

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

Tuesday, 26 October 2021

6.32pm to 10.05pm

Record of the meeting

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

Present: Councillors: Wildey (Chairman), Purdy (Vice-Chairman), Ahmed, Barrett, Lammas, McDonald, Murray, Prenter, Price, Thorne and Mrs Elizabeth Turpin

Co-opted members without voting rights

Substitutes: Councillors:
Van Dyke (Substitute for Adeoye)

In Attendance: Vincent Badu, Deputy Chief Executive, Director of Partnerships and Strategy, Kent & Medway NHS & Social Care Partnership Trust
Karen Benbow, Director of Commissioning, NHS Kent and Medway Clinical Commissioning Group
Jackie Brown, Assistant Director Adults' Social Care
Lee-Anne Farach, Director of People - Children and Adults' Services
Dr George Findlay, Medway and Swale Integrated Care Partnership
Steph Hood, Ruby Ward Consultation Lead
Su Irving, Head of Adult Partnership Commissioning and the Better Care Fund
Caroline Selkirk, Executive Director of Health Improvement/ Chief Operating Officer, NHS Kent and Medway Clinical Commissioning Group
Michael Turner, Principal Democratic Services Officer
Sandy Weaver, Complaints Manager for Social Care
James Williams, Director of Public Health

409 Chairman's Announcement

The Chairman referred to the recent sad death of Councillor Nick Bowler, a long-standing Member of the Council, who had died on 12 October. Councillor Murray spoke of her shock at hearing the news of Councillor's Bowler's death. His family

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appreciated the support he had received from the NHS after his diagnosis. She had worked with Councillor Bowler for over 20 years and he would be greatly missed.

A minute's silence was then held in memory of Councillor Bowler.

410 Apologies for absence

Apologies for absence were received from Councillors Adeoye and Thompson.

411 Record of meeting

The record of the meeting of the Committee held on 17 August 2021 was agreed and signed by the Chairman as correct.

412 Urgent matters by reason of special circumstances

There were none.

413 Disclosable Pecuniary Interests or Other Significant Interests and Whipping

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

There were none.

Other interests

Councillor Ahmed, in relation to agenda item 5, disclosed that she worked for Rehman Chishti MP who had responded to the public consultation referred to in the report, but she had not been involved in this response.

414 Transforming Mental Health Services in Kent and Medway - Eradicating Dormitory Wards

Discussion:

Members considered a report from the Kent and Medway Clinical Commissioning Group (CCG) which outlined the initial headline results from the formal public consultation on the proposal to relocate Ruby Ward from Medway Maritime Hospital to a new purpose-built facility in Maidstone. Set out in a supplementary agenda were full, detailed reports and analysis of the responses to the consultation and the activity undertaken to deliver the consultation.

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The CCG advised that a range of methodologies had been used in the consultation process and there had been a particular focus on deprived areas to elicit views and feedback, particularly on travel and transport issues, as requested by the Committee.

In summary, a majority of respondents agreed the proposed move would improve care and address needs, but some challenges and concerns had been identified with regard to travelling and visiting. The CCG would carry out further work to look at what mitigations could be put in place to support patients and families. Some other potential sites had been suggested from respondents to the consultation and these would be evaluated to see if they met the criteria, the outcome of which would be included in the CCG's decision-making business case and also reported to Members for information.

The CCG thanked the Committee for their engagement with the process.

The following issues were then discussed:

- **Mitigations** – it was emphasised that any mitigations put forward needed to be implemented and Members kept informed, noting similar circumstances in the past where promised mitigation did not take place, albeit under the responsibility of a different leadership team.
- **Consultation process** – noting that the Independent Report on the consultation stated that, of all the respondents from across the catchment population, Medway and Swale residents disagreed most with the proposals and the potential loss of this service in their locality, how people were selected for phone interviews and why no libraries in Medway were used was queried. In addition, disappointment was expressed that only two online survey responses had been received from Medway and Swale residents. The reference in the Independent report to two respondents from Medway and Swale was in relation to a comment that the proposal would not represent an improvement in the service. In response to the point about there being only two online survey responses from Medway and Swale, Members were advised that the online survey was only one of the methodologies used to seek feedback in the consultation, and other methodologies such as focus groups, attendance at patient and community group meetings, and telephone interviews were used to gather responses from across the catchment population including those from Medway and Swale. An additional 100 telephone interviews had been commissioned mid-way through the consultation specifically to boost the number of responses from those in more deprived areas, including in Medway and Swale. It was explained that the people chosen for phone interviews had been selected randomly. There had been a focus on more deprived areas, as requested by the Committee, with 200 interviews taking place in that category. Due to concerns about infection control, it had been difficult to get agreement for hard copies of the consultation survey to be left in some locations that would have been used pre-pandemic to distribute information – for example, GP surgeries and hospital waiting rooms.

