

DARTFORD BOROUGH COUNCIL

POLICY OVERVIEW COMMITTEE

MINUTES of the meeting of the Policy Overview Committee held on Tuesday 10 September 2019 at 7.00 pm

PRESENT: Councillor M J Davis (Chairman)
Councillor M I Peters (Vice-Chairman)
Councillor A E D Barham (Substitute)
Councillor S H Brown
Councillor L A Canham
Councillor L H K Edie
Councillor B Garden
Councillor R A S Jones
Councillor T A Maddison
Councillor D J Mote (Substitute)
Councillor E H Ben Moussa (Substitute)
Councillor D T Nicklen
Councillor T Oliver
Councillor Mrs. R F Storey

ABSENT: Councillor J Burrell
Councillor S P Butterfill
Councillor R M Currans
Councillor K J Grehan
Councillor Mrs. J A Ozog
Councillor A S Sandhu, MBE

ALSO PRESENT: Trish Chapman – Chair, Dartford Tenant's & Leaseholder's Forum
Sue Braysher – Director, Dartford Gravesham & Swanley Clinical Commissioning Group (CCG)
Adam Wickings – Deputy MD, West Kent CCG

Dartford Borough Council Officers

Sheri Green – Strategic Director (External Services)
Dave Thomas – Waste & Parks Manager
Nick Chapman – Assistant Environmental Health Manager
James Fox – Scientific Officer

15. APOLOGIES FOR ABSENCE AND CHAIRMAN'S WELCOME AND UPDATE

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Apologies for absence were received from Councillors; Burrell, Butterfill (Substitute Cllr. Barham), Currans, Grehan (Sub. Cllr. Ben Moussa), Ozog (Sub. Cllr. Mote) and Sandhu.

The Chairman welcomed his guests Patricia Chapman (Dartford Tenant's and Leaseholder's Forum), Sue Braysher (DGS CCG) and Adam Wickings (West Kent CCG), and noted the presence of the Strategic Director (External Services), the Waste & Parks Manager, the Assist. Environmental Health Manager and the Council's Scientific Officer, to respond to Members' questions and concerns.

He also advised Members that he had spoken to the Leader of the Council concerning the future direction of the Committee's work, given its responsibility to report to Cabinet [Min. No. 2 of 18 June 2019 refers]. The Leader had placed no restrictions on the Committee's Work Plan or proposed any future areas of investigation.

16. DECLARATIONS OF INTEREST

Several Members gave details of relatives who worked within the NHS in differing capacities.

None of the disclosures made constituted a pecuniary or prejudicial interest under Council Standing Orders [SO 19 and 20 refer].

17. CONFIRMATION OF THE MINUTES OF THE POLICY OVERVIEW MEETING HELD ON 18 JUNE 2019

The Committee Co-ordinator confirmed that the Minutes of the Committee's meeting held on 18 June 2019 were subsequently considered by Cabinet on 2 September [Cabinet Min. No. 9 refers]. The issue of improved 'sign-posting' on the Council's website for customers wishing to claim Universal Credit, particularly disadvantaged customers [POC Min. No. 9 refers], was being taken forward by the Strategic Director (Internal Services) in discussion with the Benefits Manager.

RESOLVED:

That the Minutes of the meeting of the Policy Overview Committee held on 18 June 2019 be confirmed.

18. URGENT ITEMS

There were no urgent items for Members to consider.

19. TO CONSIDER REFERENCES FROM OTHER COMMITTEES (IF ANY)

There were no references from other Committees for Members to consider.

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20. REGULATION 9 NOTICE

RESOLVED:

1. That Members note the contents of the Regulation 9 Notice for the period 9 August 2019 to 31 December 2019.

21. ACTION POINTS ARISING FROM THE POLICY OVERVIEW COMMITTEE MEETING HELD ON 18 JUNE 2019

RESOLVED:

1. That the contents of the report be noted.

22. URGENT CARE SERVICES IN DARTFORD, GRAVESEND AND SWANLEY

The report from the Strategic Director (External Services) brought to Members' attention a consultation by the Dartford, Gravesham and Swanley Clinical Commissioning Group (CCG), concerning the provision of urgent care services in the area. A press release from the CCG which summarised the identified options for changes to existing services was attached at Appendix A to the report. The full consultation document and questionnaire was attached as Appendix B. The public consultation exercise would end on 4 November 2019.

