report (copies of which had been previously circulated) which provided an overview of priorities and achievements with a focus on the Treatment and recovery element of the programme. The following was highlighted:

- The 'Harm to Hope' strategy was a national strategy and provided some direction on the areas on which to focus in improving people's health and wellbeing in relation to drugs and alcohol.
- There were 3 core pillars of delivery being
 - 1) To break drug supply chains
 - 2) Deliver a world-class treatment and recovery system; and
 - 3) Achieve a generational shift in demand for drugs.
- There were a number of organisations involved in providing services and they worked very closely with the police who were very active in this area. Some people were resistant to treatment and for some their first attempt at it wasn't successful. It was important therefore to offer the right treatment, at the right time, that met the needs of the person.
- The partnership had brought such results with information being shared quite happily between organisations which has supported people to get the help they required.
- They were monitoring how many people were in treatment. This relied on collating data on who was in treatment, what their outcomes were and how many people were coming back through the process. They were also examining equity. White men seem to be over-represented in treatment and they needed to identify gaps to ensure they had capacity to benefit as many people as possible.
- Women, particularly sex workers were found to be vulnerable and services need to be accessible.
- They were also trialling employing different types of people to properly be able to get to see as many people as needed the service.
- It was essential that when people left the criminal justice system, they quickly accessed the right services to ensure they did not re-enter the criminal justice system. Work was being done with people in the prison system and with Prison Discharge Services to ensure continuity of care
- It was important to also consider co-existing drug and mental health issues as many people experience both simultaneously. There was a need to ensure the services worked closely with each other as some people had some very

- entrenched substance misuse issues brought about or exacerbated by mental health. Failure to address both can significantly hamper recovery.
- Working with a whole range of services including NHFT, Police and KGH around the Local Drug Information System (LDIS). It was through LDIS that service users raised an issue, especially when they had taken a substance expected to be one thing but had a very different effect on them. It was managed through public health and was a key element to the effectiveness of the strategy
 - They were learning from every drug related death. This was how they found out when someone had 'fallen through the net' they could identify it and what could have been done by way of prevention and how to ensure the right response is in place locally. Meetings were on a quarterly basis and they were focussed on how to move forward. It was an opportunity to share good practice and identify areas where they could do more.
 - They wished to be open and involved with everyone and took the opportunity to thank the many organisations who had worked on it.

In answer to queries on the report the following was confirmed:

- DAAT was no longer in operation. In a way this was a replacement for DAAT. It was a way of addressing system issues and very much a way of identifying how to help each other.
- A conversation could be held with the Chair of the Wellingborough LAP on how they could work together after the meeting as they have identified substance misuse as a priority in their area.

RESOLVED that: The Health and Wellbeing Board notes content of the report including the reason for the recommendation is that the Northamptonshire Combating Drugs and alcohol Partnership (CDP) is an ongoing programme of work which is fully aligned to the national strategy, is funded and resourced until 2025 and is already demonstrating that the additional investment is delivering against the objectives.

23 **Northamptonshire Police - Right Care Presentation will be made at the meeting**

At the Chairman's invitation the Chief Inspector James Willis gave a presentation on a new Welfare Check Policy on individuals that Northamptonshire Police were now using. The following was highlighted:

- The concept had been instituted by Humberside Police some years ago as they recognised many of their calls for a service were best served by social services. They began to decline to take these calls. This approach was picked up by the College of Policing and the Home Office. They then encouraged all forces to take it up and when the Metropolitan Police Force adopted it in November 2023, it became well known.
- It came into force in Northamptonshire on 1 July 2023 and was an enhancement to the current policy. All strategic partners worked together. Keeping people safe was a priority to Northants Police but they were not always the most appropriate person to respond to a call. They did respond when there is an immediate risk to the life of, or serious harm to an identified person.
- When the threshold was met, they would do a welfare check which was when they would check on the general welfare of an individual and respond back to the external agency that requested it.
- They did not deal with people who had a referral to mental health. If they had been given leave from an institution, they were deemed sufficiently in charge of

