DARTFORD BOROUGH COUNCIL

DARTFORD GRAVESHAM AND SWANLEY HEALTH AND WELLBEING BOARD

MINUTES of the meeting of the Dartford Gravesham and Swanley Health and Wellbeing Board held on Wednesday 21 February 2018.

PRESENT:Councillor Roger Gough (Chairman)
Councillor Mrs Ann D Allen MBE
Councillor Tony Searles
Councillor David Turner
Sheri Green
Sarah Kilkie
Melanie Norris
Nick Moor
Val Miller
Hayley Brooks
Dr Manpinder Sahota

ALSO PRESENT: Ian Gray, Premier Rob Swain, Gravesham Community Leisure

34. APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Theresa Oliver, Alison Duggall, Graham Harris and Lesley Bowles.

Councillor Turner had submitted apologies for lateness due to another meeting commitment and subsequently joined the meeting.

35. DECLARATIONS OF INTEREST

There were no declarations of interest.

36. MINUTES - 25 OCTOBER 2017

The minutes of the meeting of the DGS Health and Wellbeing Board held on 25 October 2017 were agreed as an accurate record.

37. KENT COUNTY COUNCIL HEALTH AND WELLBEING BOARD

The minutes of the last meeting of the Kent County Council Health and Wellbeing Board on 22nd November 2017 were noted. The meeting in January had been cancelled.

The Chairman highlighted progress towards establishing a joint Health and Wellbeing Board between Kent and Medway following a change of heart by Medway who had not originally supported the idea. The new joint board would focus on the Kent and Medway STP and made more sense in the context of this footprint. The KCC Health and Wellbeing Board had also received an

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update on the emerging Kent and Medway Growth and Infrastructure Framework to ensure that this worked across to the STP where the assumptions of growth were key.

The KCC Health and Wellbeing Board had also received a report on the NHS's preparations for the delivery of services during the Winter. This had been cursory in nature and the Board had asked for it to be revisited, particularly with regard to the preparedness of A&E and the scale of demand. As a result the Board had received a reasonable level of assurance which had been a significant improvement on the original report.

38. URGENT ITEMS

There were no urgent items.

39. PREMIER EDUCATION

The Board received a presentation entitled "Let's Educate and Activate the World" from Ian Gray, Area Director (North Kent & South Essex), Premier (formerly Premier Education).

Mr Gray explained that Premier was the UK's largest provider of sports coaching and physical activity in primary schools. They worked in 15% of all primary schools across the UK dealing with 250,000 primary school children per day and had 1,200 "activity providers." The company had been operating in Kent for the last 11 years and had a penetration rate of 20% of Kent primary schools, c.80 schools across the county and 40 activity providers.

There were 3 main strands of delivery:

- Premier Sport provision of physical education and support
- Premier Arts engaging young people through arts

Both of these strands were delivered by a combination of curricula teaching, after school clubs, holiday activities etc

The latest stream under development was :

- Premier Wellbeing designed to improve health and wellbeing in primary schools. The delivery mechanisms for this differed from the first two services.
 - Play Trition- aimed at Reception children and 3-4 year olds, providing children with access to relevant and appropriate lifestyle messages that could be taken through into later life. This was often the first point of access to such messages and used tools including "character dolls".

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- Fun Trition- aimed at 5-11 year olds. This took forward and reinforced similar messages but with more advanced tools engaging children across the curricula programme to give the right messages to make health lifestyle choices. The National Children Measurement Programme provided evidence that this period of development was vital for later life choices.
- Fit Trition this was designed to be delivered by parents and teachers in the primary school environment and to provide children with healthy and engaged adult role models.

The delivery mechanisms were carefully designed to help schools to develop a whole life approach to wellbeing. Wellbeing was important because health metrics were startling; obesity levels were rising sharply in primary school age children, dental problems were the number one cause of hospital presentations by children in this age group, and there were also issues with diabetes and mental health.

There was clearly a need for a different approach to tackling these issues and this had been highlighted by initiatives over the last decade ranging from Jamie Oliver's campaigns for healthy food in schools, the readmission of cookery lessons to the curriculum, the universal free school meals programme, the improvement in School Food Standards and the introduction of Government targets on health and wellbeing and Ofsted targets. Premier had developed its programme around Ofsted reporting requirements.

The 4 fundamentals of Fit Trition were to:

- Eat well;
- Drink well;
- Move well;and
- Sleep well.

This offered a comprehensive solution to problems that had developed over a number of years.

The Board sought more information about the services delivered by Premier and how the programme was delivered in schools. Mr Gray explained that unlike other competitors who had developed programmes to be delivered by teaching staff, thereby detracting from teaching resources, Premier delivered its services directly through its own trained staff who had the advantage of being new to the children and providing fresh role models. The programmes were delivered by way of 2 six week modules targeted at each year group from Reception to Year 6. The cost involved for each module was £2,400 and whilst each school was required to find this funding it was affordable as each school received a Sports Level Premium of £18-19K and could also use funding from the sugar tax. Whilst the programme worked on re-enforcing messages across each year group it was also possible to deliver single modules.

