

27 January 2021 at 2.30 pm

This meeting will be held virtually via Zoom,
and [livestreamed here](#).

Published: 19.01.21



Health Liaison Board

Membership:

Chairman, Cllr. Maskell; Vice-Chairman, Cllr. Parkin
Cllrs. Dr. Canet, Perry Cole, G. Darrington, Foster, Harrison and Hunter

Agenda

	Pages	Contact
Apologies for Absence		
1. Minutes	(Pages 1 - 6)	
To agree the Minutes of the meeting of the Board held on 9 September 2020, as a correct record		
2. Declarations of Interest		
Any interests not already registered.		
3. Actions from the previous meeting	(Pages 7 - 8)	
4. Health Liaison Board 2021	(Pages 9 - 12)	Kelly Webb Tel: 01732227474
5. Updates from Members		
6. Workplan	(Pages 13 - 14)	

EXEMPT INFORMATION

At the time of preparing this agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public.

If you wish to obtain further factual information on any of the agenda items listed above, please contact the named officer prior to the day of the meeting.

Should you need this agenda or any of the reports in a different format, or have any other queries concerning this agenda or the meeting please contact Democratic Services on 01732 227000 or democratic.services@sevenoaks.gov.uk.

HEALTH LIAISON BOARD

Minutes of the meeting held on 9 September 2020 commencing at 12.00 pm

Present: Cllr. Parkin (Vice Chairman) (In the Chair)

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

An apology for absence was received from Cllr. Piper

Cllrs. Griffiths and Maskell were also present.

31. Minutes

Resolved: That the Minutes of the Health Liaison Board held on 5 February 2020

32. Declarations of Interest

For reasons of transparency Cllr Parkin declared that she was a user of G4S and the District Nurses.

33. Actions from the previous meeting

The actions were noted.

34. Update on Health Integrated Care Partnerships

The Chairman welcomed Bob Cook, the Head of Strategy & System Integration at Maidstone & Tunbridge Wells NHS Trust and Dartford Gravesham & Swanley (DGS), Sue Braysher - Director of System Transformation & DGS Integrated Care Partnership (ICP) Programme Director to the meeting who gave a [presentation](#) which updated Members on the work of the NHS Kent & Medway Clinical Commissioning Group (CCG) to development ICP in DGS and West Kent.

The new CCG created in 2020 was a merger of eight smaller CCGs and has developed four ICPs across Kent bringing together all health related organisations to collaborate together in local areas to work as one. ICPs were the vehicle for planning, co-ordinating and delivering health and care services at a local level within a defined geography and patient population groups. Integrating health and social care was currently seen as the way to deal with an ageing population, which was a priority given with increasing levels of frailty. It aimed to focus on directing resources where it could deliver the best return on investment for the population. In the long term it was envisioned capitated budgets, directed at holistic need identified by joined up data sets would support better care, outcomes and population health improvements.

Members were advised of the key aspects of the Kent & Medway Integrated Care Strategy (ICS) draft principles, draft purpose, governance, initial priorities prior to COVID19 and areas where development was made.

In response to a question regarding advances in computer technology, Members were advised that it was important services were designed that reflected local community needs. A West Kent Stakeholder Advisory Group had been set up to look at areas of care with partners and how these were then delivered, for the majority of people and other vulnerable groups. Coronavirus had resulted in a shift of ways of working and meetings, with the reduction in face to face appointments, but still being able to offer appointments on the phone or face to face as needed.

In response to further questions, Members were advised that data was generated through public health teams and local population health needs around Primary Care Network (PCN) footprints. Core services would be provided, but in line with local priorities there would be variants to meet these needs. It was important that the ICPs worked together to avoid a service postcode lottery. The data would be a live data monitoring system on an ongoing basis, which would be reflected with population growth. In addition, Members were advised that the ICPs were designed around the locations of acute hospital services and in each ICP there were variants. In the Dartford and Gravesham part of DGS, it was the most ethnically diverse area in Kent and Medway and therefore a focus of resources was on Covid-19 for this group, due to the high risk factors for high risk conditions. The ICP met once a month to share work plans and ensure a close connectivity to ensure similar work was undertaken.

