

EXETER HEALTH AND WELLBEING BOARD

Tuesday 24 September 2013

Present:-

Councillor Edwards (Chair)	Exeter City Council
Councillor Hannaford	Exeter City Council
Councillor Owen	Exeter City Council
Councillor Prowse	Exeter City Council
Councillor Leadbetter	Devon County Council
Councillor Westlake	Devon County Council
Dr Virginia Pearson	NHS Devon
Ian Tearle	NHS Devon
Patsy Temple	NHS Devon
Chief Inspector James Gale	Devon and Cornwall Constabulary
Simon Bowkett	Voluntary Sector
Robert Norley	Exeter City Council
Bindu Arjoon	Exeter City Council
Dawn Rivers	Exeter City Council
Howard Bassett	Exeter City Council

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WELCOME

Councillor Peter Edwards, Leader of Exeter City Council, welcomed all present stating that a new single Exeter Board had been set up to address health and well being issues and reduce health inequalities in Exeter which would complement the work of the Devon Health and Wellbeing Board. He looked forward to a productive relationship between partners.

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APPOINTMENT OF CHAIR AND DEPUTY

RESOVLED that:-

- (1) Councillor Peter Edwards of Exeter City Council be appointed Chair of the Board for the next 12 months;
- (2) Gillian Champion of the Clinical Commissioning Group be appointed Deputy Chair of the Board for the next 12 months; and
- (3) the position of Chair and Deputy Chair to be subject to annual re-election.

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APOLOGIES

These were received from Gillian Champion, of the North, East and West Devon Clinical Commissioning Group, Superintendent Chris Eastwood, Devon and Cornwall Constabulary and Hannah Ellis Murdock, Exeter Chamber of Commerce and Industry.

TERMS OF REFERENCE

The Assistant Director Environment presented the proposed terms of reference for the Exeter Health and Wellbeing Board. The last paragraph would be amended to read Board instead of Forum

RESOLVED that, subject to the above amendment and the addition of the Public Health Specialist (currently Patsy Temple), to the membership list, the terms of reference be approved.

EXETER PUBLIC HEALTH PLAN AND JOINT HEALTH AND WELLBEING STRATEGY

The Public Health Specialist spoke to a presentation highlighting the priority health and wellbeing areas for Exeter identified from the Joint Strategic Needs Assessment.

As well as detailing areas where Exeter was doing well she set out areas of concern including:-

- highest standardised rate for alcohol related admissions in the Eastern Locality;
- smoking prevalence at 21.4% was higher than the England and Devon average;
- 4th highest rate of malignant melanoma in Devon;
- sexually transmitted infection rates and teenage conception rates high in Exeter compared to rest of Devon;
- hospital stays for self harm higher than the Devon rate;
- directly age standardised rates of falls were statistically higher than the Devon average;
- only 12.7% of adults are active enough to receive health benefits – one of the lowest in Devon; and
- % of children recorded as obese in year 6 was above the Devon average.

Alcohol related issues remained a high priority and the Director of Public Health enlarged on the statistics relating to geographical areas of origin and age range of those admitted to A & E. The Exeter Alcohol, Violence and Night-Time Economy Group was looking to introduce a triage/safe zone in the City Centre to cope with late night problems largely associated with alcohol and that Kristian Tomblin of the DAAT was in discussion with the RD&E Trust on funding this initiative.

The physical activity statistics showed that 87% of the Exeter population were failing to take sufficient exercise to receive health benefits. Paul Faulkner of the City Council Parks section was looking to introduce marked walking areas in Parks and it was felt that this type of initiative would support part of the proposed project plan for physical activity becoming a Health and Wellbeing priority (see Min. No. 6 below).

Hospital admission statistics showed that falls were a significant issue with cost implications and a more vigorous approach to acting on early warnings including poor eyesight, blood pressure and abuse of alcohol was necessary. Members felt that insufficient heating could also be a factor and with fuel poverty growing in relevance it was felt that the Board should encourage the active promotion of warmer homes through initiatives such as the Warm and Well campaign.

There was consensus that the Board should focus on a limited number of key health and wellbeing priorities, which might extend across a three to five year implementation period and seek to add value and eliminate duplication. With reducing alcohol admissions as one likely priority, championing physical activity was identified as a further potential priority. Mapping would be necessary and Councillor Owen, the City Council's Portfolio Holder for Environment, Health and Well Being undertook to liaise with the Portfolio Holder for Economy and Culture on the mapping of the City's leisure facilities.

RESOLVED that:-

- (1) the Director of Public Health forward the NHS Structure diagram for circulation to the Board; and
- (2) a draft Exeter Joint Health and Wellbeing Strategy and an annual Exeter Health and Wellbeing Plan be presented at the next meeting with view to approval.

