

EXETER HEALTH AND WELLBEING BOARD

Tuesday 17 November 2015

Present:-

Gill Champion	- Clinical Commissioning Group
Councillor Edwards	- Exeter City Council
Councillor Owen	- Exeter City Council
Councillor Leadbetter	- Exeter City Council
Councillor Westlake	- Exeter City Council
Dr Virginia Pearson	- Public Health, Devon County Council
Kirsty Hill	- Public Health, Devon County Council
Superintendent Sam De Rea	- Devon and Cornwall Constabulary
Simon Bowkett	- Exeter Voluntary Service
Matt Evans	- Active Devon
Caroline Lee	- Devon Health-watch
Sue Stevens	- Devon Health-watch
Julian Tagg	- Exeter City Football Club
Jo Yelland	- Exeter ICE
Catherine Stevens	- South West Lottery Local Manager
Simon Bates	- Green Infrastructure Project Manager
Robert Norley	- Exeter City Council
Dawn Rivers	- Exeter City Council
Howard Bassett	- Exeter City Council

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APOLOGIES

These were received from Superintendents DeGea and Perkin, Tim Golby, Kealey Sherwood and Patsy Temple.

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MINUTES OF THE MEETING HELD ON 2 SEPTEMBER 2015

The minutes of the meeting held on 2 September 2015 were taken as read and signed by the Chair as correct.

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APPOINTMENT OF CHAIR AND DEPUTY FOR FUTURE MEETINGS IN 2016

RESOVLED that:-

- (1) Gillian Champion of the Clinical Commissioning Group be appointed Chair of the Board for 2016; and
- (2) Councillor Keith Owen of Exeter City Council be appointed Deputy Chair of the Board for 2016.

REVISED TERMS OF REFERENCE

Robert Norley tabled proposed updated terms of reference for the Board. It was noted that the original terms of reference remained fit for purpose but would benefit from some minor changes and additions. The ability of the Board to appoint Associate Members was introduced and agreed. In future, the document would be further refreshed as and when necessary.

RESOLVED that the updated terms of reference (attached to minutes) be adopted.

PUBLIC HEALTH OUTCOMES EXETER PROFILE

Kirsty Hill, the Public Health Specialist, presented the 2015-16 Exeter District Public Health Summary. This contained information for the district based on the Joint Strategic Needs Assessment Devon overview, Devon Joint Health and Wellbeing Outcomes Framework and Public Health Outcomes Framework.

The summary would be formally published on the Devon Health and Wellbeing website after formally being signed off in December. The summary should be used to consider the Exeter district plan and to evaluate if priorities are still valid and whether any other areas need to be considered.

The summary provided summary of local and national outcome indicators for Exeter and covered demographics, life expectancy, deprivation, overall mortality and premature mortality, mental health, accidents, fuel poverty, smoking, obesity, sexual health, projected social care needs, domestic abuse and sexual violence, immunisations, dementia and alcohol.

The data around alcohol related admissions was discussed. The detail around who was being admitted was discussed and it was asked whether repeat admissions of individuals was influencing these rates. Recent media coverage of a lack of awareness of problem drinking amongst middle ages was highlighted. Simon Bowkett remarked that such problems could be masked by better diet and exercise amongst this cohort as well as little change to the prevention/treatment model and referred to two recent initiatives in Exeter - Addaction's Drink Wise - Age Well campaign and Alcohol Concern's Blue Light campaign. Difficulty of engagement with this population group, and commitment to behaviour change, remained issues. This is evident at primary care level.

RESOLVED that the representatives of Drink Wise Age Well be invited to the February Board meeting, which would have a focus on Priority 2 - reduce alcohol misuse.

REVIEW OF HEALTH OUTCOME PRIORITIES FOR THE BOARD

Referring to the existing agreed Board priorities of:-

- (1) increased physical activity;
- (2) reduced alcohol misuse;
- (3) reducing falls and cold homes; and
- (4) health of the most disadvantaged.

Councillor Owen suggested the addition of a fifth – Improving Diet of Exeter Citizens. He referred to the work of the Exeter Food Network in providing meals during school holidays for children in need. Dawn Rivers referred to the Magic Breakfast Project which was seeking local authority funding of one third towards the provision of free breakfasts to all children in all of the City's primary schools - one

third to come from the Charity itself and one third from businesses – the total cost was estimated at 40p a child. Members referred to on-going media coverage of growing obesity levels and poor nutritional content of many foods and for the need for pressure to be born on the large food suppliers to increase the health value of their products.

