

**Medway Council**  
**Meeting of Health and Adult Social Care Overview and  
Scrutiny Committee**

**Tuesday, 11 August 2015**

**6.35pm to 10.10pm**

**Record of the meeting**

**Subject to approval as an accurate record at the next meeting of this committee**

**Present:** Councillors: Purdy (Vice-Chairman, in the Chair), Bhutia, Fearn, Franklin, Freshwater, Khan, Murray, Opara, Potter and Shaw

**Co-opted members without voting rights**

Christine Baker (Medway Pensioners Forum) and Dr Greg Ussher (Healthwatch Medway CIC representative)

**Substitutes:** Councillors:  
Willey (Substitute for Griffin)  
Saroy (Substitute for Clarke)  
Price (Substitute for McDonald)

**In Attendance:** Dr Alison Barnett, Director of Public Health  
Alison Burchell, Chief Operating Officer, NHS Medway Clinical Commissioning Group  
Diana Cargill, Specialised Commissioning, NHS England South  
Patricia Davies, Accountable Officer, Dartford, Gravesham and Swanley CCGs  
Aelish Geldenhuys, Head of Public Health Programmes  
Dr Peter Green, Chief Clinical Officer, NHS Medway Clinical Commissioning Group  
Rosie Gunstone, Democratic Services Officer  
Stephen Ingram, Head of Primary Care, NHS England, Kent and Medway  
Karen MacArthur, Consultant in Public Health, Medway Council, Consultant in Public Health  
Councillor Tristan Osborne  
Barbara Peacock, Director of Children and Adults Services  
Martin Riley, Managing Director, Medway Community Healthcare  
Solaru Sidikatu, Senior Legal Assistant  
Oena Windibank, Programme Director; Kent and Medway Vascular and Stroke Services Reviews, NHS England South  
Tim Woodhouse, Programme Manager, Public Health, Kent County Council

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### 199 Record of meeting

The record of the meeting held on 23 June 2015 was agreed as correct and signed by the Chairman.

### 200 Apologies for absence

Apologies for absence were received from Councillors Clarke, Griffin and Macdonald.

### 201 Urgent matters by reason of special circumstances

There were none. However, with the agreement of the Committee, the Chairman agreed to move the order of business to take agenda item 13 (Changes to Sterling House GP Surgery, Chatham) after agenda item 6 (Kent and Medway Suicide Prevention Strategy 2015-2020).

### 202 Declarations of interests and whipping

#### Disclosable pecuniary interests

There were none.

#### Other interests

During the discussion on Kent and Medway Suicide Prevention Strategy 2015-2020 Councillor Price declared an interest by virtue of being a trustee of the Sunlight Centre. During the discussion on the Integrated Sexual Health Service Reconfiguration Dr Ussher, Healthwatch Medway, declared an interest by virtue of being the Chief Executive of a provider organisation who may be interested in bidding for work as part of the reconfiguration.

### 203 Move of MedOCC from Quayside to MCH House

#### **Discussion:**

The Managing Director, Medway Community Healthcare (MCH) introduced a report setting out a proposal to move MedOCC from Quayside to MCH House in Gillingham.

He explained the background to the proposal and explained to the Committee that there had been problems with using the Quayside premises partly connected with changes brought about by the landlord and some to do with the condition of the building. It was now hoped to consolidate the administration and referral processes for the planned care bookable services and co-location at MCH House would enable MCH to share resources and provide cover 7 days a week/extended hours. There would be no change to service times.

Members of the Committee expressed concern regarding the expansion of services available at MCH House and problems with HGVs parking on site.

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The Managing Director, MCH pointed out that the MedOCC service would be out of hours so would not cause a problem. He did acknowledge, however, that lorries parking on site could cause difficulties.

A suggestion was made that there was a vacant area on Gillingham Business Park which could possibly be used for the lorries and the Committee agreed to refer this issue to Regeneration, Community and Culture Overview and Scrutiny Committee to see if this could be achieved.

In response to a question about patients' ability to get to MCH House on public transport the Managing Director, MCH explained that if anyone was unable to get to the building a doctor would still visit the person at their home. He stated that the feedback on the proposal had been very positive. In response to a further question he confirmed there were no plans to move any further services to MCH House.

