



**Exeter City Council**

To the Chair and Members of Exeter Health and Wellbeing Board

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**Our ref:**

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

The **Exeter Health and Wellbeing Board** will meet on **TUESDAY 3 FEBRUARY 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**.

Pages

- |   |   |         |
|---|---|---------|
| 1 | <b>APOLOGIES</b>  |         |
| 2 | <b>MINUTES OF THE MEETING HELD ON 11 NOVEMBER 2014</b>  | 3 - 10  |
| 3 | <b>EYE CLINIC LIAISON OFFICER - TO WELCOME TRACY WILSON – 2.10PM</b>  |         |
| 4 | <b>PHYSICAL ACTIVITY AND EDUCATION - TO WELCOME KEALEY SHERWOOD – 2.30PM</b>  |         |
| 5 | <b>INTEGRATED CARE EXETER PROGRAMME REPORT - TO WELCOME JO YELLAND AND TIM GOLBY – 2.50PM.</b>                          | 11 - 14 |
| 6 | <b>ROUGH SLEEPERS - TO WELCOME SUPERINTENDENT KEITH PERKIN - REPORT TO EXETER BOARD OF 15 JANUARY ATTACHED – 3.20PM</b> | 15 - 16 |

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7 **ACTIVE EXETER UPDATE - MATT EVANS – 3.20PM**

8 **DATES OF FUTURE MEETINGS**

**DATE OF NEXT MEETING**

The next **Exeter Health and Wellbeing Board** will be held on Tuesday 14  
April 2015 at 2.00 pm

# Agenda Item 2

## EXETER HEALTH AND WELLBEING BOARD

Tuesday 11 November 2014

### Present:-

Gillian Champion	Clinical Commissioning Group
Councillor Owen	Exeter City Council
Councillor Hannaford	Exeter City Council
Councillor Shiel	Exeter City Council (Chair of Scrutiny Community)
Councillor Leadbetter	Devon County Council
Councillor Westlake	Devon County Council
Sara Gibbs	Devon County Council
Anna Shwappach	Devon County Council
Superintendent Perkin	Devon and Cornwall Constabulary
Julian Tagg	Exeter City FC
Matt Evans	Active Devon
Jacinta Jackson	Health Watch Devon
Martyn Rogers	Exeter Age UK
Robert Norley	Exeter City Council
Dawn Rivers	Exeter City Council
Anne-Marie Hawley	Exeter City Council
Alex Bullied	Exeter City Council
Howard Bassett	Exeter City Council
Catherine White	Exeter City Council

1

### APPOINTMENT OF CHAIR AND DEPUTY CHAIR

#### **RESOVLED** that:-

- (1) Gillian Champion of the Clinical Commissioning Group be appointed Chair of the Board for the next 12 months; and
- (2) Councillor Keith Owen of Exeter City Council be appointed Deputy Chair of the Board for the next 12 months.

2

### APOLOGIES

These were received from Councillor Edwards, Simon Bowkett, Dr Virginia Pearson and Patsy Temple.

3

### MINUTES OF THE MEETING HELD ON 7 OCTOBER 2014

The minutes of the meeting held on 7 October 2014 were agreed as a correct record.

4

### EXETER DISTRICT PUBLIC HEALTH PLAN 2014/15

Sara Gibbs presented the Exeter District Public Health Plan 2014/15. The Plan was a mechanism for monitoring and prioritising health and wellbeing issues across Exeter and to inform the planning of services within the work of the Health and Wellbeing Board partners. A yearly update of the Plan would be available by September each year and Exeter health and wellbeing outcomes reports would be produced quarterly by the Devon Public Health Intelligence Team. It formed a suite

of documents including the Exeter Joint Health and Wellbeing Strategy and the Active Exeter delivery plan.

The Annual Public Health Plan informed the Board's priorities, currently:-

- increasing physical activity;
- reducing alcohol misuse;
- reducing falls and cold homes; and
- health of the most disadvantaged.

In referring to the Public Health England Health Profile for Exeter 2014 where Exeter's figures were high in respect of skin cancer, alcohol related hospital admissions, violent crime and acute sexually transmitted infections. However, these had to be taken in context as not all were appropriate for the Board to seek to influence and because some were influenced by commissioned services. The Board, as a partnership, had rightly identified priorities to contribute to by working collaboratively together.