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A point was made that for the drop in events, the Pentagon Centre in Chatham should have been used. The CCG advised that the Sunlight Centre had been chosen based on feedback from Members. The CCG undertook to look at whether any Medway libraries had been used to distribute consultation material.

Concern was expressed that there had been insufficient consultation with the voluntary and community sector (VCS) in Medway who could have helped target difficult to reach groups. The CCG was asked to bear this in mind in future consultations. Member were advised that the CCG had worked with existing networks to reach VCS organisations. In addition, contact had been made directly with groups representing carers, the LGBT community etc. There had been a target of 118,200 people having an opportunity to see or hear about the consultation and the assessment was that the actual figure reached 320,000.

- **Loss of services in Medway** – several Members expressed concern that the proposal amounted to another service being lost in Medway and, in particular, that it meant the loss of the last in-patient mental health ward in Medway, an area with a large population and many deprived areas. In response, Members were advised that there was significant investment planned for community mental health services in Medway as part of a major mental health transformation programme which was starting in Medway and Swale and which the CCG and KMPT remained committed to. Also, the majority of people needing mental health services received care in their community. In response, a point was made that this investment in Medway would have happened in any event and that it must be rare for an area with a population of 300,000 people not to have an acute ward.
- **Staffing issues** – reference was made to a concern raised by staff that they were used to dealing with 10 patients in Ruby ward, while the new unit would have the capacity to treat and care for up to 16 patients at a time. How many staff would be working in the new unit, how many were transferring from Medway, whether any needed support to work in a mixed sex unit and whether staff concerns about therapeutic activities at the new unit would be addressed were questioned. In response, KMPT noted that no decision on the new unit had yet been taken but if the proposal was approved then the affected staff would be individually consulted through a Human Resources led consultation, including views on who wished to transfer to the new unit and who wished to remain with KMPT or another NHS service locally. Anyone not wanting to be transferred would not be made redundant.

There were clear rules on safe staffing levels and staff to patient ratios. This would still be met in the new unit with the capacity increase of two more beds. There were also clear policies on gender separation. Staff worked with older patients across Kent and Medway based on the needs of patients and there were other wards which were either single gender

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or mixed. It was important to provide an environment where there was a safe separation of male and female patients, something not possible at the current Ruby Ward but which could be achieved in a new facility.

There were approximately 26 FTE staff in the service now and the same number was proposed for the new unit. If necessary, they could be supported from other units on the same site. In response to a comment that this meant the same numbers of staff would be caring for an additional 6 patients, KMPT advised that the staff would be dedicated to the ward and they did not expect to see a significant increase in workloads. The environment in the new unit would be greatly improved and would make it easier to care for and monitor patients and the current staff ratios for 14 beds also applied for 16 beds.

The priority was to have the right staff and skills in place to provide care. The proposal would mean an increase of 2 beds from the current 14 beds. The new unit would continue to care for patients across Kent and Medway with a focus on meeting needs. Access to the service would remain for everyone in Kent and Medway and this would not change if the location of Ruby Ward changed. An assurance was given that if it was found to be more difficult to manage the potential increased number of patients then staffing levels would be increased as the Trust had a responsibility to make sure patients were safe.

Whether staff were trained to spot signs of severe depression which could lead to their or others' safety being compromised was questioned. Members were advised that staff were required to undergo mandatory training. Many were registered and qualified and there was a strong culture of supervision of staff to ensure skills met national standards to deliver care.

