

KENT COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Health and Wellbeing Board held in the Darent Room, Sessions House, County Hall, Maidstone on Wednesday, 20 May 2015.

PRESENT: Mr R W Gough (Chairman), Mr I Ayres, Dr B Bowes (Vice-Chairman), Ms H Carpenter, Mr A Scott-Clark, Ms P Davies, Mr G K Gibbens, Mr S Inett, Mr A Ireland, Dr M Jones, Mr P J Oakford, Dr M Philpott (Substitute for Dr F Armstrong) and Mrs D Tomalin (Substitute for Ms F Cox)

IN ATTENDANCE: Mrs B Cooper (Corporate Director of Growth, Environment and Transport), Mr P Crick (Director of Environment, Planning & Enforcement), Mr T Godfrey (Policy Manager (Health)), Mr M Lobban (Director of Commissioning), Ms M Varshney (Consultant in Public Health) and Mrs A Hunter (Principal Democratic Services Officer)

UNRESTRICTED ITEMS

142. Chairman's Welcome

(Item 1)

- (1) The chairman welcomed Deborah Tomalin (Head of Commissioning at NHS England) to the meeting.
- (2) Mr Gough reminded all board members that they had been invited to attend the Health and Wellbeing Strategy event on 17 June at the Detling Showground to consider progress on the objectives of the strategy and discuss how recent developments such as the Five Year Forward View, the Care Act and the Better Care Fund might inform the way forward. He said 276 people had been invited and that Noel Plumridge (commentator and broadcaster) would facilitate the event.
- (3) The chairman also said that Joanna Fathers, a colleague on the KCC graduate scheme, was working on behalf of the Board to review how the local health and wellbeing boards had developed with particular reference to their relationship with the Kent Board and also to look at how the Kent Board might develop its relationship with the voluntary sector. He said she was arranging meetings with some HWB members, chairs of the local boards and others to collect views and observations with a view to presenting reports at the Health and Wellbeing Board on 16 September 2015.

143. Apologies and Substitutes

(Item 2)

- (1) Apologies for absence were received from Dr F Armstrong, Cllr A Bowles, Mr Carter, Dr Cocker, Dr Lunt, Dr Kumta, Dr Martin, Mr Perks, Cllr Pugh, Dr Stewart and Cllr Weatherly.

(2) Dr Philpott attended as substitute for Dr Armstrong.

144. Declarations of Interest by Members in Items on the Agenda for this Meeting
(Item 3)

Dr Bowes made a declaration of interest in Item 7 – Commissioning Plan for NHS England as he was GP with a contract with a GMS contract. It was noted that the GPs present also had a similar interest.

145. Minutes of the Meeting held on 18 March 2015
(Item 4)

Resolved that the minutes of the meeting held on 18 March 2015 are correctly recorded and that they be signed by the chairman.

146. Workforce
(Item 5)

(1) The chairman welcomed Philippa Spicer (Local Director of Health Education England) and Tristan Godfrey (Policy Manager- Health) to the meeting. Mrs Spicer said that the purpose of the paper being considered by the board was to provide more information about the work of Health Education Kent Surrey and Sussex and drew the board's attention to the strategic planning framework set out in section 3 and the skills development strategy set out in section 5. She also said that more work was needed in relation to the health and social care integration agenda and the transformation of the workforce to meet the requirements of the shared vision of the future. She concluded by referring to the paper by the chairman proposing the establishment of a task and finish group to consider strategic workforce issues.

(2) The proposal to establish a workforce task and finish group was generally welcomed. Comments were made about: specific local difficulties in recruiting GPs; the need to address immediate and short term difficulties recruiting other professional staff to ensure that Kent was able to recruit and retain a significant share of the national supply of doctors; the need to re-balance the commissioning of education and move away from annual planning cycles; and the value of the strategic workforce planning programme bringing HE KSS, the universities of Kent and Surrey and 10 CCGs across the region together.

(3) Resolved that:

(a) The actions set out in the report from Health Education Kent Surrey and Sussex and actions to support the transformation of the workforce to meet a shared vision of the future be noted;

(b) A task and finish group be established to look specifically at strategic workforce issues and authority to agree the practical arrangements be delegated to the chairman, in consultation with other members of the board.

147. Kent and Medway Growth and Infrastructure Framework
(Item 6)

- (1) The chairman welcomed Barbara Cooper (Corporate Director for Growth, Environment and Transport), Paul Crick (Director of Environment Planning and Enforcement), Mike Gilbert (Assistant Accountable Officer – Dartford Gravesham and Swanley CCG) and Dr Su Xavier (Consultant in Public Health Medicine – Dartford and Gravesham CCG) to the meeting.
- (2) Mr Crick gave a presentation (available on-line as an appendix to these minutes) which outlined the projection for population growth across the county for the next 30 years and the funding required for the associated infrastructure. He said the Office of National Statistics projected a population increase of 305,000 by 2031 and KCC's projection was 293,000 based on district local development plans bringing the total population of Kent and Medway to just over 2 million. The infrastructure to support this increase in population would require £6.5 billion investment of which 67% had been secured leaving a funding gap of just over £2 billion. He concluded by referring to alternative service delivery models, the need to test and review such models and have a robust and informed discussion with Government.
- (3) Mr Gilbert and Dr Xavier gave a presentation on the development of Ebbsfleet Garden City and wider housing development in north Kent with particular reference to the impact on health care services (available on-line as an appendix to these minutes). Mr Gilbert referred to the work to date and outlined the proposed development areas and the predicted growth in population.
- (4) Dr Xavier drew attention to the impact of demographic changes on health services and said there was a once in a life time opportunity to influence the wider determinants of health such as environmental surroundings, transport to health services, leisure facilities and other services. She also said that even before the proposed Paramount development was considered there were concerns about GP capacity, the growing demands on A&E, mental health and community services as well as the importance of planning to meet future needs.
- (5) Mr Gilbert said CCGs did not receive capital funding, funding for GPs was based on patient registrations and there was, on average, a 2-3 year lag between registration and receipt of funding. He also said that work being done to assess the impact of the Ebbsfleet development at a high, strategic level, had identified a significant gap in both revenue and capital funding. Further more detailed work was planned for the summer.
- (6) The chairman thanked the presenters and said the Dartford Gravesham and Swanley Health and Wellbeing Board had considered these issues at a meeting the previous month where concerns about the adequacy of funding, the challenges and opportunities for new models of care and the opportunity to plan for health and healthy lifestyles had been identified.
- (7) During discussion the value of the work being undertaken to assess the implications of growth was acknowledged. The need to engage in early and well-evidenced debate with central government and to lobby for some up front funding and assistance to meet the anticipated shortfall of over £2 billion was

recognised. The particular urgency to resolve these issues in relation to north Kent was also acknowledged.