Highlighted in the Exeter figures was an increase in hospital admissions rates for self-harm for 10-24 year olds. This is a Devon-wide issue and was being examined through a Health Needs Assessment which would highlight any evidence-based interventions that might contribute to reducing these rates.

Gillian Champion referred to the proposed creation of an Urgent Care Centre at the RD&E which would be distinct from the Accident and Emergency Department. It was widely agreed that the terminology around "urgent" was confusing and should be considered further.

**RESOLVED** that:-

- 1) the Board endorse the Public Health District Plan;
- 2) partners use the information in the plan and link to further information available on the Devon Health and Wellbeing website for planning their work within the City; and
- 3) the Board endorse the current priorities of the Joint Health and Wellbeing strategy and therefore the Exeter Health and Wellbeing Board. These will be re-examined every year against the Annual Exeter District Public Health Plan.

5

### **SMOKE FREE PLAY PARKS**

Sara Gibbs presented the report on the "Better Places to Play" evidence based Smoke Free Play Parks initiative developed by Smokefree South West. She explained the rationale behind the initiative which was being implemented by District Councils across Devon.

It was noted that the signage would be advisory only and complemented the on-going work of encouraging people to change behaviour to improve their health.

Potential parks where signage would be of greatest value had been identified by the parks operatives with Bury Meadow noted as a particular problem because of its proximity to Exeter College.

**RESOLVED** that the Board:-

- 1) endorse the use of smoke free play parks signage in those parks where the public or council staff have currently identified smoking as an issue;
- 2) agree to the identification of possible additional parks based on health and wellbeing statistics, insights from the City Council parks team and availability of signage;
- 3) endorse the use of Smokefree South West “Better Places to Play” signage accessed through money currently allocated to Exeter City Council and held by Public Health Devon; and
- 4) agree to City Council officers, subject to prior consultation with the City Council Portfolio Holder for Environment, Health and Wellbeing, identifying the extent of those parks where signage would be introduced.

6 **EVERYBODY ACTIVE, EVERY DAY IN EXETER - PUBLIC HEALTH BEHAVIOUR CHANGE SCOPING REPORT**

Sara Gibbs presented the final version of the public health behaviour change scoping report previously titled “Getting Exeter Active” and now incorporating comments made at the Board meeting in July. The report title had been changed to reflect the context of increasing physical activity levels in the City and health inequalities. Profiles and segments of the population in the report now included a wider audience within the city and acknowledged the approach needed for physical activity opportunities to appeal to these groups.

Matt Evans urged caution in respect of the statistics because the sample had only been 500.

**RESOLVED** that the Board:-

- 1) approve and adapt the final version of the social marketing scoping review report Everybody Active Every Day in Exeter;
- 2) endorse distribution of the report through the Active Exeter group; and
- 3) reports on the progress of the scheme be submitted on a quarterly basis.

7 **HEALTH PROMOTION DEVON - ROLE AS PROVIDER OF PUBLIC HEALTH IN DEVON**

Jacinta Jackson spoke on the work of Health Promotion Devon which covered the following areas:-

- Specialist stop smoking service;
- Health trainer service;
- Health Trainers;
- Inequalities Team - Community Development Workers;
- Healthy weight;
- Sexual health;
- Training; and
- Emotional wellbeing.

Training was of great value to individuals and communities in developing health capacity and resilience with a skilled training team, the majority of which was accredited and could range to level 3, and had the expertise to develop programmes to meet highly localised needs. In Exeter, there had been approximately 130 participants in 7 different courses. Training was at the 80-90% level with engagement through self referral, GP referral and community engagement workers. Wonford, for example, had experienced a poor take up of training offers to parents at Wynstream School but with Wonford Green Surgery experiencing a strong referral level.

The Chair thanked Janita Jackson for her presentation.

**RESOLVED** that the report be noted.

8 **LEISURE FACILITIES STRATEGY/ PLAYING PITCH STRATEGY AND SPORTS DEVELOPMENT DOCUMENT**

Matt Evans presented the report setting out the work to date of Active Exeter. He referred to the City Council's work in completing a Leisure Facilities Strategy and Playing Pitch Strategy. Notwithstanding the importance of facilities and green spaces as places for people to participate in activity, Active Exeter's focus had largely been towards people and activities. It was important therefore that initiatives were moving forward on a number of fronts to promote and recognise the strategic value of participation in physical activity and sport. Sara Gibbs emphasised that regard should be had to all forms of physical activity and not just sport. Julian Tagg referred to his involvement in an art and culture group and asked to be involved in the development of the strategies.

