

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

Thursday, 15 March 2018

6.40pm to 9.00pm

Record of the meeting

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

Present: Councillors: Purdy (Chairman), Craven, Fearn, Franklin,
Mrs Josie Iles, Steve Iles, Joy, McDonald, Murray, Opara and
Shaw

Co-opted members without voting rights

Eunice Lyons-Backhouse (Healthwatch Medway CIC)

In Attendance: Kate Ako, Principal Lawyer - People
John Britt, Head of Adults 25+ Partnership Commissioning and
Better Care Fund
Ann Domeney, Deputy Director, Children and Adults Services
Sharon Greasley, Head of Service, Long Term Support
Stuart Jeffery, Chief Operating Officer, Medway CCG
Chris McKenzie, Assistant Director - Adult Social Care
Dr David Whiting, Consultant in Public Health

851 Apologies for absence

Apologies for absence were received from Councillor Aldous, with Councillor Josie Iles substituting and from Councillor Howard with Councillor Opara substituting. Apologies were also received from Councillor Bhutia and from Councillor Wildey with no substitutes in attendance.

852 Chairman's Announcements

The Chairman announced that Christine Baker had resigned from Medway Pensioners' Forum and would therefore no longer be a Member of the Committee. The Committee expressed its thanks to Ms Baker for her contribution to the work of the Committee and it was noted that Ms Baker had asked for her thanks to be given to Committee Members and officers for all their help and support over the years.

Lesley Dwyer, Chief Executive of Medway Foundation Trust, was congratulated in her absence for having been named one of the top 50 NHS Chief Executives

in the country by the Health Service Journal. She was further congratulated as Medway Foundation Trust's Human Resources and Organisational Development Team had been crowned 'HR Team of the Year' at the Kent Chartered Institute of Personnel Development's (CIPD) annual awards.

853 Record of meeting

The record of the meeting held on 18 January 2018 was agreed and signed by the Chairman as a correct record.

854 Urgent matters by reason of special circumstances

There were none.

855 Declarations of Disclosable Pecuniary Interests and Other Significant Interests

Disclosable pecuniary interests

There were none.

Other significant interests

There were none.

Other interests

There were none.

856 Transition from Children's to Adults' Services - Briefing

Discussion

The agenda item was considered by the Committee to highlight the challenges facing young people when transitioning from children's to adult services that were provided by the Council.

Mrs Keith and her son George, a user of Adult Social Care Services, addressed the Committee. The key points of this were as follows:

- George had attended Bradfields School, having left in June 2016. There had been no discussion about what activities and interests he could pursue when he left school and it had been expected that some information would have been provided about the services available and a list of local groups and places that the young person could go to.
- It had been very difficult to get information about the services available with Mrs Keith only having found out about Direct Payments by chance.
- George not had not had a social worker since he was 8. Initial contact with the Council had been difficult as Council staff had not been particularly friendly in the past. More recently, there had been quick

contact with a social worker and a meeting arranged with Direct Payments also being progressed.

- An application had been made in June 2017 for George to have a Continued Healthcare Assessment but this had still not been undertaken.
- There was a lack of continuity in the provision of social workers and there was inadequate support for families who were just about able to cope on their own.
- After a year without physiotherapy, George was now receiving regular physiotherapy at Medway Maritime Hospital. This was very good but the year without physiotherapy had caused him great difficulty.
- George was now attending Carers Relief sessions and Botra as well as the G beats nightclub. These services had changed George's life and had enabled him to reconnect with old friends.

Officers apologised for the difficulties that had been experienced by George and his family. Significant changes were being made with the young person being put at the centre of the transition journey. Social workers in the 0-25 team worked with young people from the age of 14 with there being an expectation of there being multiple transitional meetings before the young person left education.

In January 2018, the 0-25 team had moved from Adult Social Care to become part of children's services. This team was now integrated with the Special Educational Needs (SEN) team, the Educational Psychology team and with physical and sensory support. This integration would help to assist young people with the transition to adulthood. As part of the recent restructure of Adult Social Care, there had been investment in three social work posts which would specifically focus on the transition from children to adults. Under the SEND code of practice the Council was required to provide an independent advice and information service. This included a website to highlight services available. Other services to assist with the transition included Flight, which was two flats that could accommodate four young people for up to two years to enable them to gain independence and skills to live in the community, as well as the Shared Lives programme that enabled people to live within a family environment. Supported living options were also available, such as supporting people to buy or rent a property with support then being tailored according to their individual needs. There were plans to develop more local provision to stop young people having to moved out of Medway and there had already been some success in enabling young people to return to Medway to live near their family.

