

DARTFORD BOROUGH COUNCIL

POLICY OVERVIEW COMMITTEE

MINUTES of the virtual meeting of the Policy Overview Committee held on Tuesday 16 June 2020 at 5.00 pm

PRESENT: Councillor M J Davis (Chairman)
Councillor M I Peters (Vice-Chairman)
Councillor S P Butterfill
Councillor L H K Edie
Councillor R A S Jones
Councillor D T Nicklen
Councillor T Oliver
Councillor A S Sandhu, MBE
Councillor Mrs. R F Storey

ABSENT: None

ALSO PRESENT: Sue Braysher – Programme Director, DGS NHS ICP
Dr Steve Fenlon – Medical Director, D&G NHS Trust
Pat Birchall – MD North Kent, Virgin Care Ltd
Dave Holman – Associate Director, K&M CCG

Dartford Borough Council Officers

Sheri Green – Strategic Director (External)
Kashmir Powar – Health Lead, Policy & Corporate Support Team

51. APOLOGIES FOR ABSENCE

The Chairman welcomed Members, guests and officers to the first virtual meeting of the Council's Policy Overview Committee (POC) via the Zoom platform. He confirmed that the proceedings would be live-streamed to the public (via YouTube), and relayed some basic rules of procedure, to help ensure that the meeting proceeded in as smooth and orderly a manner as possible. He thanked Members for their constructive approach in previous meetings, and reminded that the remit of the POC was to concentrate on policy, not service delivery, which was the purview of the Council's Scrutiny Committee.

The Chairman noted the recent sad passing of Mr Graham Harris, the Council's Managing Director, and advised that a Minute's Silence had been observed by Members at DC Board. There would be an opportunity to acknowledge Graham Harris's significant contribution to the Council as both Finance and Managing Director, at the next meeting of the General Assembly of the Council (GAC) scheduled to take place on 27 July 2020. Funeral arrangements would be advised to Members in due course, but attendance

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was likely to be limited to the immediate family, given the ongoing COVID-19 restrictions.

There were no apologies for absence.

52. DECLARATIONS OF INTEREST

There were no declarations of interest, including from Members who subsequently joined the virtual meeting.

53. CONFIRMATION OF THE MINUTES OF THE POLICY OVERVIEW MEETING HELD ON 28 JANUARY 2020

RESOLVED:

That the minutes of the meeting of the Policy Overview Committee held on 28 January 2020 be confirmed as accurate.

54. URGENT ITEMS

The Chairman confirmed that there were no urgent items for Members to consider.

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

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

56. UPDATE ON HEALTH CARE SERVICES IN DARTFORD

The Chairman renewed his welcome to his NHS and Virgin Care Ltd guests and confirmed that Members had received copies of the NHS PowerPoint presentations in advance of the meeting. He proposed that the DGS ICP present first, then the D&G NHS Trust, followed by a verbal up date from Virgin Care. There would then be a joint Q&A session.

DGS ICP

Sue Braysher (Programme Director, DGS ICP) re-capped her PowerPoint material for Members benefit, with the following additional comments on individual PowerPoint slides:

- The new Kent & Medway Clinical Commissioning Group (K&M CCG) had been formed on 1 April 2020 with NHS England approval, led by Wilf Williams as Accountable Officer with a new Executive Team, and was tasked with the development of the Kent & Medway Integrated Care System;
- The eight separate Kent area CCGs had closed on 31 March and re-opened on 1 April as a single Kent & Medway wide CCG. The new CCG will support the development of four new Integrated Care Partnerships (ICPs) for East and West Kent, Dartford Gravesham &

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Swanley (DGS) and Medway & Swale under the overall auspices of the K&M CCG;