- (8) It was generally agreed that health and care services were currently under pressure particularly in relation to GP capacity, increasing demands on community services as a result of the increase in the numbers of frail elderly and growing demands on A&E, hospital beds and mental health services. It was also agreed that the Office of National Statistics' projections for population growth were useful at the whole Kent and Medway level but the detailed implications of growth needed to be considered at a local level.
- (9) An offer from NHS England to provide information about GPs and descriptions of practices was welcomed.
- (10) Resolved that:
 - (a) Following a review and challenge of the assumptions about the health and social care elements of planned growth for Kent and Medway a further report be considered at a Health Wellbeing Board meeting in six months;
 - (b) Appropriate engagement with partner organisations be facilitated;
 - (c) The local health and wellbeing boards be invited to engage in the discussion and consider the implications of growth for their local areas:

148. Commissioning Plans - NHS England, Adult Social Care and Children's Services

(Item 7)

- (1) Deborah Tomalin (Director of Commissioning for NHS England South-East) introduced the NHS Commissioning Plan. She said that NHS England (Kent and Medway) had prepared a direct commissioning strategy in March 2014 which had been updated in July 2014 and circulated to the Health and Wellbeing Board. She outlined the role of NHS England (Kent and Medway) including the direct commissioning for health and justice healthcare, prescribed specialised services, services for armed forces health, primary care services and public health.
- (2) Mrs Tomalin undertook to respond in writing to a query relating to the primary care budget. She also said that at an operational level, NHS England worked with general practices experiencing difficulties sustaining services and worked at a strategic level through the 10-point workforce plan and the Five Year Forward View to create new models of care and to make general practice an attractive option for medical graduates both locally and nationally.
- (3) During discussion it was re-confirmed that the recruitment and retention of GPs would be considered as part of the work on workforce. It was also suggested that there was a need to quantify the issues and to press for a policy change at national level. Mrs Tomalin answered questions relating to pressures in primary care particularly in relation to dentistry. It was suggested

that local health and wellbeing boards might want to understand the detail as it related to their local area.

- (4) Andrew Ireland (Corporate Director- Social Care, Health and Wellbeing) introduced a report which provided a summary of the Children's Commissioning priorities in the context of Kent County Council's 5-year vision and its transformation agenda. He drew particular attention to the plan to reduce residential placements by 200 annually, the success of the Enablement Service and the increasing partnership work to ensure services were aligned around the needs of children and families.
- (5) It was suggested that the commissioning plan should state more explicitly the work being done towards integration and through the Better Care Fund, however it was also considered that work undertaken to understand needs and provide feedback to the public would increase awareness and understanding of integration.
- (6) Mark Lobban (Director of Commissioning) introduced a report which provided a summary of Adults Social Care Commissioning priorities. He drew particular attention to the intention of working holistically with Education Services, the focus on prevention through the development of early help services and the emphasis on support for children leaving care and special education as they made the transition from Children's Services to Adult Services.
- (7) Resolved that the NHS Commissioning Plan, the Kent Children's Commissioning Plan and the Kent Adults' Commissioning Plan be noted.

149. Assurance Framework

(Item 8)

- (1) Malti Varshney (Consultant in Public Health) introduced the report which provided an overview of the indicators in the Kent Health and Wellbeing Strategy, gave information about stress indicators and highlighted areas of concern and exception relating to breast feeding, vaccinations for MMR and flu, male suicide rates, bed occupancy rates which remained above 85% for all acute hospitals in Kent except the East Kent Hospital University Foundation Trust, A&E attendance and the increase in non-acute "delayed days".
- (2) Mr Scott-Clark (Director of Public Health) said work was underway with NHS England, Public Health England and the Director of Public Health in Medway to increase the uptake of MMR vaccinations and to plan for the next round of flu vaccinations.
- (3) Comments were made about nursing capacity in the sub-acute sector, the difficulties agencies had in recruiting staff to deliver hospital discharge services and the consequent impact on the flow of patients through A&E. It was suggested that recruitment to this sector be considered by the task and finish group on workforce.
- (4) Questions were also raised about how to get the best value from the Assurance Framework report and it was suggested that elements of it should be considered by local health and wellbeing boards.

- (5) The need to consider plans for winter resilience and learn lessons from last year was acknowledged.
- (6) Resolved that:
 - (a) Concerns regarding reporting and recording breastfeeding rates continue to be raised with relevant partners;
 - (b) Assurance be sought from NHS England on actions for improving the uptake of 2-dose MMR vaccination amongst 5 year olds;
 - (c) Assurance be sought from NHS England on actions for improving the uptake of flu vaccination in the target population;
 - (d) Assurance be sought from CCGs and Social Care on plans for ensuring capacity and capability of local systems to address potential demands during winter 2015/16.

150. Joint Strategic Needs Assessment Exception Report
(Item 9)

- (1) Mr Scott-Clark (Director of Public Health) introduced the report which set out key excerpts of the JSNA chapter summaries that had been refreshed for 2014/15. He said the report had been delayed because of pressure on previous agendas for meetings of the Health and Wellbeing Board.
- (2) Resolved that the report be noted.

151. Minutes of the Children's Health and Wellbeing Board
(Item 10)

Resolved that the minutes of the meetings of the Children's Health and Wellbeing Boards held on 3 February and 25 March 2015 be noted.

152. Minutes of the Local Health and Wellbeing Boards
(Item 11)

Resolved that the minutes of local health and wellbeing boards be noted as follows:

Ashford – 22 April 2015
Canterbury and Coastal – 25 March 2015
Dartford, Gravesham and Swanley – 15 April 2015
South Kent Coast – 20 January 2015
Swale – 18 March 2015
Thanet – 12 February 2015
West Kent – 20 January 2015.