Members were invited to consider both appendices, which set out the pros and cons for creating a new single Urgent Treatment Centre (UTC), to be situated in *either* Gravesham Community Hospital *or* Darent Valley Hospital and agree a formal response from the Council to the CCG.

The Chairman proposed that discussion proceed on the assumption that Members had already read the report and appendices. He also noted that he and some other Members had already responded to the CCG consultation document on an *individual* basis.

He opened the debate by stating his support for Darent Valley Hospital (DVH) to be chosen as the location for the new Urgent Treatment Centre (UTC), given its geographical location in the centre of the Dartford, Gravesham and Swanley CCG area, and close proximity to the A2. Location of the UTC at DVH would also help relieve existing pressures on the hospital's adjacent A&E Department.

In subsequent discussion, several Members expressed their dissatisfaction with the CCG consultation document [Appendix B to the report], which they felt was biased towards location of the proposed UTC at Gravesham Community Hospital (GCH) in terms of; 'parking availability', 'ease of access by public transport' and 'ease of access on foot' as detailed in pages 9 and 10 of the report and summarised in the table on page 11 [agenda pages 31-33 refer].

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Members made the following points in support of locating the new UTC at Darent Valley Hospital (DVH):

- UTCs benefitted from co-location with existing A&E facilities which DVH already had, thus making a better combined package of care facilities for all DGS CCG residents;
- DVH benefitted from a direct Fastrack service in terms of public transport;
- DVH *did* need more vehicle parking (as did GCH), but proposals for a new multi-story car park were being pursued;
- Dartford's increasing population and house building operations added weight to the case for DVH to be the preferred option for a new UTC rather than GCH.

The Strategic Director advised that, based on Member discussion, as confirmed in the approved Minutes of the meeting, Officers would compose a 'draft' letter from the Chairman to the CCG confirming the Council's formal response that the proposed new Urgent Treatment Centre be located at Darent Valley Hospital.

RESOLVED:

1. That Members note the report and Appendices;
2. That Members support the proposal that the new Urgent Treatment Centre for the Dartford, Gravesham and Swanley Clinical Commissioning Group be situated at Darent Valley Hospital.

23. MENTAL HEALTH

The Chairman renewed his welcome to his NHS guests and invited them to outline their roles and responsibilities for Members.

Sue Braysher advised that the CCG had been increasingly focused on the move towards the creation of a single Kent and Medway CCG by April 2020 if the application to NHSE was successful. The new single CCG would be responsible for strategic commissioning across Kent & Medway which would include specialist Mental Health services. Dartford, Gravesham & Swanley Integrated Care Partnership will (from April 2021) be responsible for ensuring that Mental and Physical Health and Wellbeing services meet the needs of the population.

Adam Wickings introduced himself as the Deputy Managing Director, West Kent CCG and the Senior Responsible Officer for Mental Health for Medway, North and West Kent CCGs. In that latter role, his responsibilities were focussed on ensuring that more CCG funding was spent on Mental Health care, and within that category, that a larger proportion of resources were devoted to Children's Mental Health care.

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Members received a PowerPoint presentation from the Deputy MD entitled 'Children, Young People and Adult Mental Health strategic aims, key programmes of work and priority areas', which covered four key areas:

Kent Mental Health Needs Assessment 2019

- **Mental Health** is defined as a **state of well-being** in which every individual realises his/her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his/her community (*World Health Organisation 2003*);
- Mental illnesses are as varied and distinct as physical illnesses, with a variety of causes and treatment. They typically group into two main types, *Common Mental Illnesses* (with a prevalence of 1 in 4 of the population) or *Severe Mental Illness* such as Psychosis (with a prevalence of 0.5-1 in 100 of the population);
- 50% of lifetime mental illness begins before the age of 14 (*Kessler R, and Berglund P 2005*);
- 75% of lifetime mental illness begins before the age of 24 (*Kessler R, and Berglund P 2005*);
- Both poverty and exposure to 'adverse childhood experiences' (ACE) contribute and exacerbate a person's mental health (state of mind) and can lead to mental illness (a clinically diagnosable condition that requires treatment);
- Exposure to four or more ACE's gives a person a 60% chance of having a mental illness that requires specialist treatment;
- Social Isolation and Loneliness also increase the likelihood of depression, multi-morbidity and use of adult acute mental health services;
- There are a range of protective factors such as employment, education and social connectedness that can keep people well and improve their resilience.

