

## **Cllr P Hackett – Lead Member for Health and Wellbeing**

### **Marine Management Organisation Grant**

TDC have secured just over £15k from EU funding along with support funding from the North Devon Fishermens Association, NDDC and TDC (£6k), to purchase 50 lifejackets, locator beacons and training for local fishermen. This has very much been a team effort with a thank you for the councillors who contributed from their personal grant and to Janet for progressing the application. We have done the “right thing” by our fishing industry based in Appledore, which has endured recent difficulties.

### **Torrington 100**

Chris Fuller and Janet are involved in a very exciting initiative in Torrington called Torrington 100 – being lead by the local GP surgery to develop a ‘social prescribing’ resource for Torrington and the surrounding areas (the 100 being the 100 square miles that the surgeries in Torrington cover). Social prescribing is a the buzzword in health at the moment: reducing social isolation and improving community resilience - and so there are funds to support projects in this area. They are also looking to develop something similar in Bideford, having been approved at the last One Bideford meeting to set up a sub group on this project, and they will be looking to kick off exploring something similar in Holsworthy shortly.

### **Complaint about a Homeless Man in Bideford**

We’ve had several complaints and enquiries about the homeless chap set up in Bideford. Housing Options are working with him and the area is being monitored for needles and waste however it would appear that well meaning residents are supporting him remaining on the street by way of giving him money. We’ll be replicating the campaign carried out in Barnstaple recently encouraging the public to give money to homeless charities rather than directly to individuals and we hope that members will support this campaign and advise the public that this is the best way to support the homeless.

### **Future of the NEW NHS Trust**

Suzanne Tracy (CEO of the Trust) in a conference call with Councillor Pennington and myself on 20th February said that the period of joint working with the RD&E Trust was due to come to an end shortly. It was however very likely that the NEW Trust was not in a strong position to “go it alone” and it may be likely that the NEW Trust will officially merge with another trust. From the tenor of the conversation my personal belief is that there was a strong likelihood that the current arrangement will become a formal merger. I not that there is an announcement which may shed light on the position to be made by the CCG on 1st April at Buckfast to which I have been invited to attend. I will report at the meeting.

### **Holsworthy Hospital**

The last meeting of the group was cancelled due to a large number of members not able to attend. Recent meetings tend to be numerically dominated by the NHS contingent outweighing the community representation due to the number of apologies (some representatives rarely, if ever, attend). Three beds are being contracted for six months to deliver end of life care in a Residential Care Home local

to Holsworthy while the ongoing implementation plan is being rolled out. Nurses are to make routine visits to the home to provide a nursing presence although this will not be a “constant presence at the end a bed” as would be expected in a hospital bed.

This is meant to be a temporary measure until the doctor cover can be addressed and then nurses have to be recruited (difficult with a national shortage) with November being the very earliest the beds could reopen if all factors came together as a best case scenario. Councillor Parsons is briefing to Parish Councils that he is “not particular about having beds in the hospital” and “there is a chance that the reopening of the inpatient beds might not happen”. This is despite Jon Womersly saying the beds will reopen but can not say when. Suzanne Tracy (CEO of the Trust) in a conference call on 20th February said that if the beds in a care home were working, and crucially *if the community were happy with arrangements*, then “it would be silly almost” to go back and reopen the beds. However the community group are not examining any usage of the “step up” and “step down” care that has been so previously successfully administered in the hospital - this would appear to be the only sustainable argument to reopen the beds.

And finally as this is my last Lead Member report I would like to say a very sincere and heartfelt thank you to Janet, Dean and the team. I cannot speak more highly of their dedication, support and, not least, humour. It has been an absolute pleasure working as their Lead Member.