

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

**Thursday, 4 December 2025**  
**6.30pm to 7.47pm**

**Record of the meeting**

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

**Present:** Councillors: McDonald (Chairperson), Campbell (Vice-Chairperson), Anang, Barrett, Crozer, Finch, Hamandishe, Jackson, Mark Prenter, Shokar and Wildey

**Co-opted members without voting rights**

Leanne Trotter (Healthwatch Medway)

**Substitutes:** Councillors:  
Howcroft-Scott (Substitute for Cook)

**In Attendance:** Stephanie Davis, Democratic Services Officer  
Scott Elliott, Head of Health and Wellbeing Services  
Lee-Anne Farach, Director of People and Deputy Chief Executive  
Su Irving, Head of Adult Partnership Commissioning and the Better Care Fund  
Andy McNally-Johnson, Head of Corporate Accounts  
Karen Pye, Community and Provider Services Lead  
David Reynolds, Head of Revenue Accounts  
Dr David Whiting, Director of Public Health

**513 Apologies for absence**

Apologies for absence were received from Councillors Cook and Perfect.

**514 Urgent matters by reason of special circumstances**

There were none.

**515 Disclosable Pecuniary Interests or Other Significant Interests and Whipping**

Disclosable pecuniary interests

There were none.

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## Other significant interests (OSIs)

There were none.

## Other interests

There were none.

## 516 Suicide and Self-Harm Prevention Strategy (2026-2030)

### **Discussion:**

The Strategic Head of Service Public Health introduced the report on behalf of the strategic cross county Suicide Prevent Group, which meets every three weeks and work in collaboration on the production of the strategy and delivery of the actions. This was a single strategy for children and adults which had specific individual strands for each cohort. The core elements of the strategy were a strong focus on training as well as campaigns such as 'release the pressure'. The strategy also detailed the link between poverty, self-harm and suicide and also focused on access to support and bereavement services. The Committee was shown a video on 'the Kent and Medway Baton of Hope' which was part of the 2025 nationwide Baton of Hope Tour, the world's biggest suicide prevention campaign.

Members then raised a number of questions and comments, which included:

- **The Baton of Hope campaign** – the campaign was commended for being inspirational and Medway for being part of such a campaign raising awareness on an important topic that affected many lives.
- **Use of language** - comment was made that the use of terminology such as 'committing suicide' needed to be addressed as the word 'committing' alluded to 'breaking the law'. It was however important that people continued to feel confident and have space to hold open and frank conversations about self-harm and suicide.
- **Support for male victims of domestic abuse** – in response to a question regarding what support there was for male victims of domestic abuse, the officer undertook to provide a detailed briefing note.
- **The role of charities and the community** – it was commented that many charities and organisations also did a lot of work to raise awareness and should be commended for all their hard work. In addition to the work being undertaken by organisations and services, it was acknowledged that we all had a duty of care as individuals to others in society to raise awareness and engage in conversations regarding self-harm and suicide to dismantle the taboo around this topic.

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- **Single strategy** – it was asked how confident the teams were in the decision to have a single strategy for children and adults and the officer said that this was the first time the two had been merged and self-harm included in the strategy. It was however pointed out that although the strategy was overarching, the action plans underpinning the strategy were different for children and adults.
- **Railway suicide** - in response to comments regarding how suicide involving the railway was often covered in the press, with concern as to how access areas were highlighted, the officer acknowledged that more work needed to be undertaken to address this. It was further asked how effective the partnership was with Network Rail and the officer said that rail operators were extremely supportive and reactive to incidents. There was significant work being undertaken behind the scenes on preventative work by rail operators who also provided high standards of training and resource for their staff.
- **Suicide rates** – it was commented that the suicide rate for Medway was higher than Kent and that it was concerning that this was not a Medway specific strategy. The officer said that since publication of the strategy, the current data (from the 2025 publication by the Office of National Statistics) showed that there had been a decline in suicides within Medway from 12, to 10.3 per 100,000 of the population of Medway. Whilst there were challenges working cross county, this was a strategy that benefitted from a strong partnership approach and the network meetings were well attended by partners. Additionally, whilst Medway and Kent worked together strategically, the actions included separate local actions when appropriate.
- **Targeting particular communities** – it was commented that some communities did not speak about self-harm and suicide and that some faith groups did not always recognise mental health issues, which was a factor in suicides. Additionally, some faith groups were reluctant to reach out for help, and it would therefore be beneficial to target awareness and the training offer to those groups. The officer said that Ward Councillors had contact with hard to reach groups and would be instrumental in getting the message across. All Councillors were encouraged to raise awareness in the community and to contact officers with any ideas and suggestions to connecting with hard to reach groups.

