

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 19 August 2015.

PRESENT: Councillor Roger Gough – Kent County Council
(Chairman)
Councillor Ann Allen – Dartford Borough Council
Sheri Green – Dartford Borough Council
Sarah Kilkie – Gravesham Borough Council
Lesley Bowles – Sevenoaks District Council
Su Xavier – Clinical Commissioning Group
Val Miller – Kent Public Health
Tristan Godfrey – Kent County Council
Stuart Collins – Kent County Council
Tracey Schneider – Kent County Council
Cecilia Yardley – Healthwatch
Alan Twyman – Dartford Borough Council

88. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Tony Searle and David Turner, Graham Harris, Dr Elizabeth Lunt, Melanie Norris and Debbie Stock.

89. DECLARATIONS OF INTEREST

No interests were declared.

90. CONFIRMATION OF MINUTES

The minutes of the Dartford, Gravesham and Swanley Health and Wellbeing Board on 17 June 2015 were agreed as an accurate record.

91. KENT COUNTY COUNCIL HEALTH AND WELLBEING BOARD, MEETING HELD ON 15 JULY 2015

The Chairman briefed the Board on the items discussed at the Kent Health and Wellbeing Board which took place on 15 July 2015.

He reported that there had been significant discussion on the Crisis Care Concordat and the Kent Board had asked for a more detailed report to be prepared and brought back for consideration. There had been discussion of the One Public Estate initiative and the Clinical Commissioning Groups (CCG's) had been asked to develop a property strategy and to take this forward through the local Health and Wellbeing Boards. There had also been consideration of the Healthwatch report on Quality.

92. URGENT ITEMS

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There were no urgent items.

93. ACTIONS OUTSTANDING FROM PREVIOUS MEETINGS

The list of outstanding actions arising from previous meetings was reviewed. It was noted that the 3rd item listed, (minute 55 – Healthwatch feedback) had been superseded and the item could be closed.

The Chairman confirmed that item 2, the inclusion of health needs in future s106 and CIL agreements, had been considered by the Kent Health and Wellbeing Board in May.

The Chairman expressed some concern at the wording of the conclusion of the note on the outcome of the workshop with the Kent Fire and Rescue Service which took place on 10 July with a view to identifying opportunities for joint working as he was unclear as to what had been achieved as a result and how this was to move forward. He was re-assured that although no “big ideas” had arisen from the workshop major steps had been taken in terms of developing a good network of contacts with KFRS and producing greater awareness of where the services could co-ordinate their efforts to complement each other and to draw upon the expertise available from KFRS. The opportunities to work together on thematic topics had also been explored.

The workshop recognised the unique position of the fire service to open up access to groups of people who might otherwise not be accessible to health and welfare services and the opportunity for cross referrals between the various services with a view to co-ordinating the delivery of health and care. There were good opportunities for work on dementia, dealing with vulnerable families, smoking cessation and dealing with issues such as obesity by linking into initiatives such as Firefit. The ability of Fire Officers to be seen as role models also meant that they were able to reach out to young people and engage with them on levels not possible for other practitioners and that they were widely trusted within the wider community. This opened doors in ways that could be built on by other services. The Fire Services were spending less time dealing with fires and this meant that there was greater capacity for making their expertise available to assist partner organisations. This was reflected in the key Fire Service message , “Think Fire, Think Need”. There were also opportunities to co-locate other services in space available in the KFRS estate.

It was felt that it would be beneficial to document the activities being carried out between the health, care and welfare agencies and the KFRS to provide assurance that this joint working was progressing in a co-ordinated way and to ensure that the anticipated benefits were being made and that opportunities were not being missed. Each Operational Group (HIG and/or COG as appropriate) was asked to document these activities for their area.

94. DEMENTIA FRIENDLY COMMUNITIES

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Tracey Schneider attended the meeting to describe progress made in working towards making Kent more dementia friendly and drew on information contained in a presentation which was tabled for consideration.

The Board heard that there were a large number of Dementia Friendly Communities across Kent and currently there were 331 “Dementia Champions” who had held 1150 sessions and recruited over 20,000 “Dementia Friends”. There was also significant activity in the DGS area. The organisational structure for the delivery of dementia was outlined including the work of the Dartford, Gravesham and Swanley Dementia Forum’s , the DGS Dementia Action Alliance and its linkages to the Kent Dementia Action Alliance and the Kent Health and Wellbeing Board. The work carried out by each of the Dementia Forum’s in their areas was described with focus on raising awareness, improving communication and public engagement.