### **Decision:**

The Committee agreed:

- (a) That the changes did not constitute a substantial variation;
- (b) To recommend to Regeneration, Community and Culture Overview and Scrutiny Committee to investigate the possibility of using the vacant land at Gillingham Business Park for lorries currently using the MCH House site.

## **204 Kent and Medway Suicide Prevention Strategy 2015-2020**

### **Discussion:**

The Consultant in Public Health introduced the report on the Kent and Medway Suicide Prevention Strategy 2015-2020.

The Consultant in Public Health explained the strategic priorities identified for Kent and Medway which were:

- To reduce risk in key high risk groups
- Tailor approaches to improve mental health and wellbeing in Kent and Medway
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring

She responded to Members' questions as follows:

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- **Medway Council's role** – further to a question as to what more the Council could do, bearing in mind the connections the Council has with a number of high risk groups, she stated that the Emotional and Wellbeing Strategy for Young People would be important in addressing risks in young people
- **Ensuring lower risk groups are not forgotten** – it was stated that although not all groups would be targeted as being high risk this did not mean they would be forgotten and approaches would be incorporated in relevant strategies and services
- **Timely referrals** – one of the areas identified by Members as being problematic was timely referrals for young people in particular who may start self harming and need urgent attention. The Director of Children and Adults Services offered to have a joint briefing of Members of this Committee with those Members of Children and Young People's Overview and Scrutiny Committee to tackle the topic of mental health and wellbeing. She referred to the Children and Young People Emotional Wellbeing Strategy for young people which was due to go to Cabinet shortly.
- **Men in Sheds project** – further to a query about the continuation of Funding for the Men in Sheds project it was stated that it was hoped the project could continue and there were no plans to stop funding. This followed discussion about what specific work was being done with middle aged men – concern was expressed at the numbers of middle aged men committing suicide. The Men in Sheds project offered an opportunity for men to be able to discuss areas of concern with others while undertaking practical tasks. The project was commissioned from the Sunlight Development Trust and although not yet advertised widely a number of local health services referred men to it and men could self refer
- **Sexual orientation and gender** – the Healthwatch Medway representative stressed the importance of reaching certain groups who may be at risk and requested more detail about the plans set out on page 53 of the agenda. The Programme Manager, Public Health, Kent County Council offered the representative from Healthwatch Medway an opportunity to join a steering group to further this.
- **Post partum psychosis** – this was referred to as being an area where more attention needed to be given as levels of understanding about the condition were thought to be low. The Director of Public Health then referred to the work being undertaken by specialist midwives and specialist health visitors in this regard. The Director of Children and Adults Services paid tribute to work being done by Family Action giving peri natal support. This was being undertaken with funding from the Big Lottery project.
- **Assistance for people in financial crisis/debt** – further to a question it was stated that this could be a potential topic for Suicide Prevention Day and there could be an opportunity to get credit unions, Citizens Advice Bureau involved to work together to support people who were facing financial/debt issues.

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- **Media guide** – In response to a question about what advice was given to the media it was stated that the Samaritans have produced a media guide and close working was taking place between the Councils and media to ensure appropriate wording was used in their coverage of suicide cases to avoid copy cat suicides taking place.
- **Live it well website** – The Programme Manager, Public Health, Kent County Council stated that the Kent Health and Wellbeing Board intended to refresh the website later in the year. It provided a database of services for people with mental health conditions and had proved very useful. He undertook to supply the Committee, outside of the meeting, with details of the number of people who used the site.
- **Support from Schools** – in response to a question about the need for support for young people facing pressure and stress in their teens the Director of Children and Adults Services confirmed the Children and Young People Emotional Health and Wellbeing Strategy for young people took into account these issues in particular dealing with self harm.
- **Ethnicity** – it was explained that it was difficult to assess the ethnicity of those committing suicide as this was not data which the coroner's office collected

### Decision:

The Committee:

- (a) Noted the report;
- (b) Noted that the Director of Children and Adults Services had offered a joint briefing between this Committee and Children and Young People's Overview and Scrutiny Committee on the topic of mental health and wellbeing;
- (c) Noted that the Programme Manager, Public Health, Kent County Council would forward to the Committee details of the analytics from the Live it Well website to explain how many people use the website.