- their destiny. However, when they were a missing person the missing person's policy will apply.
- Where assistance had been requested it was referred to the manager of the control room and if needed by a duty officer who would decide whether the police responded. A different approach was taken where an individual did not have any legal responsibility for an individual.
 - Although it was adopted on 1 July 2023, they already had a very robust system so the impact was minimal. Staff in the contact centre were trained and the policy was monitored.
 - Partnerships to manage the policy were already in place. There was recognition that it would exacerbate some gaps in provision which could cause problems for the public. They therefore undertook some work to close any gaps. They also established a Gold Group known as The Core which included senior members from the NHS, Fire Service, children's services, the ICB and many others. There were still some instances when they would go out. They would not let someone come to harm.
 - The baseline in the data included in the report was slightly out of date. Their concern for welfare and mental health incidents remained very steady. They responded to 40% of calls and for the remaining 60% were referred to other agencies. There were some incidents with an element of criminality or weapons involvement where they did attend.
 - Through the Right Care, Right Person Policy a decrease in calls had been seen. This could be because partners were becoming more aware of the approach. They would monitor this.
 - It would continue for a year. The core group would also continue so that they could identify and address gaps. It would not lead to fewer jobs.

In answer to queries on the presentation the following was confirmed:

- The Police were not responsible for mental health. They had a role to play when people were at threat with risks clearly there. If there was no immediate risk the police were not the appropriate people to respond. NHFT recognised there were gaps and had introduced the Crisis Car, a mental health ambulance which went some way to meeting the gaps.
- They could break down the information based on closures and flagging of individuals.
- If KGH stated someone had walked out it was the hospital who were responsible for making checks if there was no immediate welfare concern.
- It was noted the Chief Inspector had been out to talk to many teams and leaders of teams to gain an idea of how it would affect the people they dealt with. This was very much concerned with ensuring the most appropriate person answered a request for help who may not be the police. Many of the things affected by this policy were already in place.
- Community consultation had been undertaken at a strategic level over a period of several months and many of the of the things in the policy were already hardwired into partner agencies' ways of doing things. They would never put someone in serious harm of risk.

(Dr Raf Poggi left the meeting at 3.26pm)

- The home office was collating a lot of the data. If someone died the Independent Office for Police Conduct (IOPC) would always carry out an investigation and learning came from these investigations.

- They had met with Humberside Police and the way the policy was undertaken was the most important thing. Humberside Police had a team of mental health workers in their call centre. Where there had been problems nationally it was where there was a single agency who had said they weren't attending. This was not the Chief Inspector's experience in Northamptonshire.

RESOLVED that: the Corporate Parenting Board notes the presentation.

24 NHS Northamptonshire ICB Urgent and Emergency Care Strategy Presentation will be made at the meeting

At the Chairman's invitation the NHS Integrated Care Board representative gave a presentation (copies of which had been previously circulated) which showed the 6 stages of the Northamptonshire urgent and Emergency Care Demand. The following was highlighted:

- Within the proposed strategy there were 6 pillars designed to meet someone's needs from the first diagnosis to where they were unable to prevent someone from hospital admission.
- The first pillar was concerned with patients who had been diagnosed with a long-term condition. Many people lived with long term conditions and typically a person lived with more than one condition such as diabetes. They may have an unplanned admission to hospital and more appointments to primary care. The Strategy was about how to avoid unplanned admission to hospital.
- The aim was supporting people with long term conditions living at home. This was concerned with people supporting people, so they didn't need services from the health service. An example of this was a man with long term conditions who had lost his wife and wasn't getting out or eating healthily and started to deteriorate. He was supported by a team called Pumped Up who were visiting him at home and he felt they made a massive difference to his life.
- The second pillar is where some additional support is needed and the need for same day access to Primary Care meant it was hard for appointments to be available for those with long-term conditions. There was also a concerted effort to work with colleagues in primary care to make more same day services by supporting people close to their own home via local hubs.
- The third pillar was concerned with patients who had started to deteriorate a little bit more. NHFT lead on Single Point of Access in Northamptonshire and the aim is for ease of access. An example of this is the Ambulance Service took calls from the stack from patients who had called for ambulance support but just needed someone to call on them because they were frail and at home and worried. It was very easy when someone was fearing for their life to make a 999 call for an ambulance.

(James Willis left the meeting at 3.39pm)

- Many services were beginning to expand. They wished to build on that to ensure they could support patients. When someone was admitted to hospital by their GP, they were obliged to provide fast care. If they handled correctly, this would ease pressures on primary care.
- Most people were discharged from hospital without any need for additional support. There were 3 pathways. Pathway 1, where patients were able to go home with some support like some equipment or a visit from a local nurse. Pathway 2, where someone needed support in rehabilitation before going home. Pathway 3, where patients whose place of residence was likely to be

residential care. Referrals were made in all of the pathways. A lady in pathway 3 could have very challenging behavior and one of their aims was to have them move from hospital care to ensure their relocation was getting support. They would enable everyone to receive their care in the most appropriate place and transition to the next stage as soon as possible.

