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 25 October 2017.

PRESENT: Councillor Roger Gough (Chairman)
Councillor Mrs A D Allen MBE
Councillor David Turner
Hayley Brooks
Sheri Green
Sarah Kilkie
Nick Moor
Melanie Norris
Teresa Olivier

ALSO PRESENT: John Horne (Sport England)
Kevin Day (KCC)
Elise Rendell (KCC)
Kevin McGeough (Ebbsfleet GCNT)
Lorna Hughes (Ebbsfleet GCHNT)
Dr M S Sahota

23. APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Debbie Stock, Graham Harris, Tony Searles, Lesley Bowles (Hayley Brooks substituting) and Jo Pennell.

24. DECLARATIONS OF INTEREST

There were no declarations of interest.

25. MINUTES

The minutes of the meeting of the Dartford, Gravesham and Swanley Health and Wellbeing Board held on 30 August 2017 were confirmed as a correct record.

26. KENT COUNTY COUNCIL HEALTH AND WELLBEING BOARD

The Chairman presented the minutes of the Kent County Council Health and Wellbeing Board held on 20 September 2017. He highlighted the discussion which had taken place at that meeting about the future role of the KCC Health and Wellbeing Board and the importance of establishing the right balance with the Sustainability and Transformation Plan. He reminded the Board that there had previously been little interest from Medway in establishing a Kent and Medway Health and Wellbeing Board but that Medway seemed to have shifted its position and a further paper would be submitted to the next KCC Health and Wellbeing Board about the potential for establishing a joint Health

and Wellbeing Board with Medway. It had been decided that the KCC Board should continue in its current form for the present. The role of local Health and Wellbeing Boards would be considered further down the line.

There had also been discussion about the NHS preparations for the winter and the Board had felt that generally the preparations for a possible flu outbreak was pretty inadequate. The meeting had also considered the Healthwatch Annual report and the renewal of the Pharmaceutical Needs Assessment.

27. URGENT ITEMS

There were no urgent items.

28. DARTFORD AND GRAVESHAM NHS TRUST: STAKEHOLDER COUNCIL

The Board had been invited to nominate a representative to sit on the new Stakeholder Council being established by the Dartford and Gravesham NHS Trust. It was agreed that Councillor David Turner would be nominated to serve on the Stakeholder Council and that the Trust would be advised of the appointment.

29. SPORT ENGLAND PRESENTATION

The chairman welcomed John Horne from Sport England to the meeting.

Mr Horne gave a presentation on the vision, strategy and key objectives of Sport England and the projects that it would support. He informed the Board that the Government had shifted the emphasis of its support and as a result Sport England had moved away from focussing on elite sport and medal targets towards increasing participation in sport and making it accessible to people from every background on a sustainable basis. The Government's overarching strategy was outcome driven and this was reflected in Sport England's own Strategy, Towards an Active Nation which sought to improve physical wellbeing, mental wellbeing, individual development, social and community development and economic development with a new focus on customer needs. Sport England had also developed seven investment principles on which its funding decisions would be based; tackling inactivity, supporting children and young people, the mass market, the core market, volunteering, facilities and local delivery. Sport England's vision was to enable all people regardless of age, background or ability to be able to engage in sport and physical activity and to encourage a sports sector which welcomes all people and caters for their needs.

Sport England's key driver was tackling inactivity as this was felt to have the highest impact on its overarching outcomes. Sport England had devoted 25% of its resources towards tackling inactivity and had established a dedicated fund of £120m. 29% of the adult population did not take enough exercise to

benefit their health and it was important to target the inactive and to encourage those who were underactive to intensify their activity to elevate it to the point where it could benefit their health. Mr Horne looked at the various investment opportunities available from Sport England and highlighted the funds available to older adults via the Active Ageing fund, the Tackling Inactivity and Economic Disadvantage fund, Children and Families fund and the Community Asset Fund. He explained that some of these funds were heavily oversubscribed and that some very good bids had not been successful. Sports England was now the investor of last resort and projects should seek other funding streams before approaching Sport England. Successful bids would have to demonstrate the outcomes and be based on understanding the customer needs and to show how their intervention would remove barriers to activity and how it would promote activity and participation. Sport England had carried out a Sport Outcomes Evidence Review to help applicants for funding to help them understand and show others how sport and physical activity could contribute to the outcomes in the Government's strategy and had designed an evaluation framework to evaluate the impact the impact of investments.

Sport England had also re-structured to reflect its new programmes and customer focus and as part of this was disbanding its regional teams to operate on a national level. The local County Sports Partnerships had therefore become an even more important interface with local sports delivery. Sports England was also now empowered to fund projects focussed on younger children from aged five upwards and would be devoting more energy to activities for children and young people.

