

Meeting of the Public Health Task Group

7th July 2015, Huddersfield Leisure Centre

Present: Cate Gillingwater (sporta), Kirsty Cumming (sporta), Coral Hanson (Active Northumberland), Jackie Hanley (Oldham Community Leisure), Gareth Dix (Tempus), Nick Colledge (Wigan Leisure and Culture Trust), Sarah Berne (Active Tameside), Nick Cavill (Cavill Associates), Caroline Holtom (Public Health England, Cumbria and Lancashire Centre)

Apologies: Warren Smyth (Abbeycroft Leisure), Juanita Prescott (Stevenage Leisure), Eugene Gilkes (active Newham), Helena Fahie (Public Health England, South East Centre)

Welcome

CG opened the second meeting of the Public Health Task Group and welcomed everyone to Huddersfield.

Round table introductions, particularly to introduce Caroline Holtom and Helena Fahie (apologies given) to the Task Group, and to discuss their role with the group. CG thanked CHo and HF for their involvement and time. Nick Cavill introduced himself and Cavill Associates, and outlined the work tasked with this group. CG thanked and welcomed NCa to the group.

Round table introductions were made and CG then proceeded to give a recap of the minutes and action points from the previous meeting on 12th December 2014. These were:

- Draft a public health strategy (to extend from Sporta Purple), linking to Public Health England's "Everybody Active, Every Day" strategy and evidence guide
- Create a consistent data set for measuring across trusts
- Look at what is being commissioned now and over the next year
- Form a group of trusts to establish a consistent data to be collected across a set period with an agreement on what to collect based on the SEF, then invite other trusts on board.

1. Strategy Outline

CG then asked KC to give an overview of the Sporta Scotland Health Improvement Strategy which could provide a template for the England based strategy. KC provided helpful background to the strategy and the political context. KC confirmed the importance of consulting back with members after discussions and consultation with key partners and organisations. KC highlighted the challenges:

- balancing internal and external expectations, with input from NHS Health Scotland and the Scottish Government moving the strategy away from its original starting point;
- widening the scope of the strategy to encompass all the determinants of health, including culture, workforce, environment to show the breadth and added value of the trust model;
- widening the breadth of the strategy to be an 'across Scotland' approach and to be at a high strategic level
- collecting consistent and robust data across the trusts to build a national picture.

As a result of the Sporta Scotland Health Improvement Strategy, there have been pledges set to Government called 'activate a nation', and sporta Scotland will be responsible for reporting back to Scottish Government on them.

CG then asked for views on developing a strategy for Sporta trusts in England which demonstrated clear appetite from the Task Group. There was discussion around including the added value of the trust model and the core features of the model. It was also agreed that any strategy should align with the "Everybody Active, Every Day" document. The USP of trusts was mentioned, as bringing everything together and creating cohesion. The need to express trusts as

cohesive hubs of activity to evidence the breadth of services and the links to inequalities. It was agreed based on KC's experience that case studies should sit as a separate but accompanying booklet.

Discussion took place based on KC's experience in Scotland of data collection and the need to support with standardised data collection ideas. There is also scope to support members with examining the data off the swipe card management systems. KC gave an example where some Scottish members are engaging with Leisure Database Company to data profile their user's postcodes. NCo commented on the demographic analysis that WLCT carry out was positive and helped shape services evaluation.

Action: CHa offered to examine the data sets of their swipe card management systems and see what types of data analysis could be carried out, and bring views and findings back to the group

CG suggested sending out draft headings with a brief outline of the content of a strategy, to the group for comment.

Action: CG to draft strategy headings and email to the group for comment.

GD raised a question following discussions with Public Health England, about what would the impact be if trusts were not there delivering the services and activities that they do? CG thought this could become involved in the Sporta Strategy and also this could be added into wider sporta influencing work on the role of trusts in communities. The group discussed there is definitely a need to demonstrate the contribution and impact that trusts make.