- DGS ICP membership was drawn from the three District/Borough Councils plus KCC, DGS NHS bodies and Virgin Care, plus associated KCC health bodies and the Primary Care Networks operating in the DGS area;
- The ICP's Partnership Board (PB), '*a coalition of the willing, with a shared ambition to transform population health, and the delivery of services to those in need*'; formed the centre of the new structure. Membership of the PB was drawn from the key NHS bodies, the three District/Borough Councils and KCC. It was hoped to add an Elected Members Forum supported by the policy leads from the elected Members for Health during the summer. A virtual meeting of the new Elected Members Forum was proposed for late June/early July, to consider and influence the current 5 Year Work Plan going forward;
- The ICP's 'Mission for Dartford' (via the 5 Year Plan) was to '*improve population health, reduce health inequalities, and to use the ICP's collective resources to better effect*'; and active links had already been established with both SDC and Kashmir Powar at DBC, including a 'Dartford Big Health Day', originally planned for 25 April with the three Dartford Primary Care Networks at Dartford College of Science & Technology. It was hoped to resurrect the event once COVID-19 restrictions were further relaxed;
- Members were shown organograms detailing the ICP's 'Development Structure' with the PB at the centre, surrounded by an Advisory Board, Staff, Citizen, and Elected Members Panels, plus a Third Sector & Community Voice body. A separate 'Delivery Structure' organogram demonstrated how delivery was cascaded down from the PB to separate Boards for A&E Delivery and Local Care, underpinned by Groups for Urgent Care and Operations, and a separate System Efficiencies Board, itself underpinned by Pathways and Reviews covering End of Life Care, High Intensity Users and Respiratory, Cardiology, and Diabetes.
- The development structure of the DGS ICP focussed on Population Health (PH) following the effects of 10 years of government fiscal measures, now exacerbated by the negative impact of the COVID-19 pandemic for the less well-off and challenged sections of society. The ICP had held two workshops prior to COVID-19 lockdown, which had concentrated on the 5 (five) main identified health areas of Frailty, Obesity (all ages), Drugs & Alcohol, Mental Health and Early Coronary Diagnostics. Respiratory conditions was being considered as a 6th health area, given the Borough's proximity to the Dartford Crossing and surrounding arterial routes;
- PH in Dartford was monitored by a list of 40 (forty) key indicators, based on the Red/Amber/Green 'traffic-light' system, which detailed progress and performance for each PHI on a comparative basis, for Dartford, Gravesend, the DGS ICP and Kent as a whole;
- Specific measures undertaken by the DGS ICP during the current COVID-19 pandemic had included: Cancer & Emergency surgery had continued and Outpatient services maintained by telephone/video consultation with diagnostic support, GP services accessed through telephone triage, immediate move to agile/home working for DGS ICP /CCG staff wherever possible, Dentists now being encouraged to re-open with Optometrist services to follow under social distancing & infection prevention & control guidelines;

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- Elective services were now beginning to reopen with independent sector support under a new national NHS contract, but further COVID-19 modelling would be required by the ICS over the next 12-18 months to accommodate the 'new normal'. The support of the wider community had been exceptional throughout, and continued to be so.

D&G NHS Trust

Dr Stephen Fenlon (Medical Director D&G NHS Trust) then advised Members of the following key points in reference to his PowerPoint presentation;

- The Trust had maintained its CQC rating of 'Good' prior to the COVID-19 lockdown, and continued to provide services at Darent Valley and a limited but now increasing service at Queen Mary's Hospitals during lockdown. The Trust was now seeing increasing emergency activity in terms of both numbers and the acuity of patients;
- The Trust had met the 2019-20 control total for its finances, and remained committed to a 52 week maximum wait for planned patient care, and a 62 day care commitment to cancer patients within the constraints of the pandemic;
- COVID-19 plans had been put in place from January 2020 based on existing measures to meet a flu pandemic, prior to COVID-19 hitting in March. Darent Valley hospital had experienced a sharp rise in cases with around 700 to date. The first mortality had been on 20 March rising to over 190 deaths to date, at approximately double the expected mortality rate for the hospital at this time of year. The Borough's proximity to London was seen as a possible cause for the high infection rate, which had challenged the Trust as a whole, and its intensive care capacity in particular, with a trebling of its normal case load;
- The Trust employs many people from a BAME [Black, Asian and Minority Ethnic] background, and some staff had fallen seriously unwell, with one consultant sadly losing his life. But there had also been some amazing stories of survival and success that had sustained the staff in their work.