### Decision:

- a) The Committee noted the report and recommended the Strategy, as set out at Appendix 1 to the report, to the Cabinet for approval.
- b) Officers were requested to provide a briefing note on domestic violence support for men in Medway.

## **517 Commissioning Care**

### **Discussion:**

The Community and Provider Services Lead introduced the report which detailed care commissioning activities of the Adult Social Care Brokerage Team. The Committee learned that there were two dedicated teams that supported the work undertaken who managed separate caseloads whilst sharing some operational responsibilities. The Mosaic Provider Portal had recently been introduced which would have a significant positive impact on the work of the team. The challenges included significant cost variations between health-funded and social care-funded placements.

Members then raised a number of questions and comments, which included:

- **Providers** – a question was asked about what confidence there was in the quality of care service users received from providers. The officer explained that as part of the quality assurance process, a regular analysis of providers took place and if a provider was found to not be achieving the benchmarked targets, work was undertaken to establish and address issues by provision of appropriate support. This early surveillance was instrumental to early identification of issues and response through provision of additional training.
- **Caseloads** – in response to a question on whether the number of cases received were sustainable, the officer said that the service was fully staffed in both of the teams and with the proposed introduction of electronic systems, this would streamline processes.
- **Systemic issues** - it was commented that the report identified that many issues were systemic and it was asked how Medway compared with other Local Authorities (LAs) and what learning if any there had been. The officer said that systems were now being developed and introduced which would streamline processes. The strength of services was in Homecare provision. Residential Care provision remained a national issue due to rise of availability and rising costs. The team were working in partnership with Kent County Council on addressing quality of care and continued to support providers with improvement plans as well as encouraging them to expand their offer where possible. Disparity in costs remained an issue and the focus was on trying to establish a balanced market.

### **Decision:**

The Committee noted the report.

**518 "Waking Up to Sleep" 'Annual Report of the Director of Public Health 2024-2025**

**Discussion:**

Directors of Public Health are required to produce an annual report each year. The topic for this year's report was inspired by part of the work undertaken in development of the Joint Local Health and Wellbeing Strategy where the impact of sleep was reported as a key factor by both adults and adolescents. There were core links between sleep and other Public Health work, affecting behaviour that influenced how well people were able to prevent or address issues such as obesity, smoking, alcohol consumption and manage their mental health. The overall cost of poor sleep to the country's economy was approximately £40 billion, and Medway is likely in the region of £200 million in lost productivity. Addressing issues of poor sleep was not just limited to individual responsibility and was more about the interaction between choice and wider factors of life.

Members then raised a number of questions and comments, which included:

- **Acknowledging the importance of sleep** – the acknowledgement of the importance of sleep for all and the impact to individuals lives and society being recognised was encouraging. Children and young adults often had issues with sleep, including those with Special Educational Needs and Disabilities. Poor sleep affected mental health, as well as concentration and productivity in educational settings. Poor sleep in working adults often impacted concentration at work which was essential; in all professions.
- **Accessibility of sleep clinics** – it was asked how accessible it was for people in the community to access sleep clinics. The Committee was informed that access to clinical interventions must be explored in broader terms. Medway had a large population of night time economy employees and the Public Health team had work based health programmes available to assist employers to build in tools and strategies to support their staff with managing poor sleep. Data on sleep apnoea and access to service was requested by the Committee.