Following discussions between the City Council and Active Devon, it was proposed that an overarching strategy document be agreed to articulate the key priorities from the various strands in a single high level document. It was proposed that the Health and Wellbeing Board promote a working stakeholder conference, to take place in February/March 2015, aimed at informing the strategy and securing wider ownership with key partners.

**RESOLVED** that the Board:-

- 1) note the report;
- 2) endorse and support the proposed stakeholder conference as a means to informing an over arching sport and physical activity strategy for the City;
- 3) request Exeter City Council and Active Devon to progress the appropriate arrangements for the strategy; and
- 4) Matt Evans liaise with Robert Norley and Julian Tagg in the production of the strategies.

9 **EXETER PARK FITNESS TRAIL**

It was reported that the City Council had received a grant for \$67,000 (sterling equivalent of £41,620) from the Alcoa Foundation of Alco Howmet based at Sowton to create an Outdoor Fitness Trail in one of Exeter's Parks. To ensure delivery of the project it was suggested that the Board lead a partnership approach to project management and monitoring or suggest a partner organisation with enough capacity to take on this task.

Catherine White, who had been involved in the bid, referred to an existing green gym in Belmont Park. This trail would enlarge on the project which would be one of the first of its kind in the country and the first developed by Alcoa.

The City Council would design and install the trail which would improve health and wellbeing and the funding was shortly to be received. The Council was proposing either Cowick Barton Playing Fields or Heavitree Park, given their central location in dense residential areas. Of the two, Cowick Barton Playing Fields currently had the lowest usage and it was considered that it would be easier to achieve the project outcomes in a location that was not currently well used. However, community engagement would be needed to ensure the proposed project outcomes were delivered.

**RESOLVED** that:-

- 1) given the objectives of the Exeter Health and Well Being Board and the wide range of potential stakeholders in this project, Active Exeter sub-group be appointed to oversee and monitor project delivery and outcomes against grant requirements;
- 2) the Active Exeter sub group recommend the location of the trail for the final decision to be made by the City Council; and
- 3) a report on progress be submitted to the next Board meeting.

10 **LOCAL AIR POLLUTION STUDY - EXPOSURE TO ULTRA-FINE PARTICLES IN EXETER**

Alex Bullied updated the Board on progress with a study into the exposure of Exeter residents to ultra-fine particles (PM<sub>2.5</sub>).

It had proved harder than expected to source monitors for hire as only one of the three companies approached had been able to provide these for hire and would only finalise prices next year. Plymouth City Council had made an application for grant funding from DEFRA to purchase the equipment and, if successful, would make it available for hire to other Local Authorities. Their grant application would be decided later this year. If the Plymouth bid did not succeed the potential for joint action by Plymouth and Exeter would be examined.

Purchase of GPS watches would also be required and would be more cost effective than hire, at around £150 per watch.

The importance of identifying suitable walking and cycling routes with minimal traffic impact was emphasised.

**RESOLVED** that the progress report be noted.

11 **RUGBY WORLD CUP**

Catherine White presented an overview of the Rugby World Cup background and legacy with Exeter hosting the following three matches at Sandy Park in 2015 during the World Cup between 18 September and 31 October 2015:-

- Tonga v Namibia - Tuesday 29 September 2015 at 5.00pm;
- Namibia v Georgia - Wednesday 7 October 2015 at 8.00pm;
- Italy v Romania - Sunday 11 October 2015 at 2.30pm

The tournament would create inward investment for the City, bring a range of tourism benefits, offer volunteering opportunities and leave a legacy for the City to build on. Some 400,000 tourists would visit the UK and, overall, £4.2 billion would be generated. The City would be vibrant and a Fan Zone created at Norhernhay Gardens.

A Word Cup steering group, chaired by Tony Rowe of Exeter Chiefs, had been established with Catherine chairing the legacy sub-group.

The five key legacy features were:-

- Increasing participation in rugby for all
- More opportunities for women/girls to play rugby
- Increasing involvement in a wide range of sports and physical activities
- Maximising economic benefits
- Promoting stronger and supportive communities

The RWC legacy tied in with the Exeter Health and Wellbeing Board aim of Exeter becoming the being the most active city in the SW by 2018.