The Trust retained its ambition to be rated CQC 'Outstanding' and was re-developing both its Trust and Clinical Strategies for the short term to continue to deliver safe and effective services during COVID-19 pandemic. There had initially been a sharp reduction in hospital footfall and the lengths of in-patient stay during lockdown, with a necessary restriction on visitors. Elective services on the Trust sites were beginning again with cancer care top of the list; under the balancing act of capacity safety and required isolation from COVID-19. A consequence of the pandemic was that some staff are unwell or in recovery from COVID-19 or may be vulnerable to infection and not able to work as they were before. Steve Fenlon noted the support and understanding of the wider community, whose support throughout had been exceptional and continued to be an inspiration to all Trust staff.

Virgin Care Ltd

Mr Pat Birchall (Virgin Care Managing Director, North Kent) gave Members a verbal update on the role of the company in acting as a bridge between acute and home care for patients, in support of the various NHS bodies providing medical support and services to Dartford residents.

Despite staff challenges during the COVID-19 pandemic, Virgin Care had continued to provide support to both Dartford and Gravesend community

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hospitals in the specialised area of rehabilitation therapy for both short and long-term patients, in addition to providing a District Nursing service, and support of patients under the care of GPs.

Virgin Care had some 500 staff in North Kent's three Health Care Commissions, who operated under an overall company remit to improve the patient health experience, with a commitment to innovative integrated working, drawing on best practice principles as operated by the company on a national basis. The common problems experienced by both NHS and Virgin staff during the pandemic had highlighted the need for integrated working amongst all health care providers. Virgin Care's mission was to employ accepted best practice for patient care at home or in less acute settings.

In a subsequent joint Q&A session the following principal points were confirmed in response to Members' specific questions and expressions of concern:

- The DGS ICP was *not* a new CCG, but a Partnership drawn from the new Kent & Medway CCG, the Third Sector, DGS NHS bodies and Trusts and Virgin Care, which integrated all health care services at both the Borough and District levels;
- Councillor Ann Allen MBE, Cabinet Member for Youth, Health & Wellbeing was identified as the Member most likely to represent Dartford in any future Elected Members Forum;
- The higher than Kent average death rate for COVID-19 in Dartford and Darent hospital, could not be directly linked to high pollution or respiratory complications from smoking. Much still has to be learned about the behaviour of this virus in the current pandemic and links to location, environment and pollution remain conjecture at this point.
- D&G NHS Trust, employs many staff from diverse backgrounds and has a significant number of BAME staff approximately 1,000 from a total staff compliment of just over 3,000. All staff are risk assessed on the information known about the disease at the time and emerging evidence of its disproportionate effect on BAME staff has led to a further assessment of those staff's vulnerability against their workplace risk using a diagnostic tool developed by the regional NHS team.
- Risk assessment of the public in the DGS area had begun in January and February, with advisory shielding letters issued as a first step, including to NHS staff. Stage 2 had been an assessment of individuals who were frail, particularly vulnerable to flu or had lung, heart or kidney conditions and typically drawn from the population who would be offered flu vaccine annually;
- The DGS ICP and the NHS Trust would be consulting patients who had survived COVID-19 and relatives of the deceased, to ensure both cohorts continued to recover from their experiences, including their mental wellbeing, and that any lessons for the future were learnt and informed forward planning for the Trust and the ICP.

In response to a variety of further questions from the Chairman and the Ward Member for Ebbsfleet, the Programme and Medical Directors gave the following advice:

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- GP Surgeries had remained open during lockdown, but telephone consultation was the 'new normal', with referral to specialist services as appropriate, with only minimal face to face care of symptom free patients;
- It was *not* known at what stage the long-running case for a new GP Surgery for Dartford had reached, but the Programme Director undertook to consult with K&M CCG colleagues and revert. The Ward Member emphasised the urgent need for a GP Surgery in Ebbsfleet with the addition of 15,000 new homes proposed for East Dartford;
- The Medical Director confirmed that attendance of non-COVID-19 patients attending hospitals had fallen dramatically since March 2020. Late presentation of patients at Trust hospitals suffering from life-threatening illnesses, had been a growing issue 'masked' by the national measures put in place to combat COVID-19. This was recognised within the NHS which took action to inform the public that emergency care was available, with the resumption of cancer care top of the Trust list, and A&E attendance now returning to expected levels;
- The Medical Director advised that the Trust's Plan to respond to COVID-19 [based on measures to respond to a flu pandemic] had been effective, but that it had imposed challenges in terms of the management of other medical services in the Trust's hospitals. He confirmed that Kent as a whole had had enough Personal Protection Equipment (PPE), staff and equipment to meet the demands that the COVID-19 pandemic had posed. He believed the Trust's preparation and integrated work with Kent NHS bodies and Virgin Care Ltd, allied to the government's national lockdown measures, had been successful and would prove useful going forward in the event of a second COVID-19 spike.