Sue Brashyer addressed the Board, giving details of the DGS ICP focus. This included supporting the system to continue to remain Covid-19 ready; supporting the systems to restart programmes of clinically urgent services and to support the 4 health improvement programmes. The improvement programmes included: Developing & implementing a Frailty Model; Supporting & implementing the Kent & Medway Urgent & Emergency Care Programme; Post Covid-19 Mental Health & Wellbeing of staff, survivors & the bereaved; and targeting those at risk of long term conditions. The Governance structure, including the Partnership Board and Advisory Board was explained.

In response to questions, Members were advised that ICP's gave an opportunity to have conversations with KCC and other local authorities, and in light of Covid-19 there was more awareness of risks and lifestyles. Members were advised that it was important that there was a balance in GPs surgeries for urgent care and routine appointments, and would take back Members comments.

In terms of finances, there was a block contract being worked on with NHS to access additional funding. Reviews were taking place, to look at the opportunity to provide services in the community differently.

In response to further questions, Members were advised that health tended to look at isolated issues. Therefore it was important that patient experience was taken

into account when commissioning services and take into account the wider views. The Elected Members Forum was vital, as the Members were the ones who knew the residents and users of the service in better detail, in comparison to the few occasions when a GP may see someone. The sharing of this knowledge would help develop better services in line with local needs.

Members were advised that before further roll out of the pod prescribing services, a business case was being developed, and this would take into account how the services is currently run and any improvements that need to be made, by looking at complaints and other information. Members were advised that additional information on the services roll out would be provided to the Head of Housing and Health.

Members thanked the Head of Strategy & System Integration at Maidstone & Tunbridge Wells NHS Trust and Dartford Gravesham & Swanley and Director of System Transformation & DGS ICP Programme Director for their attendance at the meeting.

Resolved: That the report be noted.

35. Update of Local Care Plans

The Board welcomed Tina Cook, DGS Commissioning Programme Manager for Local Care to the meeting. The Commissioning Programme Manager gave a [presentation](#) which updated Members on the DGS ICP Local Care programme. The presentation covered three main topics, which included: the local care model, evaluation of additional investment and response to Covid-19.

The aim of local care was to deliver an integrated health and social care model, that focused on delivering high quality, outcome focused, person centred and coordinated care. It ensured that services were easy to access and enabled people to stay well and live independently, for as long as possible, in their own homes. To provide this support, it was important that a holistic approach was taken. The initial focus had been on older people with complex needs.

A number of additional services were created to support older people, including a rapid response team, Multi - Disciplinary Teams (MDT) Coordination, Community Geriatrician, and Primary Care Home Visiting Services which was paramedic-led.

In response to a question, Members were advised that frailty concerns were being addressed. The Community Navigation Service allowed for self referrals or partner referrals. The Commissioning Programme Manager advised that she was aware of online exercise programmes but would look into whether they were shared elsewhere.

The current priorities were evaluation and implementing recommendations for service improvement. Development of integrated system approach to supporting people living with frailty and adults with complex care needs. Seacole model, a whole system approach to boost integrated out of hospital rehabilitation for those recovering from COVID-19

Resolved: That the report be noted.

36. Update on the Sevenoaks Area Dementia Friendly Communities Forum

The Board welcomed Elaine Murray, the Chair of the Sevenoaks Area Dementia Friendly Forum (SADFC). Members were given a [presentation](#) which provided an update on the work of the forum. This included achieving recent charity status and successes since 2016, together with being finalists and winning numerous awards.