## 205 Changes to Sterling House GP Surgery, Chatham

### Discussion:

With the permission of the Committee Councillor Osborne, as one of the ward Members connected with Sterling House GP surgery, introduced a number of questions and concerns about the proposals as follows:

- According to NHS England the area warranted additional GP provision and was even subject to planning application for a Healthy Living Centre in 2011/12. Where was the additional capacity? Basis for this Healthy Living Centre was specifically to address capacity issues; we now have a suggestion to reduce capacity in situ

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- Waiting times in Boots Clinic are very high. Where are we seeing patients transfer?
- How was NHS England making decisions on clinics; clinical or financial pressures?
- Had NHS England visited Churchill Clinic: were they aware of capacity constraints in terms of parking and accessibility? It was situated near a main road with limited parking.
- What was the longer term ambition for Luton Medical Centre. Doctor present was managing another site and was part time? Clinic facilities were limited.
- Communications – has NHS England communicated with patients at the other clinics to understand feelings on capacity issue and potential for increased waiting times?
- Longer term aspirations – area was seeing new residential development and had a high level of transience with buy-to-lets. We may already be seeing under-registration in the Luton area leading to pressures on A&E services. Was this acknowledged?

The Chairman offered the opportunity to the other ward Member, Councillor Franklin to speak. He then queried how local patients of the surgery had been informed and what options had been open to them.

The Head of Primary Care, NHS England South, referred to a meeting which would take place on 14 August to determine the options for Sterling House, and to which representatives from the Committee had been invited, and set out the context in relation to Sterling House. He stated that it was unfortunate it had not been possible to get the options paper made available for the Committee.

In relation to the building at Sterling House it was clear that College Health had struggled, the site was on a semi industrial estate with limited car parking and had previously had a second practice, Malling Health on the same site. The landlord now wished to sell the property. The College Health practice has a total of 1,852 patients, a number of patients had recently moved to the Boots practice in Chatham but this meant that there were in excess of 6,000 patients at that practice. He explained the difference with the contract that NHS England had with College Health which was an Alternative Provider Medical Services (APMS) contract which was for a fixed term period. This differed from the normal GMC contract which was a contract in perpetuity. APMS contracts do not offer the same flexibility and were only held by the original contract holder for a fixed period. Now that College Health had terminated their contract it was up to NHS England to determine whether to disperse the list or to offer a new contract but with a small number of 1,852 patients this would be unlikely to be of interest to a new contractor.

In view of the fact that this termination of contract would not be an isolated case in Medway he felt it would be helpful if a discussion could take place with all Councillors in order to brief them on the many contractual issues facing NHS

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England. Consideration was being given to the best way to organise future provision of primary care to meet the needs of Medway residents possibly using a hub and spoke model to allow greater flexibility across the service. The Chief Clinical Officer, NHS Medway CCG explained that in view of the fact the CCG were applying for full delegated powers the CCG would wish to be involved in any such discussion.

Concern was expressed about the ability of some of the local practices to cope with an influx of new patients. The Head of Primary Care, NHS England South agreed to confirm, following the meeting, the actual number of GPs employed at Boots in Chatham.

He then explained that letters would go to all patients explaining the options, there would be registration events to assist patients in registering elsewhere and a helpline, with translation service, will be set up.

A request was made for an update to the October meeting as well as an all Member briefing on the future of primary care in Medway.

### **Decision:**

The Committee agreed that:

- (a) The Head of Primary Care, NHS England South would supply the Committee with further details in respect of the number of GPs employed at Boots surgery in Chatham;
- (b) An all Member briefing be arranged, as soon as possible, in order for NHS England South and NHS Medway CCG to set out the issues facing them in planning primary care services to meet the needs of Medway residents.

## **206 Specialised Vascular Services Reconfiguration**

### **Discussion:**

The Chairman explained that a revised questionnaire had been circulated at the meeting to replace the one on the agenda which contained a number of spelling mistakes due to IT difficulties.

