

EXETER HEALTH AND WELLBEING BOARD

Tuesday 12 November 2013

Present:-

Councillor Owen (in the Chair)	Exeter City Council
Councillor Edwards	Exeter City Council
Councillor Prowse	Exeter City Council
Councillor Westlake	Devon County Council
Dr Virginia Pearson	Public Health, Devon County Council
Ruth Dale	Public Health, Devon County Council
Patsy Temple	Public Health, Devon County Council
Gillian Champion	Clinical Commissioning Group
Hannah Ellis-Murdock	Chamber of Commerce
Superintendent Chris Eastwood	Devon and Cornwall Constabulary
Simon Bowkett	Exeter CVS
Robert Norley	Exeter City Council
Sarah Ward	Exeter City Council
Dawn Rivers	Exeter City Council
Jayne Hanson	Exeter City Council
Robert Norley	Exeter City Council

Also Present

Julian Tagg and Jamie Vittels Exeter City Football Club

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CHAIR

In the absence of Councillor Edwards at the beginning of the meeting, the meeting was chaired by Councillor Owen.

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APOLOGIES

These were received from Councillors Hannaford and Leadbetter and Bindu Arjoon.

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MINUTES OF THE MEETING HELD ON 24 SEPTEMBER 2013

Subject to an amendment showing Virginia Pearson, Ian Tearle and Patsy Temple as representatives of Public Health, Devon County Council and not the NHS, the minutes of the meeting held on 24 September 2013 were agreed as a correct record.

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PRESENTATION FROM EXETER CITY FOOTBALL CLUB AND FOOTBALL IN THE COMMUNITY CHARITABLE TRUST

The Chair welcomed Julian Tagg, Vice Chairman of Exeter City FC and Jamie Vittels, the Club's Head of Community.

Julian Tagg spoke to the presentation which provided an overview of the operation of Exeter City Football Club, the only supporters run Football Club in the country. His presentation covered the format and membership of the Trust and Club Boards

and, in particular, the Football in the Community Charity Trust Board. It also set out the operational pyramid of the Club covering the First Team, YTS, College Academy, Centre of Excellence, the Development and Advance Development Centres and Football in the Community. The latter two reached out to thousands in the community both in Exeter and beyond offering participation in football as well as other sports.

Jamie Vittels provided an overview of the community engagement work of the Trust and spoke about the strands of work being undertaken in Devon in relation to participation in sport, education, health and social inclusion. He advised that a lot of the work was delivered in Exeter.

Members felt that the work being undertaken by the Trust was very impressive and inspiring. They acknowledged that the Club's work was well known and respected and that grant support was therefore merited and, as in other areas, would benefit from long term funding commitments. Julian Tagg identified a shortage of suitably surfaced areas within the City to further develop many of the football programmes, some of which were designed to encourage those who would not normally gravitate to the traditional 11-a-side game. Jamie Vittels advised that there was a need to further develop ladies football in the City. As data analysis and evidencing outcomes would be of value to secure future funding, the Club would work with the University to monitor the various schemes.

The Chair thanked Julian Tagg and Jamie Vittels for their presentations and, on behalf of the Board, invited Julian to serve as a Board Member. This was moved by Simon Bowkett and seconded by Councillor Westlake.

RESOLVED that Julian Tagg be appointed to the Board.

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EXETER PUBLIC HEALTH PLAN AND JOINT HEALTH AND WELL BEING STRATEGY

The Public Health Specialist presented the first draft Exeter Joint Health and Wellbeing Strategy. The four priorities for developing co-ordinated actions were:-

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

She advised that the Strategy outlined for each issue the position in Exeter, the evidence of effective interventions and the focus of actions for each area. A number of key health and wellbeing issues of note for Exeter would continue to be monitored by the Board and the priorities chosen would be reviewed for relevance in the light of data, evidence and progress on an annual basis.

Time frames beyond three years were envisaged, if necessary, to achieve real measurable progress against priorities. Priorities and progress would be monitored and reviewed through an annual action plan and regular reporting to the Board.

Members felt that focussing on more than one priority would be of value in order to achieve a number of 'early wins' and acknowledged that, whilst 2, 3 and 4 would largely fall within the remit of individual partners, the first priority was one which could be achieved through momentum brought by the Board itself.

The value of Clinical Commissioning Group involvement was acknowledged through, for example, encouraging GP referrals to physical activity groups and the introduction of health checks for all.

