

EXETER HEALTH AND WELLBEING BOARD

Tuesday 15 April 2014

Present:-

Gillian Champion (in the Chair)	Clinical Commissioning Group
Councillor Owen	Exeter City Council
Councillor Prowse	Exeter City Council
Councillor Westlake	Devon County Council
Dr Virginia Pearson	Public Health, Devon County Council
Ruth Gale	Public Health, Devon County Council
Patsy Temple	Public Health, Devon County Council
Julian Tagg	Exeter City Football Club
Matt Evans	Active Devon
Martyn Rogers	Age UK Exeter
Simon Bowkett	Exeter CVS
Robert Norley	Exeter City Council
Dawn Rivers	Exeter City Council
Howard Bassett	Exeter City Council

Also Present

Sarah Gibbs	Consultant in Public Health
Dr Peter Aitken	Devon Partnership Trust
Jane Clarke	Devon Partnership trust
Nigel Tremlett	Transform Research Consultancy Ltd

13

APOLOGIES

These were received from Councillors Edwards and Leadbetter and Jayne Henson.

14

MINUTES OF THE MEETING HELD ON 29 JANUARY 2014

Subject to the deletion of Min. No. 1 and the amendment of the last sentence in the last paragraph of Min. No. 8 to read - "The latter referred to the lack of 3G and 4G all weather surfaces in Exeter.", the minutes of the meeting held on 29 January 2014 were agreed as a correct record.

15

SIGNING OF LOCAL GOVERNMENT DECLARATION ON TOBACCO CONTROL

Dr Virginia Pearson, Public Health Director for Exeter and Karime Hassan, Chief Executive of Exeter City Council signed the Declaration on Tobacco Control.

16

EXETER SELF MANAGEMENT AND INTEGRATION PILOT

Sara Gibbs spoke about a joint health and social care integration pilot in Exeter, partners including Devon County Council, Exeter City Council NEW Devon CCG, the RD&E Hospital, the Devon Partnership Trust and the voluntary sector. She used an example of a fictional case study to illustrate a holistic approach to long term patient care covering proactive self care and prevention, single point of access to community service and co-ordinated care involving carers and the voluntary sector.

She explained the issues and problems that it was hoped to address through this joined up approach and what the work was trying to achieve through the intended

pilot in Exeter. People with long term conditions were frequent users of health care services and treatment and care for those with long term conditions accounted for 70% of the health budget. The aim of the project was to improve health outcomes and patient experience, reduce whole system costs and unplanned hospital admissions and to improve adherence to medication.

Following a meeting at Chief Executive and Finance Director level in January, a further meeting was scheduled for May with a report anticipated by October.

Board Members welcomed the pilot and referred to the importance of a joined up approach across the agencies as well as the involvement of the voluntary sector in the care pathways. There was a suggestion that an allocated co-ordinator for individual patients would help ensure that support was multi disciplinary where needed and therefore avoiding a more “funnelled” approach within individual support silos. Simon Bowkett stated that this coordinator role mirrored that of the proposed volunteer support to policing which was currently under discussion. He also referred to the forthcoming reduction in the Carers Hospital Discharge Fund and funding available from the BIG Lottery Commissioning Better Outcomes Fund until 2016 for GP based co-ordinators examining social pressures. The bid had to be made by a commissioning body.

<http://www.biglotteryfund.org.uk/sioutcomesfunds>

RESOLVED that the presentation be noted.

17

NEIGHBOURHOOD HEALTH WATCH PILOT - HEAVITREE

Dr Peter Aitken spoke on the presentation on the Neighbourhood Health Watch, a co-creation between the County Council, Westbank and the NEW Devon CCG. Mirroring the example of Neighbourhood Watch, Neighbourhood Health Watch sought to combat loneliness and isolation which caused stress and anxiety, physical health problems and was the leading cause of death in the over 75's. The vision was to reverse the existing balance in the treatment of health and social care needs where the greatest proportion of support currently came from statutory service, then from volunteer and support services including businesses and lastly from Neighbourhood Health Watch.

Steps needed to set up a Neighbourhood Health Watch were set out and examples given of local schemes including Newton St Cyres, Heavitree, Lymptone, Budleigh Salteron, East Budleigh as well as Hedge End in Southampton.

He enlarged on the work of Food Neighbours in the latter two Devon towns and Jane Clarke detailed the work in other areas. To date, early schemes had been based in rural villages and hence in relatively tight-knit communities with existing support networks and groups. Impact in urban areas was less clear at this stage and pilots were underway in Sidmouth and Ilfracombe. Coppleshill, Sandford, Longdown and Moretonhampstead were other examples. Moretonhampstead was set up through the existing Moor Care group and in Exeter, the Heavitree project, was being led by the existing Park Life group. She reported that the degree of contact varied, for example, there had been few calls to the Longdown coordinator (the pub landlord) although it was notable in all areas that 999 calls had reduced. In Exeter, the Heavitree scheme, using the existing Park Life group, was collaborative and inclusive.

