



**Exeter City Council**

To the Chair and Members of Exeter Health and Wellbeing Board

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**AGENDA FOR  
EXETER CITY COUNCIL  
EXETER HEALTH AND WELLBEING BOARD**

The **Exeter Health and Wellbeing Board** will meet on **WEDNESDAY 2 SEPTEMBER 2015, commencing at 2.00 pm**, in the **Rennes Room, Civic Centre, Paris Street, Exeter**. If you have an enquiry regarding any items on this agenda, please contact Howard Bassett on **Exeter 265107**.

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**DATE OF NEXT MEETING**

The next **Exeter Health and Wellbeing Board** will be held on Tuesday 17 November 2015 at 2.00 pm

# Agenda Item 2

## EXETER HEALTH AND WELLBEING BOARD

Tuesday 7 July 2015

### Present:-

Gillian Champion (Chair)	Clinical Commissioning Group
Councillor Edwards	Exeter City Council
Councillor Owen	Exeter City Council
Councillor Westlake	Devon County Council
Simon Bowkett	Exeter Voluntary Sector
Matt Evans	Active Devon
James Bogue	Active Devon
Sarah Gibbs	Public Health, Devon County Council
Patsy Temple	Public Health, Devon County Council
Nicola Glassbrook	MEAM
Tess Sadatian	MEAM
Superintendent Perkin	Devon and Cornwall Constabulary
Jo Yelland	ICE
Robert Norley	Exeter City Council
Dawn Rivers	Exeter City Council
Howard Bassett	Exeter City Council

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### APOLOGIES

These were received from Councillors Newby and Morris, Julian Tagg, Virginia Pearson and Kealey Sherwood.

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### MINUTES OF THE MEETING HELD ON 3 FEBRUARY 2015

Subject to the inclusion of Councillor Newby in the list of attendees and with Tim Golby referred to as a Devon County Council representative, the minutes of the meeting held on 3 February 2015 were taken as read and signed by the Chair as correct.

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### ROUGH SLEEPERS (MIN NO. 21 REFERS)

Robert Norley reported that the City Council had established a Task and Finish Group to examine homelessness and rough sleeping which included Members, Officers and representatives of outside agencies. In addition, the SHOT contract was to be re-tendered.

Simon Bowkett reported the creation of a health and well being hub at Watt Tyler House utilising a £440,000 grant from Public Health England to be completed by October. It would accommodate the Clocktower surgery, Community Rehabilitation Scheme, Devon Partnership Trust Mental Health Outreach Team, SHOT, the Edison Trust (HIV and Sexual Health) and the Community Housing Association.

Responding to Councillor Edwards, he confirmed that the hub would also act as a point of discharge for offenders released from Exeter prison, the hub providing release funds as well as housing and benefit assessment and health and well being advice.

**RESOLVED** that a presentation on the Wat Tyler House Hub project be made to the September Board meeting.

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**PHYSICAL ACTIVITY AND EDUCATION (MIN. NO 16 REFERS)**

Matt Evans advised that he and Julian Tagg were to meet with Mark Parkinson of Exeter City Council (in place of Sarah Ward) to progress the Leisure Facilities Strategy and Playing Pitch Strategy and an overarching strategy document.

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**RESOLVED** that Matt Evans report on progress at the September Board meeting.  
**PORTFOLIO HOLDER FOR CUSTOMER ACCESS**

Councillor Owen advised that Councillor Morris had replaced Councillor Hannaford as the Portfolio Holder for Customer Access (Councillor Hannaford was now the Portfolio Holder for the Housing Revenue Account) and would be attending future Board meetings as one of the City Council representatives as her remit covered housing advice, benefits, homelessness, supported housing etc.

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**EXETER HEALTH AND WELLBEING OUTCOMES REPORT OF EXETER**

The Public Health Specialist presented a breakdown of the Devon Public Health Outcomes report for Exeter referring to recent Public Health England and Public Health Devon publication and to the following future locality outcome publications:-

- Exeter Locality Public Health Plan - data section in Sept/Oct 2015;and
- Exeter Locality Public Health Outcomes Report - Sept/Oct 2015

Areas of note from Devon were:-

- areas that outcomes in Devon that are worse than the LA comparator group centre around :mental health, health checks, excess weight in children, alcohol admissions and fuel poverty; and
- in addition to these of note for Exeter in the locality break-downs were domestic violence, teenage conception rates and injuries due to falls.

The following issues were raised:-

- high percentage of domestic violence correlated with high levels of alcohol use and the figures also showed that there was a high incidence of repeat offending;
- it was not thought that the higher figures for alcohol related admissions reflected the University's presence;
- whilst the teenage conception rate remains higher for Exeter than the Devon average, it showed a downward trend over time and the gap between the most deprived wards and least deprived wards was narrowing;
- the national childhood measurement programme collects data on both overweight and underweight children; and
- there were higher rates for hospital admissions for self-harm in Exeter and some towns in East Devon.