A Committee Member apologised to Mrs Keith and George for their experience and said that similar issues had been raised repeatedly. Previous assurances had been given that new policies would improve the situation but this had not happened to date. The Member also felt that multiple changes to a family social worker was a significant problem and hoped that George's Continuing Health Assessment would be undertaken soon.

Another Committee Member said that it should not come as a surprise that young people would need to transition to adult services as they grew up and

said that there was an alternative to austerity. The Member asked for assurance that the Continuing Healthcare Assessment would be undertaken soon and asked whether engagement could be undertaken with Medway Voluntary Action to ascertain what support they could offer to service provision. The Member also highlighted the need for engagement to take place before young people leave school.

A Committee Member was concerned that the report stated that children with less complex needs, such as social, emotional and mental health needs, would be managed by mainstream children's services as the Special Educational Needs (SEN) code of practice stated that these children should be managed by the SEN team. The Member was also concerned that young people provided support by CAMHS (Child and Adolescent Mental Health Services) did not always continue to receive support when they became adults.

Officers reiterated that services had been brought together as part of a restructure and agreed that services had previously been too fragmented. It was agreed that work needed to be undertaken with the voluntary sector, including with Medway Voluntary Action. There had been a SEND inspection of services for young people in December 2017 and actions in response to this were being worked on through an action plan.

Two posts had been added to Adult Social Care that were specifically to work with the voluntary sector. Part of the approach in relation to the Three Conversations Model was about helping people to be supported in the community.

The Council had recruited extra children's social workers. However, there was a national shortage of social workers with there being 20% fewer than needed while the need for social workers was increasing. Students undertaking a degree in social work were helping to ensure the availability of good quality newly qualified social workers with the Council being committed to recruiting and retaining newly qualified social workers.

The Assistant Director of Adult Social Care said that he would personally ensure that George's Continuing Care Assessment was completed.

Decision

The Committee:

- i) Noted and commented on the report.
- ii) Requested that written information be circulated to the Committee to include:
 - a. The number of social workers employed by Medway and the staffing structure.
 - b. The number of Continued Healthcare Assessments that were outstanding.

857 Member's Item: Future of the RVS Older People's Centre

Discussion

Councillor Murray introduced the Member's item on the future of the RVS Older People's Centre. The Committee was asked to note that the Save the Centre Committee was an independent group that was not connected to RVS. It was recognised that the Council no longer wished to provide grant based funding, preferring instead to contract services and establish targets that could be monitored.

Councillor Murray said that the grant for the Centre had been withdrawn suddenly with there having been no time to put alternative and more sustainable arrangements in place, although the small funding reprieve in the Council budget was welcome. The RVS Centre had a commitment to help the Council to reduce social isolation and help people to maintain good health and independence in later life. The Centre was also good value for money and had the ability to make the three conversations model for social care work well.

It was recognised that the provision of funding was challenging. Centre volunteers helped to fundraise by running a café, which made about £30,000 a year, with Centre users also helping to raise funds for other charitable causes. The move to a new delivery model could not take place in a matter of months. RVS currently paid £18,000 in rent per year for the Centre. Relocating the Centre would be difficult as there were few suitable alternatives, particularly as the Centre was already ideally located in central Chatham. The Centre had two paid staff who organised and supported volunteers and facilitated the general management of the Centre.

A number of Centre users, volunteers and other representatives of the Centre and RVS addressed the Committee, the key points of which were as follows:

Nikki Williams, volunteer – Had been recovering from mental health difficulties when she discovered the Centre, subsequently becoming a volunteer. Her volunteering role included 1 to 1 tuition for mobile phone and tablet users and helping in the café. Centre users considered themselves to be a family and did not want to be split up. They were also concerned by the possible relocation of the centre. Ms Williams had been forced to stop working following an injury last year. She considered that attending the centre had helped her enormously since and that it had possibly saved her life.