153. Date of Next Meeting - 15 July 2015
(Item 12)

***KENT + MEDWAY
GROWTH AND
INFRASTRUCTURE
FRAMEWORK***

***STAGE 2
FINAL REPORT***



KENT AND MEDWAY GROWTH + INFRASTRUCTURE FRAMEWORK

Content:

- 1. Process***
- 2. Kent-wide findings***
- 3. Delivery***

THE PURPOSE OF THE GROWTH AND INFRASTRUCTURE FRAMEWORK

To provide countywide picture of:

1. Growth to 2031 based on:

- LPA planned growth***
- Demographic factors***
- Economic factors***

2. Infrastructure needed to facilitate that growth

3. Infrastructure funding gap for Kent and Medway

THE BENEFITS OF HAVING THE FRAMEWORK

- 1. Evidenced conversation with Government on funding and delivery barriers***
- 2. Evidenced conversation on potential London overspill***
- 3. Potential evidence and support for Local Plans as they are developed***
- 4. Provides opportunity to co-ordinate planning of new delivery models e.g. health, utilities etc***
- 5. Single, strategic voice for Kent and Medway***



PROCESS

1

STAGE 2 SCOPE

Stage 2 Workstreams	Overview of Tasks
Partner Validation and Engagement	<ul style="list-style-type: none"> • 13 x LPA verification meetings • KCC Departments and Officers to review Topic Specific Details • Wider Infrastructure partners: NHS, HA, Network Rail etc)
Data / Documents Verification	<ul style="list-style-type: none"> • Data gathering completion • Integration of latest IDPs and IDS from Local Plans • Housing and employment trajectories and specific sites verified to match latest LPA position and sense checked.
Population Forecast Review	<ul style="list-style-type: none"> • Baseline Population forecast Update – IIFM Forecast to be re-run based on latest verified housing trajectories and sense checked • Review of latest ONS population forecasts and CLG household forecasts at LPA and County level. • Forecast comparisons with rest of South East Counties (Total population growth / migration / age profile change etc.).
Migration and Wider Growth Review	<ul style="list-style-type: none"> • Historic Growth pattern and planning policy review (SEPlan, 2006 Structure plan) • GLA FALP Review and potential impacts on growth across Kent

STAGE 2 SCOPE

Stage 2 Workstreams	Overview of Tasks
Infrastructure Analysis Review	<ul style="list-style-type: none"> • Detailed Scrutiny of KCC Strategic Project Update Database (SPUD) • Identification of gaps in project list for all services and districts. • Modelling for longer term infrastructure requirements to fill Gaps.
Infrastructure Cost Review	<ul style="list-style-type: none"> • Continuation of stage 1 costing approach of projects where possible • High level costing sense check exercise across topics and districts based on typical development benchmark costs.
Viability Consideration	<ul style="list-style-type: none"> • Consideration of potential developer contributions across Districts (where data allows) and geographical variation in land values / developer costs.
Infrastructure Funding & Delivery	<ul style="list-style-type: none"> • Review existing project funding assumptions (differentiating developer contributions and other funding sources) • Present the existing delivery/funding landscape and emerging changes • Set out the potential funding sources to fill the funding gap. • Highlight alternative / emerging infrastructure delivery models
Document Finalisation	<ul style="list-style-type: none"> • Draft Document production and review by client group • Local Authority specific spreads to be shared for review and comment • Document finalisation.



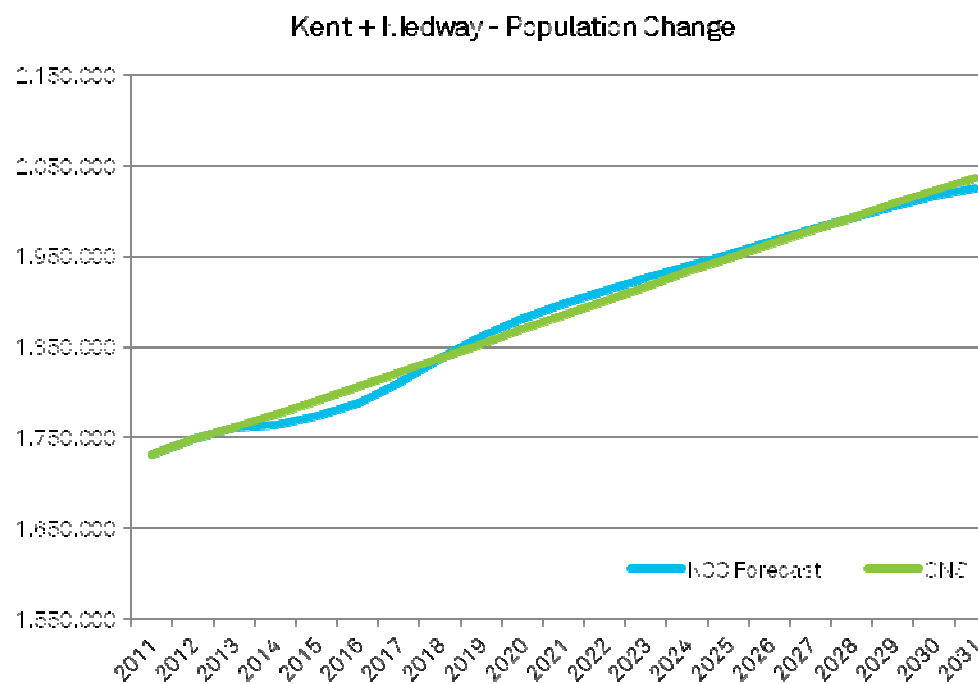
***KENT + MEDWAY –
WIDE FINDINGS***

2

KENT + MEDWAY-WIDE FINDINGS

Population & Household Forecasts

	Population Change 2011-2031		KCC Variation from ONS
	KCC Forecast	ONS Forecast	
Ashford	25,600	24,995	605
Canterbury	32,200	18,600	13,600
Dartford	42,300	24,096	18,204
Dover	18,900	8,082	10,818
Gravesham	12,400	16,534	-4,134
Maidstone	30,000	33,536	-3,536
Sevenoaks	1,600	19,249	-17,649
Shepway	12,400	13,301	-901
Swale	18,100	31,176	-13,076
Thanet	23,500	24,098	-598
Tonbridge & Malling	28,200	23,413	4,787
Tunbridge Wells	5,600	18,254	-12,654
KCC area	250,700	255,334	-4,634
Medway	42,600	49,215	-6,615
Kent	293,300	304,549	-11,249