In response to further specific questions from the Chairman, the Virgin Care MD for North Kent confirmed that his company continued to be the sole provider of commissioned services for short, long-term and end-of-life care to patients within the DGS ICP, including GP Surgeries and Kent Social Services, but were not the sole providers of private medical care in Dartford.

In drawing debate to a close, the Chairman thanked his guests for attending the proceedings and for providing Members with a useful and timely update on the measures that the DGS ICP, the D&G NHS Trust and Virgin Care Ltd had taken to combat COVID-19 for Dartford's residents.

RESOLVED:

1. That the contents of the presentations, and further responses from NHS and Virgin Care representatives to Members' questions and expressions of concern be noted;
2. That the Committee's thanks to their NHS and Virgin Care guests be recorded in the Minutes.

57. MENTAL HEALTH SERVICES FOR CHILDREN AND YOUNG PEOPLE (YPMHS)

The Chairman renewed his welcomed to Mr Dave Holman, Associate Director for Children, Maternity and Mental Health Services for NHS Kent & Medway

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CCG and confirmed that Members had received copies of the Associate Director's PowerPoint presentation in advance of the virtual proceedings, to facilitate Member comprehension and debate.

The Associate Director's presentation informed Members in general terms of the political drive and leadership necessary, allied to an understanding of and engagement with, the need that was required to successfully implement the current mental health workforce plan for England 'Stepping forward to 2020/21'.

Within that overall health initiative, progress transformation plans (PTPs) had been formulated, including for the particularly complicated area of Children and Young People's Mental Health and Wellbeing. Kent's Local Transformation Plan for Children, Young People and Young Adult's Emotional Wellbeing and Mental Health (dated October 2018) was now in its 4th revised edition. The presentation also detailed the success rate across the 12 Kent Districts for Children & Young People with a diagnosable mental health condition (MH) accessing treatment in 2018/19. Further slides gave an overview of the NHS's Long Term Plan and commitments, and an explanation of the CYP MHS's High Level Risk Reporting (HLRR) protocol, developed to notify Integrated Care Directors and their Leadership Teams of patients considered to be at increased risk.

In support of his presentation, the Associate Director (AD) advised Members of the background to CYP mental health service provision in Kent which until 2015 had been dis-jointed. An Emotional Wellbeing Strategy for CYP mental health services had subsequently been developed with a single service provider, North East London Foundation Trust (NELFT), who had been awarded a £50m contract in 2017. The Single Point of Access (SPA) nature of the contract with NEFLT had initially led to an increase in demand for CYP services and increased waiting times. However, following a concerted staff and budgetary commitment of some £5m in the past 2 years, some 80% of mainstream CYP patients were now seen within 8 weeks.

The demand for Autism and ATSD (0-25 year old) services in Kent was high, and *not* currently being met. The County was undergoing a '*deep dive*' review exercise to address the short-fall in service provision, and the Canterbury Pilot Scheme had helped in the development of Kent's ASD (Autistic Spectrum Disorder) Care Pathway, prior to the Coronavirus pandemic and the government's lockdown measures coming into force, which had resulted in an increase in waiting times for access to the more complicated ATSD service provision.

Kent's Local Transformation Plan was due to benefit from between £2-6m of service investment in 2020 the 5th year of the current Plan, which adopted a whole system approach based on crisis-in-care being delivered by Crisis Teams. In terms of measuring success, Kent was above average for England in the delivery of CYP mental health services, and Dartford was above average within the 12 Kent Districts, with 50% of CYPs with a diagnosed MH condition accessing services against a yearly target of 32%. Dartford & Swale also performed well in the provision of MH services in the school environment,

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and was rated 1st in the county. Kent's response to COVID-19 was run by KCC, outside the remit of the K&M CCG. This had impacted on risk assessment (RA) levels which had dropped by some 80% from the pre-COVID annual figure of 10,000 referrals. An RA restart programme was proposed [via NEFLT] post-COVID lockdown measures, but this would be hampered by the lack of pupils in the school environment until September 2020.

