HEALTH LIAISON BOARD

Minutes of the meeting held on 4 September 2019 commencing at 12.00 pm

Present: Cllr. Piper (Chairman)

Cllrs. Dr. Canet, Perry Cole, G. Darrington, Harrison and Hunter

Apologies for absence were received from Cllrs. Foster and Parkin

Cllrs. Cheeseman, Penny Cole, Coleman, Collins and P. Darrington were also present.

9. Minutes

Resolved: That the Minutes of the Health Liaison Board held on 5 June 2019 be approved and signed by the Chairman as a correct record.

10. Declarations of Interest

No additional declarations of interest were made.

11. Actions from the previous meeting (if any)

The Head of Housing and Health advised that information would be circulated regarding the Dementia Forum visit, and healthy living projects.

12. Establishing a Single NHS Clinical Commissioning Group for Kent and Medway

The Board welcomed Dr Bob Bowes, NHS Clinical Lead for West Kent Clinical Commissioning Group (CCG), Sue Braysher, Director of System Transformation and Bob Cook Integrated Care Partnership Development Board who delivered a presentation on establishing a single NHS CCG for Kent and Medway.

The Presenters provided Members with background information for the proposed change and the NHS Long Term Plan. The approach would be known as the Kent and Medway Integrated Care System which included Primary Care Networks (PCNs - which are area clusters of GP's), Integrated Care Partnerships (ICPs – health and social care partner organisations) and a System Commissioner.

Members were advised that by combining the 8 separate Kent CCGs to one, it would overcome fragmentation and duplication, allowing faster decision making and savings; offer consistent and ongoing support to the new PCNs to develop their role, and provided authoritative leadership to the new ICPs and awarded contracts that would be both transformative and deliverable.

In response to questions, Members were advised that the proposed single CCG for Kent and Medway would continue to put patients' needs first. The Integrated Care System will also include centralised hubs for services at one location and enable GP's services to be linked to offer more choice to patients. In response to further questions, the Presenters advised that funds were allocated per patients registered at GPs. Waiting times were not currently monitored as GP Practices were privately managed and had different priorities.

The Chairman thanked Dr Bob Bowes, Sue Braysher and Bob Cook for their attendance.

13. NHS Urgent Care Services in Dartford, Gravesham and Swanley

The Board welcomed Gerrie Adler, Director of Strategic Transformation for Dartford Gravesham and Swanley CCG, Angela Basoah – Head of Communication and Engagement and Mark Atkinson – Head of Commissioning West Kent CCG to the meeting, who gave a presentation on the NHS Urgent Care Services Consultation for Dartford, Gravesham and Swanley (DGS).

Members were advised that term 'Urgent Care' relates to care to treat illnesses or injuries that were not life-threatening, but that would require an urgent clinical assessment or treatment on the same day. Currently there were different services provided at various sites across DGS, which could be confusing for the public. With the increasing population it was important that the right services were provided in the right place to meet growing demand. By having an Urgent Treatment Centre, 27 national standards would need to be met offering treatment for minor injuries and illnesses in one place; led by GP's working with nurses and other health professionals. The services would be integrated with GP out-of-hour services.

In the public consultation, the two options for the proposed Urgent Treatment Centres were set out:

- Option one was to create an Urgent Treatment Centre at Gravesham Community Hospital. This includes moving services from the current Fleet Health Campus in Northfleet (White Horse Walk-in Centre) to join up the Minor Injuries Unit at Gravesham Community Hospital.
- Option two was to create an Urgent Treatment Centre at Darent Valley Hospital by moving services from the current Minor injuries Unit at Gravesham Community Hospital and the Fleet Health Campus in Northfleet (White Horse Walk-in) to Darent Valley Hospital.

Advantages and disadvantages of both options were briefly provided.

Members discussed the two options available. Concern was raised at the parking availability surrounding the Darent Valley Hospital and the accessibility problems via public transport. There were also pressures affecting the site from traffic to the local shopping centre. Members expressed the importance that whichever site was chosen for the Urgent Treatment Centres, access for patients was most

important, as most people would use the services that are closest to where they lived.

In response to questions, the Director of Strategic Transformation advised that it was anticipated 150 additional patients per day would be seen at the new Urgent Treatment Centre at either site. However, if the Urgent Treatment Centre was at Darent Valley Hospital, 90 of those additional patients per day, would be instead of them attending Darent Valley Hospital A&E. Members were advised that having two Treatment Centres was not an option due to the duplication of services within close proximity of each site and therefore additional pressures on staffing and resources. It was important that there was the right standards of care for patients.

Members discussed the two options available and were in general in support of option 2 at Darent Valley Hospital due to it being co-located with the A&E department. Concern was raised at the parking situation and how this may affect the services.

The Chairman thanked Gerrie Adler, Angela Basoah and Mark for their attendance.

Resolved: That Members' views be noted.

14. Updates from Members

The Chairman updated Members to advise that the waiting time for Cancer treatment at Tunbridge Wells Hospital had improved and was now at 65 days is compared with a target of 62 days, following the recent news article about issues with long waiting times.

15. Workplan

A Mental Health drop in update would be circulated, and District Nurses would be added to the work plan.

THE MEETING WAS CONCLUDED AT 2.24 PM

CHAIRMAN