KENT + MEDWAY-WIDE FINDINGS

Agreed Housing Trajectories to 2031

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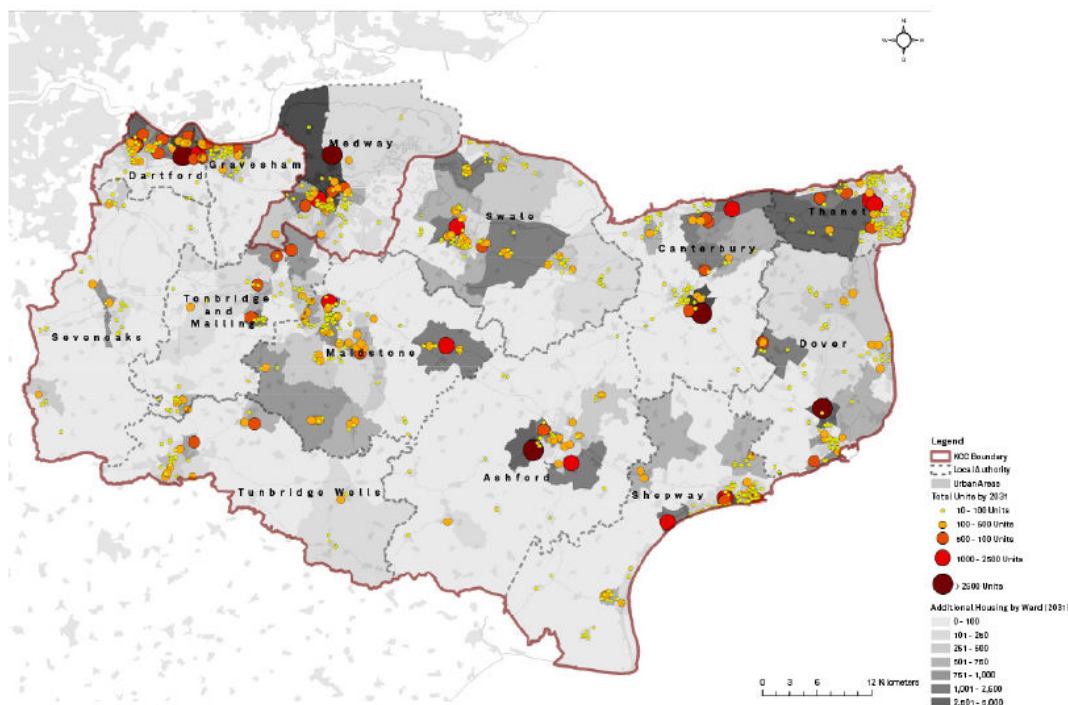


FIGURE 3.15 - MAJOR HOUSING SITES AND POPULATION GROWTH BY WARD IN KENT AND MEDWAY TO 2031

MEDWAY		22,100 UNITS, 24 SITES OVER 100 UNITS
DARTFORD		18,100 UNITS, 23 SITES OVER 100 UNITS
MAIDSTONE		16,200 UNITS, 30 SITES OVER 100 UNITS
CANTERBURY		16,200 UNITS, 12 SITES OVER 100 UNITS
ASHFORD		14,000 UNITS, 17 SITES OVER 100 UNITS
TONBRIDGE & MALLING		13,300 UNITS, 10 SITES OVER 100 UNITS
THANET		12,000 UNITS, 13 SITES OVER 100 UNITS
SWALE		11,300 UNITS, 23 SITES OVER 100 UNITS
DOVER		10,000 UNITS, 15 SITES OVER 100 UNITS
SHEPWAY		8,600 UNITS, 16 SITES OVER 100 UNITS
GRAVESHAM		7,100 UNITS, 10 SITES OVER 100 UNITS
TUNBRIDGE WELLS		5,900 UNITS, 9 SITES OVER 100 UNITS
SEVENOAKS		3,600 UNITS, 4 SITES OVER 100 UNITS



KENT + MEDWAY-WIDE FINDINGS

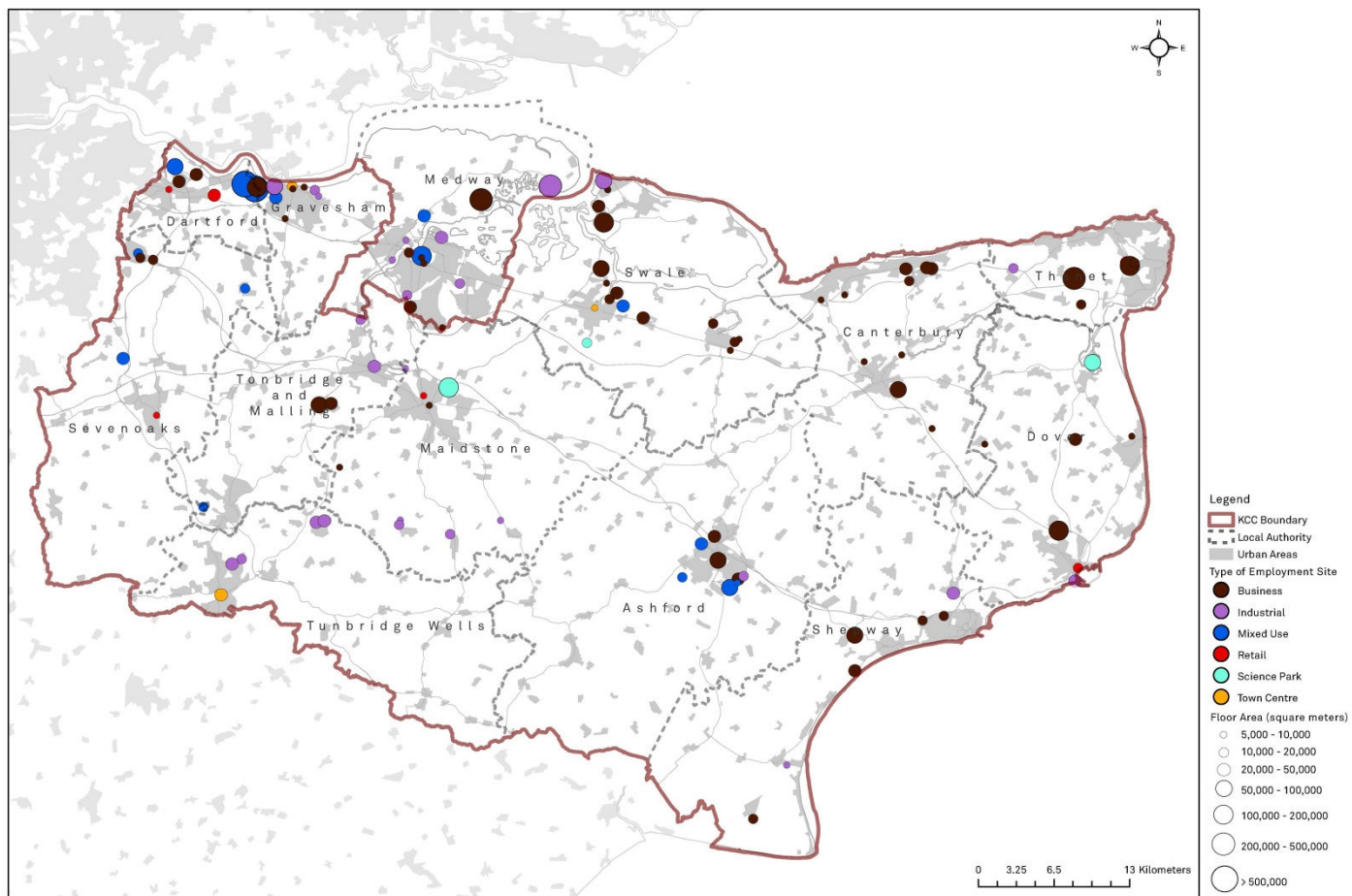
Key Employment Sites *(Limited to those larger than 5,000 sq.m)*