The Programme Director; Kent and Medway Vascular and Stroke Services Reviews, NHS England South introduced the report and questionnaire in relation to the proposed reconfiguration of vascular services in Kent and Medway. She explained that the new national specification for the service meant that neither site in Kent and Medway were operating to the required standards which prompted a review. The Specialised Commissioning Lead from NHS England South and the Accountable Officer, Dartford, Gravesham and Swanley CCG were also in attendance for this item.

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A sheet setting out the outcome of recent listening events was distributed at the meeting. The Healthwatch Medway representative confirmed that there had been significant patient involvement in the review already. Attendance at the Medway event had, however, been low with only around six or seven attending. Healthwatch Medway were then invited to be part of the engagement process particularly to identify hard to reach groups.

Responding to a question about the 28% of patients choosing to go to a London hospital and the requirement for rapid transfer, it was stated that in an emergency situation it was important to get the patient transferred quickly and safely. The aim was to achieve this within 60 minutes and that had been achieved for Kent and Medway residents. Only a small percentage of the 28% would be emergency cases.

Patients needing elective surgery would have their initial assessment/diagnostic tests and out patient/follow up care at their local hospital. This had been complied with for the patients transferred to St Thomas' Hospital last year.

### **Decision:**

The Committee agreed that the reconfiguration of vascular services constituted a substantial variation and noted the arrangements in place for Kent Health Scrutiny Committee to be consulted which may necessitate the need for a Joint Health Scrutiny Committee to be established.

## **207 Hyper Acute/Acute Stroke Services Reconfiguration**

### **Discussion:**

The Programme Director; Kent and Medway Vascular and Stroke Services Reviews, NHS England South introduced the report and questionnaire in relation to the Hyper Acute/Acute Stroke Services Reconfiguration. She was supported at the meeting by the Accountable Officer, Dartford, Gravesham, Swanley CCGs and the Deputy Chief Operating Officer, NHS Medway CCG. As with the previous reconfiguration it was explained that this review had been triggered by concerns relating to performance and outcomes of the seven units currently admitting stroke patients and for sustainability of the service. This particularly related to workforce and seven day working.

A summary of the outcomes from listening events was distributed at the meeting.

The view put forward at the meeting was that Members considered the proposals to be substantial. A question was asked about whether the Black and Ethnic Minority Forum had been involved in the consultation. The Programme Director, NHS England South undertook to check this and agreed to give consideration to the view put forward at the meeting that it was no longer sufficient just to consult community leaders. It was also important to involve after care services as these had a vital role to play.



**Decision:**

The Committee agreed that the reconfiguration of hyper acute/acute stroke services constituted a substantial variation and noted the arrangements in place for Kent Health Scrutiny Committee to be consulted which may necessitate the need for a Joint Health Scrutiny Committee to be established.

**208 Supporting People at Home - Intermediate Care and Reablement Strategy**

**Discussion:**

The Director of Children and Adult Services introduced a report on the Intermediate Care and Reablement Strategy in conjunction with the Chief Operating Officer, NHS Medway CCG.

The Director of Children and Adult Services explained that the Council and CCG had worked closely together to ensure a joined up approach and would be working with families, service users and carers to bring about a better use of collective resources for a better outcome and experience for those needing intermediate care and reablement. She stated that it was in the best interests of most people to be supported and assessed in a home environment rather than having an unnecessary delay in hospital once they are medically fit or even admission in the first place. This would encourage mobility and recovery as it was proven that reduced mobility when in a hospital bed caused deterioration. This work was one strand of Medway's Better Care Fund programme and builds on those agreed key principles. The aim was to have less institutional care, more care within the community and a greater joint approach across health and social care.

The Chief Operating Officer informed the Committee that an audit had been undertaken involving Medway NHS Foundation Trust (admissions and beds) and within the intermediate care bed facilities in the community. She advised that the audit had demonstrated that there was an efficient use of beds and for intermediate care over half of the people who were over 75 years of age did not need to be there. She explained that the intermediate care strategy was about the best use of services – both step up and step down from hospital and was aimed at giving the right care at the right time and would vary from person to person. Reference was made to a small pilot that would be starting at the end of the month as a home to assess scheme, supporting people out of hospital. Work was already underway to integrate the equipment services currently commissioned separately by the council and CCG into one contract which was essential to ensure that this service could be more effective. There has already been engagement with patients, their families and carers and the voluntary sector. More work would also be done to engage with the voluntary sector to support service users at home or in the community.

