

## **EXETER HEALTH AND WELLBEING BOARD**

Tuesday 5 July 2016

### **Present:-**

Gillian Champion (Chair)	- Clinical Commissioning Group
Councillor Bialyk	- Exeter City Council
Councillor Morse	- Exeter City Council
Councillor Westlake	- Devon County Council
Dr Virginia Pearson	- Public Health, Devon County Council
Kirsty Hill	- Public Health, Devon County Council
Jo Yelland	- ICE
Karen Gold	- Devon and Cornwall Constabulary
Matt Evans	- Active Devon
James Bogue	- Active Devon
Simon Newcombe	- Mid Devon District Council
Robert Norley	- Exeter City Council
Dawn Rivers	- Exeter City Council
Howard Bassett	- Exeter City Council

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### **APOLOGIES**

These were received from Councillors Edwards and Leadbetter, Superintendent Sam De Reya, Martyn Rogers and Julian Tagg.

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### **DEPUTY CHAIR**

**RESOLVED** that Councillor Bialyk be appointed Deputy Chair of the Board.

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### **MINUTES OF THE MEETING HELD ON 12 APRIL 2016**

The minutes of the meeting held on 12 April 2016 were taken as read and signed by the Chair as correct.

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### **CLEAR STREET CHARTER (MIN. NO. 79)**

Robert Norley advised that a presentation on a proposed Clear Street Strategy would be made to the November meeting of the Exeter Board, at which other key stakeholders such as Devon County Council and the Exeter BID would be invited.

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### **HEALTHY DIET (MIN.NO. 77)**

An update of progress on the work of this group was circulated (see attached). Dawn Rivers advised that a further update would be made to the September meeting of this Board.

**EXETER BOARD - DEMENTIA**

Dawn Rivers reported that the 22 September meeting of the Exeter Board would be devoted to the theme of dementia with presentations by a number of organisations on their work in this field.

**WALKING AND CYCLING STRATEGY**

Robert Norley reported that, unfortunately he and Matt Evans had not had the opportunity to submit a comprehensive response on behalf of the Board to the Department of Transport consultation on a walking and cycling strategy, however, Active Devon had attended a Departmental workshop on the strategy and useful presentations had been made at this workshop.

**PUBLIC HEALTH GRANT TO THE DISTRICT COUNCILS EVALUATION REPORT (2013-2016)**

Robert Norley presented the report setting out the background to the Public Health grant allocated to District Councils over the last three years which had now ended.

As part of the District Offer, a Public Health Plan had been developed for each local authority to inform and support strategic direction. Each area had developed its own way of working to drive the health improvement agenda and Public Health had supported the approach with a Consultant, a Public Health Specialist Advanced and Public Health Practitioner and Intelligence support.

The City Council, through this Board, had adopted a formal approach to governance which had driven the Public Health Plan locally. For Exeter, the District Public Health grant had acted as a key catalyst in focussing attention and interest from Members and partners and had supported a strong bid to Sport England's Community Sport Activation Fund to significantly multiply that funding and develop a comprehensive health improvement intervention through the Get Active Exeter programme.

The Board's primary priority was increasing the physical activity of 30-50 year old inactive citizens and a large number of projects (90) were being promoted by Get Active Exeter over three years.

For the third year of Public Health Grant funding, this had been pooled across the Devon authorities and four workstreams developed in collaboration

- improving air quality;
- recognising mental health issues training for frontline practitioners;
- making cold homes warm; and
- improving physical health

Gillian Champion referred to a pilot scheme in Sheffield that saw a decrease in Chronic Obstructive Pulmonary Disease by identifying eligible patients at GP surgeries and intervening by improving the insulation and heating for vulnerable patients living in cold homes.

Virginia Pearson referred to the reduction in public health funding nationally and the areas where this would hit the most. Dr Pearson advised that discussions were being held with central government around this as there was a limited time period for lobbying to be undertaken to challenge this reduction before the ring fenced public health grant no longer exists.

