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 15 April 2015 at Gravesham Civic Centre.

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

Tania Smith Dartford Borough Council
Matt Roberts Dartford Borough Council
Lesley Bowles Sevenoaks District Council
Melanie Norris Gravesham Borough Council

Tristan Godfrey
Terry Hall
Anne Tidmarsh
Natalie Brown
Mark Walsh
Kent County Council

Dr Elizabeth Lunt
Su Xavier
Clinical Commissioning Group

Cecilia Yardley Healthwatch

Ed Shorter West Kent Recovery Service - CRI

65. APOLOGIES FOR ABSENCE

The meeting opened with Councillor Ann Allen in the Chair due to the late arrival of Councillor Gough.

Apologies for absence were received from Sheri Green and Graham Harris, (Dartford Borough Council), Sarah Kilkie (Gravesham Borough Council), and Andrew Scott – Clark and Stuart Collins (Kent County Council).

An apology for lateness was received from the Chairman, Councillor Roger Gough.

66. DECLARATIONS OF INTEREST

There were no declarations of interest received.

67. MINUTES OF THE MEETING OF THE DARTFORD, GRAVESHAM, AND SWANLEY HEALTH AND WELLBEING BOARD.

The Minutes of the meeting of the Dartford, Gravesham and Swanley Health and Wellbeing Board, held on 11 February 2015 were confirmed as a correct record of that meeting.

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Arising from the Minutes Cecilia Yardley reported that it was now proposed that Healthwatch would report its findings to the Kent HWB at their meeting in July. (Minute 55 refers)

68. KENT HEALTH AND WELLBEING BOARD AND MATTERS ARISING.

Councillor Gough took the Chair from this point forward in the meeting.

The Chairman explained that the Kent Board meeting on 18 March 2015 had mainly considered the Commissioning plans for the County, and that while these were important there was little of relevance for our Board to consider.

69. URGENT ITEMS

The Chairman reported that there were no urgent issues for the Board to consider but that in view of the time necessary to consider items 7 and 9 on the agenda he had agreed to defer consideration of item 8, Progress Against Board Priorities, to the meeting scheduled for 17 June 2015.

70. ACTIONS OUTSTANDING FROM PREVIOUS MEETINGS.

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

Arising from this some concern was expressed at the delays in organising workshop events involving Kent Fire and Rescue (KFR), agreed at the meeting held on 29 October 2014.

It was noted that Councillor Ann Allen was to meet with KFR in the near future and would remind officers that this was still outstanding. It was therefore agreed that this should be progressed as a matter of urgency.

71. KENT ALCOHOL STRATEGY - LOCAL ACTION

The Chairman welcomed Mr Ed Shorter of the West Kent Recovery Service – CRI – the local Drug and Alcohol Treatment service, who gave the Board a briefing on his organisation's work in the local area aimed at lessening the effects of alcohol consumption.

He firstly outlined the aims of the Kent Wide Strategy, as set out below and explained that arising from these aims, his group had developed a six point pledge which addressed the local issues arising from the Strategy.

- 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

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Increase numbers referred into treatment providers as appropriate.

He further explained the detail of the Pledge (set out below), explored the relevance of each point and considered the actions currently underway to deliver each point.

- Improve Prevention and Identification
- Improve the Quality of Treatment
- Co-ordinate Enforcement and Responsibility
- ▶ Tailor the plan to the local community
- Target Vulnerable groups and Tackle Health Inequalities
- Protect Children and Young People

Mr Shorter stressed the importance of training for health Care professionals, the development of robust links between CRI, local action groups and local commissioning groups, and the use of innovative approaches when dealing with street drinkers.

He went on to explain the importance of targeted approaches to diverse population groups and the development of links with mental health services, local interest groups victim support providers relating to domestic violence.

He also reiterated the need to target vulnerable groups and involve providers of support for troubled families in the support alcohol programme.

Finally Mr Shorter closed his presentation with requests for Commissioning Group attendance on the alcohol strategy and substance misuse task groups, and for the development of an alcohol liaison team in Darent Valley Hospital.

Ms Xavier asked if it were possible to extend the work currently underway in south and East Kent through into our Board area?

Mr Shorter responded that he was not sure if that were possible but stressed that the service currently provided by Darent Valley hospital was of the highest quality.

Cecilia Yardley asked if training was undertaken in mixed service groups as it was felt that this would foster higher levels of joint working following the event.

Mr Shorter confirmed that training groups were normally mixed, though more by accident than design.

Terry Hall enquired if the work undertaken in implementing the Strategy had any impact on issues relating to the use of so called "legal highs"?