Five Year Forward View and Long Term Plan for Mental Health

- **Children and Young People (CYP)** – 35% of CYP with a diagnosable mental health condition to access treatment each year by 2020/21;
- **CYP Eating Disorders** – Community Eating Disorder teams for CYP to meet access and waiting time standards;
- **Early Intervention in Psychosis** – Expand capacity so that 50% (moving to 60%) of people experiencing a first episode of psychosis start treatment within two weeks of referral with a NICE recommended package of care;
- **Crisis and Acute Care** – 24/7 CRHTT's (Crisis Resolution and Home Treatment Teams) as an alternative to acute inpatient admission, reduce the number of Out of Area Placements, use of All Age Liaison services;
- **Community Care** – Increase access to Individual Placement Support, deliver integrated physical and mental health provision for people with SMI (Serious Mental Illness) in line with national ambition;
- **IAPT** (Improving Access to Psychological Therapies) – Meet the IAPT access, recovery and waiting time standards, commission additional

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psychological therapies with the majority of the increase integrated with physical health;

- **Perinatal** – Increase access to evidence-based specialist perinatal mental health care, commission additional or expanded specialist perinatal mental health community services;
- **Suicide Prevention** – Develop plan to reduce suicides (against 2016/17 levels) in line with national ambition to reduce suicides by 10% by 2020/21.

CYP Progress to date in Dartford, Gravesham & Swanley (DGS)

- The CYP Local Transformation Plan across Kent & Medway funds services in DGS for young people to explore and better manage the thoughts and actions associated with self-harm, services that connect young LGBT+ people, and provides a safe space and educational resources in schools concerning good mental health;
- Primary Care Mental Health and Wellbeing service in DGS supports people from age 16 to improve an individual's mental and physical health and wellbeing through support, information and skills to build a healthy, independent life;
- From March 2019 waiting times for first assessment to secondary care children's mental health services, have continued to slowly improve despite rising demand. At present [September 2019] all emergency and urgent referrals are seen within the referral to treatment (RTT) standard target of 18 weeks;
- North Kent (DGS and Swale) were successful in becoming one of only a few national trailblazers in developing Mental Health Schools Teams (MHSTs) to be operational from January 2020. The MHSTs will work directly in and with 32 schools across DGS and Swale;
- 50% of CYP (some 2,730 in DGS) with a diagnosable mental health condition accessed treatment in 2018/19, against a standard of 32%. Kent and Medway STP as a whole, achieved an access target of 47.7%, placing Kent and Medway as the 5th best performing STP nationally.

Adult Progress to Date

- The CCGs and KMPT (Kent & Medway Partnership Trust) worked collectively to deliver an enhanced perinatal mental health service to ensure increased numbers of women accessed evidence based treatment. NHS England funded Mother and Baby Inpatient Units nationally, including one based in Dartford for residents in Kent and Medway and surrounding counties;
- The Early Intervention in Psychosis access standard of 50% was being met, for service users referred with suspected first episode psychosis allocated to, and engaged with, an EIP care coordinator within 2 weeks of receipt of referral;
- Kent and Medway have submitted a bid for national transition funding monies for additional workforce and training for Crisis Resolution Home Treatment teams, and four Safe Havens across Kent and Medway as an alternative to attending A&E and Core 24 (24/7) Liaison Psychiatry

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services at Darenth Valley Hospital (DVH) which currently ran a 8am to 11pm service 7 days per week;

- The all age Eating Disorder service was meeting the 95% standard for urgent referrals to have an initial specialist assessment undertaken, and appropriate treatment commenced within 7 days for both CYPs and adults;
- North Kent Mind delivers nature-based interventions for people with mental health conditions, including through the North West Kent Countryside Partnership – Ecology Island in Dartford;
- 9 suicide and self-harm awareness courses had been held across DGS with over 100 participants.