Link to the Devon Annual Public Health Report 2015/16 on the Devon Health and Wellbeing Website: <http://www.devonhealthandwellbeing.org.uk/aphr/2015-16/>

**RESOLVED** that the report be noted.

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### **PUBLIC HEALTH GRANTS - AIR QUALITY PROJECTS**

Simon Newcombe presented the report outlining the results of two projects on air quality undertaken by the District Councils with Public Health Devon:-

- the ECO Stars Fleet Recognition Scheme seeking to have a positive impact in and around Air Quality Management Areas (AQMAs) and throughout the region's transport routes, major towns and villages. It reviewed vehicles' environmental credentials such as Euro Engine Standard, anti-idling cut-off, and in-cab fuel monitoring and assessed fuel management practices, driver training, vehicle maintenance; and
- following on from a pilot in Exeter, a study involving six school pupils from two schools in different Devon Districts. In Newton Abbot the positive impact of less polluted routes for volunteers in Newton Abbot was highlighted and showed how monitoring personal air pollution levels can be used successfully as a tool to plan alternative less polluting routes. A Braunton project indicated that time and training was a vital when working with young children.

It was noted that accreditation schemes like ECO Stars, when placed alongside other air quality interventions, such as safe walking corridors to schools, school travel plans, alternative and public transport, greater physical activity, support for cycle routes, proposed sustainable transport, could provide significant improvements for health and wellbeing and the environment.

Members noted that people living in "canyons" of busy traffic routes closely lined by buildings were more likely to be exposed to poor air quality from traffic emissions due to lessened dispersal. In terms of traffic trends, there had been a 17% rise in medium size vans on the roads in recent years, some of which is attributable to electronic ordering of goods for delivery from local hubs.

The point was made that in improving air quality from traffic emissions, there was potential synergy with the work of Exeter City Futures whose remit covered improving the transport network and reducing travel journeys through new technology.

Virginia Pearson advised that the health impact of smoking tobacco products represented a far greater public health risk overall than air pollution from traffic.

**RESOLVED** that the Board:-

- (1) agree to add air quality as one of its priorities but to recognise the importance of the broader range of air pollutants breathed including smoking; and
- (2) support the following "Future Directions" as set out in the report.
  - ECO Stars to prioritise getting better reach and traction into Districts;
  - Promotion of the ECO Stars scheme Devon-wide linked within the Devon Local Transport Plan or other appropriate mechanism;

- Better linkage with school travel planning, walking corridors and 'walking buses', so that besides road traffic safety, air quality safety is also a significant consideration.
- Target schools that lie in the AQMAs, as these are likely to have pupils subject to greater exposure to poor air quality.

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### **GET ACTIVE EXETER**

James Bogue updated the Board on progress with the Get Active Exeter Project, six months into the project, as follows:-

- aim of engaging 2,000 over the three year period;
- 219 participants to date in a wide number of projects including beginners running groups, swim fit, fitness clubs at Leisure Centre with Legacy Leisure offering a £7 discount to Active Exeter members when participating in fitness sessions;
- 70 taking part in 5-a-side football sessions;
- high (53%) participation by women but slightly lower than expected disabled involvement possibly because of the age range and the availability of other funding streams targeting this group. 14.9% participation by BME individuals including a high number of Eastern Europeans;
- the Express and Echo was running a high profile campaign with editorial and personal stories;
- Active Exeter Summer Festival to be held at the Piazza Terracina on Sunday 10 July involving 12 organisations including Exeter City FC, Exeter Chiefs, Haven Banks, Clip' n Climb, Saddles and Paddles, Ride On Cycle Charity etc.;
- significant work place participation – keen participation by management and administrative staff of Alcoa Howmet but not the shop floor. Tailored promotion of the project's workforces, including liaison with Trades Unions would be undertaken;
- presentation to the Clinical Commissioning Member Forum with further talks to 5 GP surgeries arranged, including Wonford Surgery to include an open day for patients;
- a physical activity promotion session for GP's and other clinical practitioners at Haven Banks; and
- testimony from a participant in the City Fit Club held at the Grecian Club, Exeter City Football Club.

**RESOLVED** that the report be noted and a further report to be submitted to the September board meeting.

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### **SPORT ENGLAND STRATEGY**

Matt Evans gave a headline briefing on "Towards and Active Nation. Sport England Strategy 2017-21", the key themes being:-

- Investing for a purpose, not sport for sports sake;
- Behaviour change and customer focus;
- Under represented groups;
- Children and young people;
- Wider partnerships;
- Governance and efficiency and new measurement and evaluation approach; and
- Government review of County Sports Partnerships

The current 30+ investment programmes would be consolidated to seven elements:-

- Tackling activity
- Children and young people
- Volunteering
- Taking sport and activity into the mass market
- Supporting sport's core market
- Local delivery
- facilities

In respect of "Local Delivery", ten pilot areas were to be identified for which £130 million had been set aside and Matt proposed that the Board submit to Sport England a formal statement of intent that Exeter should be considered as a pilot area. It should also emphasize Exeter's willingness and commitment to working in collaboration with other bodies in the wider area as appropriate.