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The Chairman asked whether there was any evidence of the outcomes of the programmes and whether this and the level of take up was different between schools in more deprived areas, across all ranges of provision or in more affluent areas. Mr Gray emphasised the importance of engaging parents especially in areas of deprivation. In terms of working with schools across Kent currently only the Sports and Arts services were being delivered. The health and wellbeing services were being piloted at sites in Hertfordshire, the South west and North West with a view to rolling out more widely in September. Anecdotal evidence showed that these were working although it would take some time to build an empirical evidence base to support this in the way that data existed for the more established programmes. Evidence gained from surveying pupils at the start and end of the modules demonstrated the benefits of the programmes and outcomes could be measured to assess things like fitness levels. Outputs had been measured for some time and there was now more focus on looking at outcomes in terms of changes to behaviour and attitudes. In terms of sustaining the work once the programmes had been delivered Premier had developed CPD programmes for the established programmes and would be doing so for the health and wellbeing modules. In terms of increasing penetration into schools Premier welcomed any help possible in helping it to get the right messages across to schools and were happy to attend meetings with head teachers, trusts and Member bodies and to offer taster sessions.

Dr Sahota welcomed any programme to improve physical activity and the clear benefits that good nutrition and physical wellbeing had and how these translated into better educational results. He stressed the need to involve parents and the need for behavioural change to tackle issues such as obesity and for these to be sustainable. Mr Gray said that it was also important to look at the demographics of each school and that the modules delivered by Premier were sufficiently flexible to adapt to local needs.

It was agreed that Mr Gray would supply details of the schools already using Premier's services in Kent and that details of the opportunities available from Premier would be raised via DASco. It would be possible to map out this activity and to identify where access was being made into the most deprived areas and links into those schools using their sports premium funding. Mr Gray agreed to send details of the presentation to members of the Wellbeing Group.

40. A NEW VISION OF HEALTH MANAGEMENT IN LEISURE CENTRES - UPDATE

The Board received an update from Rob Swain, Managing Director of Gravesham Community Leisure, on the new vision for Health Management in

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Leisure Centres in Gravesham. This developed themes from his presentation to the Board in August 2017.

This was based around moving away from the outputs traditionally used to measure success away from purely leisure management targets towards more health related outputs and reducing the incidence of lifestyle illnesses. This involved focussing on issues such assessments of current fitness, nutrition, exercise and activity levels and mindfulness for each individual. The ambition was to make Dartford. Gravesham and Swanley the healthiest area in the UK and a particular challenge was to help the estimated 6,000 type 2 diabetes sufferers in Gravesham. Activities to engage with sufferers had included a double page editorial in the Your Borough publication which, had resulted in 30 responses alone, and another article was planned. Posters had also been distributed to GP surgeries in the area, a facebook page had been developed and a google app. The success of a Bodytrack programme which allowed users to measure progress by employing technology was also described and the motivational aspects outlined. Gravesham Community Leisure also now had 84 members on medical memberships which was a good but small start. All of the measurable health indicators within the Bodytrack programme were moving in a positive direction. Ways of encouraging greater involvement were now being considered including a possible outreach programme.

Dr Sahota welcomed these initiatives and stressed that the best way to address these issues was through greater joined up working between all of the agencies and the co-location of services. He stressed the importance of proximity and location in getting people to take up and use services and the enormous benefits that could arise from this. He particularly noted the impact that this could have in reducing diabetes and the ineffectiveness of current NHS practices much of which could be treated by dietary measures and more active lifestyles.

It was suggested that this should be an issue for the County Council to take a stance and seek to pilot with statutory providers to provide a model for Kent.

It was agreed to look again at what is being done on industrialisation provision though the STP one aspect of which was the rationalisation of the health estate and how it is deployed and shared to see whether there were opportunities for co-locating complimentary services. Work was also being carried out to develop an Obesity Prevention Plan and the Board asked to receive an update on this at its next meeting.

41. CHILDHOOD OBESITY - UPDATE

Val Miller provided an update on work being carried out to deal with childhood obesity. Data from the National Childhood Obesity Programme had shown that the prevalence of obesity and excess weight had increased in Gravesham and that there were clear links to deprivation and ethnicity.

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District Healthy Weight Partnerships had been established to bring together other partnerships dealing with aspects of childhood obesity to share information and opportunities for joint working as well as identifying gaps and areas for improvement. Each area had a work plan and examples of work were detailed in each plan. Some schools had proved to be resistant to change but it was felt that this down to the need for better communication and some Head Teachers were very supportive.

42. UPDATE FROM LOCAL CHILDREN'S PARTNERSHIP GROUPS

The Health and Wellbeing Board received a report which detailed the work of the Local Children's Partnership Groups in Sevenoaks, Gravesham and Dartford.

43. ACTIONS OUTSTANDING FROM PREVIOUS MEETINGS AND FORWARD WORK PLAN

The Forward Work Plan was discussed. It was noted that Catherine Read had gone on maternity leave but had prepared a report on the Headstart project for her maternity cover, Gwen Box, to deliver at the next meeting. Sarah Kilkie would establish her availability.

Alex Flint had confirmed his availability to attend the next meeting to give a presentation on the Cyclopark.

Alison Duggall would be invited to attend the next meeting in April to provide an update on the Falls Prevention Plan.

The item on School Nursing would be taken at the June meeting as Linda Starkie could not attend the next meeting.

An item on Health visitors should be added to the list of Items to be Scheduled.

44. PROPOSED MEETING DATES FOR 2018/2019

The proposed dates for the meetings of the DGS Health and Wellbeing Group were agreed for 2018/19 with the exception of the proposed date for August. It was agreed to seek an alternative date in late July.

45. INFORMATION EXCHANGE

No items were reported.

The meeting ended at 5.15pm.

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