Dr Sahota asked whether any of the projects Mr Horne had described had been GP-led as he felt that GP's had a key role to play and that patients were more likely to follow a GP's recommendation to become more active. He was also concerned that some projects might not capture data on the outcomes of interventions whereas GP's would record the information and could assess progress. Mr Horne pointed to a number of projects involving older people and the young where there had been involvement by CCG's and highlighted a project in Swale. He stressed the importance of talking to and understanding potential customers, recognising barriers, the direction of travel and how this will be measured and the time, date and location for delivery that would best engage those customers and how a bid would address these issues. It was important to have clear objectives and a strong evidence base.

The Board also discussed the help that might be available to formulate bids and noted the heavy reliance of many sports clubs on volunteers, especially given pressures on local government funding and the shift of focus by Sports England away from supporting the core sports market towards themes such as dealing with inactivity. It was noted that many of Sport England's funds were still available to support smaller projects and were open to bids from clubs and other organisations. Mr Horne was asked how an assessment could be made on the benefits to public health rather than just an increase in activity and pointed to the "Get Healthy, Get Active" initiative which generated some

evidence of the longer term health benefits. Some concern was expressed about the requirement to target interventions in order to bid for funding which meant that projects seeking to run lots of activities on a broad scale open to anyone might now not meet Sport England's criteria for investment.

Mr Horne also confirmed that any club or organisation, a county or borough council could bid for funding but would have to demonstrate that their proposal would meet the needs of the targeted customers and Sport England was looking to broaden the base from which it received bids.

It was agreed that the Board needed to identify key outcomes and would ask public health colleagues to look at this in more detail before promoting bids, possibly with links to primary care. Although the Board could not generate bids for funding directly it could work at bringing suitable partners together to do so. It would also be important for Council's to make the most of opportunities available through the County Sports Partnership.

The Chairman thanked Mr Horne for his presentation.

30. KCC SPORT AND PHYSICAL ACTIVITY SERVICE: THE OVERARCHING ROLE OF THE COUNTY COUNCIL

The Chairman welcomed Kevin Day and Elise Rendell from the Kent Sport and Physical Activity Service.

Mr Day explained the structure of the Service which was an integrated team of KCC officers and externally funded "County Sports Partnership" staff with a Kent and Medway Sports Board to provide governance and scrutiny. The service had a budget of £1.6m of which £1.17m was external funding, primarily from Sport England, and a further bid had been submitted for funding for 2018-2021. Operating as "Kent Sport" the Service had strong contacts with sports and leisure providers, and helped sports clubs and people to develop funding bids.

County Sports Partnerships (CSP) had a new primary role and were effectively the eyes and ears for Sport England given its move towards a national focus rather than regional teams. The CSP know the place and the people and had been given the key theme of tackling inactivity and reaching out to under-represented groups. At present 25% of people in Kent were classed as inactive (less than 30 minutes activity per week) and the CSP was clear that it was not the expert in this area of work and behavioural change and it was therefore looking to develop new partnerships with health, housing, community safety, adult social care education and children's services and the charity and voluntary sectors to deliver change.

Elise Rendell outlined local examples and opportunities such as Workplace Challenge, National Governing Bodies in Sport programmes targeting specific groups, services for older people and interaction with the Healthy Garden Town at Ebbsfleet. There were also examples of support and advice given to

local clubs and organisations through grants, support for funding applications, support and training for Club's coaches and volunteers, promotion of activities and events using activity finder and social media, and campaigns linked to sport and physical activity. Funding had also been provided for 24 satellite clubs for 14-19 year olds and for the Kent School Games, there was also funding from the Department for Education Coaches and Volunteers programme and the CSP worked closely with local primary schools.

Mr Day concluded by explaining how the CSP could work more closely with Health and Wellbeing boards to develop networks and partnerships between respective sectors and partners, sharing expertise and links to target audiences. This could also involve sharing insight and appropriate data and collaborating on activities and the potential for joint bids/co-commissioning and accessing Sport England funding streams.

Mr Day confirmed that the CSP currently engaged with local councils including submitting an annual report on activity in each area and held a meeting with each district annually. Dr Sahota asked whether any of the projects with which the CSP was involved had any focus on good nutrition as it was important to link nutrition and activity and was told that there was a national initiative called "Fit and Fed". Mr Day explained that all of the activities supported by the CSP could be accessed by using the "activity finder" on their web site.
The Chairman thanked Mr Day and Ms Rendell for their presentation and for answering the Board's questions.

31. EBBSFLEET GARDEN CITY HEALTHY NEW TOWN

The Chairman welcomed Kevin McGeough and Lorna Hughes to the meeting to give a presentation on the progress of the Ebbsfleet Garden City Healthy New Town.

Mr McGeough introduced the Healthy New Town programme and explained that this was one of ten pioneer projects nationally and that the Ebbsfleet Garden City was the national lead for community building. The aims of the programme were:

- to shape new towns, neighbourhoods and communities to promote health and wellbeing, prevent illness and keep people independent
- to radically rethink delivery of health and care services in areas free from legacy constraints, supporting learning about new models of integrated care; and
- to spread learning and good practice to other local areas and other national programmes.

