EXETER HEALTH AND WELLBEING BOARD

Wednesday 2 September 2015

Present:-

Gill Champion (Chair)	- Clinical Commissioning Group
Councillor Edwards	- Exeter City Council
Councillor Owen	- Exeter City Council
Councillor Leadbetter	- Devon County Council
Councillor Westlake	- Devon County Council
Dr Virginia Pearson	- Public Health, Devon County Council
Patsy Temple	- Public Health, Devon County Council
Superintendent Perkin	- Devon and Cornwall Constabulary
Simon Bowkett	- Exeter Voluntary Service
Matt Evans	- Active Devon
Caroline Lee	- Devon Health-watch
Katrina Stockton	- Devon Health-watch
Julian Tagg	- Exeter City Football Club
Robert Norley	- Exeter City Council
Dawn Rivers	- Exeter City Council
Alex Bullied	- Exeter City Council
Howard Bassett	- Exeter City Council

36 APOLOGIES

These were received from Councillor Morris, James Bogue, Tim Golby, Martyn Rodgers, Kealey Sherwood and Jo Yelland.

37 MINUTES OF THE MEETING HELD ON 7 JULY 2015

The minutes of the meeting held on 7 July 2015 were taken as read and signed by the Chair as correct.

38 TERMS OF REFERENCE

Robert Norley reported that a report on draft revised terms of reference would be submitted to the meeting of the Board on 17 November 2015.

39 UPDATE FROM RISE ON SERVICE DELIVERY RE SUBSTANCE MISUSE

The Chair welcomed Sue Petters of RISE – Recovery and Integration Service - to the meeting.

RISE was a partnership of Addaction and EDP Drug and Alcohol Services, launched in April 2014 to provide a Drug and Alcohol recovery service across Devon and now had offices in Exeter, Tiverton, Okehampton, Newton Abbot and Barnstaple. She detailed the work of RISE from both staff and client perspectives.

As staff had been recruited from a number of agencies it had been necessary to devote a great deal of resources into training to ensure a consistency of approach in the newly formed organisation. There was a strong volunteer and support group

providing 1,300 hours of support over a 12 week period. Some of the volunteers were drawn from those who had previously been in recovery from the same issues and were therefore able to talk from experience.

Clients were referred from various sources including GP's, partner stakeholders, Councils and particularly the criminal justice pathway. All were offered a number of recovery options to enable recovery at their own pace.

Responding to a Member, she stated that it was not the case that delays of three months could occur before treatment was offered and that, in most cases, referrals to the appropriate intervention sources was immediate, delays however would occur in some cases. Legal highs and other stimulants were an increasing challenge, particular where different drugs were being mixed together as the effect on the body was unknown.

The Chair thanked Sue Petters for her presentation.

40 **WAT TYLER HOUSE HUB**

Simon Bowkett, the Chief Executive of Exeter CVS, spoke on the background, philosophy and development of the new Hub.

Exeter CVS had with Devon Doctors (delivering local NHS primary care services to vulnerable groups) and Working Links (delivering Community Rehabilitation under the Transforming Rehabilitation Programme) secured £440,000 from Public Health England's Recovery Capital Fund to transform Wat Tyler House into the Exeter Engagement Hub. It now also had a 20 year lease from the City Council.

A recovery-focused, co-located and integrated health and well being hub for people with a range of needs and capacities, based around a specialist GP surgery would be created. It would also cover substance misuse, mental health and offender management services integrated with adult learning, volunteering programmes, housing advice, personal finance and debt management, participation and citizenship to create a "wraparound" offer to clients.

Services included the Clock Tower GP service, the probation service, substance misuse support, SHOT, Eddystone (HIV/STD etc.), Bicton College and Julian House (street homeless). These bodies were represented on a Management Steering Group including representatives of the City and County Councils.