In Swanley the Dementia Forum had delivered awareness sessions, inputted into the new gateway, organised two drop-in sessions and produced a multi-agency leaflet which explained dementia and wider issues around problems with memory. This had proved so popular that supplies of the leaflet had run out. The Dementia Forum had also been keen to provide the Brightshadows production to three schools in Swanley which had shown initial interest but had later pulled out, possibly because governors may have considered this a difficult subject to introduce to young children. A further attempt would be made to promote this project as this was considered to be a good tool to promote greater awareness of wider mental health and confusion (delirium) as well as dementia and the money set aside for this was still available and would need to be used in the current financial year.

In Gravesham the Dementia Forum had focussed on promoting awareness, schools engagement and local mapping and had introduced the Shopsafe, Staysafe scheme first developed in Dartford. The Dartford Dementia Forum had also concentrated on these priorities and had held a small event during the year, had engaged with the local Council and churches and was looking to hold sessions to give legal and financial advice to early stage dementia sufferers and to produce a multi-agency leaflet.

The work of the DGS Dementia Action Alliance was also outlined. This was a mechanism for sharing information across the forums and boards, providing strategic co-ordination across the Clinical Commissioning Group (CCG) area, reporting on individual action plans and working on joint priorities. The Alliance was currently looking to hold a networking event to promote awareness between organisations and practitioners and at ways to engage more closely with the Sikh community.

Su Xavier advised the meeting that she would provide Tracey Schneider with the contact details of an enthusiastic Sikh GP who might be willing to help with engagement. The Board also discussed ways of encouraging involvement from schools. It was noted that secondary schools were quite good at buying-in to dementia awareness initiatives but the problem area was

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getting links into Primary schools. Sometimes the Secondary schools were able to provide linkages to their feeder Primary schools which could be followed up. It was also suggested that the Children's Operational Groups and Young Carers workers might be able to assist in opening-up links into schools. The Chairman also offered to take the issue of school engagement away for consideration wearing his KCC Cabinet member hat and bring the conclusions back to the Board.

The Board agreed that good work was being done in Kent on tackling dementia but that currently there was a lack of overall co-ordination between the different providers and in terms of event planning. An example was given of an event which was held but without any uptake. It was noted that it had been the intention that all Dementia Forum meetings would be attended by a representative from the Kent and Medway Trust Partnership which would have promoted co-ordination but that they were often unable to attend.

Tracey Schneider informed the Board that when she had taken on her role two years ago she had carried out 3 separate surveys of work on dementia in Dartford, Gravesham and Swanley and that it might be opportune to re-visit these to see how services had progressed and changed during that time. The Board also asked whether any integrated care pathway had been identified and was advised that one had been under development for eighteen months but had not been finalised.

It was agreed that the outcome of the 3 updated surveys should be brought back to a future meeting of the Board for further consideration which would demonstrate the direction of travel, areas of success and any opportunities for improvement. Work on the integrated care pathway for dementia should also be reported to the Board together with performance indicators such as diagnosis rates and hospital admissions.

95. HEALTH PROFILES AND PRIORITIES FOR DARTFORD, GRAVESHAM, AND SWANLEY 2015

At its last meeting the Board had considered the six health priorities agreed when the Board was originally established in 2013 and had felt that addressing all of these priorities was proving difficult given the complexity of some of the health conditions. It had been agreed that it might be more effective in improving health and wellbeing and addressing inequality by focussing on fewer priorities or possibly on a single priority. To this end health profiles providing an overall health summary and identifying key health inequalities had been produced for Dartford, Gravesham and Sevenoaks along with a separate profile for Swanley to assist with identifying key priorities. The profile for Swanley had been produced because it had been suspected that health trends in that area were being disguised by inclusion in the wider profiles for Sevenoaks and the new profile for Swanley did show that there had been a significant masking effect and that Swanley in fact had more in common with Dartford and Gravesham. The information used to develop the profiles had been drawn from data compiled by the Kent Public

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Health Observatory and this more detailed information would be circulated to the Board.