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EXETER: THE MOST PHYSICALLY ACTIVE CITY IN THE SOUTH WEST REGION BY 2018?

The Public Health Specialist presented the report detailing the health benefits that can be gained from participating in regular, moderately intense physical activity as well as the wider social, environmental and economic benefits.

The Joint Strategic Needs Assessment highlighted issues in Exeter relating to the levels of overweight and obese children in City primary schools particularly at year 6. This, coupled with low levels of adult participation in physical activity, meant that Exeter was considered to face a major health challenge in the future. The Exeter Health and Wellbeing Board was well placed to oversee a co-ordinated approach to increasing levels of physical activity across all age groups in the City leading to Exeter being the most active city in the South West Region by 2018. A 'Physical Activity Challenge' could focus on four strands:-

- using infrastructure, built and natural environment and facilities;
- promoting community networks, organisations and clubs;
- active communities, schools, further and higher education and workplaces; and
- communications and marketing.

The following points were made:

- whilst recognising that a focus on the more deprived areas of the City would be helpful, a roll out of this initiative should be City wide and universal with maximum use made of the City Council's facilities;
- a key element would be the marketing and development of initiatives within the plan using different mechanisms to target different groups;
- with Sandy Park a 2015 Rugby World Cup venue, the interest generated could assist the Active City campaign; and
- use of the City's parks and other assets in an innovative way should be pursued.

RESOLVED that physical activity be adopted as the main health and wellbeing priority for development and that a project plan be presented to the next Board meeting.

COMMUNITY APPROACHES TO IMPROVING HEALTH AND WELLBEING

The Community Involvement and Inclusion Officer presented the report highlighting two community based approaches to improving health and wellbeing evolving in the City:-

- improving links between primary care services and community initiatives; and
- supporting existing, as well as developing new community networks and organisations to promote health and wellbeing by delivering community activities.

There was evidence that, by engaging in a range of social and environmental initiatives, social isolation could be broken down and people's health and wellbeing improved. There was a keen interest from a number of partners in the City including the Clinical Commissioning Group to strengthen networking to enable patients to be "prescribed" community activities as opposed to medication. There were also a number of community groups across the City who had started organising activities that promoted health and wellbeing for their local communities. The opportunity existed for the Board to help support both these strands of work which also included physical activity initiatives, utilising the public health grant.

Examples given of community led initiatives included the Exeter St James Forum who had completed a Neighbourhood Plan for the area, the St David's Neighbourhood Partnership who had negotiated the transfer of a community centre from the County Council to the community, the recent St Thomas Community Festival, the Dig it Day organised by volunteers from the St Thomas Allotment Association and the Wonford Community Carving project and consultation taking place on a new community hub – an 'Urban Village Hall' - arising out of the Parklife Heavitree Project.

Simon Bowkett referred to Exeter CVS initiatives, including the development of a database of national organisations who could offer funding for local communities and the 'Open for Business' initiative encouraging corporate social responsibility. It was noted that many firms were active in offering their professional expertise free of charge to community projects.

RESOLVED that a report be presented to the next meeting of the Board detailing the nature of the work in each strand, specify the outcomes that are being addressed and setting out a funding proposal as to how the impact of the work can be enhanced.

DEVON JOINT HEALTH AND WELLBEING STRATEGY UPDATE

The Principal Public Health Specialist presented the report updating the Board on the Devon Joint Health and Wellbeing Strategy 2013-16. The report included original and additional priorities and actions, performance management and monitoring and a summary of additional actions to be built on in the final years of the strategy.

There were three new areas for inclusion with the original priorities:-

- end of life care;
- long term conditions; and
- health of protected characteristic groups.

Feedback was being sought from a range of partnerships, organisations and local people by 25 October 2013.

In response to a member, the Director of Public Health, advised of a revised approach to preventative interventions in respect of domestic or sexual violence and abuse such as funding for the Rape Crisis Centre and a focus on addressing the significant mental health issues resulting from this behaviour.

She reported that a programme of health checks for Devon residents aged 40-74 had been rolled out since 1 July as part of the County's new public health role which would see about 50,000 people across the County offered a health check every year. NHS health checks were offered every five years aimed at early detection and reduction of the most common lifestyle related conditions. With the exception of two surgeries in Exeter, all GP's were now recommending patients for check-ups and further information on the progress of the initiative would be provided to the November meeting of this Board.

Members felt that a five year 'MOT' health check was of great value.

RESOLVED that Board Members respond to Ian Tearle with any comments on the Devon Joint Health and Wellbeing Strategy updates at ian.tearle@devon.gov.uk within the stated deadline.

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DATES OF FUTURE MEETINGS

RESOLVED that the following dates for future meetings of the Board starting at 2.00 pm be noted:-

12 November 2013

28 January 2014

18 March 2014

(The meeting commenced at 2.00 pm and closed at 3.55 pm)

Chair