There was discussion about the opportunity to “weave in” health diet aspects of other projects such as Get Active Exeter but, overall, it was felt that there was merit in forming a fifth priority for the Board and the establishment of a working group to promote that priority.

RESOLVED that:-

- (1) Improving the diet of Exeter citizens be added as a fifth Board priority;
- (2) appropriate representations be made to the Government and local MP’s to seek to bring pressure on the food industry to better regulate itself to improve food quality and the nation’s diet;
- (3) a Task and Finish Group be established, Dawn Rivers and Sarah Gibbs to co-ordinate, to consider these issues, the Group remit to also embrace the inequality agenda with recommendations to be made to a future meeting on addressing issues for Exeter.

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ICE PROJECT UPDATE

Jo Yelland updated the Board on progress with the delivery of the Integrated Care Exeter Programme. Her presentation covered the following areas:-

- Section 1 : 180 Day Action Plan Key Milestones Overview;
- Section 2 : High Level Progress Report;
- Section 3 : Stakeholder Analysis;
- Section 4 : Key Communication Messages; and
- Section 5 : Key Programme Risks.

Jo highlighted the progress in the work stream that was aiming for improvements in service delivery and the two projects that were likely to have a direct impact on Exeter residents:-

- streamlining the hospital discharge process and the introduction of a new “discharge to assess” model with the RD&E aimed at reducing delayed discharges, particularly for older people who need help and support following a hospital stay. The scheme is in the test phase and would go live in January 2016 and had involved ICE partners putting additional resources into community health and care services in the City to support the changed pathway; and
- improved access to care and support for the street homeless. Early in 2016 ICE partners would test a new Health and Well Being Team for people who are street homeless by bringing together existing resources into a single, integrated team to provide a joined up approach when people are faced with a crisis, to better meet the immediate and longer term needs and to ensure that only people who have a clinical need for inpatient acute care are admitted to hospital.

Jo also explained that within the ICE Programme work had been undertaken to develop a framework, based on the ICE model for population health and well-being, for community development and prevention with strong links to existing good practice in the City. This included the development of the Exeter Community Forum whose priority setting event in the New Year offered a good opportunity to make

further links with the ICE agenda. There were further links to be developed with Exeter Active. The framework was now being put into an investment bid for funding to develop the model in partnership across the City.

The role of senior leaders within the ICE governance was highlighted as critical to maintaining, developing and driving the work programme forward.

The Chair thanked Jo Yelland for her update.

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GET EXETER ACTIVE

Matt Evans updated the Board on the following:-

Sport England Bid

Following the success of the bid to Sport England, some 30 projects had been identified for 2016, the first to come on line in January with a target of 2,000 participants over the three year period of the scheme. A meeting was scheduled for the first week of December with Sport England to finalise the delivery plan and outcome measures. Each participant would be involved in a 10-12 week programme with follow up over a 6-12 month period to determine if a commitment to fitness was on-going.

He invited the Board to suggest potential elements for inclusion in the evaluation process, such as some form of attitude and wellbeing surveying.

Government Sports Strategy Consultation

The Board had responded to the consultation and a response from the Government was awaited.

RESOLVED that:-

- (1) ideas for outcomes inclusion in the evaluation etc. process be forwarded to Matt Evans; and
- (2) Matt Evans update the Board at its February meeting on the Government response to the consultation on the Sports Strategy.

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RIVERSIDE AND LUDWELL VALLEY PARKS MASTER PLAN

The Chair welcomed Simon Bates the Green Infrastructure Project Manager for the Growth Point Team to the meeting. His presentation covered the main projects and recommendations from a draft master plan for the Riverside and Ludwell Valley Parks for the period 2016-2026. The master plan set out a 10 year investment plan for these two parks, to be funded principally from the Community Infrastructure Levy.

The plan set out where new areas of public recreational space can be created, and where improvements to existing space can be made. It also addressed other aspects, such as the quality of 'gateways' into the Parks, interpretation of heritage and wildlife, navigation, notice of park events, and the use of art to increase socialising in under-utilised spaces. The need for the plan was driven largely by housing growth. The resulting increase in population had an indirect impact on the Exe Estuary and the impact had to be mitigated, in order for the Core Strategy and Development Plan Documents to be compliant with the Habitats Regulations.