The programme was a partnership project which recognised that investment upfront had a greater impact in delivering effective outcomes. It also recognised that the Garden City was being developed in the midst of existing

communities and it was important that these communities also benefited from the programme as well as the new communities. The starting point had been to develop a quality of life baseline which identified characteristics of the area and where it was better or worse than the national average. One important finding had been that as a brownfield development the Garden City was 74% worse than the national average in terms of greenspace and part of the vision for the Garden City was to open up green space to create a great environment.

Five outcomes had been identified for the Ebbsfleet Garden City Healthy New Town programme:

- Patients in control
- Vibrant and inclusive city
- A better quality of life
- Accessible blue, green and physical environment; and
- Living in your home for longer.

It was important to put people in control and provide opportunities and things for people to do. The early New Towns had failed in this respect and had been seen as soulless and depressing. The programme aimed to improve quality of life by 10% by targeting those factors where the area was below the national average and by promoting accessibility. There were 3 delivery themes with 7 key outputs:

- Built environment
    - An exemplar built environment which supports independent living at home for longer
    - Securing access to an active and safe green environment
- Health and Care
    - Delivering a new model of care for service delivery
    - Establishing a world class new Medical Centre of Excellence
    - A community-led radical upgrade to prevention, self care and public health
- Community Building
    - Establishing a range of new community facilities managed by local people; and
    - Improving Quality of Life Outcomes for everyone.

These were designed to break down barriers, open up the environment and exploit new technologies to deliver world class services which were sustainable.

The governance arrangements for the programme were described including links with key partners including KCC, the EDC and DGSCCG Executive Boards and the Health and Wellbeing Board but the project involved many more partners. One key aspect of the programme was the initiative to develop a Health, Education and Innovation Quarter (HEiQ) in Ebbsfleet so that the

Garden City would be a Centre of Excellence for medical education, living research, innovation and primary and social care delivery. To achieve this it had been necessary to establish key attributes of a healthy city. Some of the initiatives to support this were outlined. It had been established that 28% of people in Ebbsfleet do not eat 5 portions of fruit and vegetables per day and from this finding the concept of "edible Ebbsfleet" developed to make fruit and vegetables freely available on the streets. A digital monitoring programme had been developed with over 120 participants using "fitbits" and GPS to monitor their physical activity and track their movements which would inform decisions about where people wished to go and exercise and what facilities they might need. This also encouraged the new and old communities to interact and promoted community cohesion as did initiatives such "back to the country" which encouraged walks into hidden parts of the country. The project was also seeking to obtain a kite mark to provide clear focus for developers and the EDC as to what they were looking to provide and as a way of assessing the quality and appropriateness of development and to provide customers with confidence that these standards would be maintained.

In response to questions Mr McGeough explained that although the Healthy New Town project was seed-funded by the EDC most of the funding came through partners involved in the project. He confirmed that the project would be rolled-out across the whole of Ebbsfleet and Northfleet and to the older communities as well as the Garden City.

The Board thanked Mr McGeough and Ms Hughes for the presentation and commended the vision and actions being taken to develop a Healthy New Town. The action to involve key partners in the development of the project upfront meant that the needs of the community would drive the eventual shape of the development and there were exciting opportunities for public health colleagues to get involved. Dr Sahota said that there were opportunities for "easy wins" such as ensuring that every school had an allotment and that all schools participated in the "daily mile". It was confirmed that the project team was already heavily engaged with local schools and was developing the content for this aspect of the programme.

32. ACTIONS OUTSTANDING FROM PREVIOUS BOARD MEETINGS AND THE FORWARD WORK PLAN.

The Chairman confirmed that the action on T Hall to assume chairmanship of the Obesity Task and Finish Working Group and to arrange further meetings had been delayed because of work with Local Children's Partnership Groups and should be rolled forward. However discussions with officers to establish the Working Group were in hand. The remaining actions listed in the report had been completed.

Sheri Green informed the Board that she had been contacted by the Premier Education Group who were already working with c.80 schools across Kent to promote health and wellbeing and that they were keen to work with the Board. Although the Group was a private company their services were paid for by the

schools directly from their own funding streams such as through the pupil premium. It was agreed to invite the Group to attend the Health and Wellbeing Board's meeting in February 2018.

It was also agreed that the Board should receive an update on the School Nurse Service at its next meeting on 20 December.

33. INFORMATION EXCHANGE

The Board was informed about a seminar taking place on 20th November by the MHA and Creative Dementia Arts Network about using arts and music to support people with dementia. It was agreed to circulate details to the Board following the meeting.

The Board was reminded that the new Healthwatch help cards discussed at the previous meeting were now available from medical practices to assist patients.

The meeting ended at 5.25pm.