Lillian Lyons, centre user and volunteer– She had previously volunteered at Age Concern before becoming a volunteer at the RVS Centre when it had opened eight years ago. The Centre was excellent in helping people to overcome loneliness and to find friends and activities and she would be devastated if it were to close. As Ms Lyons was unable to lift heavy items, staff at the centre did her weekly shopping and delivered it to her.

Jenny Woodman, Centre user, volunteer and befriender – discovered the centre following the death of her daughter and was now a volunteer helping

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with knitting/crochet, bingo and the book club. She had also become a befriender, although this scheme had been withdrawn by RVS. Volunteers were concerned at the move towards a volunteer led model as they did not want the extra responsibility. The Centre had helped Ms Woodham come to terms with the death of her daughter and its closure would break her heart. There needed to be more similar facilities for older people.

Barbara Taylor, Chair Save our Centre Committee – Funding was a real challenge, this made it imperative that public funds were spent responsibly. The Centre was a special place that helped depressed, lonely and isolated users who would not be able to cope without it.

Eight years ago, the Council had provided initial funding of £100,000 for the Centre and a subsequent annual grant of £35,000. There had been no performance monitoring; therefore the significant benefits of the Centre to the local community could not be fully appreciated. The Centre was recognised as a centre of excellence for the elderly. It was a safe haven to promote health and wellbeing and was centrally located. There were no other similar facilities in Medway. No impact assessment had been undertaken to ascertain what services would be lost and who would be affected if the Centre were to close. The relocation of the Centre would not be welcome, with alternative venues suggested, such as in a pub, being unsuitable. The new service model being proposed would be volunteer-led with no accountability for the delivery of services.

Closure of the Centre was likely to result in an overall increased cost to the health and social care system as the Centre helped to prevent its users needing other services. Local authorities were under a duty to help improve the independence and wellbeing of people in the local community. Therefore, it could be argued that the Council had a statutory duty to fund the Centre.

Ms Taylor was extremely disappointed that the Council was no longer prepared to support the centre financially and said that thousands of signatures had been collected in support of keeping it open. A demonstration had been held to this effect outside the February 2018 Budget Council meeting. Local MP, Tracey Crouch, had stated in a letter sent to the Council on 23 January 2018 that she had concerns that the long term cost of the centre closure would be significantly more expensive than the £45,000 saved. The £17,500 of funding allocated by the Council was considered to be insulting, particularly as £75,000 had been allocated to Christmas car parking and the sum allocated would only enable the Centre to operate until the end of August 2018.

Rebecca Kennelly- RVS Charity – Gave personal thanks to the Save the Centre Committee for their campaign to keep the centre open. RVS was a national third sector organisation that aimed to support older people. There had been a significant decline in resources available with RVS having to implement a challenging new model to ensure future sustainability. RVS had provided £171,000 of funding to the Chatham Centre over the last seven years. RVS would work hard to enable it to continue but there was currently not enough funding available without a Council contribution. With no Council funding, the

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Centre would require £50,000 per year to operate and it would take significant local effort and time to successfully transition to a new delivery model.

The Older People's Centre currently supported 70 to 100 older people each week. 80% of Centre users were aged over 75. The average volunteer age was 62, 93% of Centre users said that it made them better able to cope with day to difficulties, 95% had more social contact as a result, while 96% said the Centre helped them to do the things they wanted to do and live the life they wanted to lead. 96% also said that the Centre helped them to feel healthier.

Ms Kennelly appealed for the Council to provide funding for the Centre and stated that if the current premises were no longer viable then a rent free alternative would be needed. It was hoped that there could be strong partnership working with the Council going forward.

Ms Kennelly was asked by an audience member whether she had spoken with the landlord of the Centre about a possible reduction in rent. It was confirmed that a letter had been sent but that no reply had yet been received.

A Member said that a number of Councillors had voted against the Council Budget. He saw the RVS as being an excellent example of volunteering and also saw the community benefits of the Centre. The Member was also concerned about the capacity of the voluntary sector to take on the services that it was being expected to provide.

Councillor Murray put forward a proposal that Cabinet provide funding for the whole of the current fiscal year. This compared to the funding provided in the Council budget that would enable the Centre to operate until August 2018. It was also proposed that progress be reviewed in a year with the possibility of support being extended.

Some Committee Members declared their support for Councillor Murray's proposal, while one Member urged caution due to the ongoing nature of the discussions in relation to the future sustainability of the Centre.

