

## **EXETER HEALTH AND WELLBEING BOARD**

Tuesday 8 July 2014

### **Present:-**

Gillian Champion (in the Chair)	Clinical commissioning Group
Councillor Owen	Exeter City Council
Councillor Hannaford	Exeter City Council
Councillor Westlake	Devon County Council
Dr Virginia Pearson	Public Health – Devon County Council
Patsy Temple	Public Health – Devon County Council
Nicola Glassbrook	Public Health – Devon County Council
Julian Tagg	Exeter City Council
Matt Evans	Active Devon
Simon Bowkett	Exeter CVS
Caroline Lee	Devon Health watch
Robert Norley	Exeter City Council
Dawn Rivers	Exeter City Council
Howard Basset	Exeter City Council

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### **APOLOGIES**

These were received from Councillors Edwards, Leadbetter and Prowse, Jayne Hanson and Martyn Rogers.

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### **CHAIR**

In the absence of Councillor Edwards, the meeting was chaired by Gillian Champion, the Deputy Chair.

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### **MINUTES OF THE MEETING HELD ON 15 APRIL 2014**

Subject to the amendment of Min. No. 15 to read "Public Health Director For Devon" and the substitution of Simon Bowkett for Councillor Owen in the last paragraph of Min. No. 17, the minutes of the meeting held on 15 April 2014 were agreed as a correct record.

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### **MATTERS ARISING FROM MINUTE - NEIGHBOURHOOD HEALTHWATCH PILOT (MIN. NO. 17)**

Robert Norley, the Assistant Director Environment and Dawn Rivers, the Community Involvement and Inclusion Officer, reported that a discussion had been held with Martyn Rogers of Age UK Exeter and Westbank and it was felt that there was potential for a pilot in the St Thomas and Cowick area in co-ordination with existing community links fostered by the Police. Patsy Temple, the Public Health Specialist, advised that the health data on falls indicated an appropriate area to focus on.

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### **GETTING EXETER ACTIVE**

Patsy Temple, the Public Health Specialist, presented the final behaviour change scoping report Getting Active and the proposed way forward for the implementation

of the agreed Board priority of targeting 30-50 year olds both those employed and those on low incomes/unemployed who were currently active but who did less than 3x30 minutes of physical activity a week. Delivery of the priority was being developed through the Exeter Physical Activity Group, the minutes of the meeting of 4 June having been tabled.

Patsy reported that the data collected through the Sport England Active People Survey was the source providing comparable data at a district local authority level determining whether Exeter was the most active City in the south west was problematic because of the volatility of this data. The Active People Survey used a small sample size of 500 respondents at district local authority level and it was therefore vulnerable to a variety factors causing large fluctuations. Further, only two years of comparable data were available to pool for a more reliable measure – due to a recent widening of eligibility criteria. The use of further process outcomes measures to complement this headline measure was discussed.

A promotions led approach was proposed based on the 4 P's of marketing : Product, Placement, Price and Promotion. This would be using existing physical activities providers delivering opportunities in the City, in a broad range of outdoor and indoor venues with the barriers for participating now understood for the target population through the scoping report.

It was proposed that the Exeter Physical Activity Group take forward the Getting Exeter Active priority with regular reporting to the Board. A physical activity framework would be developed for the City with the development of a physical activity strategy happening later in the year. A promotions led campaign would be undertaken with EXPAG developing and directing physical activity opportunities for the targeted group in the City with the allocation of public health grant monies to assist this.

The Board discussed the way forward and gave further consideration to the target audience. A Member felt strongly that the identified target group, to a certain degree, had easier access/opportunities to health/fitness initiatives and that the programme would therefore be developed at the expense of those with practically no resource, opportunity or motivation to improve their fitness levels. The latter group was acknowledged as one with a multitude of social problems covering issues such as stress, substance abuse, self harm, cyber-bullying and that these correlated with poverty with a clear disparity between this group and the identified target group.

Whilst recognising that there might be a ripple effect between the two groups there was acknowledgement that more direct action would be necessary, Simon Bowkett suggesting partnerships with organisation who work with disadvantaged groups and Virginia Pearson proposing a separate piece of market research be undertaken to encompass this group as a later stage of the project. Ultimately, the goal of increasing physical activity in the wider population would impact positively on the use of health services in the City. There was support for seeking to bridge the inequality gap between the two groups.