Mr Shorter explained that this fell outside the remit of the Strategy although Mr Roberts confirmed that this was addressed by the Community Safety Teams and that initiatives were being explored to deal with this matter.

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The following matters were raised and Mr Shorter agreed to respond on them direct:

- the interaction of the local strategy with the Public Health service (Dr Lunt)
- the development of links between Mental Health Services for children in families where drinking is a problem (Dr Lunt)
- risk analysis by Kent Fire and Rescue Officers (Dr Lunt)
- a query whether Swanley was receiving sufficient input from the Alcohol service (Lesley Bowles)
- training for early help staff (Mark Walsh)
- the level of access to services by older people (Anne Tidmarsh)

Councillor Gough thanked Mr Shorter for his presentation commenting that it was extremely informative and useful to Board Members. He added that the Board would be pleased to receive an update on the work of the Strategy in around six months time.

72. PROGRESS AGAINST DGSHWB PRIORITIES.

Further to item 69 above Members noted that consideration of this matter was to be deferred to the Board meeting on 17 June 2015.

73. UPDATE ON SERVICE PROVISION IN RESPONSE TO DEMOGRAPHIC CHANGES

Mr Mike Gilbert and Dr Su Xavier updated the Board on work which is being undertaken by the Clinical Commissioning Group (CCG) to understand and prepare the provision of medical services and facilities in the light of projected population growth in the Dartford, Gravesham and Swanley Board area.

Mr Gilbert reported that the CCG had established an analytical group comprising of the key stakeholders and that this was looking at

- Population projections (indigenous growth & Ebbsfleet specific)
- Predicted impact of growth on existing health services
- Predicted need for future health services
- Wider determinants of health

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He added that the implications of the London Paramount Development had not yet been considered but were to be added in at a later stage.

Mr Gilbert gave an outline of the major development areas and informed the Board about the format of the model that was being used to project the scale of population growth being predicted in the Board area.

Dr Su Xavier explained how the shape of the predicted population would impact on the demand for health care in future years, and how the geographic and environmental outcomes arising from the developments would impact on the health of the population in the future.

Dr Xavier outlined current problems being experienced in health care provision, and considered the requirements of the current system to respond to that need, together with current reviews and strategies being pursued by the CCG.

Mr Gilbert returned to explain the current financial structure in which the CCG is functioning and the implications for the future which this has. He stressed that there was a significant gap in funding given population growth and that major investment would be required in capital infrastructure to support the growth identified in population.

Mr Gilbert concluded by explaining the following programme of work which it was planned to undertake as the next steps in the planning process.

- Analysis of specialty data
- Develop healthcare models may include existing facilities development to accommodate new population
- Ongoing meetings with local authority planners to determine future community solutions
- Financial costings with providers for proposed models
- Meeting with developers

Arising from the presentation Board Members raised the following matters

- It would be good to see the scope of developments in the physical environment and infrastructure arising from the Garden city development
- There is a need to look at the placing of green spaces across the numerous developments to ensure that they are fit for purpose, and thought is given to the ideas of designing out crime when they are laid out.
- The marketing of the housing units could have a major impact on the client base for health services in the area.

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At the conclusion of the presentation, the Chairman introduced Tania Smith from Dartford Borough Council, Planning division. Mrs Smith gave the Board an overview of the planning issues arising from new developments and the introduction of the Urban Development Corporation and highlighted the following points

- Development in Dartford was well underway
- Some developments will have impacts on service provisions outside the immediate area, and vice versa
- Dartford Planning Policy will still apply to ongoing developments this requires a 30% open space provision in some of the larger developments
- Existing planning consents will dictate the shape of the infrastructure for Ebbsfleet Garden City and other developments in the Board area.
- There is currently liaison between local planners and the new Urban Development Corporation, and a number of matters have been re visited including the Master Plan for the Garden City and health provision in the area.
- It should not be forgotten that there is Government funding for the Garden City and thus there is a commitment to make it work.

Arising from this overview Mr Gilbert raised two points, firstly that it was important not to underestimate the impact of residents from adjoining areas on the service provided by Darent Valley Hospital, and that individual developers should not be allowed to select where they built, as the scenario could emerge where little or no open space was ever provided.

In drawing this whole matter to a close the Chairman proposed that

The Board meeting in June receives details of the Review of Health and Social Care being undertaken by the CCG, and other plans be reported when appropriate

That proposals on the new shape of service provision be added to the work plan for the Board

74. INFORMATION EXCHANGE

Ceclia Yardley informed Members of a number of issues relating to dementia which were relevant to the Board.

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75. BOARD WORK PLAN

The Board received and noted a report on its work plan for the future and on a number of amendments which were made arising from this meeting.

The meeting closed at 5.10pm