Future Commercial Floorspace (From Sites over 1,000 sq.m Floorspace)	Business	Industrial	Mixed Use	Retail	Science Park	Town Centre	Total
Ashford	107,971	11,920	142,100				261,991
Canterbury	214,113						214,113
Dartford	83,100	25,445	1,478,740	41,100			1,628,385
Dover	165,950	24,950	2,000	10,500	100,000		303,400
Gravesham	178,880	106,690	45,990			10,800	342,360
Maidstone	27,671	42,897		11,400	115,000		196,968
Medway	324,298	529,305	206,353				1,059,956
Sevenoaks	22,321		64,026	7,648			93,995
Shepway	134,600	43,500					178,100
Swale	443,990	95,700	43,000		12,000	5,500	600,190
Thanet	336,971	10,593		36,000			383,564
Tonbridge & Malling	75,828	38,941					114,769
Tunbridge Wells		111,820				45,000	156,820
Kent & Medway	2,115,692	1,041,761	1,982,209	106,648	227,000	55,800	5,534,610
Kent (exc Medway)	1,791,394	512,456	1,775,856	106,648	227,000	61,300	4,474,654

KENT + MEDWAY-WIDE FINDINGS

Key Employment Sites (Limited to those larger than 5,000 sq.m)

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KENT + MEDWAY- WIDE FINDINGS

Project Costs & Funding - (Version
Excludes Lower Thames Crossing – £5bn)

158,500
new homes

293,300
new people (17% Growth)