**RESOLVED** that:-

- (1) the now established “Active Exeter Group” (Exeter Physical Activity Group) take forward the priority of Getting Exeter Active and develop the delivery plan;
- (2) the next EXPAG meeting be used to develop a framework for physical activity in the City outlining the broad direction of travel for the next year and

current thinking of key partners in the delivery of this e.g. the City Council, leisure providers, the Rugby World Cup legacy, Active Devon - this brief document to be developed with prior work from the Group's Members via email;

- (3) a physical activity strategy be developed through the EXPAG group with support from a strategic level later this year;
- (4) the public health grant monies be used to "purchase" this brand development and marketing of "Getting Exeter Active" and for the establishment through the EXPAG group of additional physical activity opportunities to engage the target population segment;
- (5) market research to be carried out with a different demographic (those from the most disadvantaged populations) at a later stage in the project; and
- (6) an update report be submitted to the meeting of this Board on 11 November 2014.

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### **PRESENTATION ON EVERY ADULT MATTERS**

The Chair welcomed Nicky Glassbrook, Senior Public Health Officer (Health Inequalities). She explained that the Making Every Adult Matter Coalition had been formed in 2008 and represented over 1,600 agencies with the aim of improving policy and services for people facing multiple needs and exclusions. Those with multiple need experienced several problems at the same time such as homelessness, substance misuse, mental ill health and re-offending and had ineffective contact with services and lived chaotic lives. The MEAM approach was to deliver a coordinated service between local bodies and identify synergies between existing programmes. There was a focus on using existing resources and infrastructure, supporting frontline workers to work differently, encouraging managers to support new working processes and influencing the move to commission across systems and not services.

Councillor Hannaford referred to his experience, as Chair of the City Centre ASBAT Sub Group, where, in many cases, it was the same 20 or so individuals who were being dealt with by a variety of agencies, including, as confirmed by Caroline Lee, being discharged on to the streets from the RD&E. It was the hope that, at least some would ultimately accept the reality of their situations, and seek to seriously engage with the various support agencies.

The Chair thanked Nicky Glassbrook for attending.

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### **PRESENTATION ON DEVON HEALTHWATCH**

The Chair welcomed Caroline Lee, Devon Healthwatch Partnership Officer. She explained that Healthwatch was the new independent consumer champion created under Section 221 of the Local Government and Public Involvement in Health Act 2007 to gather and represent the views of the public. It would take on the work of the Devon Local involvement Network (LINK Devon) and formerly the old Community Health Councils. Its work included:-

- representing the views of the public on Health and Wellbeing Boards;
- providing a complaints advocacy service; and
- reporting concerns about the quality of healthcare to Healthwatch England.

and locally it worked with bodies such as CAB, Devon Senior Voice, Devon Link Up, Be Involved Devon, Devon Carers Voice and Living Options. Further details are available on the link below:-

<http://www.healthwatchdevon.co.uk/aboutus/>

A representative of Healthwatch would attend future meetings of the Board. Robert Norley was requested to send all Councillors a link for them to sign up to Healthwatch bulletins.

The Chair thanked Caroline Lee.

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### **RUGBY WORLD CUP**

**RESOLVED** that Catherine White be invited to the next board meeting to present an overview of the Rugby World Cup (RWC) background and legacy.

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### **LEGAL HIGHS**

**RESOLVED** that Gill Unstead of DAAT be invited to the September meeting to give a presentation on issues posed by legal highs.

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### **EXETER ICE - INTEGRATED CARE FOR EXETER**

The Chair reported that the Integrated Care for Exeter (ICE) Steering Group was to establish a community hub in Whipton, based at Whipton Hospital. Robert Norley advised that the City Council had supported a multi-agency expression of interest led by the County Council, for the Government Transformation Challenge Award 2015/16. The expression of interest centred on the ICE project and had been submitted on 1 July 2014.

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### **DATES OF FUTURE MEETINGS**

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 4.20 pm)

Chair