Members were advised that due to Covid-19 the Memory Cafés had moved to Zoom and were taking place one a month. The Chairman of the Council regularly attended with the Vice Chairman. The Run, Walk or Push Against Dementia was one of the biggest fund raisers for the charity. Unfortunately, the event was cancelled this year but it was hoped to continue next year. In the three years of running, the event £20,000 had be raised.

The Chair of SADFC highlighted to Members the new Dementia Friendly Allotment project would be opening in September 2020, as an accessible space for people to come and enjoy the area and get involved.

In response to questions, Members were advised that it was hoped more Forget-me-not cafés would start in the future. For this to happen, more volunteers were needed to be the designated point of contact for each café. All of the cafés were run by volunteers. Going forward telephone befriending services would continue to be important for those people who have caring responsibilities for those with Dementia to offer essential support as well. Due to GDPR, it was harder to reach people, unless they had left contact details and were happy to be contacted.

In response to a further question, the Chair of SADFC highlighted some case studies that demonstrate the importance of the work the charity undertook. Particularly with a focus on a telephone tree that users of the Forget-me-not cafes had created, which emphasized the relationships that had been formed.

The Chairman thanked the Chair of SADFC for her attendance.

Resolved: That the report be noted.

37. Update on Sevenoaks Men's Shed Project

The Chairman welcomed Allen Lanceley to the Health Liaison Board.

Allen gave a [presentation](#) and advised that the Dunton Green Shed Project had been running since October 2016 and was now in its fourth year and was fully self-funded. The project had been set up to help those facing social isolation. The shed project was all inclusive for those over 18.

The Shed Project was based in West Kent Housing's your Abacus Furniture Warehouse, and had 15 Members. Due to COVID-19, the numbers in the shed at one time could only be 3, but in normal circumstances 9 - 10 people could be there.

Woodwork projects were undertaken including bird boxes, benches, schools equipment, upcycling donated abacus furniture and mud kitchens. Members had a variety of abilities and a range of backgrounds. Health and Safety was very important and training and assessments were carried out prior to being allowed to use mains powered tools.

Allen, thanked Sevenoaks District Council for the support that had been provided, that included training first aiders and grant funding. Income was generated from charging for items which was to cover their costs only. If timber had come from a free source there was no charge.

In response to questions Members were advised that Members came from the District, with the further being outside of the District in Tunbridge Wells. Recruitment had been via the Council's InShape magazine, but being restricted on numbers it was hard to recruit new Members.

Members thanked Allen for his presentation.

Resolved: That the report be noted.

38. Update on Clinical Commissioning Group (CCG) District Nursing Services

This item was deferred to a future meeting of the Board.

39. Updates from Members

Cllr Dr Canet updated the Board that the Senior Action Forum had concerns for digital inclusions and many of the aging population were unable to access information. West Kent Housing were providing a programme on digital inclusion. Members discussed whether a 'digital roadshow' could be considered to ensure those in rural areas were included.

Action 1: For Head of Housing and Health to contact West Kent Housing regarding a digital inclusion roadshow.

Cllr Griffiths raised similar concerns that it was difficult to reach all ages and people. Technology moved at a fast pace and it was important that the most vulnerable were reached.

The Head of Housing and Health advised that with technology a discrete approach was needed for those who were homeless. It was being looked into whether the volunteers who had helped throughout lockdown could help with reaching those vulnerable people.

Agenda Item 1

Health Liaison Board - 9 September 2020

40. Workplan

It was agreed that digital inclusion, update on CCG District Nursing Services and G4S update would be included to the meeting on 4 November 2020.

THE MEETING WAS CONCLUDED AT 2.35 PM

CHAIRMAN

ACTIONS FROM THE MEETING HELD ON 9 SEPTEMBER 2020 (as at 22.09.20)

Action	Description	Status	Contact Officer
Action 1	For Head of Housing and Health to contact West Kent Housing regarding a digital inclusion roadshow		Hayley Brooks Ext. 7272

This page is intentionally left blank

HEALTH LIAISON BOARD 2021

Health Liaison Board - 27 January 2021

Report of: Sarah Robson, Deputy Chief Executive, Chief Officer - People and Places

Status: For comment

Key Decision: No

Executive Summary: The Chairman of the Health Liaison Board, Cllr Maskell, has requested that the first meeting of the Board in 2021 considers the priority areas of focus for the Board in the year ahead.