- **Site in Medway** – concern was expressed that not enough had been done to find a site in Medway. The CCG responded that various premises in Medway had been evaluated against the criteria, including Medway Maritime Hospital but there had not been enough space there, or appropriate sites elsewhere in Medway despite an extensive search. However, releasing Ruby Ward would free up space to help the Medway Maritime Hospital increase its capacity for supporting patients with physical health needs and to help reduce waiting lists etc.
- **Travel** – KMPT advised that a travel analysis had been commissioned to look at this in detail and the impact of the proposal on different parts of Kent and Medway and the catchment population for Ruby Ward. While Ruby ward was located in Medway it was not solely for Medway residents. When acute admission was needed for mental health patients it was key that this should be to a ward and clinical team that best suited the clinical needs of that patient. Members heard how visiting arrangements for those on mental health wards were different to those in hospital for physical health treatment and care. Visits were planned and scheduled as part of care planning for mental health patients, and the

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Trust worked with families on how best they could maintain contact. If visitors needed help with travelling to visit there was a volunteer driver service run by the Trust. The CCG had not yet finalised its response to the consultation but was looking at a travel and transport policy to address these concerns.

- **Timescales for a decision** – a point was made that the timescales for submitting a bid for funding may have affected the decision to propose moving the service to Maidstone. Whether an extension of the timescale KMPT was working to would have allowed more time to look at sites in Medway was queried. Members were advised that the CCG and KMPT had been faced with a very tight timescale. Considerable work had taken place with partners to look at possible sites in Medway before it was clear that the proposed site was the best option to consult on and engagement with the Committee took place. This work had started over 12 months ago when the announcement of a bid for capital funding had been made. Given the criteria set by the Government, the CCG and KMPT did not believe more time would have made a difference.
- **Release to community care** - how the concerns raised in the consultation on increased travel distance aligned with releasing people into community care was queried. Reference was also made to the importance of timing for acute admissions. KMPT gave a commitment that patients were admitted as close as possible to where they lived but there were not units in every part of Kent and Medway and their admissions policy was 'needs led' first. It was rare to place patients out of area though.
- **Funding for new unit** – in response to a question, Members were advised the CCG was confident the capital funding for the new unit was available and not at risk of being lost. Whether there had been a gap between KMPT becoming aware of the funding and the chance to apply for funding. KMPT responded that they were not aware of any gap and had submitted a bid as soon as they had been notified.
- **Volunteer driver service** – whether this service operated in Medway and how many drivers were available was questioned. KMPT advised they would report back to Members on numbers but that the volunteer driver service had operated since 2006 and operated on a request basis. An analysis had shown some areas were not as well served (e.g. Dartford) where it was difficult to recruit drivers. It may be necessary to invest more and carry out some targeted recruitment. At present there was a small level of demand for the service, but this would be monitored to see if demand increased significantly if the proposal was agreed. A point was made that the last time a ward had closed, the same assurances had been given on help with travel, but no evidence was ever seen of Medway residents being able to use the service. The importance of transport provision being provided was emphasised, particularly as buses from some parts of Medway could take 2.5 hours to

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get to Maidstone. It was pointed out that there was a long-established voluntary driver service already operating in Medway.

KMPT clarified that volunteer drivers did not transport patients to the ward.

- **Criteria for bid** - why the new site had to be on land owned by KMPT was questioned. KMPT advised that the national criteria stipulated that the site had to be part of the Trust's assets. The capital allocation granted did not include funds to acquire a new site and the availability of accessing capital funding in the NHS was very limited.