Dr Su Xavier presented the key findings of the report and explained that it was clear that obesity, alcohol and smoking had the greatest impacts in terms of health but that if the Board wished to focus on a single priority than a clear cross-cutting theme was obesity. It was also noted that significant work was already being carried out on alcohol and smoking cessation through vehicles such as the Kent Alcohol Strategy and that this would continue irrespective of priorities agreed by the DGS Health and Wellbeing Board. Obesity had many impacts on other aspects of health and wellbeing and, if agreed as the key priority, strategies could be developed to target obesity across all age groups and in areas of high prevalence. The profiles had also shown a disturbingly high rate of childhood injury in the 0-4 age group in the Swanley St Mary's ward and it was suggested that this warranted further investigation to see whether there was a safeguarding issue in that area or to explain the reason for the rate of injury. It was also noted that the Chief Executive of Healthwatch was very keen to support a public health initiative and was likely to be very supportive of any initiative to address obesity.

The Chairman explained that the Kent Health and Wellbeing Board was keen to have a more proactive impact on Commissioning Plans and to this end Public Health would be setting a series of challenges to the Commissioners in September with a view to giving them half a dozen priorities to feed into their Commissioning Plans. Local Health and Wellbeing Boards would also be asked to consider setting these challenges.

The Chairman felt that the profiles and discussion had confirmed the view that the Board should focus primarily on one priority and that that should be obesity. To that end the agencies represented on the DGS Health and Wellbeing Board should establish what their current plans and strategies contain on obesity and identify whether they could do more to tackle this cross-cutting health priority. This should be taken forward by a task-and-finish group which Dr Su Xavier agreed to lead.

96. UPDATE ON IMPLICATIONS OF NEW DEVELOPMENTS FOR THE HEALTH SECTOR AND THE NEW SHAPE OF SERVICE PROVISION

Dr Su Xavier provided an update on action taken to ensure that health need and service provision implications were taken into account when planning new developments. The Ebbsfleet Development Corporation was now up and running as the planning authority and the CCG was engaging with the Director of Strategy on a regular basis. It had become clear that the Master Plan needed to be revisited and it was hoped to input to this by revising the Health Impact Assessment. The CCG was also talking to NHS England about making a bid to the Healthy New Towns Fund.

There was concern that the Ebbsfleet development might now include 15,000 new homes rather than the 11,000 homes originally envisaged. Health care

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services had been planned on the basis of the original figure and this increase would have a significant impact in terms of service provision. It was further noted that although there was s106 provision for health facilities ie. premises, the CCG's predecessor, the PCT, had not bid for additional monies to equip or staff these new facilities. There was also a danger of the development increasing health inequalities in surrounding areas. For this reason it was important that wherever possible hubs were put in place which should be accessible for people from the wider DGS population.

The Paramount Park development was also a concern as the content of the Health Impact Assessment did not seem to tally with the Environmental Impact Assessment. The developer had not factored-in much beyond basic first aid provision and this could have a devastating impact on Darenth Valley Hospital if this was not addressed. There were however significant opportunities to incorporate hubs and for working health and social care into the Paramount plans but there would be no extra money from the developer for this.

The Chairman said that he would speak to KCC Property Services to see whether there was any scope for stressing the importance of public health provision with the Ebbsfleet Development Corporation and would brief the Leader of KCC, Paul Carter, who was a member of the EDC Board. He asked Sheri Green and Sarah Kilkie to brief their respective Leaders who were also members of the EDC Board.

97. REPORT FROM MENTAL HEALTH GROUP

There was no update to provide. It was noted that it would need to be established whether this would continue as a sub-group and that this may be influenced by work commissioned by the Kent Health and Wellbeing Group.

98. INFORMATION EXCHANGE

Su Xavier expressed concern at the high rates of tuberculosis in Gravesham and asked who she could contact to discuss this. It was suggested that Melanie Norris should be the first point of contact.

99. BOARD WORK PLAN

The following items were added to the Work Plan:

Feedback from the Kent Health and Wellbeing Board on health priorities for Dartford, Gravesham and Swanley – to 7 October 2015 meeting

Progress report from the task and finish working group on Obesity – to 9 December 2015 meeting.

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Results and analysis from the Dementia 2 year audits – to 24 February
2016 meeting.

Progress on the Dementia Pathway and performance indicators – to 24
February 2016 meeting.

The meeting closed at 5.05 pm