Ivan Jordan, the architect, had designed the building based on (and shaped like) a river reflecting a life's journey from potentially chaotic beginnings to more placid and settled futures. One end of the building focused on crisis management and, moving through the building, advice and guidance was provided on housing, training, education and skills etc. to help build better futures. The physical layout of the interior promoted connectivity between the agencies with shared meeting spaces to facilitate the exchange of information. There was no reception desk, everyone entering the building being greeted by an individual, usually a volunteer, to ensure the individual is re-assured and helped immediately as well as providing some security for the building and staff. Other examples of assistance included John Lewis which had committed staff to train volunteers in customers care skills.

A core assumption was that support with life events through personal transition was the main catalyst for growing recovery capital and was needed in different forms whether a person was in crisis, in treatment, in recovery, in transition, sustaining health and well being or moving towards training and employment.

Simon referred to connectivity with the local community including the Methodist Church, the St. Sidwells Centre, the Mosque and the St James Neigbourhood Forum. He highlighted the latter's project in developing a community garden which would dovetail with two similar projects clearing and upgrading waste land and involving clients in this exercise. He confirmed that steps were being taken with the City Council to design out the existing problem area in the alleyway to the side of the St. Sidwells Centre which was currently a meeting point for street drinkers, drug taking etc.

RESOLVED that the report be noted.

41 **LEISURE FACILITIES AND PLAYING PITCH STRATEGY**

Matt Evans updated on discussions to align the City's emerging Leisure Facilities Strategy and Playing Pitch Strategy through an emerging Exeter Sports Board. This would complement the Exeter Health and Wellbeing Board and contribute to its goal of becoming the South West's most active City by 2018. A meeting was to be held on 24 September 2015 to progress the proposals.

It tied in with the Government's Department of Culture, Media and Sport's consultation document on a New Strategy for Sport and it was felt that a joint partner response to this document should be submitted, the deadline being 1 October. Potential signatories were the Football Club, Exeter Chiefs, the College, the University, Active Devon and the local authorities and it was noted that all of these bodies were involved in the establishment of the nascent Sports Board. There was also a separate document on appropriate measures for assessing public participation in sport and recreation.

Active Devon were co-ordinating a meeting to draw together stakeholder views on their response to the consultation and it was important to ensure that there was alignment with any other responses going forward in Exeter. The City Council was co-ordinating a separate response via Sarah Ward (Assistant Director Public Realm) which it was hoped would be a wider partner response for Exeter.

Reference was made to the Strategy fully incorporating relevant organisations in the City including the University and the importance of a Greater Exeter approach.

RESOLVED that Robert Norley circulate the document and Matt Evans (Active Devon) circulate the draft response to the Government's Consultation document for consideration by partners.

42 **ACTIVE EXETER - UPDATE ON GETTING EXETER ACTIVE**

Matt Evans updated the Board on the following:-

Sport England Bid

There was currently an embargo on the Sport England decision on nationwide bids. The media would be advised when the result was to be announced in mid September.

RESOLVED that James Bogue be thanked for his work in preparing the bid.

Alcoa

With a budget of 42,000 provided by Alcoa, Cowick Barton had been chosen for a programme of outdoor facilities. There had been 200 responses to a public

consultation on a proposed programme with 100 different organisations/individuals participating in engagement activities. Table Tennis England had chosen Cowick Barton as a pilot site, one of three in the UK for the location of tables covered by a canopy involving an investment of circa £15,000.

Park Run

The Board had provided £500 for this initiative, the previous weekend seeing a record number of participants of 187. A Junior Park Run was being launched at Heavitree Park.

RESOLVED that the Board note the report.

43 **COMMUNITY FOOD NETWORK**

Councillor Owen presented a report on the work of the Community Food Network (report attached)

RESOLVED that the issue of poor diet and its impact on public health be considered for inclusion in the next review of the Board's priorities.

