

EXETER COMMUNITY HEALTH AND WELLBEING BOARD

Tuesday 31 January 2017

Present:-

Councillors

Also Present

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APOLOGIES

These were received from Councillors Bialyk, Edwards, Leadbetter and Westlake, Simon Bowkett, Dr Virginia Pearson, Julian Tagg and Robert Norley.

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MINUTES OF THE MEETING HELD ON 13 SEPTEMBER 2016

The minutes of the meeting held on 13 September 2016 were taken as read and signed by the Chair as correct.

3

EXETER YOUTH STRATEGY

Dawn Rivers reported on progress with the Exeter Youth Strategy which, with the completion of the consultation process, would be launched on Wednesday 22 March 2017 at 6:00pm at the Guildhall. Next steps included signing up to the strategy by relevant agencies and commencing work with young people to action the strategy as well as developing an evidence base to identify need.

RESOLVED that Health Board Members be invited to the launch.

4

SUGAR SMART CITY

Ruby King reported on the successful launch of Sugar Smart Exeter on 23 January 2017. Exeter City Football Club had already made a number of Sugar Smart pledges with pledges also made by Devon Norse and the Coaver Club with interest from the local Exeter Children's Centres, Toby's Garden Festival and Devon Libraries.

The Sugar Smart Exeter survey was live at www.exeter.gov.uk/sugarsmart and responses would be used to inform the next actions. The Sugar Smart working group would continue to encourage more organisations to make a sugar smart pledge and would attend an Exeter City Football Club home game with a stand, as well as Toby's Garden Festival.

A grant application for £5,000 for sugar smart work would be made to the Sustainable Food City network via the Exeter Food Network which was subject to match funding.

Ruby King and Justine Womack from Public Health England were organising a South West meeting to present the work of Sugar Smart Exeter and support other areas who were looking to introduce this campaign locally. The national website can be found at www.sugarsmartuk.org including a video by Jamie Oliver.

Ruby King would follow up on suggestions from Members to seek collaboration with schools, the RD&E Hospital and through the initiatives being promoted by the Exeter Active Group.

RESOLVED that the Board support:-

- (1) the use of any communication opportunities available to promote the Sugar Smart Exeter survey to enable a good number of responses; and
- (2) use any opportunities available to encourage organisations to make Sugar Smart pledges.

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ACTIVE PEOPLE SURVEY

Matt Evans updated the Board on progress towards reaching the Board's Priority one objective of Exeter being the most physically active city in the South West by 2018 and recommended further work to increase the amount of physical activity by citizens and reduce inactivity and health inequality.

Since 2005, the only nationally recognised tool for measuring levels of physical activity participation robustly had been Sport England's annual survey 'Active People'. The Active People Survey (APS) provided the most authoritative picture of sports participation in England but, because of its focus on organised activity, did not capture beneficial physical activity such as cycle-commuting to work or gardening. As a result, a replacement survey known as Active Lives had been run in tandem since November 2015. The two surveys had different methodologies.

APS results had showed that Exeter had attained the highest percentages across South West cities for the most recent period to 2016, and therefore it could be claimed that Exeter was the most physically active city in the South West and the Board's Priority one objective had been reached one year before its target set of 2018.

The Active Lives Survey (ALS), would make it possible to measure some of the Key Performance Indicators identified for the sector in the Government's strategy 'Sporting Future' and provide a more nuanced understanding of behaviour. Again, in terms of overall engagement with sport and physical activity, Exeter did very well, being the third city in England behind Oxford and Cambridge to have the highest percentage of adults (aged 16+) who had taken part in sport and physical activity.

Sarah Gibbs challenged the use of the APS survey and it was felt that partners who had prioritised and committed to the physical activity targets may wish to refer to the nationally recognised survey data in their own publicity.

Sport England were to introduce 10 Local Delivery Pilots across the country which was one of seven investment strands in its new strategy. During a recent visit to Exeter Joel Brookfield of Sport England had met with Board Members, City Council officers and Members and Strategic Sports Board Members. He had also attended briefings on Get Active Exeter and the work of Exeter City Football in the Community Trust. He had advised on Local Delivery Pilots in general terms.

The pilots would be deliberately focused on the whole place, not just the sporting infrastructure and the broader involvement of partners from beyond the sports sector as part of any partnership was expected.

It was felt that Exeter's existing infrastructure and governance arrangements, both with the Exeter Health and Wellbeing Board and the Strategic Sports Board, placed it in a good position. A further strength would be the links with other key initiatives including Integrated Care in Exeter, Exeter City Futures, together with the potential

synergy with initiatives such as Sugar Smart Exeter, and bodies such as Exeter Community Forum and Exeter Community Safety Partnership, Well-being Exeter and onesmallstep (the new healthy lifestyle service for Devon).