The Deputy Director, Children and Adults Services referred to the enhancement of the reablement service which was focussed on recovery and stated that the

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intention was to commission a specialty service for reablement to more effectively support the Discharge Home to Assess Project.

The Director of Children and Adults Services informed the Committee that the Strategy itself did not constitute a substantial variation or development in terms of consulting the Committee but that the detailed work flowing from the Strategy may be a substantial variation or development. This more detailed work would be brought back to the Committee for their input and scrutiny. Having discussed the matter with the Chairman, Vice-Chairman and opposition spokespersons she stated that it may be necessary to hold a special meeting of the Committee in the Autumn as the October meeting would be too early to bring back a report and the December meeting too late.

The Committee were generally supportive of the aims of the Strategy but a number of Members expressed the view that until they had the practical details it was difficult to comment further. A view was also put forward that a possible over-dependence on the voluntary sector to support the aims of the Strategy needed to be thought through on the basis that a large proportion of the voluntary sector was already at capacity.

The representative from the Pensioners Forum referred to some specific cases where care had not been at a satisfactory level in relation to pensioners. The Chief Clinical Officer, NHS Medway CCG stated that these scenarios were ones that highlighted the need to do better collectively and remove barriers to people receiving the care and support they need.

In response to a question the Chief Operating Officer, NHS Medway CCG reassured the Committee that the focus was on providing care around individuals, no-one would be sent home unsafely and that each case would be assessed individually to ensure the right package of care.

The Director of Children and Adults Services, responding to a further question, stated that the Strategy was a high level document and set out a direction of travel and an agreement to work together. The next report would contain the detail explaining how this could happen and the proposed changes to the service offer.

### **Decision:**

The Committee recommended to Cabinet the Intermediate Care and Reablement Strategy and supported the associated work needed to produce successful outcomes in respect of the following way forward:

Develop more community based services to support people at home including the following actions:

- a) Make more use of and develop better reablement services
- b) Develop a responsive Integrated Community Equipment Service
- c) Develop Telecare services

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- d) Work with the voluntary sector to maximise the contribution the voluntary sector can make to supporting more people at home and to self help and community resilience
- e) Develop a Home to Assess scheme to keep people away from hospital and get them back home sooner
- f) Place the care around the individual in the setting they choose which will usually be their home
- g) People tell us they want to be supported a home so we will shift the balance of care away from institutional settings towards supporting more people at home.

### **209 Council Plan Year End 2014/2015 - Performance Monitoring Report**

#### **Discussion:**

The comment was made that there seemed to be a deterioration in performance according to the report. A question was asked as to whether there was something impacting on the current performance. Concern was expressed at the carer satisfaction rates which appeared to have gone down, particularly in the light of the new Intermediate Care and Reablement Strategy.

The Director of Children and Adults Services explained that this year the metrics in the adult social care framework had changed nationally, and changes with the introduction of the Care Act had meant that there are now a different set of measures. This will be reflected on the first quarter monitoring. She accepted that more would need to be done to work with carers and it was right to consider the impact of the Intermediate Care and Reablement Strategy on performance and the metrics in the Better Care Fund.

#### **Decision:**

The Committee noted the report.

### **210 Ensuring Quality and Value for Money in Adult Social Care**

#### **Discussion:**

The Deputy Director, Children and Adults Services introduced a report on ensuring quality and value for money in adult social care, supported by the Head of Partnership Commissioning.

He explained that the report had been developed following the Member item at the last meeting and sought to reassure the Committee that robust procedures were in place to monitor contracts and ensure value for money was being achieved. A meeting had taken place between the Director of Children and Adults Services, the Deputy Director of Children and Adults Services and the Care Quality Commission to look at strengthening the way the Council worked with them to ensure improvements were made. It was emphasised that of the 190 staff in adult social care in Children and Adults Directorate that where they

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commissioned care they also took responsibility to monitor the service provided.