In answer to queries on the presentation the following was confirmed:

- In the coming year they aimed to work with primary care colleagues to design a strategy under the 5-year plan. There was a long way to go and they were entirely correct to refer with the amount of pressure primary care was under.
- They had done really well in getting the message out to people about who they should ring first. One of the key tasks they had was to communicate with the public in a simpler way irrespective of who they were. A single point of access was key to this.
- There were common themes with the North Northants PLACE agenda and there could be links made.
- It was also noted there was a need to have finance in place to manage this.
- Infrastructure and communication was also noted as really important. How did we communicate things to people to ensure they understand who to contact so that they see the most appropriate person first time. There was also a need for those in the system to know who to refer people to.
- The man in the street did not always get the information so it was necessary to ensure they did get the information.

RESOLVED that: the Health and Wellbeing Board notes the presentation on the Northamptonshire ICB Urgent and Emergency Care Strategy.

25 North PLACE Development - Local Area Partnerships Update

At the Chairman's invitation, the Director of PLACE, North Northamptonshire Council introduced the report (copies of which had been previously circulated) which provided an overview of the development of North Northamptonshire Place through an oversight of the following developments:

- North Place Board
- Local Area Partnerships (LAPs)
- Community Wellbeing Forums (CWF)
- Support North Northamptonshire (SNN)
- Proactive Care Opportunities Proposal

The Director of PLACE, North Northamptonshire Council highlighted the following:

- They were now looking at how to evolve the LAPs. There was a focus on networking and engagement with residents. One voice, one communication
- CWFs will potentially have some new chairs and Expressions of Interest will be submitted for consideration.
- They were now moving away from using the phrase Community Wellbeing Forums (CWF) and Corby would now be called Corby Place Based Partnership.
- The LAP asset maps were now completely live.
- Asset maps assist really early intervention around health and wellbeing. PCSOs were using asset maps in areas to help signpost individuals who needed some low-level intervention.

- Support North Northants. They had arrived at a tipping point in identifying the full partnership funding for this but were having conversations with the ICB and partners in police and housing associations. No formal agreements have been made and it is being flagged as a risk.
- They had social prescribing support in North Northants. Link workers had been commissioned separately. They were all working to ensure people were staying in their own homes as long as they possibly could. They were also looking at models to think about what was needed in future to ensure people could live their best life.

The Chair of Corby CWF stated Transport had been a priority issue for them. Also the cost of living crisis. They were working around what the police were doing and inform them of what they were doing. It was going well and they were trying to build in a matrix as well. They were building an action plan around working together more.

The Chair of Wellingborough CWF stated they wished to give place-based partnerships some real focus. They worked together not just in name but in a way to change the focus of it. They were bringing different strategies to a local level and getting partners to work on them. They also required some senior representation.

The representative from Northamptonshire Healthcare NHS Foundation Trust stated there was a passion around the services. There were other partners who could help deliver within smaller towns as well such as Rothwell and Desborough as well as in the rural areas.

The Chair of East Northants CWF stated transport had been an issue but particularly community transport. They had created a community transport forum to discuss the concerns. It currently felt like slow progress but there was commitment from the sector and other community providers to get the work going. There had been limited focus on health because transport had been such a huge issue. They were also ensuring a 2-way conversation and they were reporting properly.

(Jonathan Cox left the meeting at 4.11pm)

The Director of Public Health stated concerns around preventative work and the local authority had put in some funding to assist the work going forward.

The Chair of Wellingborough CWF stated they had contributed to the Integrated Care Strategy. 112 partners were supporting the support plans so they were supporting in all areas. They were looking to use resources in a significant way that would reduce the reliance on health and social care. They were supporting 400 people and it had become almost integral to adult social care. A key service where all stake holders including statutory partners, the police and EMAS was what was needed. Continued funding would mean it could continue quite quickly.

The Director of PLACE stated they could write to services who were looking to fund and explain the time pressures and state it was integral to all they did to ensure services continued.

It was also noted the office of Police and Crime Commissioner needed a more detailed business case to understand what the outcomes could be as they were keen to explore it.

The Director of Public Health noted it was really important to look at the impact of it on costs. It would have an enormous impact on the emergency department and she had an evaluation and research officer but would need some information to give them first.