135,800
new jobs

Total Infrastructure Costs: **£6,444,390,000**

Total Secured Funding: **£706,090,000**

Total Expected Funding: **£3,595,700,000**

Total Funding Gap: **£2,142,610,000**

% of Infrastructure Funded: **67%**

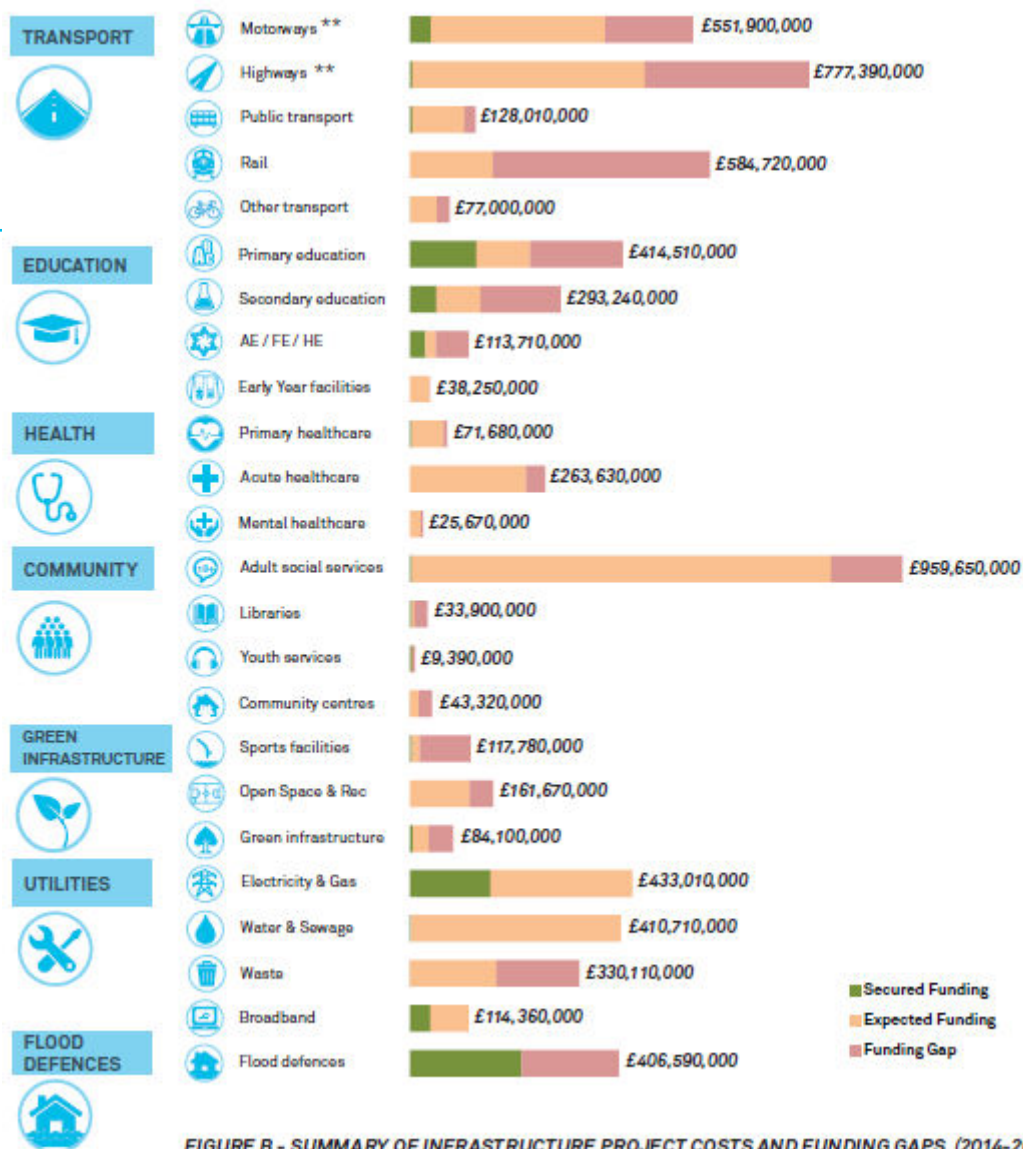


FIGURE B - SUMMARY OF INFRASTRUCTURE PROJECT COSTS AND FUNDING GAPS (2014-2031)