The Committee considered Councillor Murray's proposal. Upon being put to the vote, the proposal was approved.

Decision

The Committee agreed that Cabinet be asked to fund the RVS Older People Centre for the full year [2018/19], making up for the lost grant, thus giving time for RVS, the Centre, the users, the volunteers and Council officers to work together on a new model while still providing the services everyone attending the Committee meeting needs so badly. This time next year, progress be reviewed and further support considered if things are going well.

858 Pharmaceutical Needs Assessment

Discussion

The Committee was advised that each Health and Wellbeing Board was required to produce a Pharmaceutical Needs Assessment (PNA) every three years. Medway's existing PNA had been published in March 2015, therefore the new document was due to be published by the end of March 2018. The PNA took into account factors such as forecast demographic changes and houses due to be built.

The PNA would be used by the NHS in order to determine whether it would be appropriate to permit the opening of a new pharmacy or when considering requests to modify existing services. Medway had contracted a specialist to produce its PNA. Although it was not formally required for there to be a public consultation, this was considered to be good practice. Following discussions with NHS England, it had been decided to update the existing PNA rather than undertaking a new full assessment.

A 60-day consultation on the draft PNA had been undertaken during December 2017 and January 2018 ahead of the refreshed PNA being published in March 2018.

There had been a good response to the consultation and the PNA had been updated to reflect the consultation feedback. Three key concerns had been identified from the consultation feedback. Concerns had been raised about a GP practice on the Hoo Peninsula, which had stopped dispensing, with regards to the provision of services in the Cuxton and Halling area, in view of new development; and in relation to whether the planned London Resort theme park could lead to increased demand for pharmaceutical services. In relation to the London Resort, it was not anticipated that this would lead to increased demand for pharmaceutical services during the next three years (the life of the PNA). Cuxton and Halling had been determined by NHS England to have the characteristics of a rural area and was a controlled locality which meant that there were limitations on pharmacies moving into the area. If this status were to change then it would be possible for a new pharmacy to be established. In relation to the Hoo Peninsula, one dispensing practice, which had 3,000 patients, had stopped dispensing. A delivery service was being provided by three pharmacies in Hoo St Werburgh to mitigate the closure. Consequently, it would be recommended to the Health and Wellbeing Board that provision on the Hoo Peninsula and in Cuxton and Halling be kept under close scrutiny over the next three years and recommendations made to NHS England to change the PNA if there were significant changes in those areas during the next three years.

A Member questioned Cuxton and Halling being continued to be classified as a rural area in view of the developments in the area. The Member was also concerned about the lack of a 24-hour dispensing pharmacy in Medway or in Kent. Another Member was concerned that the process for getting prescriptions out of hours was not well enough advertised. They highlighted a case where a

patient had incorrectly been advised that they would have to travel to London in order to obtain a prescription during the night.

Officers advised that the Out of Hours Service was able to provide essential services out of hours from a pharmaceutical supplies list. Medway NHS Clinical Commissioning Group was investigating the case where a patient had been told to travel to London for an out of hours prescription as this should not have occurred. The determination of whether an area was rural was made by NHS England. If there were concerns with regards to the classification of Cuxton and Halling then the Health and Wellbeing Board could ask NHS England to review this.

In response to Member concern that patients living in Strood South who used a GP practice in Cuxton, but were not allowed to use the practice pharmacy, officers advised that this restriction was due to national regulations and there were currently no plans for this to change.

In relation to pharmaceutical provision on the Hoo Peninsula, a Member was concerned that some parts of it were a long way from a dispensing pharmacist with these communities also being the furthest away from a walk-in centre. The Member sought assurance that the Health and Wellbeing Board would take this into account and consider supporting new provision. Officers advised that a delivery service was in place for part of the Peninsula and that provision would be kept under review. However, the number of patients affected (3,000) was considered to be insufficient for a new pharmacy to be viable. This would require a minimum of 5,000 patients.

Decision

The Committee noted that the PNA had been updated and would be published before the end of March 2018.