Decision:

The Committee:

- a) agreed the following comments and recommendations as the Committee's formal response to the CCG on their proposal to relocate Ruby Ward from Medway Maritime Hospital to a new purpose-built facility in Maidstone:

Comments:

- i) *Welcomes the eradication of the last dormitory ward for mental health patients in Kent and Medway and also the £12.65m allocation to KMPT by the Government to allow a new facility to be built.*
- ii) *Deeply regrets that a site could not be found in Medway which met the agreed criteria.*
- iii) *Regrets that this proposal represents another service moving out of Medway, particularly as the highest proportion of admissions to Ruby Ward between 2016/17 – 2019/20 were from Medway and Swale.*
- iv) *Considers that earlier engagement with scrutiny may have led to a site being identified in Medway.*

{It is acknowledged that the CCG, KMPT and MFT met with the Council in 2020, prior to engagement with the Committee, to attempt to find an alternative site in Medway. The first report to the Committee on this matter was in March 2021 when Members were asked to decide whether the proposed reprovision of services from Ruby ward at Medway Maritime Hospital to the Maidstone Hospital site was considered to be a substantial variation to services and were also advised of various sites in Medway which had been identified as a result of the earlier discussions with the Council referred to. However, none of these sites met the agreed criteria.

In addition, HASC members made some suggestions for possible alternative sites that were fully evaluated in Spring 2021 and discussed as part of a small sub working group comprising Medway

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HASC members and NHS officials. This process is outlined in earlier papers to HASC and the NHS's pre-consultation business case for the proposed changes to Ruby Ward.

The agreed protocol between the Committee and NHS bodies in the case of substantial variation of health services says: "The NHS body will discuss any proposals for service change with the relevant OSC committee at an early stage as part of the Committee's work programming process in order to agree whether or not the proposal is substantial and at this point there will be discussion about how consultation with the OSC will be undertaken."

- v) Welcomes the fact that the proposal was the subject of a formal public consultation, reflecting the wishes of the Committee and that this was more appropriate than the limited public engagement initially recommended by the CCG.*
- vi) Expresses its disappointment that the public were consulted on a single option proposal and that this was phrased in terms of it being a relocation and not the closure of a service in Medway.*

Recommendations

- i) That the alternative sites in Medway identified in the public consultation that have not already been assessed against the criteria (i.e., Gillingham Business Park, Chatham Dockside and Medway Campus), are assessed as a matter of urgency and this is included in the decision-making business case to be presented to Kent and Medway CCG Governing Body in November 2021.*
- ii) The outcome of this evaluation of potential alternative sites is reported to Members via a briefing note for information.*
- iii) That service users and their families and carers are involved in the more detailed design process, including ensuring that the new site has a range of digital communications available to enable patients to contact their families and carers.*
- iv) That a travel and transport strategy is produced during the planning process that addresses the travel and access needs of patients, staff, families and carers and that a report on the take up and effectiveness of this strategy be submitted to the Committee within 6 months of the new facility opening.*
- v) That clarity is provided about the implementation process, especially around the relocation of patients and staff including how patients who may be initially admitted to MFT in crisis after the service has moved from Ruby ward will be assessed and transferred.*
- vi) That, for similar proposals in the future, the CCG (or successor organisation) works with the Committee to ensure, in line with Government Guidance on Local Authority Health Scrutiny, that there is constructive dialogue with health scrutiny when communicating on*

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timescales for comments or decisions in relation to substantial developments or variations in order to help ensure that timescales are realistic and achievable.

vii) That where in future the requirement to consult the Committee on a substantial variation to a health service is triggered, public consultation should then be seen as the default position and a decision on this, and the appropriate timescales, should be made alongside the Committee.

- b) agreed, in the event that the CCG disagrees with any of the Committee's recommendations, to delegate to the Director of People – Children's and Adults' Services the authority, following consultation with the Chairman, Vice-Chairman and Opposition Spokesperson, to try to reach agreement with the CCG on behalf of the Committee.

415 Medway NHS Foundation Trust - Update on Care Quality Commission Inspections

Discussion:

Members considered a report from the Medway NHS Foundation Trust updating Members on recent inspections by the Care Quality Commission.

During the course of the discussion Councillor Van Dyke disclosed that she was a public governor of the Trust but did not consider this presented a conflict of interest.

The following issues were discussed:

- **Improvement plan and recovering elective services** – in terms of how this was progressing and the impact of Covid, the Chief Executive of the Trust advised that Covid had had a devastating impact on services. At the peak of the backlog around 1,000 people were waiting 52 weeks for treatment. This figure had now reduced to about 200 and it was a priority to clear this backlog by the end of the financial year. The pandemic had meant many cancer services having to be paused but the Trust was now complying with its 2 week wait target. There was a focus on the recovery of cancer and elective care services and the backlog of very serious incidents had been cleared.