**RESOLVED** that the Board:-

- 1) note the report;
- 2) a report be made to the Board meeting on overweight and malnourished children and the work of the Community Food Network;

- 3) a report on self harm be made to the September Board meeting;
- 4) the presentation be circulated to Board Members; and
- 5) the Exeter Public Health Locality Plan 2015 be further considered at the November Board meeting.

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### **ICE PROJECT**

Jo Yelland spoke on the delivery of the Integrated Care Exeter Programme. Her presentation covered the ICE Programme Development and Programme Governance, strategic aims and objectives and delivery programmes and critical milestones.

The Programme aimed to look at collaborative ways of working with a view to formulating an integrated care vision for Exeter. It would provide a range of integrated activity for services in partnership to improve a wide range of health, care and community outcomes. Crucial to its success was to achieve operational and cultural change at agency level and to design new ways of working.

The ICE project aimed to give residents a better experience of care and health and social care outcomes and deliver care in the most cost effective way. The voluntary sector would play a key role and be developed to facilitate a more integrated response to those at most risk. The focus would be on early intervention and upstream preventative measures through increasing personal responsibility, self care and community resilience and improving co-ordination, timeliness and delivery of care.

Reference was made to accountability through the Devon County Council Scrutiny framework, this Board and the Devon Health and Wellbeing Board.

**RESOLVED** that:-

- 1) the report be noted;
- 2) Jo Yelland be appointed to the Board; and
- 3) strategic oversight through this Board (together with the Devon Health and Wellbeing Board) confirmed.

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### **UPDATE - ACTIVE EXETER**

James Bogue, Chair of the Active Exeter Group, updated the Board on the following:-

#### **Sport England Bid**

The result of the bid would be known shortly. The total funds for this three year project were £135,000, year one to commence in January 2016 with employers and community organisations targeted. Twelve different large employers, including EDF and South West Water, had agreed to participate as well as smaller businesses such as those involved in the St. Thomas Business Association, together with six primary schools, two secondary schools and two Children centres. Led by the City Council and managed by Active Exeter, it would be supported by the Exeter Football in the Community, Legacy Leisure and Exeter Chiefs with media coverage

led by the Express and Echo as the lead. Over the three year period, it was hoped to engage 2,000 inactive people. Although a strong bid, it was facing strong competition. Utilising data from Transport Devon, it would be appropriate to incorporate everyday cycling and walking into the project.

### Alcoa

With a budget of 42,000 provided by Alcoa, Cowick Barton had been chosen a programme of outdoor facilities. Laura Robinson, one of the City's three community organisers and who was based in this area and now employed by Active Devon, was supporting the community engagement process in developing the initiatives which included:-

- an Outdoor Fitness Trail;
- interactive events such as pop up family activities, orienteering course and cycling and walking, leaders for the latter having come forward;
- wild-zone;
- parents of Bowhill Primary School children had formed a runners group and signed up to a 5k event;
- concrete table tennis table.

### Ping

The second year of ping had recently been launched in Princesshay, funded by Sport England, with the 35 tables used last year increased to 50 with new locations including the Cathedral and Central Station. Cafes, pubs etc. would be encouraged to take the tables inside during the winter months. Table tennis had once functioned widely across the City and it was hoped to re-invigorate interest through encouraging work based and after school clubs in secondary schools.

Dawn Rivers enlarged on the work and impact of the community organisers, much success having been achieved in Wonford, where an entry had been made into the Britain in Bloom competition. She also referred to Laura Robinson's outreach work in St Thomas including helping to network St. Thomas and Foxhayes Primary Schools and GP's and community initiatives taking place in the local area.

This work was informed by the Behaviour Change scoping review.

**RESOLVED** that the Board note the report.

Nicola Glassbrook updated the Board on progress with the MEAM national pilot in Devon which was seeking to secure transformational change in people with complex needs; poor physical or mental health, substance misuse, criminal/, anti-social behaviour. A principle aim was to secure organisational change across agencies to ensure a joined up approach. It complemented the work of ICE. She introduced Tess Sadatian, recently engaged as the local co-ordinator.

Her work to date has involved liaison with all Devon agencies, volunteer organisations and GP's to map their involvement with people with complex needs across Exeter, Mid and East Devon and Teignbridge. Torbay had recently appointed its own co-ordinator. To date, seven clients have been identified with a target of 40 by March 2016. Individuals with at least three of the above characteristics were assessed through a person centred/appreciative inquiry

process to determine eligibility in order to simplify the referral process and improve well-being.

The first operational group had been held in the previous week to discuss clients and address barriers with reports on clients being considered by the strategic group. She would also evaluate project costs.

Simon Bowkett emphasised the scale of the culture change required in organisations to meet the model especially in view of recent deaths.