44 **SELF HARM HEALTH NEEDS ASSESSMENT**

The Public Health Specialist presented the Self Harm Needs Assessment initiated following the highlighting of this particular problem apparent through the Devon Health Needs Assessment. The presentation referred to the Executive Summary and Full Document **Executive Summary**
http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2015/07/Devon-Self-Harm-Health-Needs-Assessment-Executive-Summary-2015.pdf
Full Document
http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2015/07/Devon-Self-Harm-Health-Needs-Assessment-2015.pdf
and set out details of the Advisory Group, the national picture, the overlap between violence, self harm and drug/alcohol misuse, data on hospital admissions and A&E attendances, length of stay, repeat admissions and trends.

There were notable peaks in both Exeter and Honiton, but it was difficult to identify the prime causal factors and additional research would be necessary to analyse and identify these factors. This problem was currently stretching resources but importantly it was evident that problems continued into adult life unless addressed.

RESOLVED that the report be noted.

45 **PERSONAL AIR QUALITY PROJECT**

Alex Bullied updated the Board on progress with a pilot study into the exposure of Exeter residents to ultra-fine particles ($PM_{2.5}$).

The pilot conducted in June and July 2015 involved three volunteers equipped with personal $PM_{2.5}$ monitors and GPS loggers for 24 hours while they conducted their normal activities. The project mapped the exposure of the volunteers by location, and plotted exposure against time and activity. It provided personal travel planning advice to the volunteers and used their monitoring data to suggest changes they could make which would reduce their exposure. The volunteers had been chosen as they travelled from a variety of home locations as set out below, and to test different potential options for alternative sustainable travel choices.

Volunteer Number	Home Location	Work Location	Initial travel mode	Sustainable travel mode
1	Cranbrook	City centre	Car	Bus
2	A30 (south of the city)	Topsham Road	Car	Car (alternative route)
3	Lympstone	City centre	Car	Bike

Previous studies in London and other cities had shown that daily patterns of exposure were personal to individuals, and that reductions could be achieved by changing travel habits.

Results showed that, for car journeys, the route was important in determining the exposure to ultra fine particles. For example, Volunteer 1 travelling between Cranbrook and Exeter normally by car, but on different roads in the morning and afternoon. Their exposure was higher when travelling via East Wonford Hill and Heavitree Road than via Pinhoe Road. For Volunteer 2, measured concentrations also varied with route. For this person it was not possible to suggest a realistic alternative travel mode other than to change the route used for her car commute. Her alternative route followed back roads rather than main roads, which allowed her to maintain a more constant speed and more efficient driving style.

Volunteer 3 was able to choose a sustainable travel mode (bike from Lympstone) for their second day of testing and this did result in lower exposure than the car commute (Table 4, Figures 3 and 4). However for Volunteer 1, who changed to bus, the average exposure on the second day was higher than in a private car - the bus from Cranbrook travelling along the main Heavitree corridor and the maximum exposure for this journey was similar to maximum exposure along the same route at a similar time of day in a car.

The pilot study showed that differences in particulate concentration between travel modes could be shown for some individuals, but were not always clear-cut and the sustainable travel message derived from the data was more subtle and nuanced than was apparent from data from similar studies in London. However in public health terms, all three volunteers could achieve a reduction in their daily exposure by behavioural change.

The next priority for the project would include a social marketing budget so that the outputs from the project could be used to maximum benefit. Public Health Devon had agreed to assist with this aspect and the techniques to be used were being developed further.

A separate project was being conducted using a Public Health Devon grant focusing on air pollution. The money would support two projects, one of which was a personal exposure monitoring study with groups of three school children from Braunton, Newton Abbott and Exeter. The study would follow essentially the same methodology but would focus on travel to schools in areas that had been identified as having higher air pollution levels.

RESOLVED that the progress report be noted.

46 **DATES OF FUTURE MEETINGS**

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

Tuesday 17 November 2015	Tuesday 2 February 2016
Tuesday 12 April 2016	Tuesday 5 July 2016
Tuesday 13 September 2016	Tuesday 15 November 2016

(The meeting commenced at 2.00 pm and closed at 4.25 pm)

Chair