The point was made that any improvements were from a low base and the more streamlined action plans were welcomed. A comment was also made that the report offered some reassurances and it was acknowledged that ratings moving from inadequate following the most recent CQC inspection was a significant achievement.

- **Working with external mental health providers to improve waiting times for crisis beds and travel arrangements** – in relation to this action, the point was made that there was a need for an overall mental

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health strategy and KMPT could help with this. In response the Chief Executive commented that the Trust received good support from KMPT operationally and there were good escalation procedures. There were delays in respect of patients in crisis admitted to the ED in getting to a bed, but these tended to be younger. A paediatric area in the hospital had been refurbished to make the environment better and safer. The Trust was working with KMPT to improve matters but there was no easy solution.

- **Review of oversight of clinical incidents and embed an effective system to learn from such incidents** – disappointment was expressed with regard to the conclusion that a learning culture was not embedded in the Trust, and that there was a lack of effective governance around serious incidents and a lack of appetite for organisational learning. The Chief Executive advised that the backlog of serious incidents had been cleared and there was a target to clear lower-level incidents by the end of November.
- **Ensuring that where medical care service risks are identified, mitigation is put in place in a timely manner** – regarding this target, the point was made that lines of accountability were clear but were not always affective and there had been a lack of oversight from leadership team. The Chief Executive commented that he was confident lines of accountability were now clearer.
- **Ensuring the Emergency Department always has enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care** – reference was made to the CQC finding that safe staffing levels for the whole day required 39 registered staff but 31 staff were available. Whether this situation had improved was questioned. The Chief Executive was pleased to report full recruitment in respect of nurses in the ED. Sickness levels were around 4% so there were days when a full roster of staff was not deployed, but the gap was not as great as before.
- **Emergency Department (ED) performance** – the extent to which this was affected by the performance of other departments and outside the hospital was questioned. The Chief Executive responded that ED performance was very challenging. The ED department was now performing better than before but demand had increased significantly. The reasons for this were not clear but a factor could be problems some people faced in getting face to face appointments in primary care. There was no easy solution to this and a collaborative approach was needed. In response to a query how the lack of face-to-face GP appointments was impacting on the Trust and how this compared to other hospital Trusts in the southeast, the Chief Executive commented that there was a low baseline in Medway with a fragile primary care system in Medway and lower numbers of GPs and more locums compared to other areas. 500 patients a day were attending the ED and Meddoc and part of this

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was probably due to patient frustration and wanting to see someone face to face. Possibly 10-20% of that figure could be dealt with elsewhere but there was no data on how many attended due to frustrations in getting a face-to-face primary care appointment. The Integrated Care Partnership was working collaboratively on how the different parts of the health system in Medway could support each other. This included working with SECamb on how to triage differently given 120 ambulances a day were arriving at the hospital and 20% of these were then being diverted elsewhere. The capacity of the ED and urgent care service was being increased to increase capacity for the more serious patients.

- **Bullying of housekeeping staff** - why the programme for cultural change set up in response to these concerns had been closed was queried. The Chief Executive commented that the Trust was working on how to improve the culture and was training and supporting managers to speak up more freely. While the action had been closed in respect of the CQC inspection as there was evidence to support this, the Chief Executive acknowledged this was a long-term project to improve the culture of this area. Whether this process of closing actions sent the wrong message was questioned.
- **Council of Governors meetings** – why some governing body meetings were being held in a Masonic Hall was questioned given this venue could potentially exclude some people from attending. The Chief Executive commented this venue was only used once and would not be used again and members of the public had the option to observe the meetings remotely.
- **Staff morale** - in terms of current levels of morale, the Chief Executive commented staff had worked extremely hard during the pandemic and on recovery. Surveys and briefings showed increased levels of optimism, but morale would be a big issue over winter. Public support for the NHS had declined and staff were experiencing more frustration and sometimes violence from the public.

Decision:

The Committee thanked Dr Findlay for his attendance, expressed their appreciation of the work of all staff at the Trust and noted the report.