**RESOLVED** that Tess Sadatian speak on this project to the Community Safety Partnership.

## 32 **OUTCOMES FROM CITY CENTRE VISUAL IMPAIRMENT PRACTICAL SESSION**

Robert Norley reported that, following on from the presentation to the previous Board meetings by Tracey Wilson, the eye clinic liaison officer, Members and officers of Devon County Council and Exeter City Council had participated in a visually impaired walkabout from the Civic Centre to the top of Fore Street.

The participants had been able to experience the barriers that existed to blind and partially sighted people navigating on foot around pedestrian thoroughfares. The six common obstacles experienced were A Boards, waste receptacles, street furniture, parking on pavements, poor differentiation between highway use (road and pavement) and poorly designated/provisional crossing points. The reports showed how dialogue with blind or partially sighted people could improve the understanding of the impact of these obstacles and set out an action plan including potential mitigation measures.

Councillor Owen referred to specific problems identified in respect of the pedestrian crossing on Paris Street outside the Civic Centre because of malfunctioning knobs and the absence of equipment on the island in the middle of the road.

**RESOLVED** that the Board support:-

- (1) the development of a "clear streets policy or charter" in partnership with blind and partially sighted people, and principle stakeholders (e.g. Exeter City Council, Devon County Council, Police and businesses) in order to inform decision making and provide clear and consistent guidance on reducing obstacles to blind and partially sighted people getting about in the City; and
- (2) the formulation of a plan of action to mitigate the obstacles as set out in the report, with a report on progress of these issues to be brought back to the Board in six months time.

## 33 **PUBLIC HEALTH FUNDING FOR DISTRICT INTERVENTIONS 2015/16 - UPDATE ON DEVON-WIDE WORKSTREAMS**

The following updates were provided:-

Devon wide funding received over the last two years had been disaggregated between the Districts. There had since been a reduction in the overall funding pot for this year, and so the Devon Districts were to pool the current funding and agree four work streams applicable to all Districts.

### Mental Health Awareness Training

This work stream involved training of trainers to instruct front line staff in mental health issues. This would extend to training for all public bodies, including the Police and may also encompass dementia which was a growing problem as well as self harm.

Dawn Rivers also reported that the City Council was signed up to the Exeter Dementia Allowance.

### Cold Homes

Funding would be used to match-fund a bid for greater funding to help address cold homes and fuel poverty in Devon.

### Air quality

Poor air quality was responsible for 43 deaths per annum in Exeter. The work stream consists of widening the existing project in Exeter around personal pollution exposure and by introducing a national accreditation scheme for haulage contractors to buy into.

### Physical Activity for Mums

This work stream would build upon the successful scheme run in Teignbridge, focusing on getting Mum's active through cycling. Matt Evans and James Bogue advised that Active Devon and Active Exeter would be very interested in supporting this work stream.

All four streams correlated with the Public Health priorities.

**RESOLVED** that Alex Bullied report to the next Board meeting on the personal air quality project.

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### **REVIEW OF THE OPERATION OF THE BOARD**

In view of the Board having operated for nearly two years and recent health developments in the City such as ICE, a review of the terms of reference of the Board was proposed.

**RESOLVED** that Robert Norley report to the September Board meeting with draft revised terms of reference.

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### **DATES OF FUTURE MEETINGS**

**RESOLVED** that the following dates for future meetings be noted:-

Wednesday 2 September 2015	Tuesday 17 November 2015
Tuesday 2 February 2016	Tuesday 12 April 2016
Tuesday 5 July 2016	Tuesday 13 September 2016

(The meeting commenced at 2.00 pm and closed at 4.28 pm)

Chair

## Personal Exposure to PM<sub>2.5</sub> and Sustainable Travel

### Pilot Study Report

#### Project Aim:

To use measurements of the personal exposure to PM<sub>2.5</sub> to develop exposure reduction advice, raise public awareness and support behavioural change.

#### Project Objectives:

1. To equip volunteers with personal PM<sub>2.5</sub> monitors and GPS loggers for 24 hours while they conduct their normal activities.
2. To map the exposure of the volunteers by location, and to plot exposure against time and activity.
3. To provide personal travel planning advice to the volunteers and to use their monitoring data to suggest changes they could make which would reduce their exposure.
4. To repeat exposure measurements and review the effectiveness of the advice given and any changes made.
5. To produce outputs for public information based on the findings and use social marketing techniques to encourage behavioural change.

#### Introduction

The evidence for the health impacts of air pollution are growing, and are not linked solely to concentrations above the air quality objective levels. A reduction in exposure, particularly to fine particles will deliver health benefits, whatever the initial concentration. Previous studies in London and other cities have shown that daily patterns of exposure are very personal to individuals, and that reductions can be achieved by changing travel habits. For example changing the route used to walk or cycle, or changing from car to bike. In Devon, where concentrations are generally lower and hotspots of pollution are of smaller geographic extent, these changes may not be so great, but even small reductions are of benefit.

Personal exposure provides a new way of communicating air pollution issues, and encouraging behavioural change. For example it may reach those groups who do not engage with messages about climate change. The study will provide visual outputs for public information, as well as improved travel planning advice which will be used in social marketing messages.