859 Medway Clinical Commissioning Group Operational Plan

Discussion

The Committee was provided with an update on the first ten months of delivery of the CCG Operational Plan. The Plan set out nine must dos that CCGs were required to deliver by central Government. Key highlights of activities undertaken in the period included progress on the development of local care, the roll out of Pace Clinics (support for older adults), work with Kent Fire and Rescue Service on assessing the risk factors related to falling in older people and development of primary care services in order to deliver the NHS GP 5 Year Forward View programme. There were currently four healthy living centres in Medway with a further two being required. Minor illness clinics had been established in Rochester and Rainham and would be rolled out across Medway. Care Navigation services were also being developed. Significant work had been undertaken in relation to urgent and emergency care. Front door screening had been started with Medway Community Healthcare and Medway Foundation Trust, to identify patients who could be dealt with in primary care.

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There had been much positive partnership working to reduce Delayed Transfers of Care of patients fit for discharge from hospital to the community. This had included one week in December where no patients had been delayed. There had been a significant reduction in the number of patients waiting over four hours to be seen in Accident and Emergency due to joint working undertaken with MFT. There had also been a reduction in the number of patients waiting for procedures. It was also noted that the winter months had been better than expected in relation to the provision of emergency care in Medway.

Medway Maritime Hospital had the only Accident and Emergency Department in Kent and Medway that had a 24 hour liaison psychiatry service and a number of specific services had been recommissioned during the previous 12 months.

A Committee Member asked what progress had been made in relation to the Kent and Medway Sustainability and Transformation Plan (STP) and said that it would be useful to see a timeline and financial appraisal of the implementation. The Member also noted that Accident and Emergency patients at Medway Maritime Hospital who exhibited mental health concerns were being quickly triaged but could then wait up to six and a half hours to be seen further. The Member asked for assurance that the problem had not been transferred to another part of the hospital. The Member also asked for updates on General Practice issues in relation to the availability of appointments at the Thorndike surgery and in relation to the St Mary's Island practice.

The Chief Operating Officer of Medway NHS Clinical Commissioning Group advised that the next item on the agenda was related to the STP. There was a clear timetable for the reprocurement of local care with a planned go live date of 2021 and work taking place in advance of that, such as significant engagement activity. There was also ongoing consultation in relation to the Kent and Medway Stroke review. During the next year there was due to be a roll out multi-disciplinary teams e.g. those looking after the most frail patients. Extended 8 to 8 GP access was due to be delivered from 1 October and funding of £1million was available in the current year to expand the capacity of booked GP appointments. It was acknowledged that there had been some significant delays in the provision of A&E services at Medway Maritime Hospital for patients with mental health difficulties. Work was taking place with Medway Community Healthcare to address this. In relation to appointment availability at Thorndike surgery, work continued to take place to direct patients to the minor illness clinic when appropriate and it was anticipated that the roll out of 8 to 8 GP access would increase capacity. The St Mary's Island GP practice had changed ownership and was now run by a practice that ran a number of sites in north Kent and Medway. Capacity had been significantly increased with positive feedback having been received from patients.

Decision

The Committee noted the progress on the delivery of the Operational Plan.

860 Kent and Medway Strategic Commissioner

Discussion

The report set out changes that had taken place across Kent and Medway over the last few months, particularly in relation to the leadership and accountable officer roles of the clinical commissioning groups in Kent and Medway. There was a formal proposal to establish a strategic commissioner and share a single senior management team with one accountable officer (chief executive). Thanet and South Kent Coast CCGs were not currently participating in the formal arrangements. Meetings were taking place during March to ascertain what joint work and joining up of back office functions could take place over and above the current level of collaboration.

To prepare for the new arrangements the accountable officers of the CCGs were taking on additional transitional roles from February. These included, Caroline Selkirk, Medway CCG Accountable Officer becoming East Kent Managing Director; Ian Ayres, West Kent CCG Accountable Officer becoming managing director for Medway, North and West Kent and Glenn Douglas, Senior Responsible Officer for the Kent and Medway STP becoming Accountable Officer for six CCGs across Kent and Medway. Patricia Davies, Accountable Officer of Dartford, Gravesham and Swanley CCG / Swale CCG had become Director of Acute Strategy and was also leading on the Kent and Medway Stroke Review, while Hazel Smith, Accountable Officer for South Kent Coast CCG and Thanet CCG had become Director of Partnerships.