416 Kent and Medway Dementia Strategy Briefing

Discussion:

Members considered a report which provided an overview of the joint Kent and Medway Dementia Strategy that is being developed by the Kent and Medway Clinical Commissioning Group (CCG), the Kent and Medway NHS and Social Care Partnership Trust (KMPT), Medway Council and Kent County Council. The paper provided an overview for the Strategy, the vision, and the chapter

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headings with assurance that Medway Council is engaged in the development and scrutiny of this Strategy.

The point was made that diagnoses were still taking too long, including deprivation of liberty assessments. Members were advised that all organisations involved in the strategy had action plans and as gaps were recognised actions were put in place to address them.

It was suggested that the Member Task Group on dementia (How far has Medway gone in becoming a dementia friendly community) should be taken into account in the developing the strategy.

Decision:

The Committee agreed to note the direction of travel at this preliminary stage of the Kent and Medway Dementia Strategy.

417 Adult Social Care Annual Complaints and Compliments Report 1 April 2020 to 31 March 2021

Discussion:

Members considered this annual report which provided information on the number, type and other information on adult social care complaints received during the period April 2020 - March 2021. The report also highlighted some examples of the positive comments about the provision of adult social care in Medway over the same period and the service improvements the Council had made because of lessons learnt from complaints.

The following issues were discussed:

- **Poor communications** – the point was made that a common factor in complaints was insufficient or poor communication. Officers advised that staff were encouraged to not respond until they had the correct answer to a query. Many complaints were a result of invoicing errors and new software had been introduced which it was hoped would reduce the number of complaints. The point was made that the Council needed to learn from these errors and the Assistant Director – Adult Social Care commented there had been pressures in the team and that charges were an emotive subject. On occasion, other organisations would tell a person that their adult social care would be free. In general, when dealing with complaints it was important that they were responded to quickly and by a senior person.
- **Local Government and Social Care Ombudsman decision** – the point was made that the decision of the Ombudsman that the Council was at fault in relation to a complaint about the Council's refusal to make an exception to the rule preventing a mother from using direct payments to pay for care from her daughter seemed unusual given this was not permitted under the rules. The Assistant Director – Social Care

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commented this had been a very challenging case and involved another local authority which had made a decision about a service which a Medway member of staff had incorrectly agreed could be continued.

- **Complainants' ethnicity** – noting 96% of complainants were white/British, how this compared with the ethnicity of the population was queried. Members were advised that the ethnic background of the population in Medway was 90% white, 5% Asian and 3% black. Officers hoped to be able to identify how this compared to service users in order to improve the complaints process.

Decision:

The Committee agreed to note the report.

418 Council Plan Performance Monitoring and Risk Register Review Quarter 1 2021/22

Discussion:

Members considered a report which summarised performance in Quarter 1 2021/22 on the delivery of the priority relevant for the Committee: Supporting Medway's people to realise their potential.

The following issues were discussed:

- **Rate per 100,000 of self-reported 4-week smoking quitters aged 16 or over** – the Director of Public Health advised that this measure was now on target. In response to whether Covid had impacted on performance, Members were advised that before the pandemic performance was improving so a stretch target has been set. The importance of not smoking had continued to be emphasised and the public health team had focused on higher risk people and moved messaging to more online.

Reference was made to a rise in pregnant women smoking and whether the public health team planned to work in communities to address this was questioned. The Director of Public Health commented the team was able to work flexibly with communities and had also worked with NHS England so staff could signpost pregnant women who were smoking to get support.

The possibility of a briefing for members on smoking cessation work was made and Members were advised this could involve people who had benefited from this service.

- **Long covid** – it was suggested that when the Committee came to scrutinise long covid services this should include the impact of this on social care. Members were advised that the data on long covid for Medway could be provided.

Decision:

The Committee agreed to note the Q1 2021/22 performance against the measures used to monitor progress against the Council's priorities.

419 Work programme

Discussion:

Members considered a report regarding the current work programme.

Decision:

The Committee agreed the changes to the work programme as set out in paragraphs 2.2 and 2.3 of the report.

Chairman

Date:

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