

**WEST KENT CCG HEALTH AND WELLBEING BOARD****MINUTES OF THE MEETING HELD ON 21 JANUARY 2014**

**Present:** Dr Bob Bowes (Chairman), and Councillor Steve Beerling, Alison Broom, Councillor John Cunningham, County Councillor Roger Gough, Jane Heeley, Dr Tony Jones, Mark Lemon, Councillor Brian Luker and Malti Varshney

**In Attendance:** Gail Arnold, William Benson, Hayley Brooks, Steve Butler, Alison Finch, Jody Gagan-Cook, Katie Latchford, Chief Inspector Dave Pate, Gaby Price, Mark Sanders, Ed Shorter and Colin Thompson

1. **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr Caroline Jessel, Mr James Lampert, Mr Reg Middleton, Dr Sanjay Singh and Dr Meriel Wynter.

2. **DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS**

There were none.

3. **MINUTES OF THE PREVIOUS MEETING**

The Chairman asked that the Board's thanks to Ben Bix for his administrative support be noted.

**RESOLVED:** That the Minutes of the Meeting held on 17 December 2013 be agreed as a correct record.

4. **GENERAL OVERVIEW OF SUBSTANCE MISUSE IN WEST KENT CCG DISTRICT AREAS**

Colin Thompson introduced the report on an overview of substance misuse data in the West Kent CCG district. The Board were informed that the number of chronic diseases was reducing, with the exception of the liver. There are many causes for the increase in liver disease, including alcohol, although West Kent is below the national average.

It was noted that the number of admissions to hospital for drug related conditions had increased by 60% in West Kent and that the number of mortalities from liver disease had also increased.

Board members commented as follows:-

- Councillor Beerling queried whether the results related to the night time economy of each individual area
- Malti Varshney commented that the data provided was only health related and how did it correlate to the data sources that partners of the Board had
- CI Dave Pate urged caution over the link of the results to established licensed premises as there were many other sources where alcohol could be obtained, i.e. parent or adult association. Their data shows links to some of the larger supermarkets and there is not necessarily a link to the licensing trade and the pubs and clubs

**RESOLVED:** That the report be noted and Colin Thompson circulates the mortality figures from liver disease for each individual area to the Board.

5. OVERVIEW OF THE WEST KENT ADULT INTEGRATED SUBSTANCE MISUSE SERVICE

Ed Shorter gave a presentation outlining the services provided by the West Kent Adult Integrated Substance Misuse Service commissioned by Kent County Council.

On 1 April 2012, following a competitive tendering exercise, CRI were commissioned to deliver a range of interventions. The goal is for all participants to have a long term overall recovery.

In response to questions from members of the Board, Ed Shorter informed them:-

- Need more engagement with GPs to access more clients who have drink or drug problems and take the pressure off GPs
- CRI's success rate is above the national average
- The pay by results scheme has improved the service and they are one of 8 national pilots
- Need to find the best way to attract people into their services

The Board commented as follows:-

- GPs are concerned about the cost of residential rehabilitation
- There are pockets of unhealthy drinking and drug misuse, but if the people never get in to trouble and have no particular health issues, then it is difficult to know where they are and what can be done to help them
- There is a need to create greater awareness of the effects of long term drinking
- One of the GPs present reported that on his list, the highest cause of death in men under 55 in the last year had been alcoholism

Colin Thompson informed the Board that KCC have plans for social marketing/advertising.

**RESOLVED:** That the report be noted.

6. YOUNG PEOPLE'S SUBSTANCE MISUSE SERVICE

Steve Butler of KCA introduced the report of the Director of Service Improvement, Customer and Communities providing an update on the progress of KCA's model of service delivery for the young peoples' substance misuse service.

The service is for 10-18 year olds and KCA work with schools and in youth settings. There is a programme called Riskit which looks at behaviour change in young people. There was a recent campaign on kmfm about the impact of legal highs in Kent.

In response to questions, the Board were informed that

- 96% of those who entered treatment come out with results;
- KCA provide free training on how to refer young people
- Literature is available

CI Dave Pate informed the Board that the trend to smoke substances is a significant problem. 80% of what the police seize contains Class A or B drugs.