#### Pilot Study

The proposed project methodology was piloted with three volunteers in June and July 2015 to test the methodology, gain an understanding of likely results and make recommendations for the development of the project.

For the pilot study, a personal PM<sub>2.5</sub> monitor was borrowed at no cost and a GPS watch was purchased for £200. No other costs have been incurred for the pilot study apart from officer time as follows:

1. Environmental Health officer time to identify and communicate with volunteers, arrange hand over of the equipment, training, download and analyse data, arrange travel planning advice etc. This takes less than a day of officer time per volunteer. The time is spread over several days or a couple of weeks.
2. Travel planning advice is provided by Devon County Council officers.

The pilot study volunteers were chosen because they travel from a variety of home locations, and to test different potential options for alternative sustainable travel choices. Their travel modes and home locations are shown in Table 1 below.

Table 1 Pilot Study Volunteers

Volunteer Number	Home Location	Work Location	Initial travel mode	Sustainable travel mode
1	Cranbrook	City centre	Car	Bus
2	A30 (south of the city)	Topsham Road	Car	Car (alternative route)
3	Lympstone	City centre	Car	Bike

The volunteers reported that the study methodology worked well, and did not recommend any changes. They were all interested in the travel planning advice they were given, and found this valuable.

The study results for each volunteer are described in Tables 2, 3 and 4. These show that for car journeys, the route is important in determining the exposure to ultra fine particles. For example, volunteer 1 travels between Cranbrook and Exeter normally by car, but on different roads in the morning and afternoon. Their exposure was higher when travelling via East Wonford Hill and Heavitree Road than via Pinhoe Road (Figure 1). This result may also have been affected by the time of day when the journeys were made, but this pattern is not unexpected since ambient nitrogen dioxide monitoring also shows higher concentrations on the Heavitree corridor.

For volunteer 2, measured concentrations also varied with route. For this person it was not possible to suggest a realistic alternative travel mode other than to change the route used for her car commute. This was because of the configuration of home and work locations, plus the fact that the volunteer was not confident to cycle without repairs to her bicycle. Her alternative route followed back roads rather than main roads, which allowed her to maintain a more constant speed and more efficient driving style. This reduced exposure, compared to driving along main roads, as shown in Table 3 and Figure 2.

Volunteer 3 was able to choose a sustainable travel mode (bike from Lympstone) for their second day of testing and this did result in lower exposure than the car commute (Table 4, Figures 3 and 4). However for volunteer 1, who changed to bus, the average exposure on the second day was higher than in a private car. Here again, the route used may be significant as the bus from Cranbrook travels along the Heavitree corridor and the maximum exposure for this journey was similar to maximum exposure along the same route at a similar time of day in a car (Table 2).

Tables 2, 3 and 4 show average concentrations to which the volunteers were exposed whilst they were at work (lunchtime activities and work visits etc have been excluded from this). These concentrations were generally similar to or lower than averages during commuting journeys, but not always. Volunteer 2 measured lower concentrations during her commute along back roads than during her working day. Figures 3 and 5 shows peaks in exposure during the working day that occur during lunchtimes and work visits, or whilst the volunteers were in the office. These can be of greater magnitude than peaks in exposure during the commute. The exact source of these is not clear.

Because only one particulate monitor was used, and the volunteers had it on two separate days, the results summarised above might be affected by variations in background PM<sub>2.5</sub> concentrations between each day. It is difficult to control for this without having a second monitor measuring background concentrations in the city on each test day. Background PM<sub>2.5</sub> measurements are made in Plymouth, but an analysis of this data shows that concentrations at this monitoring stations are higher than those measured by the pilot study participants most of the time. It has not therefore been possible to adjust for background concentrations during the pilot study.

Table 2 Particulate (PM<sub>2.5</sub>) Exposure for Volunteer 1 (ug/m3)

	car journey (Pinhoe Road) am	car journey (East Wonford Hill) pm	bus journey (East Wonford Hill) am	bus journey (East Wonford Hill) pm
maximum	8.1	11.3	18.7	11.3
average	5.2	4.9	12.1	7.7
average in office	3.3		4.3	