**Decision:**

The Committee noted the Annual Public Health Report 2025.

**519 The One Medway Council Plan Performance Monitoring Report and Strategic Risk Summary - Quarter 1 and Quarter 2 2025/26**

**Discussion:**

The Director of People and Deputy Chief Executive introduced the report which summarised performance in Quarter 1 and 2 and delivery of priorities and

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added that the direction of travel was encouraging, and the targets set were long term targets.

In response to a concern raised that life expectancy in Medway was worse than the National average, the Director of Public Health said that life expectancy was long term data which was usually several years in arrears. The data presented detailed the position several years ago. There were many factors that made up life expectancy such as the environment, behavioural risks, and social economic factors.

It was asked what the current position was with smoking and the Committee was informed that in 2011 the prevalence of smoking was 25% and the figures were now down to less than half of that, which meant approximately 26 thousand fewer people smoking, this was a huge improvement that had a large impact on the health and mortality of individuals and a large reduction in demand on health services, such as GP appointments and emergency attendances at hospital.

### **Decision:**

The Committee noted the progress of the performance in relation to the Council's priorities for Q1 and Q2 of 2025/26, as set out at Appendices 1 and 2, and noted the strategic risk summary as set out at Appendix 3 to the report.

### **520 Capital Budget Monitoring - Round 2 2025/26**

#### **Discussion:**

The Committee received the Capital Budget Monitoring Round 2 2025/26 report which was presented to Cabinet on 18 November 2025. There was a Capital projected overspend across the Council overall of £58k against a total budget of £230million. The Capital schemes within the remit of this committee were projected to complete within budget.

#### **Decision:**

The Committee noted the results of the second round of capital budget monitoring and revenue budget monitoring for 2025/26.

### **521 Revenue Budget Monitoring - Round 2 2025/26**

#### **Discussion:**

The Committee received the Revenue Budget Monitoring Round 2 2025/26 report which was presented to Cabinet on 18 November 2025. The overall overspend across the Council was £9.9million and this was an improvement of £1million on the position reported at Round 1. There was a projected overspend of £8.7million within the remit of this Committee.

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### **Decision:**

The Committee noted the second round of revenue budget monitoring for 2025/26, in particular the risk to interest and financing projections and that the Committee noted that Cabinet have instructed CMT to implement urgent actions to bring expenditure back within the budget agreed by Full Council.

### **522 Draft Capital and Revenue Budget 2026/27**

### **Discussion:**

The Committee received the draft budget report which reflected overall growth in the budget requirements of £40.9m, income growth of £33.3m and reflected no use of Exceptional Financial Support which had been budgeted at £18.2m for in 2025/26. The cumulative impact of that was a current budget gap of £25.8million. Work was ongoing to reduce the overall budget gap. The tables in the report detailed the pressures and savings in the remit of this Committee.

### **Decision:**

The Committee noted that Cabinet has instructed officers to continue to work with Portfolio Holders in formulating robust proposals to reduce the budget deficit for 2026/27 and to liaise with the Ministry of Housing, Communities and Local Government to secure support through the Exceptional Financial Support scheme, should it be necessary and for the Committee's comments to be forwarded to the Business Support and Digital Overview and Scrutiny Committee.

### **523 Work programme**

### **Discussion:**

The Committee received the work programme.

The Democratic Services Officer informed the Committee that following the meeting on 26 November 2025, the All Age Mental Health Contract transfer to KMMH was being added to the agenda for the 15 January meeting.

### **Decision:**

The Committee noted the report and agreed the work programme as set out at Appendix 1 to the report, subject to accepting the proposed changes outcome in italic text on Appendix 1, plus the addition mentioned.

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2025**

**Chairperson**

**Date:**

**democratic.services@medway.gov.uk**

Telephone: 01634 332072

Email: democratic.services@medway.gov.uk