Key Developments 2019-2021

- Medway, North and West Kent have agreed an Aligned Incentive Contract (AIC) with Kent and Medway Partnership Trust (KMPT). An AIC is an alternate contracting and payment mechanism that provides an opportunity for partners to agree a shared agenda to make progress in key areas.
- The AIC approach promotes collaboration and transparent working and prepares the way for both an Integrated Care System which incentivises activity and reduces costs across the system as a whole. It also prepares for an Integrated Provider System, supporting providers to collectively develop and implement local visions of prevention, and out of hospital care with a focus on primary and community based provision.
- The AIC approach is being explored with other mental health provider contracts such as NELFT (North East London Foundation Trust) for children and young people's services.
- Each CCG had to meet the Mental Health Investment Standard (MHIS) by which their 2018/19 investment in mental health services rises at a faster rate than their overall programme funding. To enable CCGs to develop key priorities during the next 1-2 year period, four programmes of work had been identified, each with a Head of Commissioning and Clinical Lead, to drive forward those changes across West and North Kent as follows:
 - **(1) Children and Young People** – continued increase in perinatal provision locally, consistent approach to accessing services across Medway, North and West Kent, continued collaborative work with key health, social care and voluntary sector partners to implement the CYP Local Transformation Plan;
 - **(2) Local Care** – better integrate mental health within local care initiatives across Medway, North and West Kent and strengthen clinical support to patients, including focus on increasing number of physical health checks for people with serious mental illness, in line with national standards. Improve pathway between primary and secondary health services, to enable mental health to be at the forefront of local integrated health and social care multi-disciplinary teams, providing person-centred multi-disciplined care;
 - **(3) Crisis Care** – develop consistent approach to a crisis care pathway across Medway, North and West Kent, including a focus on the role of

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Liaison Psychiatry in both acute and community fields, 24/7 CRHTTs in line with national fidelity staffing scales, development of Safe Havens as alternative to A&E treatment, working with STP to identify and resolving challenges related to Section 136;

- **(4) Dementia and Older Adults** - review existing pathways between primary and secondary care to develop a pathway to enable the dementia diagnosis rate across Medway, North and West Kent to move in line with 67% national standard.
- Proposed changes to Acute Adult Mental Health services across Kent and Medway to include a redesign of clinical care pathways, and re-location of older adult inpatient wards to existing modernised inpatient facilities;
- Development of a Community Dementia Intensive Support service across Kent and Medway;
- Development of an updated IAPT (Improving Access to Psychological Therapies) services model to better enable local services to integrate with physical health services, and collectively meet the needs of people with anxiety and depression and long term conditions.

In response to specific questions from Members, the Deputy MD West Kent CCG and the DGS ICP Programme Director confirmed the following points:

- There was no evidence of a direct connection between air pollution and mental health conditions, but the subject remained part of the national NHS discussion on overall ill-health;
- Work was being undertaken by CAMHS (Child and Adolescent Mental Health Services) and NELFT providers to develop a better co-ordinated all years pathway of services for mental health patients, from childhood to adulthood, including addressing the effects of autism in children, young people and adults;
- The development of Safe Havens across Kent and Medway for patients in need of crisis care would, in time, relieve the current burden on hospital A&E facilities and the strain on police resources dealing with patients in the community;
- The new 'Canada' model 111 telephone service was now staffed by expert clinicians on call 24/7 and connected to all PCNs (Primary Care Networks) across Kent and Medway to provide the public and patients with an enhanced level of service, including dealing with mental health issues;
- IAPT (Improving Access to Psychological Therapies) service in Kent and Medway formed part of the drive to spend more on mental health treatment across the county. A principal aim was to provide increased levels of spending and care provision by CAMHS and NEFLT providers in the primary care environment; rather than the previous NHS policy of prolonged treatment in the secondary care environment; which often came too late to enable patients to recover fully;
- Better and increased interface with schools aimed at early diagnosis, was a key element of IAPT services for children and young adults. The avoidance of medication as the sole or even primary care path for such young people suffering from mental health issues was another crucial factor in treatment;

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- IAPT services offered practitioners a more diverse NHS career path, and enabled CCGs and Trusts to develop a more diverse work force. The challenge for the latter bodies was the retention of such staff in the long-term, and every effort was made to do so, including at Darent Valley Hospital (DVH).