** Excludes Lower Thames Crossing Costs (identified separately under strategic projects in Chapter 6)

KENT + MEDWAY- WIDE FINDINGS

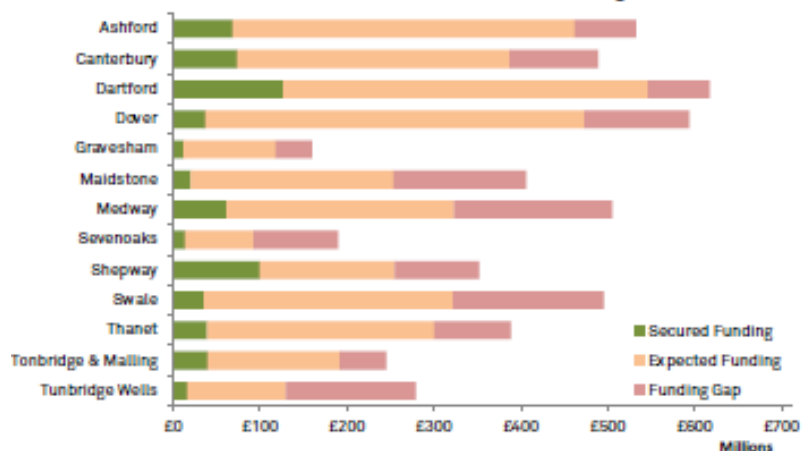


FIGURE C - TOTAL COST OF INFRASTRUCTURE AND ESTIMATED FUNDING



FIGURE D - TOTAL INFRASTRUCTURE COSTS AND ESTIMATED FUNDING

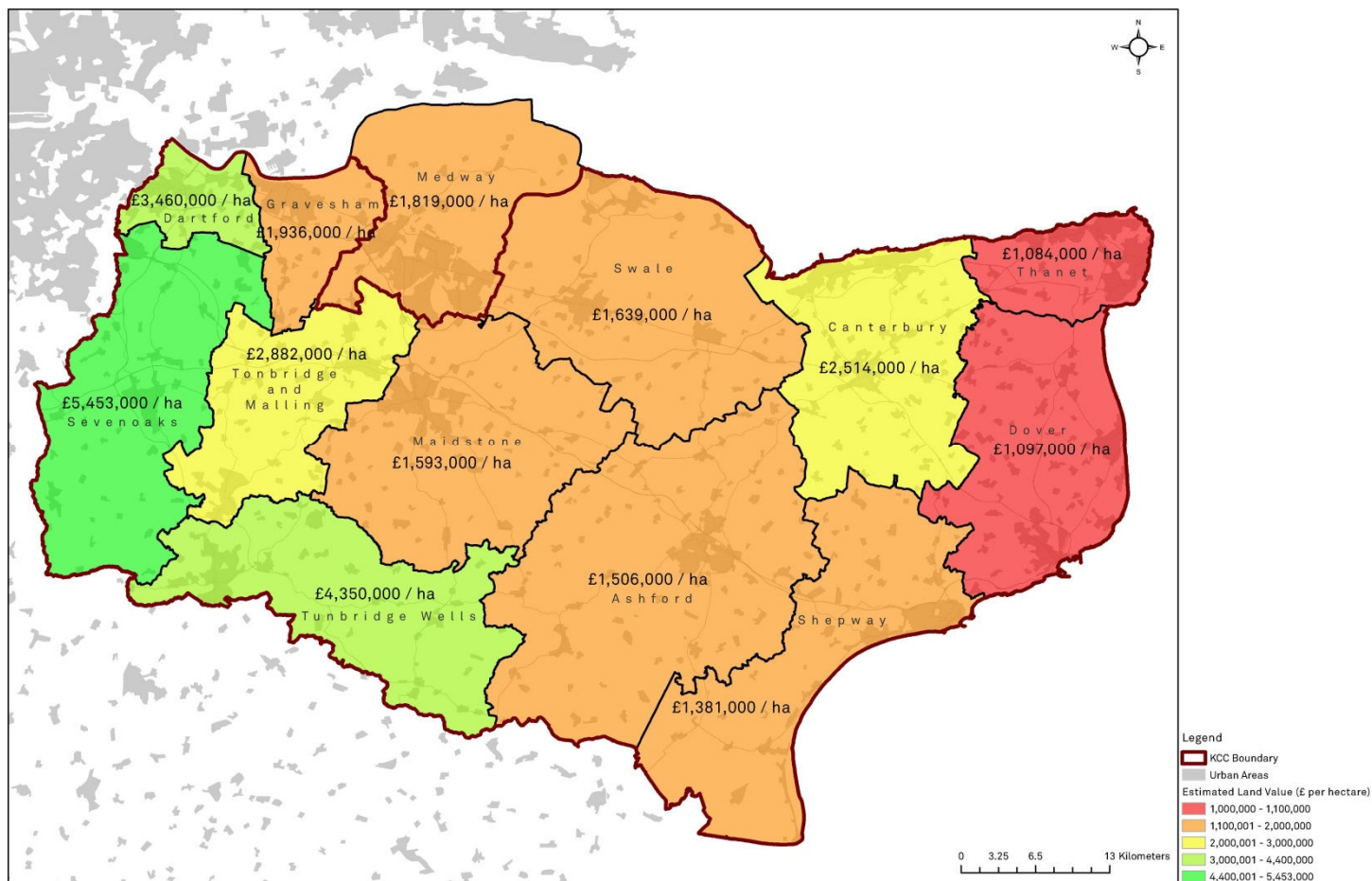


DELIVERY

3

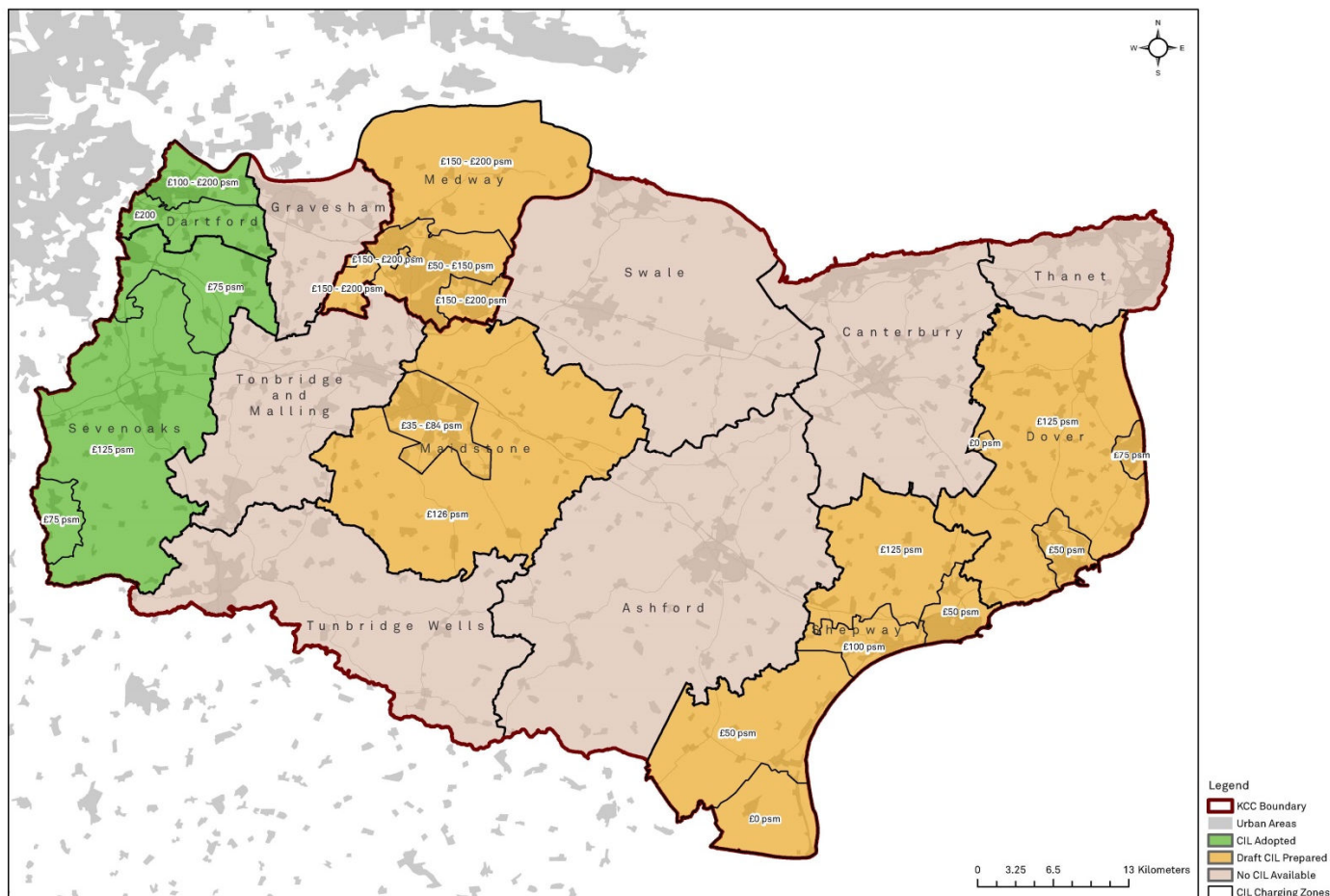
Viability and Project Funding

Developer Contribution Assumptions



Viability and Project Funding

Developer Contribution Assumptions – CIL Charging Zones



Future Delivery Models

Health and Social Care Approach

Existing Estuary View Medical Centre / Whitstable Medical Practice:

•(WMP) is super partnership of 19 NHS GPs, serving a **population of 50,000**

•Services Provided:

- Long Term Conditions
- Community Elective Services
- Screening Services
- Day Surgery
- Therapists
- GPSI/Specialist Clinics
- Consultant-led outpatient clinics
- Diagnostics
- Urgent Care

•Existing Estuary View Facility Details:

- Completed 2009.
- Floorspace - **2,400 sq.m**
- Delivery Cost - **Estimated at Circa £4 million**



Future Delivery Models

Health and Social Care Approach

Estuary View Expansion Plans to a Community Integrated Health & Social Care Village:

•Core Components of Combined Model:

- Estuary View with all its existing health care services.
- A new, linked community hospital
- Day-centre for care of the elderly, dementia, other patient groups.
- A co-located/linked teaching nursing home
- A co-located extra care facility.
- Co-located base for integrated community nursing and social care teams.

Next steps

- **Document completion and sign off**
- **District and KMEP endorsement**
- **Scenario testing – delivery models such as Estuary View Health model**
- **Open discussion with Government**

Ebbfleet Garden City and Wider Housing Development - Impact on Healthcare Services