A member of the Committee referred to the recent national commission on the future of the home care workforce which set out some real issues in relation to the quality of home care. Discussion then took place about the need to promote more positively the image of care working. The Director of Children and Adults Services agreed that more needed to be done in this regard and felt that the market position statement which was being compiled could possibly help get the message across about valuing such skills. She welcomed Members' support with this.

The Deputy Director, Children and Adults Services, referring to paragraph 3.5 of the report, set out a potential role for Healthwatch Medway in supporting improvements to the quality of services by being part of the Enter and View programme. The Healthwatch Medway representative and the Pensioners Forum representative emphasised the need for appropriate, timely training in this regard.

### **Decision:**

The Committee noted the report and the outline plans for the further strengthening of the quality assurance function.

## **211 Integrated Sexual Health Service Reconfiguration**

### **Discussion:**

The Director of Public Health introduced a report on the commissioning of an integrated sexual health service. She stated that the element of the report relating to commissioning of HIV services, which would be undertaken under a section 75 between Medway Council and NHS England. It was this element only which was believed to be a substantial variation. She stated that it would be helpful if the Committee could comment on whether the consultation with regards to the commissioning of this service had been adequate and whether the plans were in the interests of Medway residents.

The Head of Public Health Programmes then responded to a question from the Committee about whether the needs of older sexually active people had been taken into account as the plans seemed to be directed mainly at young people. She stated that the targeting of young people reflected the risks of sexually transmitted diseases but emphasised that people of all ages would be able to access services. Any new provider would be expected to meet the demand. Concern was expressed about the possible reduction of the number of contraceptive and sexual health (CASH) clinics but it was pointed out that integration of the services should simplify referrals and the clinics would only be reduced if the provider could demonstrate how the need could be met.

The Healthwatch Medway representative commended the Head of Public Health Programmes on the extensive consultation and engagement. Following

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a further query about the extent of that consultation the Head of Public Health Programmes gave details of the breakdown of the focus groups. She stated that 300 telephone calls had been conducted, 164 service users consulted and 32 stakeholder face to face discussions taken place. On that basis the Committee felt the consultation to be sufficient but did not consider the changes to be substantial.

### **Decision:**

The Committee agreed that the proposed variation to the sexual health service premises as set out in the report were not a substantial variation.

## **212 Work programme**

### **Discussion:**

The Democratic Services Officer introduced the work programme and drew Members' attention to paragraph 4.5 which related to the selection of a topic for an in-depth review. She stated that the topic of dementia had been suggested for the reasons set out in appendix 2 to the report, and that this would now be put forward to Business Support Overview and Scrutiny Committee.

The Committee were informed that paragraph 8.3 of the work programme was suggesting delegated authority be given to the Deputy Director of Children and Adult Services, in conjunction with the Chairman, Vice-Chairman and Opposition Spokespersons to respond to the Care Quality Commission (CQC) with regards to the inspection of Medway NHS Foundation Trust.

The Democratic Services Officer then reminded Members that a visit to Medway Maritime Hospital had been arranged for 3 September 2015. Notification had already been received of some Members who wished to attend, however, if any other Member wished to attend they were welcome to notify her. She also confirmed that, in addition to attending the next meeting to discuss acute inpatient beds, she had requested that Kent and Medway NHS and Social Care Partnership Trust (KMPT) update the Committee on their recent CQC inspection.

### **Decision:**

The Committee:

(a) Added the following items to the work programme:

- CQC report regarding KMPT to be added to 1 October 2015 meeting
- CQC report regarding Medway NHS Foundation Trust be added to 1 October 2015 meeting
- An update on the priorities of the Health and Wellbeing Board for 2015/2016

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- (b) Noted that an all Member briefing would be arranged regarding primary care services in Medway
- (c) Agreed to submit to Business Support Overview and Scrutiny Committee the suggestion of 'how far Medway has gone in developing a dementia friendly community' as a potential in-depth scrutiny review topic on behalf of this Committee, as detailed at appendix 2 to the report;
- (d) Agreed that the Deputy Director of Children and Adult Services submit a commentary for the CQC announced inspection of Medway NHS Foundation Trust and respond to any related communications, in consultation with the Chairman, Vice-Chairman and Opposition Spokespersons.

**Chairman**

**Date:**

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