In a wider context, the benefits of the tournament would be:-

- Health : preventative, rather than cure;
- Wealth : support businesses and maximise individual and family income;  
and
- Wealth : safe, supportive and resilient communities

As a host City, the City Council had committed £300,000, £250,000 towards organisation and £50,000 for the legacy. Break-even was not anticipated but there would be specific measurables in respect of the legacy as the global impact of Exeter's role as a host venue would benefit the City economically.

The Chair thanked Catherine for her presentation.

12

### **COMMUNITY ORGANISERS**

Dawn Rivers reported that three community organisers, all from Exeter, had been working in Wonford over the last 12 months hosted by the Wonford Community and Learning Centre and funded by the Office for Civil Society. They were being trained in community organising skills (a form of community development) and there was a potential continuation of the funding for a second year subject to employment and a proportion of match funding by local employers. The host organisation would be required to match half of the salary costs equivalent to £7,500 - to enable the community organisers role to continue. There was the potential for these roles to support organisations in the City who would welcome a community engagement role to address issues such as health and well-being, social isolation and Keeping Exeter active.

**RESOLVED** that partner bodies who could identify as potential employers contact Dawn Rivers for more information.

13

### **WESTBANK**

Martyn Rogers reported on the Neighbourhood Friendly project seeking to recruit 100 volunteers to help the over 75's over the winter with the aim of reducing hospital admissions and speeding up release from hospitals through help at home. This work was part of the Integrated Care work in Exeter.



**DATES OF FUTURE MEETINGS**

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

Tuesday 3 February 2015

Tuesday 14 April 2015

Tuesday 7 July 2015

Wednesday 2 September 2015

(The meeting commenced at 2.00 pm and closed at 4.15 pm)

Chair

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Exeter City Council Health and Wellbeing Board  
January 2015

**INTEGRATED CARE EXETER - ICE PROGRAMME**

**Report of the Chief Executive of Devon County Council and Chair of ICE Programme Board**

**Recommendation:**

- (1) The Board endorse the Integrated Care Exeter Programme.**
- (2) The Board receives a regular report from the Integrated Care Exeter Programme.**
- (3) That the Board notes the successful bid for Transformation Challenge Award funding of up to £2.666M.**

**1. Introduction**

In January 2014 Devon County Council and NEW Devon CCG (Eastern Locality) initiated the Delivering Integrated Care Exeter Programme. The Programme aims to look at collaborative ways of working with a view to formulating an integrated care vision for Exeter, working as a system rather than individual organisations, to impact on the delivery of health and social care with a focus on early intervention and preventative measures.

**2. Integrated Care Exeter - ICE (Programme)**

The 3 year fixed term programme is to drive:

- service redesign to deliver a high quality, safe and effective health and social care service in the city which is financially sustainable given increasing needs
- develop new care models in partnership between health and social care, other statutory bodies, the voluntary sector based on an assessment of need using public health joint strategic needs assessment
- to provide cost effective sustainable care models

The programme aligns with the national policy drivers to promote the integration of health and social care, through partnership working between the NHS, Social Care and other public sector bodies and promotes an integrated health improvement approach as a key feature. It will support delivery of the Better Care Fund requirements by targeting interventions to avoid hospital admission for vulnerable groups.

It is anticipated that ICE will provide a range of integrated and innovative activity provided in partnership to improve a wide range of health, care and community outcomes with economic and financial benefits. ICE is committed to delivering a reduction in demand and to increase resilience and social action within communities.

The programme will generate the environment for a cross organisational workforce, moving key frontline posts to single, common roles across agencies alongside a virtual single point of access for users, supported and promoted by each partner.

New voluntary sector roles are being developed to facilitate a more integrated response to patients and clients at highest risk, drawing on more of the skill and resource of the voluntary and community sector. This joined up and co-ordinated

approach will ensure that people will utilise the best mix of early support from the public, voluntary and community sectors and use only the necessary clinical interventions for the shortest time possible to deliver safe and effective outcomes for individuals.

Patients and clients identified at moderate risk will benefit from support through community based wellbeing networks to deliver alternative and early intervention services designed to promote healthy lifestyles and prevent declining health. These roles will provide co-ordinated support within communities and will include packages of support for safe early discharge; links into community based services and will strengthen social action.