The importance, role and availability of volunteers as well as the need for appropriate governance arrangements were discussed and the distinction between good neighbourliness and more formal volunteering structures was recognised. Simon Bowkett referred to the PCC seeking volunteer participation for policing

initiatives and for the need for recognition of necessary capital investment to back the voluntary sector in supporting volunteers.

Councillor Owen referred to the City Council work with Bicton College in respect of training and structures for volunteering support as part of the parks and open spaces project and it was agreed that an appropriate area in Exeter should be identified to pilot another urban Neighbourhood Health Watch group in the City. St James, where the St. James Neighbourhood Forum was already successfully established, was suggested.

RESOLVED that:-

- (1) the report be noted; and
- (2) Robert Norley and Dawn Rivers liaise with Councillor Owen to identify appropriate areas in Exeter for identifying another pilot area for the scheme in the City.

18

EXETER COMMUNITY SERVICES SURVEY REPORT

Gillian Champion reported on the Exeter Sub-Locality of Northern, Eastern and Western Devon Clinical Commissioning Group “pop-up-shop” event at the Guildhall on 29 November 2013 when the public had been offered the opportunity to talk to Commissioners and express their views on plans for the future healthcare provision in the area. The participants had completed a survey and she enlarged on the published results.

A follow up event was scheduled for 27 June 2014 in St. Stephens Church to further seek the views and requirements of Exeter residents on health provision in the City. A greater focus on health and well being issues and developing the associated community hub, as opposed to the health service hub, should be encouraged.

RESOLVED that the position be noted.

19

EXPAG - REPORT ON NEW TERMS OF REFERENCE AND MINUTES OF FIRST CON-JOINED MEETING IN FEBRUARY

The Assistant Director Environment updated the Board on the formation of the Exeter Physical Activity Development Group (ExPADG) and of a successful first meeting on 5 February 2014, the minutes of which were circulated, together with a draft terms of reference of the group.

RESOLVED that the Board approve the terms of reference of the Exeter Physical Activity Development Group.

20

PHYSICAL ACTIVITY PRIORITY 1

The Public Health Specialist outlined progress on the social marketing behaviour change scoping review project work agreed at the last meeting as the groundwork for seeking to understand the behaviour change required from individuals and providers to increase physical activity levels in Exeter. The full report would be ready in early May and would bring together data, the latest research and the engagement work with professionals and residents in the City into one place.

It was necessary to gather evidence of Exeter residents' levels and opinions of physical activity and Nigel Tremlett of Transform Research Consultancy Ltd had been commissioned to undertake focus groups with adults of 30-50 age range in

and out of work in the City. He summarised the preliminary findings from these. Three groups had been set up, one with City Council employees at the Civic Centre, one with residents and volunteers at the Sidwell Street centre and one with employees on Marsh Barton, with a further group with young families in the Mincinglake/Beacon Heath area to provide an urban comparison to the Access to Green Spaces work being carried out for the local nature partnership.

Nigel reported that the three main barriers to engaging in more physical activity were family commitments, time and cost. The former reflected the focus on the 30's and 40's year old segment of the Exeter population in the research and the latter the coverage of low income groups. The term physical activity was viewed in a negative light by many and in both the Sidwell Street and Mincinglake groups there had been a surprising indifference to taking advantage of the proximity of Dartmoor/green space. Marsh Barton workers had referred to the need for employers to encourage sporting/physical activities and to be more flexible in lunch break provision for this purpose. There had been a suggestion that providers of sport and other activities for children should be approached with view to the provision of activities for parents at the same time, for example, exercise classes while children are enjoying swimming/football/dance sessions.

Members referred to walking and cycling initiatives already established in the City which could provide possible solutions to some of the issues raised by the focus groups. Active Devon referred to a possible lottery bid for informal sports programmes that could be developed in partnership to access funds to support activity to address some of these issues. The evidence would be collated and the results written up in a full report by Nigel. This report, and the full behaviour change scoping report, would be considered by the Exeter Physical Activity Development Group before reporting back to the Board at the next Health and Wellbeing meeting in July.

RESOLVED that the full Behaviour Change scoping review and primary research be reported at the next Board meeting.

21 **THE NEW HEALTH LANDSCAPE - OVERVIEW OF THE NEW STRUCTURE**

RESOLVED that the NHS and new Devon CCG structures be noted.

22 **DATES OF FUTURE MEETINGS**

Tuesday 8 July 2014
Wednesday 3 September 2014
Tuesday 11 November 2014
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 4.30 pm)

Chair