Dr Su Xavier, Consultant in Public Health Medicine

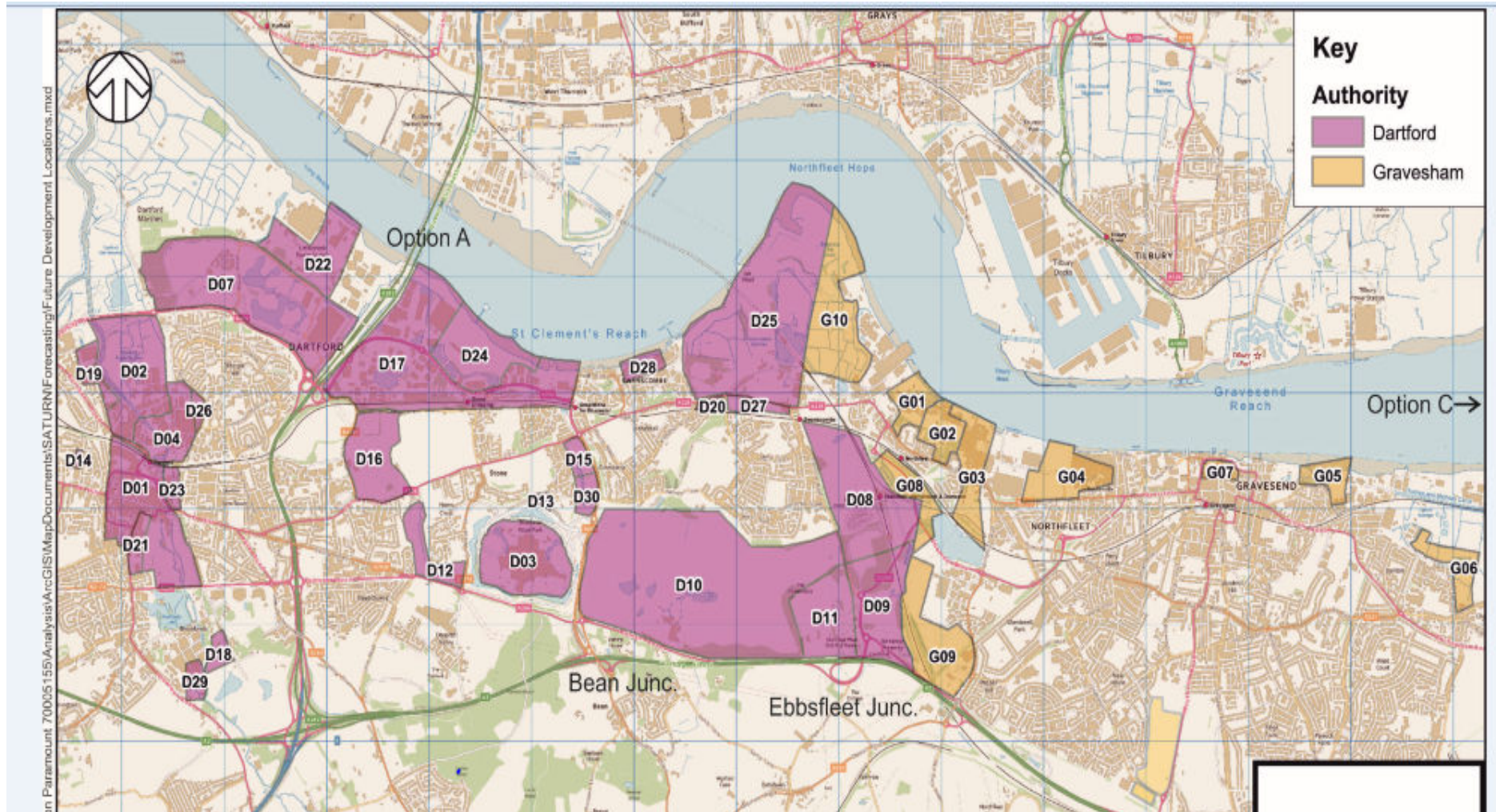
Mike Gilbert, Assistant Accountable Officer

Dartford, Gravesham & Swanley CCG

Work to date

- CCG led analytical group
 - LA planning policy teams
 - KCC infrastructure modelling team and Public Health Observatory
 - CCG Public Health Consultant
 - NHS Providers
 - NHS England
- Looking at
 - Population projections (indigenous growth & Ebbsfleet specific) ✓
 - Predicted impact of growth on existing health services (*underway*)
 - Predicted need for future health services (*underway*)
 - Wider determinants of health
 - (London Paramount to be added in at later stage)

Proposed development areas



Population predictions

- Dartford and Gravesham population predicted to be 252,000 by 2031 (increase of 49,000(24%) on 13/14 baseline)
- Includes Ebbsfleet growth which equates to c27000 residents by 2031
- Age breakdowns indicate larger young population (working age and families): 19% of population aged over 65 by 2031 but only 7% of Ebbsfleet population aged over 65.

Demographic impacts on health

- What will the demographics of new population look like?
- Age group probably strongest predictor of health need
- Hard to predict ethnic diversity – may have to assume similar to existing communities
- May affect planning for e.g. long term condition care provision

Wider determinants of health and well-being...

- Environmental surroundings and green space
– recreational areas, open spaces, pollution
etc.
- Transport – access to health services and
other services associated with well-being
- Leisure facilities

Impact on current health services

- Primary care: Current problems with GP capacity nationally. Growth impact = 27 additional GPs
- Acute Trusts – Growing A&E and bed pressures already. Mental health services under pressure
Growth impact = circa 20% increase in A&E attendances and ambulance journeys. Similar increases in outpatient and admissions.
- Community services under pressure given large numbers of frail elderly. Capacity issues with school nurses, health visitors etc. for child health.

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- Community services under pressure given large numbers of frail elderly. Capacity issues with school nurses, health visitors etc. for child health.
- **Ebbfleet equates to 50 to 60% growth. London Paramount not included in assumptions**

Health Services Requirements

- Primary care
 - General Practice
 -)
 -) Multi-disciplinary
 -) community services /
- Community care
 - Community nursing & allied health professionals
 -) hubs ?
 -)
 -) Unplanned (non A&E)
 -) provision?
 -)
 - Pharmacy, Dentists, Opticians
 -)
- Acute care
 - Acute Trust (Darent Valley Hospital)
 -) Access / transport
 -) solutions
 -)
 - Mental Health services
 -)
- Ambulance services and patient transport

CCG strategy

- Urgent & Emergency Care Review
- Community Services Review
- Better Care Fund – Integrated Discharge Team, Integrated Primary Care Teams

Financial implications for health

- Difference in ONS and IIFM/KCC projections significant (By 2020 difference is 12,000 population)
- Health revenue funding projected on ONS and based on registered populations
- CCG budget – circa £1,200 per head of population
- Health budgets turned around over several years – no retrospective funding
- **Significant funding gap** expected given population growth
- **Major investment** required in capital infrastructure to support growth

Next steps

- Analysis of specialty data
- Develop healthcare models – may include existing facilities development to accommodate new population
- Ongoing meetings with local authority planners to determine future community solutions
- Financial costings with providers for proposed models
- Meeting with developers