This reports support the Key Aim of related elements of the District Council's Community Plan.

Portfolio Holder: Cllr. Kevin Maskell

Contact Officer(s): Kelly Webb, Ext. 7474

Recommendation to Health Liaison Board:

- (a) To receive and note the report.

Reason for recommendation:

Since the development of the Kent & Medway Clinical Commissioning Group and the Integrated Care Partnerships for West Kent and Dartford, Gravesham and Swanley, alongside the impact of the COVID-19 pandemic, it is timely for the Board to consider its work plan and identify key priorities it wishes to consider and be informed on over the coming year.

Introduction and Background

- 1 The Chairman of the Health Liaison Board has requested that the first meeting of the Board in 2021 considers the priority areas of focus for the Board in the year ahead.
- 2 Since the development of the Kent & Medway Clinical Commissioning Group and the Integrated Care Partnerships for West Kent and Dartford, Gravesham and Swanley, alongside the impact of the COVID-19 pandemic, it is timely for the Board to consider its work plan and identify key priorities it wishes to consider and be informed on over the coming year.
- 3 The Health Liaison Board's Terms of Reference (Appendix 1) supports the following two aims:
 - a. To allow Members to co-operate and co-ordinate information on developments and progress in health matters across the District.

Agenda Item 4

b. In particular the Committee should aim to bring together views from Members in the following positions¹:

- HealthWatch Kent
- Housing and Health Advisory Committee
- Portfolio Holder for Housing and Health
- Community Health Trust
- West Kent Health and Wellbeing Board
- Dartford, Gravesham and Swanley Health and Wellbeing Board
- Kent County Council Health Overview and Scrutiny Board
- Other positions of responsibility such as governors of Acute Trusts

Financial

There are no financial implications for the Council associated to this report.

Legal Implications and Risk Assessment Statement

There are no legal implications for the Council associated to this report.

Equality Assessment

No decision is required as part of this paper and therefore no perceived impact on end users.

Conclusion

Since the development of the Kent & Medway Clinical Commissioning Group and the Integrated Care Partnerships for West Kent and Dartford, Gravesham and Swanley, alongside the impact of the COVID-19 pandemic, it is timely for the Board to consider its work plan and identify key priorities it wishes to consider and be informed on over the coming year.

Appendices

Appendix 1: Health Liaison Board - Terms of Reference

Background Papers

None.

Sarah Robson

Deputy Chief Executive, Chief Officer - People and Places

¹ It should be noted that all appointments are decided by the Leader of the Council and approved at Annual Council.

PART 11 - HEALTH LIAISON BOARD

1. Terms of Reference

- 1.1 To allow Members to co-operate and co-ordinate information on developments and progress in Health matters across the District.
- 1.2 In particular the Committee should aim to bring together views from Members in the following positions:
 - HealthWatch Kent
 - Housing and Health Cabinet Advisory Committee
 - Portfolio Holder for Housing and Health
 - Community Health Trust
 - West Kent Health and Wellbeing Board
 - Dartford, Gravesham and Swanley Health and Wellbeing Board
 - Kent County Council Health Overview and Scrutiny Board
 - Other positions of responsibility such as governors of Acute Trusts

2. Membership

- 2.1 Eight Members of the Council to be chosen according to political proportionality rules. The membership of Committee can be found at Appendix H - Membership of Council Committees, Cabinet and Advisory Committees.

This page is intentionally left blank

Health Liaison Board 2019/21 (as at 18/01/21)

27 January 2021

- Health Liaison Board 2021

26 May 2021

-

8 September 2021

-

3 November 2021

-

This page is intentionally left blank