The bid would need to be collaborative and led by the needs of the local place, which would not necessarily need to be confined to local authority boundaries but encompass a geographical place. The question was raised as to whether a 'Greater Exeter', that is, the City and its urban fringe, would be acceptable and potentially useful. Matt Evans confirmed that, for the grant programme, it would and that it would require agreement and collaboration amongst the key strategic leaders from those neighbouring city fringe areas. Innovation in the application of new technology, smart use of data and social media designed to encourage the many out of inactivity into active lifestyles as the norm, was likely to feature in any pilot.

Members from this Board were to attend Sport England workshops on 13 February. Members were asked to alert the Active Exeter group and other key groups to the importance of the forthcoming Local Delivery Pilot application process and thus the likely need for urgent input towards developing a strong expression of interest. Jo Yelland suggested that much of the data collected as part of the ICE programme would be of potential value.

RESOLVED that the Board support:-

- (1) the celebration and publication of progress, impact and achievements that have been made in the City with this initiative to further encourage greater physical activity amongst citizens;
- (2) determining a revised priority relating to physical activity and committing to sustaining participation amongst people who are already active and further enhancing and accelerating greater participation in physical activity, particularly with those citizens currently inactive and fairly active and in those specific groups where physical activity is generally lower; and
- (3) alongside other key cross-partner groups in Exeter (for example Greater Exeter Strategic Sports Board, Integrated Care Exeter, Active Exeter etc.), express an interest and a strong subsequent application to Sport England for the City of Exeter to be a Local Delivery Pilot as part of its investment strategy for tackling inactivity and improving physical activity amongst the population.

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ICE

Overview

Jo Yelland updated the Board on progress with the delivery of the Integrated Care Exeter Programme with four programmes:-

- New Models of Care : joining up community, primary and community services;
- New Models of care : street homeless, health and wellbeing;
- Diverting Demand : linking data for risk stratification for early intervention and prevention; and
- Diverting Demand : Community Resilience and prevention.

The two elements of the latter were:-

- (a) Individuals (social prescribing); and
- (b) Communities (Community Development) - see below.

The first of the above (a), involved creating a network of community connectors linked to primary care offering alternatives to traditional services and to see if social prescribing could reduce or delay demand on statutory services and improve individual health and wellbeing. The pilot in St Thomas practice in 2015/16 had been expanded and extended until September 2017 in order to increase the number of individuals data included in the evaluation up to around 1,000. Nine GP practices were now actively taking part in the pilot. Referral were now electronic enabling a flexible and quick response with systematic use of NHS number and primary care codes which would enable the maximum number of cases to be included in the evaluation.

Jo Yelland introduced Sarah Yelland of the Devon Community Foundation who were now leading and co-ordinating the development of Wellbeing Exeter. Sarah described some of the characteristics of the people being referred:-

- 32% - socially isolated;
- 25% - increased social activities;
- 7% - support with finance; and
- 7% - weight management

Community Building

Sarah Yelland explained that a key element of the programme was to get a better understanding of how communities can do more to help themselves and reduce demand on statutory services and to help understand in what ways statutory organisations could contribute to community resilience.

Exeter CVS were co-ordinating the Community Connectors with five now full time staff employed by organisations such as Age UK and Topsham's Estuary League of Friends.

Issues were:-

- the complex nature of social prescribing and difficulty in understanding and verbalising the offer;
- identification of different means of helping - whereas direct relief and rehabilitation and caring were vital, social prescribing was focussed on advocacy and citizenship;
- continued pull of "service land" - importance of encouraging GP's to seek to use neighbourhood and community solutions rather than "referring on"; and
- there was a genuine enthusiasm from a range of organisations.

Sarah Gibbs referred to the recently commissioned County Council initiative - One Small Step - a new, free lifestyle service aimed at helping increase the number of adults at risk of developing a long-term health conditions to take small steps towards a healthier lifestyle with a focus around alcohol misuse, mental health and smoking which would be launched on 1 February. Jo Yelland referred to the Devon County Council on-line Directory of Services "Pinpoint" which had been re-vamped and was a really good source of local services and community groups across Devon and explained that the One Small Step website and others such as an NHS site with free, self-help download Apps were all being linked into Pinpoint and that the Wellbeing Exeter Connectors were being encouraged to use this as a single source of trusted information. Wellbeing Exeter had bid to the DCLG Community Services Grant for funding to further develop Pinpoint.

It was felt that all the programmes were moving forward positively with the partner organisations working well together but that final evaluation would be critical in terms of providing (or not) the original hypothesis that social prescribing can reduce demand on statutory service.

The Chair thanked Jo Yelland and Sarah Yelland for their updates.

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DATES OF FUTURE MEETINGS

Future meetings, commencing at 2.00pm, were scheduled for:-

11 April 2017
11 July 2017
12 September 2017
31 October 2017
30 January 2018
10 April 2018
10 July 2018
11 September 2018

(The meeting commenced at 2.00 pm and closed at 3.54 pm)

Chair

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