In response to specific questions from the Chairman, the AD confirmed that:

- 10,000 referrals for MH services had been made in Kent prior to COVID-19 lockdown;
- The number of referrals in Dartford was not known;
- CYP MHS provision in Dartford was consistent with that provided across Kent as a whole and was located at the 136 Suite in the town centre and Darent Valley hospital.

A Member relayed his particular family concerns over ASD and ATSD treatment for his family in the past, and the danger that long waiting times posed for pupils in terms of exclusion from school and referral to a PRU, after which a return to mainstream schooling was very difficult if not impossible. He asked what plans NEFLT/K&M CCG had to positively address this core issue going forward.

The AD confirmed that addressing the current ATSD diagnostic waiting list formed part of Kent's Mental Care Pathway, and SEND's inspection of autism rates in the county. The ASD waiting list had been 7,000 prior to the current '*deep dive*' review [including the Canterbury Project], to ascertain why Kent had such a high ASD rate. Initial conclusions were that an increase in educational health plans was required in the new Care Plan, a systemic omission in previous multi-provider arrangements prior to Kent's single service provider contract with NELFT.

Since 2017 waiting times for MH services had dropped from 4 to 2 years, and lowering waiting times even further, would be a priority of the '*deep dive*' review, with a paper due to be presented to the ATSD (0-25 years) Board by NELFT. The Canterbury Pilot scheme had included a '*Waiting Initiative*' element which would inform the new Care Pathway, including a new initiative to inform families, whilst they awaited the golden '*diagnostics*' ticket, to ensure their child's needs was properly assessed and met.

The Member expressed further concerns over the continued impact on schools and classrooms (particularly in the secondary school environment), whilst individual pupils waited to be diagnosed and their needs met. He understood that the current waiting time for diagnosis was 18 months, which still represented a significant danger of pupils being excluded and sent to PRUs. He wondered whether '*bridging*' arrangements could be put in place which took such pupils out of the classroom but safeguarded their place in school until diagnosed.

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The AD confirmed that the current waiting time for diagnosis was 18 months, and that schools were working to help such pupils and that the proposed paper to the ATSD (0-25 years) Board would also help. Some affected pupils had worked well through COVID given the smaller class sizes, but the high ASD spectrum in Kent and lack of previous structure in the system, meant that such pupils continued to suffer in terms of having their needs diagnosed and met. It was hoped that the Restart programme scheduled for September 2020 would improve matters.

In response to a variety of concerns expressed by another Member, the AD confirmed that NELFT service provision applied to all age groups in both the primary and secondary school environments, and that children in need had still been able to access MH services during COVID lockdown. In addition, Crisis Care teams had continued to make home visits under the protection of full PPE, and family members had been allowed to visit their children in hospital at times of crisis.

The Chairman expressed his thanks for the AD's presentation and his willingness to attend the virtual meeting, and respond to Members questions and concerns.

RESOLVED:

1. That the presentation from the Associate Director for Children, Maternity and Mental Health Services for NHS Kent & Medway CCG regarding the provision of mental health services for Children and Young People and Young Adults in Kent be noted;
2. That the Committee's thanks to the Associate Director for participating in the virtual proceedings to update Members, and responding to Members' further questions and expressions of concern, be noted in the Minutes.

58. DARTFORD PREVENTATIVE HEALTH PROJECTS ANNUAL REPORT 2018-19

Members considered the Dartford Preventative Health Projects Annual Report for 2018-19 submitted by the Health & Communities Manager (SDC) under the shared services arrangements with the District Council.

Attached as Appendix A to the report was the Dartford Health Inequalities Action Plan Progress Report 2018-19 from Dartford's Health Team Lead, Kashmir Powar. Appendix A gave a detailed analysis of the progress made in the year ending 31 March 2019, against the priorities identified in the Dartford Health Inequalities Action Plan (2015-18), agreed by the Committee on 15 December 2015 [Min. No. 32 refers]. Appendix B to the covering report comprised case studies and evidence in support of Appendix A.