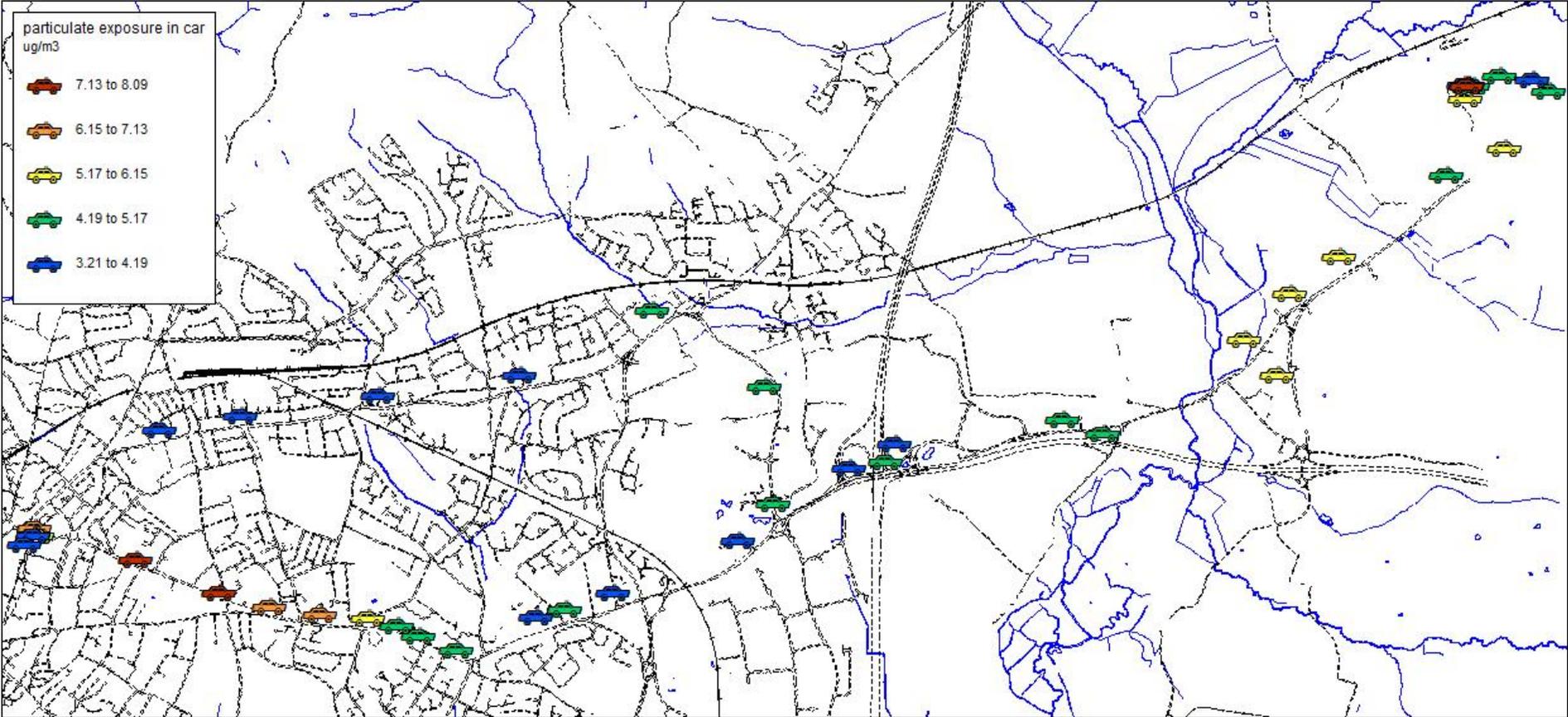
Table 3 Particulate (PM<sub>2.5</sub>) Exposure for Volunteer 2 (ug/m3)

	car journeys on main roads	car journeys on back roads
maximum	13.4	7.3
average	5.4	2.9
average in office	5.4	4.4

Table 4 Particulate (PM<sub>2.5</sub>) Exposure for Volunteer 3 (ug/m3)

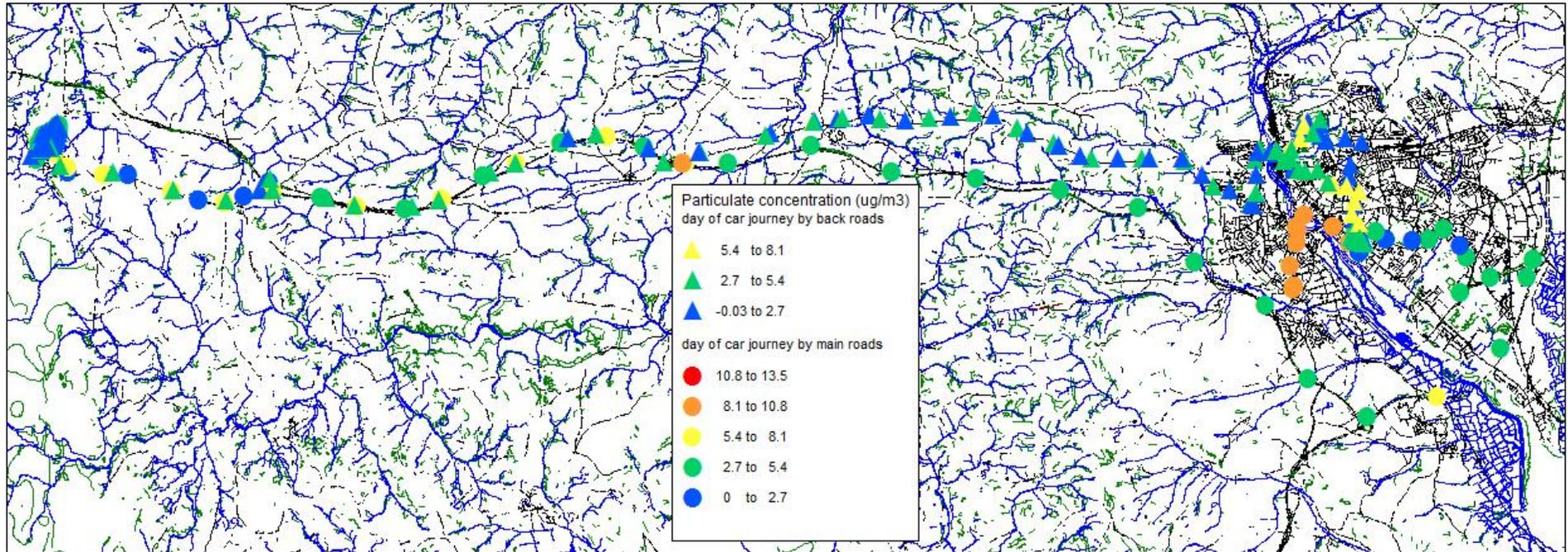
	car journeys	bike journeys
maximum	15.4	9.5
average	5	3.5
average in office	3.9	3.9