The Chairman thanked his NHS guests for a comprehensive presentation and for responding to Members questions on mental health issues and the current themes being developed by CCGs and Trusts across Kent to improve and increase service provision to patients suffering from mental health issues.

24. ILLEGAL DUMPING, ENFORCEMENT AND HOUSEHOLD WASTE RECYCLING CENTRES

The joint report from the Waste & Parks and Enforcement & Regulatory Services Managers, updated Members regarding the level of illegal dumping and fly tipping in Dartford, the enforcement measures being taken against offenders, and the policy changes at Kent County Council's Household Waste Recycling Centres (HWRCs). Appendix A to the report comprised a table setting out reported incidences of illegal dumping/fly tipping on a monthly basis for the years 2015/16 to 2019/20 [to date].

The Chairman advised Members that he had requested the report to enable the Committee to focus on how the Council was meeting these continuing challenges common to all local authorities in Kent. He stressed that his request for an update report did not imply any criticism of Council Officers or the existing measures being taken to address these core issues. He made no judgement that the Council's efforts to address illegal dumping were better or worse than those of neighbouring Kent Boroughs.

That said, he wanted Dartford to be known as the best local authority in Kent for the successful removal of fly tipping and illegally dumped waste, and for the successful prosecution and fining of those committing such offences. To that end, his aim was to identify further positive measures which the Council could adopt to achieve that goal. The presence of the Cabinet Portfolio Holder for Waste & Environment on the Committee would provide Members with additional expertise, in addition to a voice within Cabinet to add weight to any recommendations the Committee might resolve to put to the administration for consideration.

At the Chairman's request, Members had received pictures of recent illegally dumped waste on the verges of some of the main arterial routes in Dartford. The Chairman proposed that the successful removal of such illegal dumping be publicised on the Council's website (as it was in local papers), to help raise the Council's profile in successfully tackling the issue. He also advocated the increased use of press releases by the Council, to make the public better aware of 'success stories' where such fly tipping had been removed and offenders prosecuted and fined.

The Waste & Parks Manager advised Members that the Council website provided statistics on illegal dumping in the Borough, it also asked the public

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to help in reporting those incidents, and provided details of the Fixed Penalty Notice (FPN) fining regime in force for illegal dumping offences, including fining the public for using illegal waste carriers. He assured Members that the Council took every opportunity to publicise the details of successful prosecutions against illegal dumping and fly tipping, including 'naming and shaming' offenders in Council press releases, when they were convicted by the courts.

The following principal points were confirmed by the Waste & Parks Manager in further discussion with Members:

- The number of prosecutions brought by the Council in the courts for illegal dumping, as a percentage figure of the total number of FPNs issued, was not known by the Waste & Parks Manager. However, given the higher degree of proof required by the Council to bring a court prosecution, FPNs remained the most frequently used and effective Council deterrent to combat illegal dumping and fly tipping;
- The Council used covert CCTV cameras at known fly-tipping hotspots and some re-cycling centres, and it was proposed to extend the use of CCTV cameras across the borough, to aid court prosecutions and the issue of FPNs;
- KCC's new charges and restrictions at household waste recycling centres (HWRCs), for quantities of some household and other waste, had been raised by the Council with the County authority. In particular, the public's stated belief that the new KCC charges and restrictions had led to an increase in illegal dumping and fly tipping. KCC had rejected the theory that the two issues were directly connected, and there was (as yet) no empirical evidence that KCC's new charging policies at HWRCs had led directly to increased levels of illegal dumping in the borough, although it was possible that the two issues were not unrelated [report para 3.8 agenda p.44 refers];
- Better signage at HWRCs concerning the new charges and height restrictions for vehicles, allied to the re-arrangement of existing re-cycling banks at HWRCs, could help prevent *impromptu* fly tipping by disappointed/disaffected customers. Advertising the boundaries covered by existing HWRCs to the public could also help to positively impact on the actions of potential fly tippers;
- The arrangement between Parishes and the Council, whereby Parish authorities initially collected dumped articles, for eventual removal by the Council contractor, continued to operate successfully;
- The data published by the Council for collection of illegally dumped waste only related to waste identified as the Council's responsibility for removal. The actual level of illegal dumping and fly tipping in the borough was higher, but fell outside the Council's responsibility e.g. on privately owned land;
- The Council had undertaken boundary fencing of open land adjacent to arterial routes to prevent fly tipping, where the land in question was owned by the Council. However, supervision of slip roads, hard shoulder and grass verge access to the vast majority of such land was the responsibility of KCC and Highways England.