In response to a query from the Chairman, the Strategic Director (External Services) advised that a new Action Plan had not been developed, however, with the agreement of Kent Public Health, work to support the previous

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priorities continued. She explained that Dartford operated under an SLA with KCC (Kent Public Health) which drew from county level plans and priorities. In addition, the Kent Health Inequalities Group had been meeting pre-COVID-19, and Dartford was represented on that body by the Vice-Chairman of POC, and Cllr. Allen as Cabinet Member for Youth, Health & Wellbeing.

Kashmir Powar then joined the virtual proceedings by telephone, to reprise her report for Members and respond to their questions and concerns. She advised that the aim of the service at Dartford was to provide an integrated adult health service for residents to reduce alcohol, tobacco and food consumption, and was targeted at people who needed to lose weight, and supported them through a family weight management programme. The Dartford Health Care team targeted areas of most deprivation, and adopted a holistic approach which encouraged weight loss allied to exercise and a healthier life-style through KCC's 'ONE YOU KENT' initiative, which was due to be re-launched in September 2020, following further relaxation of the government's COVID-19 lockdown measures.

Her team would also be re-establishing links with the Fairfield Leisure Centre, including the Health Walk Scheme which helped to build community engagement, and wellbeing initiatives with the Council Housing Department and its Home, Energy & Renewable Officer (HERO).

She confirmed the following points in response to specific questions from Members:

- Early intervention by GPs was essential in identifying underlying health problems and sign-posting patients to healthy solutions, including 1 to 1 help and support groups, and Mrs. Powar regularly attended such sessions at all 3 Dartford GP Surgeries;
- A Council press release was proposed informing of on-line services during the continued restrictions of lockdown, with a re-focus on mental health issues rather than weight management. Virtual support of clients was being provided via the Microsoft Teams platform, based on the knowledge of what works for Dartford residents, with telephone support provided to those without digital access;
- The Dartford Health team was engaged in the Planet Dartford Initiative for healthy edible garden produce [active in Swanscombe and Ebbsfleet] and also maintained contacts with the gym in the Swanscombe Centre.

The Chairman thanked Mrs. Powar for her report and her responses to Members' questions.

RESOLVED:

1. That Members note the report and appendices;

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2. That Members' thanks to Mrs Powar and her Dartford Health Team for their continued efforts on behalf of Dartford residents, be recorded in the Minutes.

59. COMMITTEE ANNUAL REPORT 2019-20

The Chairman acknowledged the efforts of the Committee Coordinator in compiling a very comprehensive annual report of the Committee's work during the 2019-20 municipal year. He noted two significant successes for the Committee in the period under review:

- The securing of Urgent Care Services at Darent Valley Hospital from the (then) DGS CCG [report page 6/7 refers];
- The promotion of new enforceable Council littering measures requiring Dartford businesses to have commercial (trade) waste collection arrangements in place [page 14 refers].

The Committee Coordinator advised that his POC annual report followed a consistent formula with those for other Council scrutiny committees he clerked. It comprised standard elements of background and introduction, Committee Protocol and Terms of Service (ToRs), plus a summary of the Committee's work in the period under review. The final element was drawn from the agreed committee minutes for the period under review. Given that those minutes were published in full on the Council website, he undertook to attempt to further reduce that final element, in his compilation of the annual report for the 2020-21 municipal year.

In response to a separate question from a Member, the Committee Coordinator explained that the minutes of individual committee meetings were themselves only a summary of those debates. However, he undertook to follow-up any points of perceived 'omission' the Member had concerning the contents of the 2019-20 annual report with the relevant Council Officers who had presented to the Committee and revert.

RESOLVED:

1. That Members note the contents of the 2019-20 annual report on the Committee's work during the preceding municipal cycle, and that the report be submitted to the next meeting of the GAC.

In closing the proceedings the Chairman thanked all Members, Officers and guests for their constructive contribution to the various debates, and for acceding to his request for a 5 p.m. start time, to accommodate his other work commitments.

He asked that his particular thanks to his NHS and Virgin Care guests be recorded in the Minutes. Their separate presentations and positive responses to Members' questions and expressions of concern; particularly over the continued provision of health care services to Dartford's residents during the ongoing COVID-19 pandemic and for the future; had been particularly helpful

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to Members, and would help inform the Dartford public when the meeting minutes were published on the Council website.

The meeting closed at 7.42 pm

Councillor M J Davis
CHAIRMAN