

NOTES OF MEETING DOVER WEST NEIGHBOURHOOD FORUM

Date: Monday, 19 January 2009 Venue: Capel-le-Ferne Village Hall, Lancaster Road, Capel-le-Ferne

Present: Parish Councillors Jeff Goodsell – Chair
Jenny Miles – Vice-Chairman
Dover District Councillor Kit Smith
Other councillors, officers and members of the public

Apologies for absence: KCC Councillor Bryan Cope, DDC Councillor Clive Meredith

1. Chairman's welcome

The Chairman welcomed representatives and facilitators to the meeting.

2. Notes of the previous meeting

Notes of the Forum meeting held on 2 October 2008 and the joint meeting with the Dover North Forum on 20 November 2008 had been circulated and there were no matters arising.

3. Dover District Council Budget

DDC Councillor Ian Ward gave a presentation:

- Government funding for local authorities severely limited; council tax capping continued: inflationary fuel and power costs had a significant effect.
- Contract renewals, pensions, regeneration agenda and homelessness impact on budget together with reduced income from fees for planning, building control, land charges, lower interest rates, more difficult council tax collection and reductions on house and other asset sales.
- A 'league table' of Council Tax levels in other authorities in Kent shows Dover as third lowest.
- Council was responding to situation by freezing recruitment, seeking to reduce establishment, advertising on-line, reducing Audit Commission fees, achieving better procurement, providing pre-planning advice and joint working with other Districts on internal audit, HR and payroll, housing, waste, NNDR and building control.

In response to questions Cllr Ward advised:

- senior management and lead Members meeting monthly to monitor the situation.
- some staff had been lost but no redundancies as yet: employment stability agreement meant no vacancies could be filled unless approved by management.
- DDC in a position to negotiate reduction in Audit Commission fees but not the case with Parish Councils.

4. Dover Project Update

4.1 Andrew Coombe, Interim Senior Locality Lead (Dover, Deal): since Dover Project in 2006 5 Primary Care Trusts (PCTs) had merged and a Strategic Commissioning Plan was being developed for 2008-2013 with the underlying aim of providing world class health services comprising “better, faster care closer to home”.

4.2 Commissioning locally needed services, based on factual input from GPs, aimed to achieve best value from available funding and improve quality of patient care. Dover and Deal were growth areas with areas of deprivation in Dover and significant immigration issues.

4.3 Five priority commissioning goals:

- to break cycle of inequalities
- to revolutionise services for older people
- to tackle key killers: vascular disease, cancer and respiratory disease
- to promote well-being and good mental health
- to transform life chances for disadvantaged children

4.4 Dover Project made some progress but circumstances had changed and now the Dover Commissioning Intentions was examining community needs:

Dover and Aylesham consortium approved July 2008
delivering more services locally in Dover
improving accessibility to services delivered outside Dover
improving overall service performance and continuity of care

4.5 Key areas identified:

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| • outpatients appointments | • intermediate care |
| • diagnostics | • primary care |
| • urgent care | • specialty specific services |
| • mental health | • women |
| • therapies and procedures | • children & young people |
| • lifestyle/lifestage | • other |
| • infrastructure | |

4.6 Discussion session:

- What is percentage of agency staff used and is it reviewed together with outsourcing services such as transport? PCT is working with providers to improve all the time; supply of nurses is a problem, recruitment is partially successful but more nurses needed to be trained locally and discussions with learning institutions are on-going. Transport and access are acknowledged as important areas and Integrated Transport Group is investigating issues of transport to and car parking at hospitals. Leaflets available and details on website. Age and location of person taken into account when making appointment and will look at sending out leaflets in post with appointments. Instances given of where practice was failing.

- Money spent on replacing Buckland Hospital has been wasted, proposals for replacement will not provide proper hospital with beds but glorified health centre, it will be on a one-way traffic system and on a floodplain. Intermediate beds in other locations will not have adequate nursing care; patients from Dover and Deal should not have to travel to Canterbury, Ashford or Margate. Andrew Coombe replied that no intermediate beds were proposed at the moment and a review process into local needs was currently being undertaken with GPs. District Council, Environment Agency and Southern Water had all investigated the town centre site.
- 4.7 Allan Stibbs, Practice Based Commissioning Business Manager, reported on the structure bringing practices together to discuss their needs and control over commissioning budget in order to buy better health services. Some influence achieved on new Dover hospital by reflecting services needed in the community including orthopaedics, diagnostics, ophthalmology and allergy service now included in an Intention Document. Health services in Eythorne and Elvington had been reviewed together with more rural villages and the new Aylesham Health Centre. Leading GPs helping with Intermediate Care review and representations on Health & Wellbeing group, developing children's' trust, community nursing, midwifery and mental health access. Transport recognised as vitally important and PCT's Chief Executive would attending a meeting to consider this. Future Plans: continue with current plans; resource GPs; design services; be advocate for patients linking needs to services and delivery. Representatives on new Dover hospital group will put forward local Dover views and encourage services outside the hospital to return to Dover, meeting patients needs.
- 4.8 Discussion session:
- What improvements will we see? Better, faster care closer to home.
 - We still have no appointments/cancelled appointments/missing notes; what concrete improvements will there be? Have seen improvements in audiology – hearing aid waiting lists reduced; Minor Injuries Unit at Buckland increased opening hours as result of pressure; major recruitment of respiratory nursing team and supporting therapists means care closer to home for patients; heart failure nurses in post now to deal with cases in or near home. All these driven by practice based demand. Want to improve ultrasound service in Dover. Allergy services only at Guys or Medway because is highly specialised and are struggling to find local provider.
 - Buckland Hospital: replacement will not be a hospital, no-one listens to local views, should have refurbished old hospital. Allan Stibbs responded: not our brief to decide location of new hospital; key issues around intermediate beds, transport, parking – won't get it all, won't be perfect but will continue to lobby. Decision had been made on building a new facility, debate cannot be re-opened but your views will be taken back.

- 4.9 Jenny Knight, Assistant Director Patient and Public Engagement, explained the Dover Health & Wellbeing Fund: a joint initiative between DDC and PCTs linked to health inequalities and locally identified needs. Projects supported include:
Dover Silver Song Club, Teenage Harm Reduction project,
Get Active for Life, Bereavement Counselling
IMPACT, Wild Food Walks, Promoting Active Children Everyday, Food for All, Looking good feeling good

Details of the Fund should be included in village and parish magazines or newsletters.

5. Nomination for representative on Active Dover
Jenny Miles confirmed her willingness to represent the Forum on the District's Community Sports Network following Sarah Philpott's presentation on 20 November 2008. This was agreed by those present.

6. Future meetings

Details to be advised.

The meeting ended at 8.30pm.