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In response to further specific proposals and questions from the Chairman, the Strategic Director (External Services) gave the following responses:

- A free collection service by the Council of larger household articles [not accepted by HWRCs] on a trial basis would have financial implications and would need to be explored through the normal annual budget process;
- Activation of the Community Trigger mechanism [to combat repeated/exceptional instances of fly tipping], was a matter for the partner agencies of the Dartford & Gravesham Community Safety Partnership (CSP), *not* the Committee. Moreover, if illegal dumping was cleared, the Community Trigger mechanism ceased to apply;
- On a positive note, the Council were in discussions with KCC to give DBC Park Rangers Waste Carrier Licences, to enable them to remove smaller items illegally dumped in Dartford's parks;
- The Council had a number of CCTV cameras at fly tipping hotspots and HWRCs including mobile, fixed and covert cameras. The location of the CCTV cameras could not be divulged for operational reasons, but the public were made aware of their existence in general terms, via warning signage.

The Chairman thanked the Strategic Director (External Services) and the Waste & Parks Manager for their comprehensive responses to Members questions and expression of concern, which he summarised in the following bullet points for consideration and appropriate action by Cabinet:

- Increased use of Council press releases and twitter feed direct to Councillors, for re-tweeting and distribution to their constituents to heighten the impact and public awareness of Council 'success stories' in combatting fly tipping, illegal dumping and the prosecution of offenders;
- Councillors to be given case studies of successful fly tipping prosecutions;
- To secure Waste Carrier Licences for DBC Park Rangers from KCC;
- That new charges and restrictions by KCC at HWRCs be accepted, and that the Council take measures to better educate residents to these new measures which, at present, were not seen as a root cause for the increase in fly tipping and illegal dumping in the borough;
- That the Waste & Parks Team and the Council's Enforcement and Regulatory Services Teams be congratulated on their efforts to date;
- That Cabinet consider what other measures the Council might take to further combat fly tipping and illegal dumping in the borough and secure a higher rate of successful prosecutions against offenders.

RESOLVED:

1. That Members note the contents of the report;
2. That Cabinet note the ongoing concerns of the Committee, as summarised by the Chairman in his comments minuted above;

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3. That Councillor Edie's view that; new KCC charges and restrictions at HWRCs *have* led to a rise in fly tipping and illegal dumping in the borough; be recorded in the Minutes.

25. AIR QUALITY ANNUAL STATUS REPORT 2019

The covering report, written jointly by the Council's Assistant Environmental Health Manager and the Council's Scientific Officer, enclosed at Appendix A the Council's Air Quality Annual Status Report for 2019.

Members were asked to note the contents of both documents prior to submission of the 2019 Air Quality Report to the Department for the Environment, Food and Rural Affairs (Defra) in fulfilment of Part IV of the Environment Act 1995 for Local Air Quality Management to:

- Report progress on the implementation of measures in the local air quality action plan and other measures and their impact in reducing concentrations below air quality objectives to;
- Provide a summary of monitoring/modelling data in order to process the air quality situation in the area and likelihood of air quality breaches.

The Chairman proposed that discussion proceed on the basis that all Members had read both the covering report and the substantive 2019 Annual Report at Appendix A.