A Committee Member was concerned that joint working between Medway and Kent could have a detrimental effect on Medway in the event that a majority Kent view was able to prevail when key decisions were taken. It was asked whether the arrangements could be ended if they were found not to be in the interests of Medway. The Member accepted that there were likely to be benefits associated with the bringing together of back office functions.

The Chief Operating Officer of Medway NHS Clinical Commissioning Group said that the rationale for establishing a Strategic Commissioner, besides being to reduce back office costs was to give better cohesion across Kent and Medway and to give the area a stronger voice in discussions with Government.

Committee Members expressed their disappointment that no one from the Kent and Medway Sustainability and Transformation Partnership was in attendance to present the report and answer questions. Members also wanted to understand the impact of the new arrangements on service provision and to see details of next steps and a timeline for the work.

It was agreed that there would be no further discussion of item as there was no one from the Kent and Medway Sustainability and Transformation Partnership in attendance to answer Member questions and give the information required on this important item.

Decision

The Committee requested that a more detailed report on the establishment of a Kent and Medway Strategic Commissioner be brought to the next meeting of the Committee and further requested that a representative of the Kent and Medway Sustainability and Transformation Partnership attend the Committee.

861 Council Plan Quarter 3 2017/18 Performance Monitoring Report

Discussion

Significantly improved performance in relation to Delayed Transfers of Care (DEToC) was highlighted. The number that were attributable to Adult Social Care had fallen significantly with performance having been maintained during the challenging winter. In relation to the performance indicator for the Proportion of adults in contact with secondary mental health services in settled accommodation, performance was below target but remained in line with the national average. The most recent available figure available since publication of the report showed that performance had improved from 60% to 65%.

A Committee Member was concerned that performance was below target for the above indicator as this covered a very vulnerable group of people. She noted that being in settled accommodation would better enable recovery and asked the extent to which the Kent and Medway NHS and Social Care Partnership Trust (KMPT) was assisting with the achievement of the target. The Member also requested that the Committee be provided with an update on the development and implementation of the Three Conversations model.

The Assistant Director of Adult Social Care agreed that vulnerable people with mental health challenges being in settled accommodation was important. Medway's target was higher than the national average to reflect this importance. Work was being undertaken with KMPT and further information could be provided on this once the work had progressed further.

The Three Conversations Model was not a simple and straightforward change. It required significant cultural change within the workforce in terms of the way that Adult Social Care worked with clients and with partners, including the community and voluntary sector. Some work to embed the approach had been undertaken as part of the restructure of Adult Social Care but more work was required to embed the principles within the service. There was a need to work on how to embed Three Conversations principles within long term services and to consider how people could be supported to remain independent and live in their own homes for as long as possible. Support for people after discharge from hospital to recover well at home and sustain independence in their own homes was also important.

Decision

The Committee:

- i) Considered the Quarter 3 2017/18 performance against the measures of success used to monitor progress against the Council's priorities.
- ii) Requested that an update on the Three Conversations Model be provided to the June 2018 meeting of the Committee.

862 Work programme

Discussion

The Committee was updated on the establishment of a new Joint Health Overview and Scrutiny Committee in relation to the Kent and Medway Stroke review. Following previous agreement by Medway's Council, the Kent Council meeting had agreed the proposal. The new Joint HOSC would include Members from four Councils, these being Medway, Kent, East Sussex and the London Borough of Bexley. It had been agreed that Medway and Kent would have parity of Membership on the new Joint HOSC as well as on the existing Kent and Medway Joint HOSC. It was anticipated that the first meeting of the new Joint HOSC would take place in the autumn once the NHS had evaluated the results of the current public consultation. It was also expected that a further meeting of the existing Kent and Medway Joint HOSC would take place in early May to receive an update on the Kent and Medway Vascular Services Review as well as on the Policy Review of Assistive Reproductive Technologies in Kent and Medway.

The Committee was advised that the Social Isolation Task Group was due to commence its work in April. It was requested that nominations be made for membership of the Task Group.

Decision

The Committee

- i) Considered and agreed the Work Programme, including the changes set out in the report and agreed during the meeting.
- ii) Agreed that the Labour group nominations for membership of the Social Isolation Task Group would be Councillors McDonald and Shaw and that nominations for the Conservative group membership of the Task Group would be put forward following the meeting for these appointments to be approved through the Council's committee membership appointment process.

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Chairman

Date:

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