Figure 1 Particulate Concentrations measured by Volunteer 1 during Car Journeys on Different Routes



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Figure 2 Particulate Concentrations measured by Volunteer 2 during Car Journeys along Different Routes



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Figure 3 Particulate Concentrations measured by Volunteer 3 on both Test Days

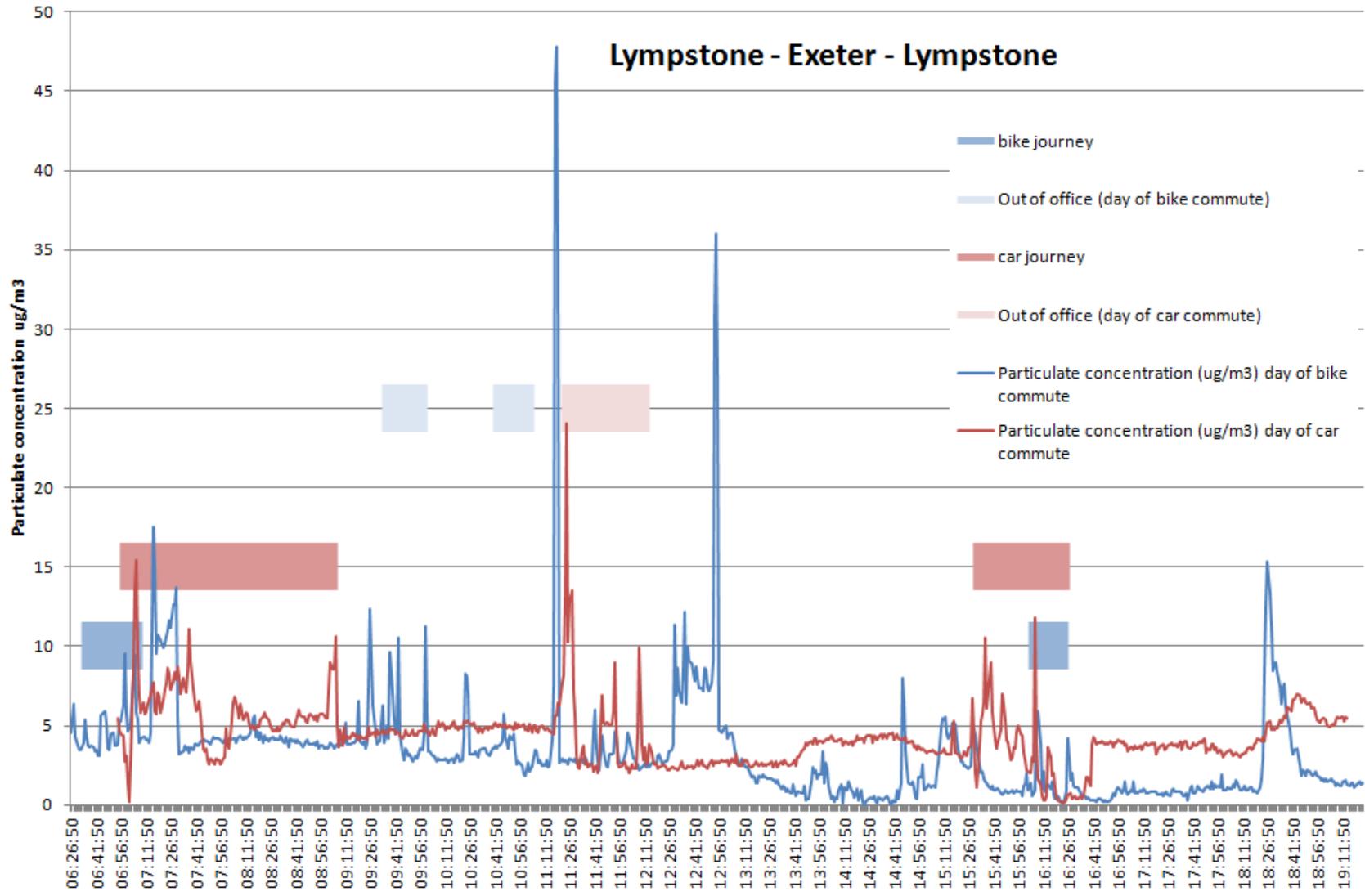
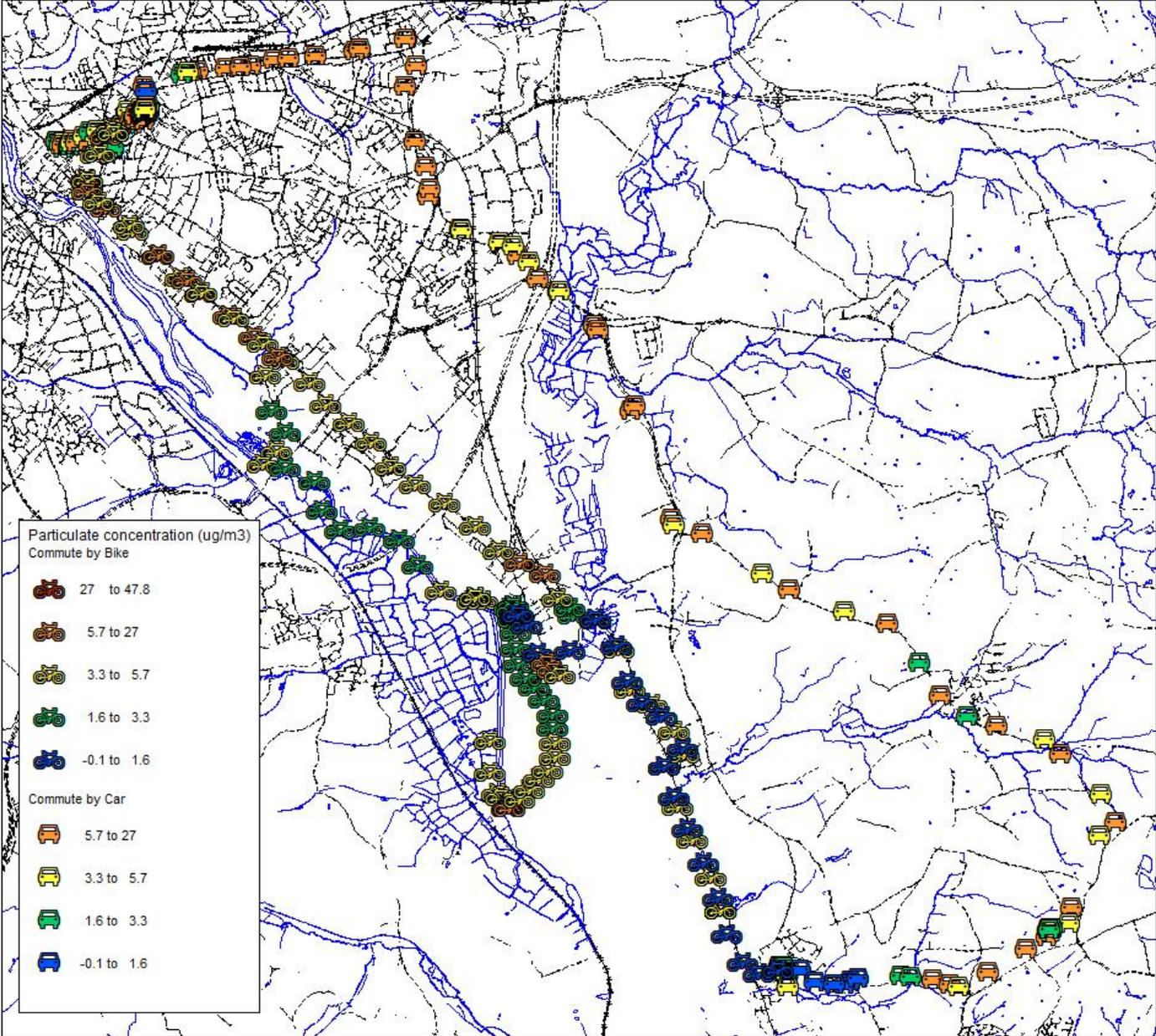
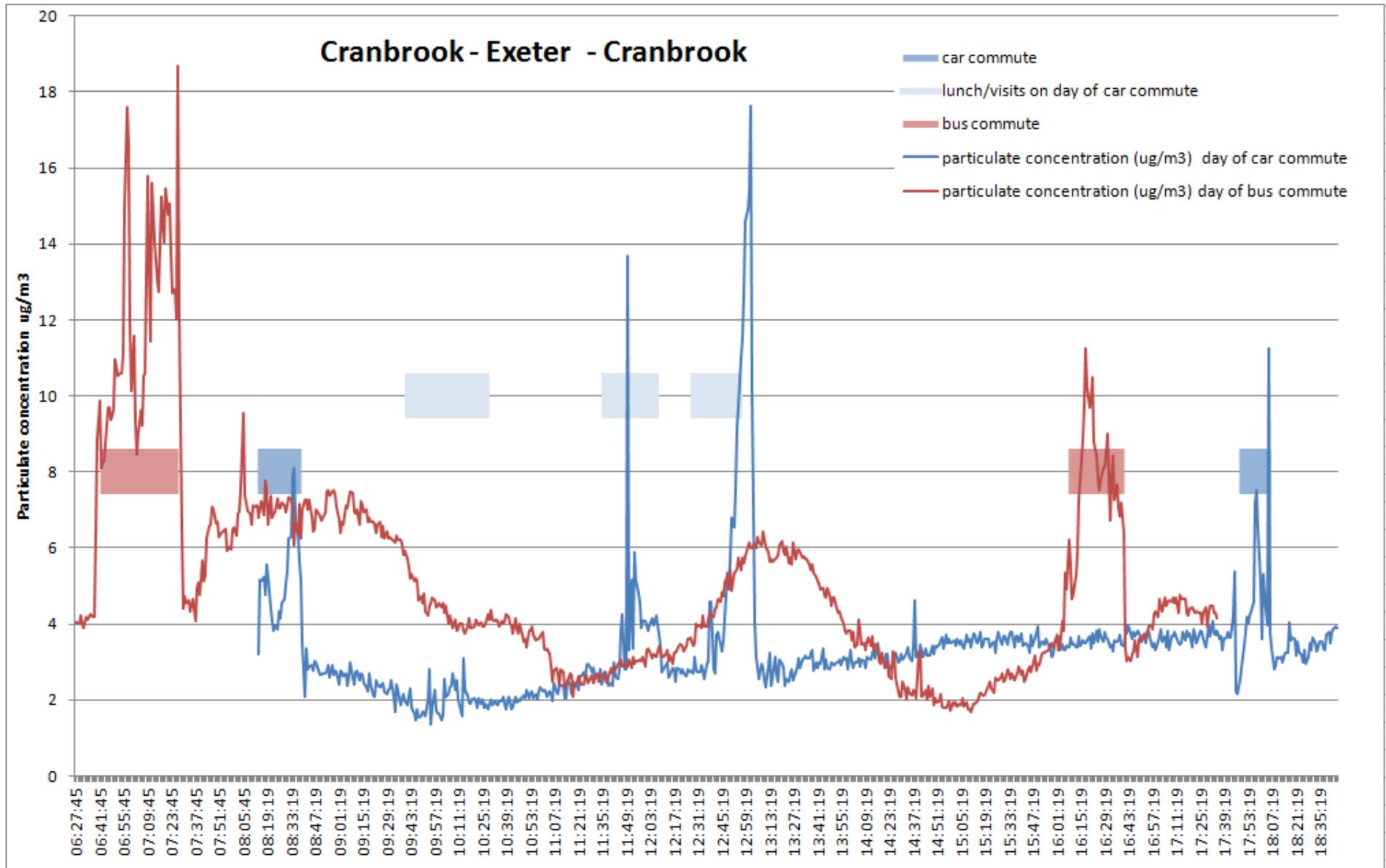