In response to subsequent questions from Members, the Strategic Director (External Services) and the report authors confirmed the following points for the Committee:

- Air pollution in Dartford had increased in 2018 over levels recorded for 2017. It was believed that this was due primarily to adverse weather conditions, in particular an increase in Easterly wind strengths on the western side of the A242, in contrast to the Westerly prevailing winds of previous years;
- The 2018 increase in air pollution levels in Dartford had not been replicated Kent-wide, and the exact causes (other than changes in wind direction) for an increase was unknown. However, an increase in air pollution in 1 year (2018) should be viewed in the context of previous years: it did not mean that air pollution in Dartford was on an upward trend;
- Improvements in vehicle technology have resulted in a reduction in emissions from individual vehicles however, due to Dartford's increasing population associated air quality benefits have not been as rapid as hoped. Ownership of electrical vehicles is increasing, despite only 1% of new vehicle registrations being electrical. It has been predicted that the tipping point for the uptake of electrical vehicles will be 2022 at which point, they will be cheaper to own and the demand for them increase significantly. The price of the Westgate charging points relative to elsewhere was not known;

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- The imposition of 20 m.p.h. speed zones for cars held both benefits and draw-backs. Emissions may be greater from a vehicle travelling at 20 m.p.h. compared to one driven at 30 m.p.h. however, depending on the local traffic conditions, a 20 m.p.h. speed limit could result in smoother flowing less stop-start traffic, which could result in an overall reduction of emissions;
- The potential parking arrangements for HGVs in the car park of Ebbsfleet International station [post Brexit] for vehicle and customs checks, was imposed by central Government under Statutory Instrument on 6 September 2019. The Council had been consulted and had registered a strong objection to the HMRC and DoT proposed scheme, which would utilise existing 'hard standing' at Ebbsfleet station. The Council's response had included objection to overnight movement and parking of HGVs at Ebbsfleet, and the idling of engines by HGV operatives during any stays or inspection processes;
- The current Air Quality Action Plans (AQAPs) for Dartford had been produced in 2001 and 2009 and were no longer considered '*fit for purpose*'. Defra now recommended an evidenced based approach in drawing-up AQAPs, based on the identification of pollutants and actions to be taken to combat them. The Council had no 'in-house' capability to produce a new AQAP and a consultant had been commissioned to write one for Dartford based on AQA assessments. The Council were committed to producing a new AQAP for Dartford for presentation to Cabinet as soon as possible;
- The Council was required to publish a new Taxi and Private-Hire Vehicle policy. The age of taxis and private-hire vehicles had been lowered to enable current owners the opportunity to replace their vehicles after the new licensing policy was published, rather than having to do so before the requirements of the new policy were known;
- The Council was aware of the detrimental effects that M25, A2 and Bluewater traffic had on Dartford, in terms of levels of air pollution, but had limited control over these traffic flows, which fell to Highways England to administer. A new Air Quality Action Plan would give the Council ammunition to go back to central government and other stakeholders, to institute evidence-based measures to combat air pollution in the Borough. Funding for the new Action Plan was ring-fenced in 2020 with a new Plan expected to take 12-18 months to complete.

The Chairman thanked Officers for their report and responses to Members questions, welcomed in particular the charts on sources of and monthly levels of pollution, and noted the long-term reductions in air pollution levels in Dartford with the exception of 2018. He hoped that a new Air Quality Action Plan would be completed as soon as possible for use with central government and other stake holders to aid the Council in their efforts to continue to improve air quality in Dartford.

RESOLVED:

1. That Members note the contents of the report and the 2019 Air Quality Annual Status Report attached as Appendix A to the report;

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2. That Members welcome the Council's proposals to commission a new Air Quality Action Plan for Dartford to be completed and implemented as soon as possible.

26. CORPORATE PLAN - KEY ACTIONS AND PERFORMANCE INDICATORS MONITORING REPORT, QUARTER 1 OF THE 2019/20 MUNICIPAL YEAR

RESOLVED:

1. That Members note the contents of the report.

27. COMMITTEE ROLLING WORK PLAN 2019/20 AND BEYOND

RESOLVED:

1. That Members note the Committee's revised rolling Work Plan for 2019-20 as attached at Appendix B to the report;
2. That Members receive a further specific presentation from the West Kent CCG's CAMHS (Child & Adolescent Mental Health) team on their Dartford operation in March 2020, and that the Work Plan be amended accordingly;
3. That the Committee note that it would now receive the Dartford Preventative Health Projects (DPHP) Annual Report 2018-2019 in March 2020 rather than December 2019 [Min. No. 35 refers].

The meeting closed at 9.35 pm

Councillor M J Davis
CHAIRMAN

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