Whilst firmly targeting the reduction of costly interventions for those in crisis, the ICE Programme also seeks to develop alternative and preventative pathways to access earlier support to a targeted cohort in Exeter.

Through the use of an Impact fund, funded in the longer term by asset sales from the Partnership, ICE will commission radical, innovative services to close service gaps and strengthen local delivery. Through the voluntary sector ICE will build community resilience and social action that promotes people's responsibility for their own health, for each other, and to become more proactive in prevention.

### **3. ICE Governance**

The programme has already established a working Integrated Care Exeter Programme Board which is attended by a Chief Officer or named delegate of the following Organisations;

- Devon County Council
- New Devon CCG
- Exeter City Council
- Royal Devon and Exeter NHS Foundation Trust
- Devon Partnership NHS Trust
- North Devon Healthcare NHS Trust
- Primary Care Exeter Ltd
- South West Ambulance Services Trust
- Devon and Somerset Fire and Rescue Services
- Devon and Cornwall Constabulary
- Westbank Community Health and Care
- Age UK Exeter
- Healthwatch Devon

The Board is chaired by Dr Phil Norrey, Chief Executive of Devon County Council

The Board is autonomous, a partnership of equals, enabling a shift in organisational cultures and creating a new balance between system and organisational interests. The ICE board aims to achieve consensus for all decisions.

The ICE programme is underpinned by programme management governance structure and methodology. An ICE Development Director, commenced in post on 5th January 2015 funded by DCC, RD&E and New Devon CCG.

The current work streams include

- Vision: Describing the model of care for Exeter citizens that supports the aspirations and realities of services in the city
- Finance: Partners are delivering agreement of risk share, funding pilot projects, pooled budgets
- Estates: Partners are delivering options regarding utilisation and release of assets. The ICE Partnership is committed to identifying and releasing assets across Exeter to improve integrated arrangements but also to achieve capital receipts on behalf of ICE.
- A test bed site will be identified in early 2015 based around designated GP practices from which new models of care delivery will be tested before being rolled out across the City.

The Programme has already supported innovation and new ways of working through Westbank Community Health and Care, and the Supporting Older People and Reducing Pressure on Hospitals Project.

The project funds discharge co-ordinators and utilisation of volunteer support workers (fixed term funds) using social action to help older people stay well, manage their conditions or recover from illness or injury, and thereby reduce pressure on hospitals (through reductions in A&E attendance and admissions, reductions in delayed discharges from hospital and emergency readmissions).

#### **4. Transformation Challenge Award**

The Programme Board commissioned an ambitious bid to the 2015-16 Transformation Challenge Award Fund (promoted and Funded by the Department for Communities and Local Government), which was set up to develop innovation and partnership working.

The ICE bid has been successful in securing £1.6m in revenue funding and up to £1.1m of capital receipts flexibility (the opportunity to convert capital receipts from asset sales into revenue funding). This success and subsequent significant one-off investment into this programme provides the Board with a unique opportunity to make significant and lasting change, in partnership, to the local health and wellbeing landscape.

Phil Norrey  
Devon County Council and Chair, ICE Programme Board

**Electoral Divisions:** Exeter

*Contact for Enquiries: Catherine Aitken, Programme Manager, Room 205 Noy Scott House, Royal Devon and Exeter NHS FT. [Catherine.aitken2@nhs.net](mailto:Catherine.aitken2@nhs.net).*

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## EXETER BOARD

15 JANUARY 2015

### ROUGH SLEEPERS IN EXETER

The rough sleeper count in November 2014, found there to be a 48% increase in the number of homeless people living on the streets of Exeter. The breakdown of the figures, together with possible reasons for the increase in numbers, is set out below:

The total number of homeless people sleeping on the streets was counted at 34. What we know about these individuals is:

- 1 is under the age of 25
- 5 are over the age of 50
- 1 is over the age of 70
- 2 out of 34 are Polish; the rest are believed to be from the UK
- 7 out of the 34 were unknown to Street Homeless Outreach Team
- 5 were first contacts at the start of the week
- Over 50% had a local connection to Exeter
- 2 were females (1 was part of a couple)
- 10 are believed to have enduring mental health issues
- 7 have been out for longer than 1 year
- 2 have been out for over 5 years
- 6 have Alcohol Issues
- 2 predominately have issues with legal high use
- 7 indicated or are known to be heroin users and a further 3 are believed to be using. However, there is evidence that heroin users have also been using Legal Highs
- 10 show no interest in coming in doors and are entrenched in rough sleeping
- 11 have been identified as needing self contained accommodation although this maybe difficult as some will have very high support needs.