It was suggested that the existence of the Exeter Health and Wellbeing Board and Joint Health and Wellbeing Strategy could be publicised through the forthcoming CCG Exeter Sub Locality Health Fair at the Guildhall on 29 November where the CCG would be consulting on the current vision for future health care for residents of Exeter.

RESOLVED that:-

- (1) the draft Exeter Health and Wellbeing Strategy be approved for engagement/consultation. Any comments/feedback on the draft to be submitted to the Public Health Specialist by 3 December 2013 via email pasty.temple@devon.gov.uk;
- (2) the strategy, with all corrections and amendments made, be reported back to the January meeting of the Board for final approval; and
- (3) consideration be given to the public consultation/engagement needed on the strategy at the CCG Exeter Sub Locality Health Fair.

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GETTING EXETER ACTIVE PROJECT

The Assistant Director Environment presented the report proposing the formation of a project group to increase the participation rate in physical activity for Exeter's citizens.

Ruth Dale, Public Health, Devon County Council, spoke about adopting a social marketing approach to the Get Exeter Active work programme. Placing the residents of Exeter at the centre of the work at scoping stage would seek to understand who in Exeter was not active and why, using all relevant data to segment the population. Different people would require different approaches and it was important that local planning recognised this from the outset. Sometimes, barriers to participation were not the obvious ones people think they are. One Council had found from undertaking such work that the reason young girls were not using leisure centre facilities to exercise was because there were no hair drying facilities and they were worried about their appearance upon leaving the centres post exercise.

Initial work would be around understanding what services and interventions were already there to enable planning to maximise existing resources and pull together overlapping areas of work within organisations. Sport England had already done some segmentation of the population from a physically active perspective. This was available at an Exeter level and displayed visually in map and graphical form. There was also data on participation levels mapped against deprivation in the City.

Public perception of sporting, leisure and recreational opportunities was considered to be poor and a major thrust of the work would be to increase public awareness of such opportunities in the City, embracing the use of open spaces and parks which were free, as well as opportunities in arts and culture. City and County Councillors' membership of the group would be valuable.

RESOLVED that:-

- (1) the formation of a "Getting Exeter Active" project group be approved; and

(2) the Getting Exeter Active Group comprise:-

- Councillor Owen (Exeter City Council)
- Councillor Westlake (Devon County Council – first year)
- Councillor Leadbetter (Devon County Council) – second year

and representatives from:-

- Exeter City Council – Community Involvement, Parks and Open Spaces, Leisure Facilities Management
- Devon County Council – Public Travel Team
- Public Health – Public Health Specialist, Social Marketing Programme Manager
- Clinical Commissioning Group
- Exeter CVS
- Westbank – to be confirmed
- Football in the Community Charitable Trust
- Active Devon Sports Partnership
- Rugby World Cup 2015 Legacy Group

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COLLABORATIVE APPROACHES TO IMPROVING HEALTH AND WELLBEING - UPDATES FROM THE CLINICAL COMMISSIONING GROUP AND EXETER CVS

CCG

Gill Champion explained the work, remit and recent initiatives of the CCG. Work had commenced on refreshing the CCG's Devon Strategy of Health which would have a focus on prevention and self care. A social marketing policy was also being developed, a meeting involving representatives of the County and City Councils, Exeter CVS, Age Concern etc. set for 11 December.

Exeter CVS

Simon Bowkett reported on the changing role and work of Exeter CVS which operated as an infrastructure body in support of a wide range of voluntary bodies and charities. There had been a significant shift towards working in an open market environment based on service level agreements and contracts with charities and bodies funded increasingly on a short term basis.

A more collaborative approach was required, resulting in the creation of Devon Live, a local infrastructure for voluntary sector organisations set up by Exeter CVS in conjunction with the Devon Community Forum, ECI, Voluntary Services for Young People in Devon and others providing a single point of contact, funding and advice for the voluntary sector. A key element was the creation of a "communities of practise" bringing together various charities and bodies under separate headings including health and wellbeing, criminal justice and children and young people to assist with the procurement of services. This was the first of its kind in the country.

He referred to specific projects such as Ecomind aimed at helping those with mental health issues by encouraging participation in out of door, environmental projects. There was a need to move away from offering medical solutions to social problems by encouraging creative and educational activity and increased social interaction, for example, the introduction of a 'Cultural Passport' to encourage engagement in the arts.