The Board commented that:-

- There is a poor understanding of the medical consequences of these smoking substances
- Licensing and trading standards required for the people selling them
- There is a difficulty around testing the substances
- Campaign needed to inform retailers what they are getting into by selling these products
- These substances have an effect on a young person's brain and have psychological effects and it is important to get this message out

**RESOLVED**: That the report be noted.

7. KENT ALCOHOL STRATEGY

Colin Thompson introduced the report regarding the Kent Alcohol Strategy 2014-16. He advised the Board that if anyone had any specific points that they would like to make there was still time.

**RESOLVED**: That the report be noted.

8. DUAL DIAGNOSIS PROVISION IN KENT

Gaby Price introduced the report of the Corporate Director, Customer & Communities regarding dual diagnosis provision in Kent.

Gaby Price informed the Board that following analysis of data, there has been an increase in dual diagnoses across West Kent. The highest rates were recorded in Tunbridge Wells (21%), Tonbridge and Malling (20%) and Sevenoaks (20%). The lowest rates were in Ashford (10%) and Dartford (11%).

Following changes to governance arrangements that took place in April 2013 in accordance with the Health and Social Care Act 2012, it has been proposed that a Kent and Medway Dual Diagnosis Steering Group be set up to have a strategic oversight to ensure that the outcomes for people with both mental health needs and substance misuse problems are being met and monitored.

The Chairman stated that he found it shocking that 70% of prisoners have a dual diagnosis.

A Member of the Board asked how the homeless are helped and their underlying problems dealt with. It was suggested that a co-ordinated approach was needed by CRI and KCA and other partners, an analysis of clients that use homeless shelters to find out how they can be helped and that the Community Safety Partnership now has a co-ordinated role in bringing these different services together.

**RESOLVED:** That the report be noted and the set-up of the Kent and Medway Dual Diagnosis Steering Group be endorsed.

9. COMMUNITY SAFETY (BARRIERS AND PERSPECTIVES)

The Chairman proposed that this report be postponed and brought back with recommendations to the next meeting of the Board.

Jody Gagan-Cook of the Kent Police raised that a health representative is needed on the Community Safety Partnerships ("CSP") and the Chairman agreed to write to his colleagues regarding this. Gail Arnold mentioned that another option would be for Locality Heads to attend the CSPs.

**RESOLVED:** That the report be deferred to the next meeting and that the Chairman write to his colleagues regarding attendance at CSP meetings.

10. CURRENT BARRIERS AND WAYS FORWARD

Colin Thompson introduced his report on potential ways forward regarding the substance misuse agenda.

The Board commented as follows:-

- A review of Licensing policy is being undertaken at Maidstone this year and they are part of a Licensing Partnership with Sevenoaks and Tunbridge Wells, so there could be scope to look at Cumulative Impact Policy ("CIP").

- The need to consider how we improve the health of communities with mental illness, drug and alcohol abuse, tobacco and crime with evidenced based information.
- Information sharing is key to identifying problem areas
- A description of what each CSP expects from the CCG would be useful
- It was suggested that a task and finish group be set up to integrate all the information received at this meeting.

**RESOLVED:** That the report be noted.

11. BETTER CARE FUND

Mark Lemon informed the Board that each CCG has been preparing their contribution to the Better Care Fund and that a workshop was held the previous week. The Kent CCG Board has moved its meeting from 29 January to 12 February to consider the plans which need to be agreed and submitted on 14 February 2014.

The fund for 2015/16 is £100 million divided between the CCGs.

**RESOLVED:** That the update be noted.

12. CCG COMMISSIONING PLANS

Mark Lemon informed the Board that there is a scheme in Liverpool where people admitted with alcohol problems are taken better care of. They are waiting to see the outcomes from the Task and Finish Group.

**RESOLVED:** That the update be noted.

13. ANY OTHER BUSINESS

There was no other business to be discussed.

14. DATE OF NEXT MEETING

That date of the next meeting would be 18 February 2014 at Maidstone Borough Council.

15. DURATION OF MEETING

5.30 p.m. to 7.43 p.m.