The master plan identified the following six distinct character zones:-

- Little Devon (Ludwell Valley);
- Gateway to the Estuary;
- Island Parks;
- The Meadows;
- Old and New City Centre; and
- The Modernised River.

and listed projects included land purchase and improved access to the parks, provision of information on where people can walk, new footpaths and associated signage, Ludwell Lane traffic calming, formal access to Alphinbrook, Exwick wild play, supporting the growth of a community hub at Wonford, additional children's play areas and a sensory garden.

He acknowledged the importance of liaising with local ward members and agreed to consult Will Pratt, Highway Development Management Officer (Exeter) at the County Council. Dawn Rivers asked for the Exeter Community Forum to be involved and Councillor Owen would advise of the City Council input.

The Chair thanked Simon Bates for his presentation.

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PRESENTATION ON BIG LOTTERY FUND

The Chair welcomed Catherine Stevens, South West Big Lottery Local Manager, to the meeting. Her presentation covered the following elements:-

- the Big Lottery Fund had four key priorities - education, community , environment and health (more active communities);
- Awards for All programme - grants of £300 to £10,000 and examples of grants made;
- Reaching Communities grants with an average grant size of £300,000 with 1-5 years funding on offer;
- Previous national strategic programme with a total investment of £200 million focussing on improving physical health, increasing healthy eating, and improving low level mental health problems. The presentation highlighted some of the findings from the national evaluation;
- the grants were partnership led with the south west lead being the Westbank Healthy Living Centre; and
- new strategic programmes with health and well-being focus at present included Ageing Better - addressing social isolation and loneliness of older people - £70 million investment and HeadStart - addressing mental health issues for 10-16 year olds - £75 million investment England-wide.

Further information about all of the Big Lottery Fund's grant programmes was available on their website plus details of their advice line and regular bulletins that could be signed up to. There was also a dedicated Health and Wellbeing page (link on presentation).

Responding to Matt Evans, she advised that, walking groups could be supported. Grants were not made for sports focussed projects, but sport could be a medium to a social outcome, for example, funding for a football team if the aim was to reduce anti-social behaviour in the local youth community.

Dawn Rivers emphasised the value of a partnership approach with communities to increasing community resilience and supporting healthier communities.

Catherine Stevens stated that she was happy to have further conversations about funding, partnership working, sharing learning on health and wellbeing projects, engaging disadvantaged communities and attending future meetings.

The Chair thanked Catherine Stevens for her presentation.

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PRESENTATION - EXETER VOICES

The Chair welcomed Caroline Lee to the meeting. She explained the role of Healthwatch Devon, a customer champion of community health in Devon and stated that the aim of the Exeter Voices project was:-

- to increase the amount of feedback to Healthwatch Devon from the Exeter locality;
- make a positive contribution to community profiling in Devon; and
- raise awareness of Healthwatch Devon as the statutory Consumer Champion for Health and Social Care.

Healthwatch Devon had built strong relationships with a variety of “delivery partners” such as BID for mental health and Living Options for the physically disabled and was working closely with CAB in collecting public views on health services.

Although the intended focus was on a wide remit of health and well being in general rather than specific elements, current data collection had identified issues such as GP practices, hospitals, community care services, mental health services, ambulance and dentists and divided into a number of themes. 117 cases had responded with 46% responding positively with the most prominent negative themes being “treatment miscommunication” and “treatment or appointment delay” and it was noted that HIKMAT Devon carer service – who involves an array of faith and minority ethnic groups - had passed on a number of compliments about health and social care services.

Healthwatch Devon was to undertake more in-depth research especially with minority groups and possessed a portable kiosk to target harder to reach communities. It was seeking the views of the Board to identify any specific health and well being issues in Exeter for which further information would assist for a further survey over the Christmas period. Kirsty Hill suggested a greater tie-in with the JSNA research, in particular, social isolation and loneliness.

The Chair thanked Caroline Lee for her presentation.

RESOLVED that a meeting be arranged by Robert Norley with Healthwatch, Public Health and Active Exeter.

(The meeting commenced at 2.00 pm and closed at 4.35 pm)

Chair