2. Metrics – guided discussion by Nick Cavill

NCa briefly explained his background as a public health consultant and his work in creating Standard Evaluation Frameworks for weight management programmes, physical activity and diet. These frameworks provide a list of things to measure, though it cannot be imposed on people. This approach was used to create the Macmillan framework. NCa also spoke of the usefulness of logic models and the importance of prioritising topics.

Action: CG and KC to share with trust members the Standard Evaluation Frameworks and ensure trusts are using them.

He highlighted that there should be a distinction made between "business as usual" e.g. swipe card systems, and "focussed work" and the monitoring and evaluation of the impact of these strands. NCa commented that this provides a real opportunity for large scale data collection across the sector and should be encouraged.

NCa stated that, as a starting point, the key question is: "What contribution are trusts making to improving the health of the nation?" This could look at getting sedentary people active and then sustaining this activity. It is important to validate whether people are in fact inactive at the start of the monitoring, could use learning from the Make Your Move evaluation framework.

The priority list for a Sporta England health strategy in terms of metric measurement was agreed as: physical activity, mental health and weight management. These 3 measures are supported by Public Health England as having standard monitoring and evaluation frameworks in place.

The next step is to translate existing Standard Evaluation Frameworks for Sporta members and to look at data collection specific to trusts. There are six tasks: define the key indicators (confirmed as physical activity, weight management and mental health); choosing the tools to measure them; unpicking the data collection systems; making sense of the data already there; dissemination, guidance and communication; and supporting a culture change around evaluation and robust data.

Action: CG to work with KC to develop a business case to go to the sporta CEO and Executive, to seek investment in the six key tasks above.

Action: CG and KC to scope the work within sporta, sporta members and the sector to join up this work rather than duplicating tasks.

3. Workforce development

CG gave an update on her recent conversations with PHE Workforce Development Leads based in the West Midlands, and the prospect of doing some work with trusts around training and staff development in public health. She issued a copy of a skills audit provided by PHE for the group to look at and give feedback.

Initially the group are keen to progress the work and explore the opportunities around workforce development. CHo certainly felt this was a valuable offer to the sporta members. SB gave an excellent example of Active Tameside's approach to their staff skills set and development, especially around bridging the gap between operations and public health.

The group agreed that the skills audit seemed to be aimed more towards public health professionals, rather than staff working in trusts. There would need to be:

- Be two surveys, one aimed at the individual (workforce setting), and one aimed at the organisation (leadership setting)
- Needs to understand the operational side of trusts and the complications of that
- Needs to identify roles, responsibilities, competencies etc, as trusts employ cleaners, receptionists through to performance management teams etc – and the audit needs to flex to that
- Needs to capture any unique pieces of workforce development, any ideas etc that trusts may have e.g. the Active Tameside example would be interesting to feed in and share

The group were also keen that PHE centrally and nationally, also recognise the skills within the sector that are already present, and the work the sector are doing to upskill their staff, their organisations and in turn the quality of delivery.

Additionally GD fed in by email, the need according to PHE nationally, for exercise practitioners to be well trained in behaviour change techniques. REPs registered training covers this but we could look at Royal Society of Public Health as their rigour within their training programmes particularly around motivational interviewing is excellent.

Action: CG to rework the skills audit with PHE workforce development and send back around the group for comments.

Action: CG to look into RSPH behaviour change training and scope out the details.

4. Partnerships

CG updated the group from the Sport & Recreation Alliance's public health group. The new Minister for Sport is writing a new strategy to be completed as a White Paper in autumn 2015 which will undoubtedly shape the work of Sport England and their funding moving forwards. Dr Mike Brannan from PHE reported that early signs show Government priorities as diabetes prevention, and obesity with a main focus on diet, but also some on physical activity. Many new initiatives coming out including a 5 a day type campaign for adults 'One You'. New work on promoting CMO guidelines clearly with health professionals. GP champions training to encourage GPs to discuss physical activity.

NCo updated on a perspective from the north west and there is a lot of collaboration taking place internally to sporta in terms of health and wellbeing, but also externally with the devolution of powers to the city. This is providing partnerships, collaboration opportunities in the city. NCo agreed to keep the group updated with any developments of interest.

CG closed the meeting and thanked everyone for their time.