Figure 4 Particulate Concentrations measured by Volunteer 3 and comparing Car and Bike Journeys



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Figure 5 Particulate Concentrations measured by Volunteer 1 on both Test Days



## **Conclusions from Pilot Study and Recommendations**

The pilot study shows that differences in particulate concentration between travel modes can be shown for some individuals, but are not always clear-cut. The sustainable travel message that can be derived from the data is more subtle and nuanced than it appears from data obtained in similar studies in London. However in public health terms, all three volunteers could achieve a reduction in their daily exposure by behavioural change.

The pilot study has demonstrated the amount of officer time required to conduct the study. Including writing up the study, presenting the data etc this is a maximum of one full day per volunteer (assuming that Devon County could continue to provide a Travel Planner free of charge). This can be accommodated, but it does mean that the study will take some time to undertake, fitted in around other duties.

For the final project, a social marketing budget would need to be allocated, so that the outputs from the project could be used to maximum benefit. Public Health Devon have agreed to assist with this aspect and the techniques to be used will need to be developed further. This is the next priority for this project as it is important to understand what outputs will be most useful before further time is spent on testing.

A separate project is also being conducted using Public Health Devon grant (see below). There will be common areas between the projects where information and expertise can be shared.

## **Public Health Devon, District Grant - Air Quality Project**

Part of Public Health Devon's grant to the District Councils will focus this financial year on air pollution. The money will support two projects, one of which is a personal exposure monitoring study with groups of three school children from Braunton, Newton Abbott and Exeter. The study will follow essentially the same methodology as described above but will focus on travel to schools in areas that have been identified as having higher air pollution levels.

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