**RESOLVED** that a draft Statement of Intent be prepared for submission to Sport England.

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### **JOINT STRATEGIC NEEDS ASSESSMENTS AND RELATED DOCUMENTS**

Kirsty Hill presented the latest Joint Strategic Needs Assessment (JSNA) for Devon and Exeter setting out the data per local authority district, middle super output areas (MSOA) and lower super output areas (LSOA). It also explained the importance of the Index of Multiple Deprivation and its relation to health and wellbeing. The JSNA also included profiles of various area types in Devon including local authority areas, local clinical commissioning group health localities, community health and social care teams, Devon towns and electoral divisions.

The JSNA was updated in June 2016 containing information for Exeter as a whole, and then drilled down into 15 MSOA's and 74 LSOA's covering the City. In so doing, very detailed information pertaining to distinct localities could be analysed and used to inform any interventions. The report included the Exeter JSNA and one example of a Community Health and Wellbeing profile at both MSOA and LSOA level.

The profiles would be updated twice annually with the next update due in Autumn 2016.

Link to the Devon Health and Wellbeing website where the JSNA profiles can be found <http://www.devonhealthandwellbeing.org.uk/jsna/profiles/>

**RESOLVED** that the Board note the wealth of information available within the JSNA and supporting documentation.

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### **INTEGRATED CARE EXETER (ICE) UPDATE**

Jo Yelland updated the Board on progress with the delivery of the Integrated Care Exeter Programme. The work programme had been revisited to align it with the NHS Success Regime with the following programmes:

#### **A1 Place Based Care: Developing a Health and Wellbeing system in Exeter**

A new delivery model for placed based care through the design and testing of a "health and wellbeing system" which would integrate primary, community, acute and the voluntary and community sector around a population of about 50,000 (linked to Success Regime new models of care work)

A2 Reducing High Cost Demand: Targeted Interventions: Street Homeless and Vulnerably Housed

A new delivery model for improving outcomes and reducing costs through targeted approaches for adults with high and complex needs through the integration of services and commissioning for people who are street homeless or vulnerably housed.

B Diverting Demand: Prevention Risk Stratification

Combined risk stratification and costing tool for identifying pre-frail individuals and groups for targeting and evaluating early intervention and prevention activity implemented across all 16 Exeter GP practices.

C Diverting Demand: Prevention Community Resilience and Social Prescribing

Models for social prescribing and community prevention activity to reduce whole system costs through further testing of Community Connectors (social prescribing) and Community Organisers (asset based community development) in 5 areas

As part of programme C, Jo fed back on the 1<sup>st</sup> July asset based community development conference where the focus had been “What Matters to You” and not “What is the Matter with You”, aimed at working with communities in a more facilitative way. Over 870 people from across the city had taken part with a keynote speech and workshop session led by Cormac Russell of Nurture Development. Stakeholders from across the City were working together to mobilise the ICE “Architecture for Community Resilience and Prevention” including the establishment of a social investment fund to support ABCD.

Jo Yelland reported that all the programmes were moving forward very positively with the partner organisations working well together.

Councillor Westlake expressed his concern that the NHS Success Regimen work may require formal consultation and wondered how this would affect the ICE programme. Jo explained that the Success Regime New Models of care design workshops would come up with a set principles that should underpin new models of “out of hospital care” and that many of these had already been endorsed through the previous Transforming Community Services consultation exercise undertaken by New Devon CCG in 2013 and 2014 The Exeter work would be relatively small scale and would be a demonstration site of a prototype and the evaluation of this would contribute to the longer term transformation of the health and care system.

Jo Yelland will update further at the next Board meeting.

The Chair thanked Jo Yelland for her update.

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**DATES OF FUTURE MEETINGS**

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

Tuesday 13 September 2016	Tuesday 15 November 2016
Tuesday 31 January 2017	Tuesday 11 April 2017
Tuesday 11 July 2017	Tuesday 12 September 2017

(The meeting commenced at 2.00 pm and closed at 4.00 pm)

Chair