

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 29 October 2014.

Present:

Councillor Roger Gough	– Kent County Council (Chairman)
Councillor Ann Allen	- Dartford Borough Council
Councillor Jane Cribbons	– Gravesham Borough Council
Councillor Tony Searles	- Sevenoaks District Council & Swanley Town Council
Sheri Green	Dartford Borough Council
Melanie Norris	Gravesham Borough Council
Sarah Kilkie	Gravesham Borough Council
John Britt	Gravesham Borough Council
Tristan Godfrey	Kent County Council
Anne Tidmarsh	Kent County Council
Val Miller	Kent County Council
Debbie Stock	Clinical Commissioning Group
Dr Elizabeth Lunt	Clinical Commissioning Group
Jess Muckerjee	Kent County Council

27. APOLOGIES FOR ABSENCE

Apologies for absence were received from Lesley Bowles, Andrew Scott – Clark, Graham Harris, James Lampert, Vicky Wiltshire, Su Xavier, and Cecilia Yardley.

28. DECLARATIONS OF INTEREST

There were no declarations of interest made.

29. THE MINUTES OF THE DARTFORD, GRAVESHAM AND SWANLEY HEALTH AND WELLBEING BOARD: 27 AUGUST 2014

The minutes of the meeting of the Board held on 27 August 2014 were agreed as a correct record although it was recognised that the responsibility for the Community Health nurse service did not lie with Anne Tidmarsh but with Lesley Strong.

The following issues were raised: Increases in service provision in response to demographic changes.

It was noted that discussions were ongoing regarding this and it was agreed that the matter should remain in the Board's work plan for the future.

The inclusion of Health needs in futures 106 Agreements and CIL

Members were unclear on the mechanism for including health requirements in s106 agreements and CIL that were to be attached to forthcoming planning approvals, both by the relevant local Councils and the proposed UDC.

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It was agreed that the Chairman would approach KCC planning to ensure that this matter is accorded priority by them and that links are made between the CCG and district planners.

30. THE MINUTES OF THE MEETING OF THE KENT HEALTH AND WELLBEING BOARD: 17 SEPTEMBER 2014

The Chairman summarised the meeting of the Kent Health and Wellbeing Board held on 17 September 2014. He drew Members' attention to the issue of the Better Care Fund submission, which had been forwarded to the Department of Health for approval.

It was noted that feedback from the Department of Health was due but that it was not anticipated that major issues existed with the submission except perhaps relating to governance issues where risk apportionment had yet to be agreed.

Additionally it was reported that Officers had met regarding progress attained by local boards and were to report back to the Kent Board in January on this matter.

31. ACTIONS OUTSTANDING FROM PREVIOUS MEETINGS

The Board received and noted a position statement on actions arising from previous Board meetings.

32. BETTER CARE FUND - UPDATE

It was noted that this matter had been dealt with at item 30 of the minutes.

33. KENT ALCOHOL STRATEGY

The Board received a detailed presentation and a report from Jess Muckerjee, on an Alcohol Strategy for Kent.

The Board were informed that increases in the numbers of deaths and illness due to alcohol misuse now exceed those for any other chronic condition, and that misuse is also a major contributory factor in crime, disorder and anti-social behaviour.

It was noted that although the majority of people use alcohol responsibly, the misuse of alcohol is a growing problem both locally and nationally, with cirrhosis of the liver showing a five-fold increase in 33 – 55 year olds in the past 10 years.

It was explained that a new Kent Alcohol Strategy 2014 – 2016 had been adopted to build on the progress made by the previous (2010 – 2013) Strategy and that its primary aims were to:-

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Reduce alcohol-related specific deaths
Continue to reduce alcohol-related disorder and violence year on year
Raise awareness of alcohol-related harm in the population
Increase pro-active identification and brief advice at primary care
Increase numbers referred into treatment providers as appropriate

The Board were also informed that the primary tools identified to achieve these aims were the Identification and Brief Advice (IBA) in Primary Care and pharmacies, Training for practitioners, Social Marketing, and the Targeted promotion of alcohol abuse initiatives.

While the delivery of the Strategy was a County wide responsibility it was stressed that local initiatives were extremely important to its success, and the development of local action plans was also recommended.

The Board noted that the Dartford and Gravesham Community Safety Partnership was supported by a local Drug and Alcohol Action Group and that it was appropriate that this Group with the addition of representation from Sevenoaks/ Swanley be responsible for work relating to the Alcohol Strategy.

Discussion amongst Board Members also identified the following list of issues which were of relevance to the Board area:-

The Impact of work currently underway in the Board area:

The addition of information and recommendations from Health professionals when alcohol license applications are being considered;

The practical advantages of the use of social media when publicising information on Alcohol misuse;

The impact that Alcohol abuse has on domestic violence;

The investigation of local publicity and consultation on alcohol related problems;

The promotion of alcohol related education into local schools; and,

The promotion of the use of Identification and Brief Advice (IBA) in Primary Care to aid in the treatment of alcohol misuse.

It was therefore agreed that this be referred to the local Drug and Alcohol Action Group with a request that a report be submitted to the Health and Well Being Board detailing positive ways forward, at the Board's meeting scheduled for April 2015.

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34. WALK IN CENTRES

Debbie Stock provided a brief presentation on progress in the re - commissioning process for community health and urgent care services both of which were both due for renewal in 2016.

It was reported that the Darent Valley trust was the only trust in Kent which had achieved its targets in Quarters 1 and 2 of the current year, and that investigations were under way into the factors which had contributed to this success, in order to assist others.

It was noted that attendance figures at Accident and Emergency were flattening out and that in the main patients were receiving attention within the 4 hour target time.

It was also reported that a review was to be undertaken of Urgent Care provision in the three North Kent areas, that preliminary meetings had taken place, and a timescale for the review had been agreed.

Councillor Roger Gough informed the Board that the details of local consultation undertaken on the review should be provided to the Board and accordingly asked that a further report on this be submitted by Debbie Stock to the Board's meeting scheduled for February 2015.

35. KENT HEALTH AND WELLBEING STRATEGY: LOCAL PUBLICITY

It was noted that there was no further information on this issue.

36. INTEGRATED COMMISSIONING GROUP: FURTHER REPORT

The Board was informed by Anne Tidmarsh that the Integrated Commissioning Group, following consideration of its work plan and progress to date, was proposing to realign itself to take on work relating to the delivery of services in addition to its current area of responsibility.

This realignment would necessitate the formation of a number of new sub groups and the consequent appointment of Officers to swerve thereon.

Arising from this Sheri Green asked that the new role of the Group should be clarified and Terms of Reference and governance arrangements for the new Integrated Commissioning Group and its sub groups be drawn up to enable suitable officer appointments.

37. HEALTH INEQUALITY GROUPS - UPDATE ON PROGRESS ACHIEVED

The Board received a comprehensive report detailing the work, to date, of the three Health Inequalities Groups.

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The report identified progress made against the objectives identified by the individual HIG.

In view of the length of the report and the short time available it was agreed that consideration of the item should be deferred to the Board's next meeting where more detailed consideration could be afforded to it.

38. INFORMATION EXCHANGE

There were no items to be reported.

39. BOARD WORK PLAN

The Board noted the content of the Work Plan and the amendments and additions arising from this meeting.

The meeting closed at 5.20 pm