### **Possible Causes for the Increase in Numbers of Rough Sleepers in Exeter**

1. Increases in rough sleeping are on the rise across the country. In Devon, Mid Devon's number of rough sleepers has increased from nil to 4, East Devon's has increased from 5 to 6 and Torbay's has increased from 5 to 15.
2. It is becoming more challenging to work with some rough sleepers and the Street Homeless Outreach Team are finding it more difficult as they are seeing an increase in chaotic behaviour. Some of this behaviour can be linked to unmanaged substance misuse and mental health problems. Reductions and changes in service provision and a lack of outreach support in terms of health, mental health and substance misuse workers, is often resulting in non engagement by clients who are expected to attend the services rather than the services coming to them.
3. Changes in the commissioning of services by Devon County Council (DCC) has meant that there is only one property (Gabriel House) which is capable of supporting and accommodating clients with complex needs. If this accommodation does not prove successful for the client or if there is no available room at Gabriel House, there is no other alternative. There is a substantial amount of available hours in the floating support element of the contract that has been commissioned. Some of these hours are being used with the outreach team to assist people on the streets but detailed recovery work cannot take place without some form of accommodation and equally, many assessments such as the need for social care services are often restricted until accommodation is

found. Exeter City Council's (ECC's) ability to input into the design of services to be commissioned was limited as we were a part of a sub contracting bid.

4. The loss of the Esther project for vulnerable females has led to a change in the gender make up in services and especially Gabriel House. Across all the services, 22 females have been accommodation since April, 15 of which are still accommodated across BCHA services.
5. Homeless numbers have generally increased and there are more people in need of accommodation and support. In the last quarter alone (July to September 2014) SHOT has opened 71 cases with 84% of those deemed to have complex needs, 66% had a primary support need for substance misuse (51% of these cases stating NPS (Legal High) as primary substance). 65% had Local Connection to Exeter, East Devon 20%, Mid Devon 3% North Devon 3 %. 83% are Male, 17% Female.
6. 11 rough sleepers have identified that they will only leave the streets if offered self contained accommodation. This would be at great risk to the City Council in terms of financial loss, anti social behaviour and potential risk to staff that would need to try and manage the behaviour. Whilst potentially there is a possibility for a very small pilot this is not a viable solution for the numbers on the street.

## **Solutions**

1. Exeter along with East Devon, Mid Devon, Teignbridge and Torbay have been successful in bidding for Single Homeless Fund funding which will assist this client group over the next year. Renewed efforts around the Making Every Adult Matter (MEAM) approach will focus on encouraging agencies to come together and resolve individual's circumstances rather than them falling between the cracks.
2. Traditionally, Exeter does not have as robust an approach towards rough sleepers as other areas. In order to combat rough sleeping, partners need to ensure that there is a balance between an approach that offers support but is clear that the choice to live on the streets in Exeter is not an acceptable. The City Council intends to work closer with the Police to deal with chaotic behaviour where it is deemed anti social.
3. With continued reductions in public funding, there is little chance of significant increased investment in this area. Therefore it is vital that parties (including the voluntary sector) work closer together with the resources we do have to provide a coherent response to the increase and enable flexibility in approach in order to combat it and turn it around.
4. The services based in Exeter and funded through DCC are not just for Exeter Residents. They are for clients in need in the Eastern Area of Devon which includes Exeter, East Devon and Mid Devon. These services are part of the Eastern Hub. Unfortunately the Hub is not functioning as effectively as is possible. There is an expectation on the City Council to manage the relationships within the contracts, to collate and review data and thereafter make comment on changes needed. In practice, the City Council does not have the capacity to do this nor the contractual relationship with the providers to require the data to be shared. DCC has indicated that there is no available funding for this.
5. There has been additional funds released by DCC to assist in Winter Provision. For the future, the City Council and the Hub hopes to be consulted prior to the distribution of these funds to ensure that the funding meets local needs and maximises the opportunity for a positive impact.

**Nicola Forsdyke, Housing Needs Manager**

**Exeter City Council**