RESOLVED that: the Health and Wellbeing Board:

- 1) Notes the continuous approach adopted to inform the next phases of LAP and CWF development;
- 2) Discusses the risk outlined for the continuation of the Support North Northants (SNN) service in relation to the continued investment for another year to create time to embed and evaluate the proactive care service offer; and
- 3) Supports the 'Proactive Care' proposal to develop a Northamptonshire proactive care transformation programme, to create time to collaboratively explore, understand and align the spectrum of proactive care models currently commissioned. This will be an opportunity to plan how to embed proactive care at scale.

26 Better Care Fund

At the Chair's invitation the Assistant Director of Adult Services introduced the report (copies of which had been previously circulated) which provided the Better Care Fund Performance Update showing performance against the metrics in the Better Care Fund Plan for 2023 to 2024. The following was highlighted:

- This was the quarter 3 report.
- The Better Care Fund was a 2-year plan with an aim to stay well and live in a person's own home long-term and to provide the right care at the right place at the right time.
- They were on track to meet targeted for unplanned unavoidable hospital admissions. They had a number of schemes in the community such as remote monitoring in care homes and they appeared to have the anticipated impact.
- 95.5% of people against a target of 94% of people had been discharged to their usual place of residence.
- They had provided some Raizer chairs which had meant people falling over in their own homes or care homes had not needed to be conveyed to hospital. They were on track with that
- They had 311 admissions to residential and nursing care homes against a forecast of 564 so they were going to be below target.
- They were currently at 90% of people who were discharged from hospital but then had a period of reablement before going home so they were meeting their target on that one.
- Not all reablement was equal. One was home based reablement but the in-house service was responding to approximately 100 people.
- They had grown their reablement service. They had a partner and had bed based reablement which provided a second change of reablement if someone could not go home immediately.
- 1483 referrals had been made into the reablement service which equated to approximately 148 a month. In February there had been 168 referrals and they were forecasting to receive around 1,800 referrals that year. About 10% of these came from the community.
- Approximately 79% of referrals were accepted. Just under 20% of them were cancelled either because the patient was not medically fit or they refused it.
- Just under 65% of people left the reablement service independent. 17% of people were re-admitted to hospital. Around 13% had a form of care in their own home.

- When someone was admitted to hospital their allocation to a service was cancelled. 16% of people moved on to another provider but without a rapid response they would be at risk of re-admittance to hospital.
- There were other people who might be assistants to people who may have a package of care. Money had been invested to provide people with another opportunity to be independent. Some people had 2 carers but could be moved to having only 1 carer. Ultimately it was a more cross effective outcome for the local authority and people really loved it. It was heartening to see the move to independence and the impact it had on individuals.
- Thackley Green had been brought back into the Council's ownership on 1 July 2023. When it was first taken back from West Northants it had approximately 25 beds that could be utilised. That number had risen to 35. It provided people with the opportunity to get occupational therapy, physiotherapy and recovery before going home. There were now 51 beds provided there.
- 297 people had been through Thackley Green since the Council had taken it over. In January they did facilitate additional beds and 47 people were admitted. Approximately 90% of all referrals to Thackley Green came from admissions. The time from referrals to admission was 2 days.
- Approximately 47% of people went from Thackley Green to independence. There was a slightly high re-admission rate to Thackley Green but this was because it was a residential home. They were reviewing how to reduce the number of re-admissions.

In answer to queries on the presentation, the following was confirmed:

- It was noted that there was a pilot between the Council and NHFT with regard to providing raiser chairs and the raiser chairs department had been nominated for an award. There were also community providers of raiser chairs and raiser cushions as well.
- Thackley Green was similar to Spinney Fields. The ability to wrap around support services and pathway 2 was very much needed there. As facilities were grown they had more reablement but it would be provided in partnership with West Northants Council.
- The Better Care Fund was a 2-year plan. There were opportunities to look at how it could be used. The Social Care discharge was an element that came with a grant but they had to use it for specific things. There was no threshold for reablement. There was no assessment. The vast majority went to discharge but the aim was to give everyone the chance for reablement.

RESOLVED that: the Health and Wellbeing Board notes the performance update that has been submitted to NHSE.

27 Close of Meeting

The Director of Public Health proposed that Chris Holmes from Northamptonshire Sport be asked to join the Board. The Health and Wellbeing Board accepted this.

There being no further business the meeting closed at 4.45pm.